Shelton Care Limited

Oak House

Inspection report

258 City Road
Stoke On Trent
Staffordshire
ST4 2PY

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27 June 2018

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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

This inspection took place on 27 June 2018 and was unannounced. This was a first ratings inspection.

Oak House 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. Oak house accommodates up to eight people in an adapted building with shared and single occupancy flats. At the time of the inspection there were seven people living in the care home.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were protected from abuse by staff that understood how to recognise the signs and report concerns. Risks were assessed and planned for to support people to stay safe. Premises and equipment were maintained to minimise the risk of cross infection. People were supported by sufficient safely recruited staff. Medicines were administered and managed safely. The registered manager had systems in place to learn when things went wrong.

People's needs were assessed and they had effective care plans in place. Staff were trained to meet people's needs and people received consistent support. People were supported to make choices about meals and maintain a healthy diet. The environment was adapted to meet the needs of people. People were supported to maintain their health and wellbeing. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People were supported by staff that were kind and caring. Staff had developed good relationships with people and understood how to communicate with them effectively. People were supported to make decisions and choices and retain their independence. People were treated with dignity and respect.

People's needs and preferences were understood by staff, assessments had been carried out of their diverse needs and plans put in place to meet them. People's needs were reviewed regularly and they were able to maintain their interests. People understood how to make a complaint and there was a system in place to investigate these. There was a system in place to consider people's wishes for end of life care.

We found systems in place to check on the quality of the service people received and the registered manager used information from these to make improvements. The registered manager had systems in place to monitor the delivery of people's care and people, relatives and staff were involved in the service.

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 good.

People were protected from abuse by staff that understood how to safeguard them.

People were supported to manage risks to their safety.

People were supported to live in a clean environment.

People were supported by enough staff that had been recruited safely.

People were supported to receive their medicines as prescribed.

Lessons were learned when things went wrong.

Is the service effective?

Good

The service was good.

People had their needs assessed and care plans were in place to meet them.

People received their support from trained staff and their care was delivered consistently.

People had enough to eat and drink and their health needs were met.

People had access to adaptations in the home and their rights were protected.

People had control over their lives.

Is the service caring?

Good

The service was good.

People were supported by caring staff with good relationships with people.

People were supported to communicate effectively and make choices for themselves.

People were treated with respect and their privacy and dignity was maintained.

Is the service responsive?

Good

The service was good.

People's diverse needs and preferences were understood by staff and people were supported to follow their individual interests.

People were able to make a complaint and these were investigated.

Systems were in place to help people plan for support at the end of their lives.

Is the service well-led?

Good

The service was good.

There were systems in place to monitor the consistency of the service.

There were checks in place to ensure people had the care they needed and to make improvements to the quality of the service.

The registered manager sought feedback from people to help drive improvements.

Oak House

Detailed findings

Background to this inspection

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

This inspection took place on 27 June 2018 and was unannounced. The inspection team consisted of one inspector.

As part of the inspection, we reviewed the information we held about the service, including notifications. A notification is information about events that by law the registered persons should tell us about. We reviewed feedback from the commissioners of people's care to find out their views on the quality of the service. 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.

During the inspection, we spoke with two people, two relatives and a visiting health professional. We also spoke with the registered manager and three staff.

We observed the delivery of care and support provided to people living at the location and their interactions with staff. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We reviewed the care records of three people and three staff files, which included pre-employment checks and training records. We also looked at other records relating to the management of the service including complaint logs, accident reports, monthly audits, and medicine administration records.

Good

Is the service safe?

Our findings

People felt safe. One person told us they felt safe and they liked the service and were happy with living there. A relative told us, "I can now sleep at night knowing [person's name] is safe, they have had issues in other places but this one is great". Staff told us they had been trained to recognise abuse and could describe the action they would take if they suspected abuse. The registered manger told us about the policy which was in place and how concerns would be investigated and reported to the appropriate authorities. There was information for people, visitors and staff on display about how to stay safe and how they could raise concerns. There had not been any safeguarding incidents since the home opened, however the systems in place were understood by people, staff and the registered manager. This demonstrates systems were in place to safeguard people from abuse and protect them from the risk of harm.

