Brandon Trust

Sheepwood Road Care Home

Inspection report

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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

Overall summary

We undertook an unannounced inspection of Sheepwood Road Care Home on 5 January 2016. When the service was last inspected in August 2014 no breaches of the legal requirements were identified.

Sheepwood Road Care Home provides personal care and accommodation for up to three people. At the time of our inspection there were three people living at the home.

A registered manager was in post at the time of our inspection. 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.

The service was safe for people because staff received training in safeguarding vulnerable adults and were aware of the reporting procedures should they have any concerns. There were sufficient staffing levels at the home and appropriate recruitment procedures were followed.

Summary of findings

Systems were in place to review and monitor reported accident and incidents. Changes were made to reduce and prevent future reoccurrences. Risk assessments were in place for people with supporting guidance available to staff. Suitable health and safety audits were completed on equipment and the environment.

People's medicines were managed safely. Staff were trained and assessed as competent. The home had taken appropriate steps to reduce the risk of medicine errors.

People were provided with effective and high quality care. New staff completed an induction programme. Staff received suitable training in order to meet people's needs and were supported through regular supervision.

The registered manager had ensured the Deprivation of Liberty Safeguards (DoLS) had been applied for when appropriate. DoLS is a legal framework to lawfully deprive a person of their liberty when they lack the capacity to make certain decisions in regards to their care and treatment. When a person lacked capacity to make a particular decision a process was followed in line with the Mental Capacity Act 2005 (MCA).

Staff demonstrated good knowledge and understanding of the Mental Capacity Act 2005 and how this was put into practice by empowering people through choice. Care plans reflected how best interests decisions were made and how the outcome benefited people.

People's nutrition and hydration needs were met. People had access to healthcare professionals when needed. Care records contained detailed guidance on supporting people who may not be able to communicate their health needs.

Relatives spoke highly of the caring nature of staff and the positive relationships they had with people. Relatives told us they were welcome at the home at any time. Staff knew people very well and were aware of personal preferences. We observed staff maintain people's privacy and dignity and treat people with kindness and respect.

The home was responsive to people's needs. Care records were personalised and showed people's preferences and how people communicated their wishes. People had access to a variety of activities of their choosing.

The registered manager had systems in place to monitor the quality of the care provided. Staff had regular meetings and were encouraged to give feedback and be involved in making improvements to the home.

Summary of findings

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.

Staff knew how to identify and report safeguarding concerns.

There were sufficient staffing levels to meet people's needs. Safe recruitment procedures were followed.

Appropriate risk assessments were in place to keep people safe in the least restrictive way.

The administration of medicines was safe.

Is the service effective?

Good

The service was effective and met people's needs.

Staff received appropriate induction, training and supervision.

The requirements of the Deprivation of Liberty Safeguards were being met. People's rights were protected because staff understood the principles of the Mental Capacity Act 2005.

People's healthcare needs were met by working in partnership with the GP and other health care professionals.

People were supported with their nutrition and hydration. The home sought advice from specialist healthcare professionals when required.

Is the service caring?

Good

The service was caring.

We observed positive relationships with people living at the home. Staff spoke to people with kindness and respect.

Staff were aware of people's personal preferences. People's dignity and privacy were maintained.

People's visitors were welcomed at the home.

Is the service responsive?

Good

People received responsive care and support.

People's care records were person centred; this helped to ensure people's individual needs were met.

Activities were provided for people in accordance with their wishes within the home and in the community.

Summary of findings

People and relatives had access to the home's complaint procedure and knew how to raise a complaint if necessary.	
Is the service well-led? The service was well-led and managed. The home and staff reflected the values of the provider. Staff were involved in the running of the home and were able to give feedback and suggestions. There were systems in place to monitor the quality of the home.	Good

Sheepwood Road Care Home

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 was planned to check 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.

The inspection was carried out by one inspector. Before the inspection we reviewed previous inspection reports and all other information we had received about the service, including notifications. Notifications are information about specific important events the service is legally required to send to us.

The people at the home had learning difficulties and complex support needs and were not always able to tell us about their experiences. We used a number of different methods such as undertaking observations to help us understand people's experiences of the home. As part of our observations we used the Short Observational Tool for Inspection (SOFI). SOFI is a way of observing care to help us understand the needs of people who could not talk with us.

During the inspection we spoke with one person living at the home and four staff members which included a senior staff member. We spoke with three relatives of people that lived at the home. We looked at three people's care and support records and four staff files. We also looked at records relating to the management of the service such as incident and accident records, meeting minutes, recruitment and training records, policies, audits and complaints. We spoke with the registered manager following the inspection as they were on leave at the time of the inspection.

Good

Is the service safe?

