

Mrs P M Eales

Shandon

Inspection report

White Lane
Ash Green
Aldershot
Hampshire
GU12 6HN

Tel: 01252312801
Website: www.justhomes.info

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service: Shandon is a small care home providing care for up to three adults with learning disabilities. The home is a bungalow and there are three single bedrooms on the ground floor. At the time of our inspection, there were two people living at Shandon.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen. 'Registering the Right Support' CQC policy.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

People's experience of using this service: People and their relatives told us they felt safe living at Shandon. Risks to people's safety had been assessed and measures implemented to keep them safe. A positive approach to risk taking was followed to ensure people's independence was maintained. Staff were aware of their responsibilities in safeguarding people from abuse and had developed open and trusting relationships with people.

Staff had received training and support from healthcare professionals with regards to people's individual health needs. This had enabled staff to provide people with individualised support in these areas. People told us they enjoyed their food and were offered choices in how they spent their time.

People and relatives told us that staff were caring and treated them with respect. People were supported to maintain relationships which they told us was important to them. Staff had worked at the service for many years and positive relationships had developed between people. There was a warm and homely atmosphere and people were clearly comfortable living at Shandon.

People received a personalised service and were involved in developing their care plans. Staff knew people's life histories, preferences and routines. Activities were based around people's choices and people were supported to take part in the running of their home.

There was a positive culture within the service where people, staff and relatives felt listened to. The registered manager felt supported by the provider and this flowed through the service. Quality assurance systems were in place which ensured high standards were maintained.

Rating at last inspection: At the last inspection the service was rated Good (report published on 17 August 2016)

Why we inspected: This was a planned comprehensive inspection to confirm the service remained Good.

Follow up: We will continue to monitor all intelligence received about the service to ensure the next planned

inspection is scheduled accordingly.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below.

Shandon

Detailed findings

Background to this inspection

The inspection: We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: The inspection was carried out by one inspector.

Service and service type: Shandon is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection: We gave the service 24 hours' notice of the inspection site visit. As this is a small service we wanted to make sure someone would be in.

What we did: Prior to this inspection we reviewed all the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. This enabled us to ensure we were addressing potential areas of concern at our inspection

As part of our inspection we spoke with two people who lived at the service and observed the care and support provided to people. We also spoke with the registered manager and one staff member. Following the inspection, we spoke with one relative who is in frequent contact with the service. We reviewed a range of documents about people's care and how the home was managed. We looked at two care plans, two staff files, medication administration records, risk assessments, complaints records, policies and procedures and internal audits that had been completed.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

At our last inspection in August 2016, we rated this Key Question as 'Good'. At this inspection we found that the care people received remained safe. People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- One person told us, "Yes I feel safe. They [staff] are very nice people."
- Information was displayed which showed people and staff how concerns could be reported should they arise. Staff were able to describe safeguarding reporting procedures.
- Records showed that where required the local authority safeguarding team were informed of any concerns. Additional information had been provided as requested by the local authority to ensure investigations could be completed fully.

Assessing risk, safety monitoring and management

- Risks to people's safety and well-being were assessed and guidance for staff on how to keep people safe was incorporated into support plans.
- Staff supported people to manage risks in order to maintain their independence. One person was supported to administer their own medicines which they told us was important to them and said, "I'm pleased I can do it myself." Staff had developed pictorial guidance for the person and understood how to support them in this area.
- Risks in relation to people eating and drinking had been assessed and guidance was followed by staff.

Staffing and recruitment

- There were sufficient staff deployed to meet people's needs. Staffing was arranged flexibly to meet people's individual needs.
- Staff told us that although they were lone working much of the time they felt that support was always available should they need to it.
- At our last inspection we found that robust recruitment procedures had been followed. No new staff had been appointed since this time.

Using medicines safely

- Medicines were managed well and securely stored. Medicine administration records (MAR) were fully completed and provided staff with descriptions of the medicines people were taking. Protocols were in place where people were prescribed PRN medicines (as and when required) to guide staff on when and how they should be administered.
- Staff received training in the safe management of medicines and their competency was assessed.