People were protected from the risks to their safety. One person told us about the steps in place to keep them safe in their kitchen. The person was aware of the assessed risk and could tell us how staff supported them to minimise the risk. Staff confirmed the person's understanding of the risks and we saw this was clearly documented in the person's care plan. In another example, one person sometimes displayed behaviours that challenged. Relatives told us staff understood how to keep people safe. They described how risks had lowered for people since admission. One relative told us, "[Person's name] has behaviour that challenges, since moving in the home, this has improved so much, there have been much less incidents as staff manage things well." We found staff could describe what signs to look for and what steps they would take to help the person to calm down and prevent them and others from harm. This was clearly documented in the person's plan with guidance for staff to avoid things which may trigger the behaviour. This demonstrated people had their risks planned for and managed to keep them safe from potential harm.

People were supported by sufficient staff. One person told us, there were staff there to help them with things all of the time but they could ask staff to leave them if they wanted some time on their own. A relative told us, "Yes there is enough staff, one to one support is available to [person's name] to support them." Staff confirmed people received support continually; however they were able to give people privacy whilst maintaining observations in line with the care plan. We saw records clearly showed how staff were deployed and where people required two staff to support them at certain times during the day this was available. We saw staff were able to offer individualised and personalised support to people and they could direct the support they received. The registered manager told us they reviewed staffing levels depending on people's needs and there was flexibility to allow people that needed two staff to go out in the community to ensure this was always possible. The records supported what we were told. This demonstrated there were enough staff to support people safely.

People received support from safely recruited staff. Staff told us checks were carried out to ensure they were suitable to work with people. The records we saw supported this. The provider checked to ensure staff were safe to work with vulnerable people through the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions. This meant safe recruitment procedures were being followed.

People received their medicines as prescribed. One person told us, "The staff give me my medicines in the

morning and the evening." Staff told us they felt confident when giving medicines, they had a clear policy in place and had received training and had their competency checked. The records we saw supported this. We saw medicines were stored safely in individual lockable storage in people's rooms and stock control checks were carried out. We observed staff administering people's medicines on the day of the inspection, the policy and guidance was followed. We found there was clear guidance for staff on how and when to administer medicines, for example when people had been prescribed medicines to be taken on an as required basis. We found there were Medicine Administration Records (MAR) charts in place, and these were checked daily to ensure there were no missed medicines and no missed signatures. This meant people received their medicines as prescribed and systems were in place to safely manage medicines.

People were protected from the risk of infection. Staff could describe how they supported people safely to protect them from the risk of cross infection. There were checks in place to ensure staff were following the procedures. Records showed there were daily routines for staff to follow and there were checks completed weekly to ensure staff had access to protective clothing. Infection control procedures including cleaning schedules were followed. This meant people were supported and cared for in a clean environment which helped to minimise the risk of infection.

Incidents and accidents were reviewed and learning was in place. The registered manager could describe how incidents which occurred were documented and how they reviewed them. For example, where people displayed behaviours that challenged, staff involved had discussions about any learning that could help prevent the person from displaying behaviours in the future and where required the person's care plan was updated.

Good

Is the service effective?

Our findings

People had their needs assessed and plans were put in place to meet their needs. People told us routines were important to them and staff needed to know how they liked things to be done. One person told us staff knew them well and could support them in the way they needed. A relative told us, "The plans in place to support [person's name] are good, they help to keep them safe and the staff understand how to support them." Staff could describe people's needs and told us how the guidance in the care plan helped them to provide effective support to people. They were able to tell us about the specific ways in which people received their support. We confirmed from our observations that staff provided support which was outlined in the care records which we saw reviewed. We found specialist information was included in care plans and people had been supported to access additional support when needed. For example, one person had attended a course to help them recognise how to manage their behaviours. This showed people's needs were assessed and effective care was planned to meet those needs.