Our findings

People's relatives told us they were confident that the home provided a safe environment. We made observations of people moving around the home safely. Adaptions had been made to make the home accessible to those that lived there whilst still retaining a homely feel.

The provider had policies in place for safeguarding vulnerable adults and this contained guidance on the action that would be taken in response to any concerns. Staff told us they received regular training on safeguarding and this was seen in the training records that we viewed. Staff could explain different types of abuse that may occur, how to recognise signs of abuse and the actions they would take. All staff said they would report concerns immediately to a senior member of staff. Staff that had recently started working for the organisation told us that safeguarding was covered in their initial induction. Staff had completed a questionnaire on safeguarding in November 2015. A senior staff member told us this was done to ensure that training had been effective and the knowledge learnt had been embedded in practice. We viewed that safeguarding was always included on the team meeting agenda. Staff told us this was positive as it kept it as an ongoing topic of discussion.

The home had systems in place to monitor accidents, near misses or incidents. We viewed records which contained information about incidents such as falls and drug errors. Staff told us the procedure they followed when an incident occurred and how they recorded this. A senior member of staff would follow up the incident and the records clearly indicated the action that had been taken and the preventative methods implemented to reduce future risks. For example we saw when a fall had occurred that action had been taken to increase the number of staff supporting the person.

Medicines were stored and disposed of safely. Medicines that required storage in accordance with legal requirements had been identified and stored appropriately. All staff were trained in the administration of medicines. New staff had a practical assessment after training was completed to ensure they were competent in the administration of medicines. There had been seven medicine errors since April 2015 which had been openly reported and appropriate action taken. For example staff had received extra training, been supervised and reassessed. The administration of medicines process had been reviewed at a recent staff meeting and actions suggested for improvement. The registered manager identified that including medication in the monthly audit in addition to the weekly checks undertaken by staff would be beneficial.

The provider had safe recruitment processes in place before new staff begun working at the home. Staff files showed photographic identification, a minimum of two references, full employment history and a Disclosure and Barring Service check (DBS). A DBS check helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with certain groups of people. A checklist detailed all steps taken in the recruitment process, when information had been requested and received. A letter confirming the start date of the new employee was sent after all the pre-employment checks had been completed.

There were sufficient numbers of staff on duty to meet people's needs safely. The number of staff had increased in November 2015 to ensure the home could support people fully in community and leisure activities. Staff spoke positively about this change. We viewed the staff rotas for the previous eight weeks and saw the number of staff was consistent with the planned staffing levels. An on call system was in place for when staff were lone working or if an emergency arose. A senior staff member explained that sickness and holiday was covered by team members and bank staff. Rotas were now being prepared further in advance to plan more effectively for staff absences and additional staffing requirements.

Equipment used within the home had been serviced and checked that it was safe for the intended use. Records showed the bath hoist and electrical equipment had been tested and maintained.

Good

Is the service safe?

Maintenance issues were reported promptly. Documentation logged when they had been reported and when repairs were completed. A nominated member of staff conducted a monthly check of health and safety matters to identify any areas of concern. Actions required and taken were clearly recorded. Risk assessments were in place for the home and environment to ensure risks were kept to a minimum.

The home had recently had an inspection by the fire and rescue service. It noted a satisfactory standard of fire safety at the home. Assessments were in place to minimise the risk of a fire. Guidance was available to staff on the procedures to follow in an emergency situation. There was weekly and monthly testing of fire equipment and emergency lighting. Fire drills were recorded and responses noted. Each person had a personal emergency evacuation plan in place. This detailed how people would respond on hearing the fire alarm and what staff needed to do to keep that person safe. This included the equipment they would require and the different procedures during the day and night. The home had a disaster plan in place which gave details of the arrangements should an emergency situation arise, for example if the home was temporarily unliveable in.

Individual risk assessments were in place for people. These assessments included people's risk associated with bathing, falls and where relevant behaviour that may be challenging. There was guidance for staff to minimise risks and directed staff to further information available in support plans. For example to reduce a person's risk from falling from a bath hoist, the assessment stated staff must have the necessary training, the hoist to be regularly serviced and staff to ensure the battery was charged after each use. It directed staff to read the person's bathing support plan which detailed how they wished to be supported.

Good

Is the service effective?

Our findings

Relatives told us they were very happy with the care provided and felt it met people's needs. One person told us, "We are very happy indeed with the home, it has gone from strength to strength." Relatives told us that staff were competent and flexible. One person said, "the staff adapt to change."