Preventing and controlling infection

- People lived in a clean and well-maintained environment. Cleaning schedules were in place and records showed that these were followed.
- Staff had access to personal protective equipment to use when supporting people with their personal care needs.
- People's laundry was washed separately to minimise the risk of cross infection.

Learning lessons when things go wrong

- Systems were in place to monitor accidents and incidents.
- Action was taken to minimise the risk of accidents or incidents happening again. For example, the ramp used at the entrance of the service was removed. Although people were fully mobile they found this change difficult to get used to and one person had fallen. The ramp was replaced as soon as possible in order to keep people safe.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

At our last inspection in August 2016, we rated this Key Question as 'Good'. At this inspection we found that the care people received remained effective. People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were continually reassessed to ensure they received the support they required.
- The support one person required had changed considerably. Staff could describe how they adjusted the persons support to enable them to continue taking part in the things they enjoyed.
- The registered manager recognised the importance of ensuring peoples care was delivered in line with current good practice guidelines. Information was displayed for people and staff regarding good practice guidance and standards.
- As staff spent much of their time lone working clear communication systems were in place to update staff on any developments or changes to people's routines.

Staff support: induction, training, skills and experience

- Staff told us they were supported to continually update their training to ensure their learning was current. One staff member told us, "We get reminders about the training. Even if you've done a course before things can change or you can be reminded of things. We talk about the training in meetings."
- Staff files included evidence of training, annual appraisal and regular supervision.
- Staff had completed training in areas relevant to people's individual needs such as diabetes and dementia in order to provide the care they required safely

Supporting people to eat and drink enough to maintain a balanced diet

- People told us they enjoyed the food and were offered choices. One person told us, "I'm happy with what they give me. They ask what me what I want. I like porridge and toast."
- People's dietary needs were known to staff and people told us these were catered for.
- Care records contained detailed information regarding people's needs and dietary preferences.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Referrals were made to healthcare professionals to ensure people had access to the healthcare they required.
- Communication systems were in place with external agencies in order to ensure one person's support was provided consistently.
- Records showed that staff had undergone bespoke training in order to support one person's health care effectively.

Adapting service, design, decoration to meet people's needs

- All bedrooms and communal areas were on the ground floor and were fully accessible.
- People had access to the garden which was suitable for their needs.
- People's rooms were highly personalised and people told us they were involved in choosing colour schemes. Both people living at Shandon were happy to show us their rooms and were clearly pleased with how they looked.

Ensuring consent to care and treatment in line with law and guidance

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.
- People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- Where required DoLS applications had been submitted to the local authority. People's capacity was assessed around specific decisions and best interest discussions were in place with regards to people's needs and on-going care. Where appropriate, healthcare professionals were involved in this process.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

At our last inspection in August 2016, we rated this Key Question as 'Good'. At this inspection we found that people were still receiving caring service. People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People and relatives told us they felt staff were kind. One person told us, "I like the staff. They're all nice people." One relative told us, "They are very caring of [my family member] and very caring of me as well."
- People living at Shandon had been supported by the same staff for many years. There was a relaxed atmosphere between people and staff with genuine displays of affection.
- Staff knew people well and understood their routines and preferences.
- Staff demonstrated an understanding of people's individual communication needs. Pictorial prompts were used to support people's understanding.
- When people wished to practice their religion, this was facilitated by staff.

Supporting people to express their views and be involved in making decisions about their care

- People and their relatives were involved in planning care. We looked through one person's care plan with them. They confirmed the information within their plan and told us they were involved in reviews. Pictorial prompts which were relevant to the person were used throughout support plans to aid understanding.
- Records showed that where appropriate relatives were consulted about their family members care. One relative told us, "They keep me informed about everything and we can discuss things. I really can't fault them."