People were supported by trained staff. One relative told us, "The staff have got the right skills; they are able to work with [person's name] and support them effectively." Staff told us they had an induction into the role, which included shadowing experienced staff and training. There was a buddy system in place to support new staff. The induction also included completing the care certificate over 12 weeks and observations were carried out by the registered manager. The Care Certificate is a set of standards that health and social care workers adhere to in their daily working life based on 15 standards to ensure staff have the same introductory skills, knowledge and behaviours to provide compassionate, safe, high quality care and support. Staff had ongoing training in all aspects of the role which included specific training to meet individual's health needs for example, epilepsy. The records we saw and our observations of staff during the inspection supported what we were told. This showed people were supported by suitably skilled staff.

People were supported to maintain a healthy diet. One person told us staff helped them with aspects of cooking they could not do for themselves but they were able to access the kitchen and make drinks when they wanted. Another person told us they went shopping for the food they wanted and decided what to eat. One relative told us, "The staff support with menus and shopping and they understand the way meals need to be prepared for [person's name]." We saw there were weekly planners which indicated when people would do their shopping and decide what meals they wanted. Staff understood people's needs and preferences for food and drinks and could describe in detail how they supported people to maintain a healthy diet. For example, one person's risk assessment and care plan indicated that staff needed to help the person plan their meals to maintain a healthy diet. The plan showed that food and drink intake should be monitored and the person's weight checked regularly. There was clear advice for staff on when concerns should be escalated to other professionals. We checked the person's records and found the staff were following the plan and recording what the person had eaten and drank each day. This showed people had risks assessed and planned for and were offered a choice and given support to maintain a healthy diet.

We found people received consistent support. The registered manger told us consistency was maintained as routines were important to the people using the service. They told us there was a system in place which identified a key worker for people and a team of staff were in place to support each person. New staff were

introduced slowly and relationships were given time to form. Staff confirmed this and told us it worked well. Staff had systems in place to communicate about people's needs and any changes. Regular checks and updates were completed on people's care plans. We saw there were systems in place to support people that needed to go to hospital. A hospital passport was in place to enable people requiring hospital treatment to receive consistent support.
People were supported to maintain their health and wellbeing. A visiting heath professional told us, "The staff are brilliant, they genuinely care about people". They went on to tell us about how staff supported the person they were visiting to maintain their health and well-being. People had plans in place to support them with meeting specific health needs. For example, one person was living with diabetes, there was clear guidance in place for staff and the person was supported to maintain their health and their condition was monitored. In another example, one person became anxious when needing to seek medical advice, there were clear plans in place to help the person prepare for any appointments and reduce their anxiety. Staff understood people's medical history and how to provide effective support to meet people's health needs. We saw other professionals were asked to support people as required and staff followed the advice given. This demonstrated people were supported to access health professionals and maintain their health and well-being.

People were supported in a purpose built home. One relative told us, "[Person's name] has their own flat; this helps to keep them calm and has reduced incidents." The design of the building had taken into account the need for people to have their own space. There were communal areas and people had their own bedrooms but shared a bathroom, living room, dining room and kitchen. Other people had their own flats within the building, which had adapted kitchens and bathrooms. For example, one person had an isolation switch to electrical appliances which staff could allow them access to and the kitchen door had a card required to operate it. This was in place to ensure the person could only access the kitchen at agreed points in the day to minimise risks to their safety. People were supported to have their room set up as they needed to help them with their routines and rooms were personalised. This meant peoples individual needs were provided for with the design, decoration and adaptation of the premises.

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.