New staff completed an induction programme when they joined the organisation. Two staff who had been employed at the home for over ten years told us they had also received an induction when they started and this was evident in their staff records. New staff told us they had completed modules of the Care Certificate such as fire safety and safeguarding. A corporate induction followed to familiarise themselves with the organisation's aims and values. Subsequently, new staff completed an in house induction with a senior member of staff at the home. We viewed the induction checklist and saw that staff were introduced to the systems and procedures within the home, in addition to methods and practices of working with people. New staff had a mentor allocated to them. This was an experienced member of staff who was there to assist and guide them, to ensure their practice met the expected standard. We saw from induction records that new staff had regular meetings with a senior staff member to support them. Records were available of planned mandatory training for new starters such as medication and moving and handling. New staff had a probationary period and were reviewed to ensure they had the expected level of skills and knowledge. Where it was evident that current practice was not at the level required, records showed the probationary period was extended. This was clearly documented with the action taken and the further training provided.

Staff received regular supervision and an annual appraisal. Staff said they felt well supported and that supervision was positive. Supervision sessions included discussions around areas such as equality and diversity, achievements and team work. Staff told us they received training and regular updates in order to provide effective care in areas such as first aid, manual handling and infection control. This was supported by the training records.

The registered manager was aware of their responsibilities in regards to the Deprivation of Liberty Safeguards (DoLS). DoLS is a framework to approve the deprivation of liberty for a person when they lack the capacity to consent to care or treatment or need protecting from harm. The registered manager had made appropriate applications for all the people living at the home. The process was awaiting completion by the local authority. The registered manager had clear records of the dates and actions taken in respect to the DoLS.

When people lacked the capacity to make a certain decision, records detailed clearly how this had been established. When a best interest decision was needed documentation demonstrated the potential impact to the person if action was not taken. It showed that the home had involved as many people as reasonable in making the decision and the different options were considered. The agreed decision was clear on why this was in the person's best interest and the positive benefits to the person.

Staff told us they had received training in the Mental Capacity Act 2005 (MCA) and DoLS and training records showed this. People's care plans demonstrated the MCA principles were being actively promoted. There was guidance for staff making it clear what the Act says and detailing how people can be supported to make their day to day decisions. For example a person liked to choose what to wear so staff needed to take out clothing options for them to select from. Another example was that a person could choose what they had for breakfast if staff showed them the actual foods. Staff were knowledgeable on the Act's principles and how they supported individuals in their decision making.

Good

Is the service effective?

Menus were compiled on a weekly basis. Staff told us this was done with the involvement of people and they contributed to the menu plan, but there was no supporting evidence of this. Senior staff members acknowledged that the home needed to demonstrate how this was achieved and that a pictorial display of the menu would be beneficial to people. We observed people regularly being offered food and drinks. We saw staff ask people this in different ways in accordance with their preferred method of communication.

Relatives told us that people's health needs were met. One relative told us, "staff went above and beyond when [name of person] was in hospital." People had a detailed healthcare record. This documented all appointments and check-ups, for example with the optician, GP and chiropodist. Pictorial prompts were used so people could show if a part of the body was hurting or how they were feeling as they may not be able to tell people verbally if they are unwell. There were also pictures to aid staff in explaining what type of appointment someone had and the things likely to occur during the appointment or procedure. For example, if they needed to lie down or have their blood pressure taken. Staff explained that this could help people feel less anxious and be adequately informed. There were descriptions of what people were like when they were well. This included their usual sleep patterns, eating routines and behaviour. There were explanations of signs that may indicate when someone was unwell. This was especially beneficial for new staff so they could identify if someone required further healthcare treatment.

Health notes were kept when needed for example if someone had a specific health issue. These recorded what had been observed and the action taken. Outcomes were recorded for example from a GP appointment or the results of a blood test. This information was communicated to staff in handover meetings and the staff communication book. Staff demonstrated thorough knowledge of people's current healthcare needs.

People had a 'hospital passport'. This was a document containing vital information about the person so it could immediately accompany them should a hospital visit be required. This was important as people may not be able to communicate necessary information to healthcare professionals such as known allergies. Staff worked closely with other healthcare professionals when healthcare conditions had been identified. This was to ensure that necessary changes were implemented and supported. For example, one person had been recommended to alter their diet to reduce the impact of a health condition.

Good

Is the service caring?

Our findings

Relatives spoke passionately about the good care people received from staff. We were told that staff were caring, kind and had good relationships with people. One relative told us, "They are absolutely fantastic, the staff are superb." Another relative told us "They do everything well at the home. They look after her well and she is very happy."

People could not tell us about their care and support. One person smiled when asked if they liked living at the home. During our observations we saw positive interactions with people. We observed staff speak with friendliness and interest. We saw that staff had in depth knowledge of people and could explain personal preferences. For example, one person did not like anyone sitting with them whilst they ate. Staff knew and respected this and returned to engage with the person when they had finished their meal. We viewed that staff promoted people's independence. For example one person had recently had a bag fitted onto their walking frame to enable them to carry their cup back to the kitchen for themselves. We observed staff give verbal prompts and remain close by to support someone to move around the home and sit down safely without physical assistance. Staff were attentive, asking what songs a person would like to listen to and changing the music to their request. Staff sang along with people. People enjoyed this and were laughing and smiling.