Respecting and promoting people's privacy, dignity and independence

- People's dignity was respected by staff. Staff were able to describe how they supported people with their personal care in order to ensure they felt comfortable.
- People were encouraged to maintain their independence and were encouraged to take an active part in the running of their home. One person told us, "I like to do the hoovering and I clean the car. On Sunday's I take the wheelie bins out."
- People were supported to maintain contact with those who were important to them. One person told us, "I like living here because I like the staff and it's easy for my brother to come and see me."
- One relative told us, "They (staff) sometime take me and [my family member] out for a meal. It's a very caring place."
- One person had recently given a presentation at a different service as part of a 'Dignity Day' event organised by the provider. As part of the presentation the person had reflected on how staff supported them with respect.
- People were supported to take an active part in their community. One person told us they had developed

friendships with several neighbours and enjoyed taking daily local walks independently.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

At our last inspection in August 2016, we rated this Key Question as 'Good'. At this inspection we found that people were still receiving responsive care. People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People received personalised support and were enabled to make choices regarding how they spent their time. Staff knew people well and were able to provide details of people's life histories, things they enjoyed and what motivated them.
- Care plans reflected people's individual needs and gave clear guidance to staff on how people liked their support to be provided. Reviews were completed regularly and any updates to people's care was communicated with the whole staff team.
- People met with their keyworkers regularly to discuss what they had done what they had enjoyed and things they would like to achieve going forward. Records showed that requests were actioned with the support of staff such as places people wanted to visit or people they would like to see.
- People were supported to take part in activities they enjoyed. One person told us they enjoyed going out. Records showed they regularly visited the places they liked. The person told us they spent one day each week working alongside the maintenance man for the provider. During this time, they visited other services to complete various tasks including vehicle maintenance checks. The person clearly enjoyed this role.

Improving care quality in response to complaints or concerns

- A complaints policy was in place and accessible. This gave clear guidance on how complaints would be responded to.
- Once complaint had been received within the last 12 months. This had been fully responded to and prompt action taken to rectify the concerns.
- Relatives told us they would feel comfortable in raising any concerns. One relative told us, "Any problems I'd take them straight to [the registered manager] and it would be looked into properly."

End of life care and support

- At the time of this inspection no one living at Shandon was receiving end of life care. However, care planning and assessment processes were in place and would be used to support people when needed.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

At our last inspection in August 2016, we rated this Key Question as 'Good'. At this inspection we found that this standard had been maintained. The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- People and their relatives told us the registered manager was approachable and sensitive to people's needs. One relative told us, "I find her very approachable and so are all her staff. You know it's good management because they support [my family member] so well."
- Staff told us they felt supported in their roles and felt listened to by the registered manager. One staff member told us, "We can all talk together and work things out. The whole team look after each other. It's a lovely place to work and very homely. The staff and the residents are treated well."
- Staff meetings were held regularly. Minutes of the meetings demonstrated that staff continually looked to develop opportunities for people and discuss how they could meet people's changing needs. People's rights were discussed at meetings and were displayed in the dining area.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The registered manager demonstrated understanding of their role and legal responsibilities.
- Staff were informed of changes to systems and processes in order to ensure their knowledge was up to date.
- The registered manager was aware of their responsibilities in ensuring that CQC were notified of significant events which had occurred within the service. Records were securely stored within a locked office.
- Quality checks were completed by the registered manager and staff on a regular basis. A comprehensive audit system was then completed by the provider to monitor the quality of the service people received.
- Where shortfalls were identified an action plan was developed. This was reviewed at subsequent audit visits to ensure continuous development.
- Systems were in place to review and monitor complaints and accidents and incidents should they occur.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were encouraged to be as involved as possible in the running of their home. House meetings took place where people were able to discuss anything they were unhappy about or anything they would like to change.
- Satisfaction surveys were completed regularly and responses seen were all positive. Comments included, 'The best thing about it [Shandon] is the staff', and, 'It's very clean. It always looks nice.'

- The registered manager told us that staff engaged well with meetings and were able to challenge each other's opinions. Meeting minutes reflected this was the case.

Working in partnership with others

- The service worked in partnership with relevant organisations for the benefit of people living at Shandon. This included developing on-going working relationships with healthcare professionals and community groups. This included an activity group at the community hall and a church group.