Staff understood how to seek consent. They had received training in the MCA and understood how to apply the principles. We found staff supported people to make their own decisions. Where people did not have capacity to consent a mental capacity assessment had been completed and decisions had been taken in the person's best interests. For example, one person sometimes refused their medicines. The person did not understand the impact this may have on their health. A best interest discussion was held and it was agreed the most essential medicine could be given without the person's knowledge when this happened. This is known as covert medicine administration. The discussion included all relevant professionals and staff understood how to support the person to take their medicines with covert medicine administration only being available for one medicine. This demonstrated staff applied the principles of the MCA when supporting people.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We found there were authorised Deprivation of Liberty Safeguards (DoLS) in place where people had restrictions to keep them safe. Staff

understood these and provided support in line with the authorised DoLS. This demonstrated people were supported in the least restrictive way and in line with the MCA.

Good

Is the service caring?

Our findings

People were supported by staff that were caring. People told us they had good relationships with staff and that staff knew them really well which was important to them. One person told us, "The staff are good, they work in a team with me". One relative told us, "[Person's name] absolutely loves the service and all the staff; they all have such a good relationship". Staff spoke about how they were able to gradually build relationships and trust with people and had formed good relationships and knew people well. One staff member said, "Relationships are built here, it's a homely place, I really like it here." We saw staff had good relationships with people, they knew how to approach people. We saw staff chatting with people about their interests, talking to people about what they wanted to do. One person chose which staff member they would like to support them during the day and the registered manager accommodated this. This showed staff knew people well and had good relationships with people.

People were involved in making decisions. One person told us how they had agreed with staff what they wanted to do and was able to have some time on their own and could choose where they went. A relative told us, "[Person's name] is able to choose for themselves what they want to do." Staff understood people's ability to make choices and ensured they communicated with people in a way that enabled them to make choices for themselves. We saw people were able to choose when to get up, what to eat, where to go during the day.

People were encouraged to maintain their independence. One person told us about how they could access their kitchen and make snacks and drinks, but staff helped them when they needed to use appliances. People were supported to access the community. On the day of the inspection we saw one person decide they wanted to go out in the late afternoon, staff were able to support the person to go out. In another example, we saw people were involved in planning their own menus and doing the shopping.

People's communication needs were assessed and plans were in place which showed staff how best to communicate with them. One relative told us, "The staff know how to communicate with [person's name]. The staff use different techniques to understand what [person's name] wants". We saw staff followed communication plans. For example, one person presented as being able to understand and use language to communicate well. However, their verbal ability to communicate was greater than their ability to understand. The care plan gave staff information about how to work with the person to communicate effectively. We saw staff adjusted their language, used short sentences and pictorial information to communicate with the person as it was outlined in their plan.

People were supported to have their privacy protected and staff were respectful. One person told us, "I just say if I want to be on my own and staff will leave me for a bit." A relative told us, "The staff are very respectful of [person's name] choices." Staff told us people had one to one support. However they were able to give people time on their own and were respectful of their need for privacy. We saw staff were respectful and whilst providing support did so without being intrusive to the person. We found people were supported to maintain relationships which were important to them. For example, one person had plans in place to ensure they had regular visits and phone calls with their family. We saw staff were mindful they were in people's

home and made sure they knocked on doors and asked people if things were ok before providing support. This showed people were treated with respect and their privacy and dignity was maintained.

Good

Is the service responsive?

Our findings

People's preferences were understood by staff. One person told us, "I have Autism, I like my routines and staff understand this and follow what I like to do". A relative told us, "The staff involve us in everything; we have reviews and are involved in the care plan. The service is really responsive". Staff understood how important routines were for the people they were supporting. They understood individual preferences and could give detailed descriptions of how support should be provided. There were clear guides and plans for staff to follow which outlined how people liked their care and support provided. Reviews were done regularly and people were involved in developing their plans. People had their individual needs and preferences assessed in relation to their culture, religion and sexuality and plans included how staff should support people. This showed staff understood people's needs and preferences and these were reviewed when things changed.

People had individualised support and were able to spend time doing things they enjoyed and had support to access the community and employment. One person told us about their job and how they enjoyed that. A relative told us, "[Person's name] gets bored which can increase behaviours which place [person's name] at risk, they have no chance of getting bored here, there is always something to do, so many activities." The relative added they were given records of all the different things the person had been involved in during meetings on a regular basis. We saw another person was supported to access a community location during the day and others were supported to maintain interests and hobbies. For example, one person was supported with riding a bike; they had planned days out for bike rides. Another person loved football and their room had items on display. Another person loved to collect things, these were on display and staff used these to have conversations with the person. People's interests were identified as part of the assessment process and their care plans were developed to enable them to pursue these interests. Weekly planners were agreed with the person and there was flexibility in the support hours they had to enable them to go out when they wanted. This meant people were supported to follow and maintain their interests and the service were responsive to people's needs.

Complaints were investigated and responded to. One relative told us, "I have never really had to complain, however if I have any concerns they are always responded to quickly." There was a complaints policy in place and a system to log any complaints received. We could see where a complaint had been made; this was investigated and responded to in line with the policy. Staff understood how to support people to make complaints and there was information on display to tell people how they could raise concerns. This showed the provider had a system in place to respond to people's complaints.

There were no services users receiving end of life care at the time of the inspection. However, the registered manager had a system in place should the need arise. The assessment enabled people to identify their preferences and wishes for end of life care including what was important to people and the type of support they would want.

Good

Is the service well-led?

Our findings

The registered manager understood their responsibilities in relation to their registration with us (CQC). We saw that the rating of the last inspection was on display and notifications were received as required by law, of incidents that occurred at the service. These may include incidents such as alleged abuse and serious injuries.

The provider had systems in place to check on the quality of the service people received. For example, there were systems in place to ensure there were sufficient staff available to meet people's needs and preferences. There were contingency arrangements in place for covering vacancies and absence. Medicines were audited monthly. The audit checked the stock of medicines, storage and the documentation in place to support and guide staff. MAR charts were also checked to ensure people had received their prescribed medicines. We saw this was effective in identifying concerns and action was taken to address them. Other audits looked at the safety of the building, these included fire safety audits and health and safety audits. We saw weekly checks were carried out by the registered manager and senior staff. The audits informed an action plan which was used to action improvements.

People's care plans and daily records were checked to ensure people had up to date information in their records and their care had been delivered as planned. The audits identified where areas of people's plans required an update. Action was then taken to make the changes.

We found people were involved in the service. Each person had an individual meeting with staff monthly to discuss their care and make any suggestions. The registered manager told us they had informal arrangements in place to obtain feedback from relatives. Relatives were able to come into the home and make comments. We saw there was a service user survey carried out every six months and this was used to identify any areas for change.

People, relatives and staff told us the registered manager and senior team were approachable and would act if concerns were raised with them. One person told us they were happy at the service and could speak openly if they were not comfortable with things. One relative told us, "The manager always responds to you, gets back in touch straight away if you leave a message." Another relative told us, "The whole team are great, they are so good at what they do, and I have no concerns". One staff member said, "I love it here, from the first day it has been great. The door is always open to the registered manager and it is the best place I have ever worked." We found staff had regular opportunities to discuss any concerns and make suggestions. Records showed staff had meetings where they could discuss things and learning was included. For example, the changes to key lines of enquiry had been discussed and safeguarding. We saw the registered manager had a system in place to monitor staff training dates and make sure all staff had up to date mandatory training in place.

The provider told us in their PIR they were involved in sector specific network forums to enable them to share best practice. We found peoples care plans showed there had been work with other professionals to support the person. One person had support from a district nurse. Staff had worked in partnership to

develop an approach to ensure visits were coordinated so the person was able to continue to access their social activities during the day. This demonstrates how they worked in partnership to provide person centred care and support.