People had an allocated keyworker and another nominated staff member for when their keyworker was not on duty. The keyworker ensured that outcomes in the support plan were enabled to be achieved. One staff member told us about a person who they were trying to engage in new activities. They described the activities they had introduced and how the person had responded to them. In one person's records their keyworker had written out the words of songs that were important to them. This enabled them to be able to sing with staff as this was something they enjoyed doing. Staff had recorded how different songs related to how the person was feeling. The keyworker system enabled staff to build trusting relationships and to share this knowledge within the team

People had a communication record which detailed how they communicated, understood information and made choices. It gave guidance on appropriate communication with individuals, for example the tone and speed of speech used or the use of pictures. The records gave descriptions of words which people used and what they actually meant, as these could be different. There were also explanations of what distinctive noises and sounds meant for people. For example this could be how someone was feeling or something they wanted. We observed that staff knew how to communicate with people and this ensured that people's needs and wishes were met.

The staff treated people with dignity and respect. Each person had a document in their care record expressing how they would like to be supported. This detailed how people would like to be addressed and communicated with. It explained what positive interaction looked like and how someone could display that they were not happy. It was clear from observing staff that they knew this information and actively used it. We viewed documentation in people's care records, for example around personal care which documented how dignity would be maintained. It showed what the person could do for themselves, how they wished for personal care to be carried out and the relevant risk assessments. Staff demonstrated they knew about confidentiality and what this meant in their role. For example, not sharing people's personal information inappropriately.

Sheepwood Road Care Home had received several cards complimenting the staff and home. Examples included taking their relative on holiday or for a nice visit. However we were unable to tell how recent this information was as the date had not been recorded. A senior staff member told us they would review how this information was kept.

Staff told us that family and friends could visit the home at any time. One relative told us, "We can visit when we wish to." People were assisted to maintain

Good

Is the service caring?

relationships that were important to them. Relatives told us how staff facilitated visits to them. Staff had accompanied people on overnight visits to see family. Staff told us they had open relationships with relatives and communicated with them frequently.

Good

Is the service responsive?

Our findings

People received personalised care and support. Relatives spoke positively about how individual needs were met. One relative said, "everything she needs, she has. We can't praise them enough." Staff spoke knowledgeably about the people they supported; there was good information in people's care records about their needs.

Care records contained an assessment of needs and important information about people's history and background. Care records contained pictures which demonstrated the level of support which people required for daily living. For example with dressing, haircare and foot care. There was written and pictorial guidance for staff on how to support people in the way they preferred. For example on how to support a person in using their toothbrush. One person's record stated "I can use a knife and fork but I prefer to use a spoon." Another person had communicated, "I prefer to wear trousers. I like my clothes to match." The support plans explained the positive impact of personalised care. For example, promoting independence and empowering people. The records also showed how the support plans were monitored through individual daily notes and reviews. This was to ensure that plans were adapted and changed when necessary. People's long and short term goals had been recorded, together with information about how people had communicated what they wanted to do. For example one person indicated they would like to be more involved in financial transactions as they carried their purse around with them. Steps identified how this could be promoted and achieved. The outcomes to people's goals were recorded in their daily notes.

Daily notes were written by staff to help them monitor people's care and support. These were summarised into a monthly overview detailing areas such as well-being, risk assessments and appointments. They showed key information and any action required, for example an update in the risk assessment. Behaviour which may be challenging was noted daily to record frequency, triggers and any patterns to enable staff to give appropriate support. Known behaviours were detailed in care records for example, when they may occur and how to positively manage them. Where necessary, other health and social care professionals were involved with the development of management plans.

People had an individual timetable of chosen activities in their care records. This included groups within the local community, in house activities and outings to local places of interest. Staff spoke positively about the activities which people enjoyed. They told us how the increase in staffing levels enabled people to pursue further community activities as the required support was now in place. Information was recorded about people's preferences when out in the community. For example, one person regularly went to the zoo but in their care plan it documented how to avoid school holidays as this caused the person distress as it was too busy for them. In a recent team meeting staff had discussed how they could try and encourage a person to engage in new activities. The team had suggested different ideas and this had been implemented so the person could try new experiences to see if they liked them.

People's rooms had been decorated in line with the individual's choice and personalised with furniture and belongings. One relative told us rooms were "Periodically decorated and they were homely." People had possessions which reflected their personal interests and hobbies which we had read about in their care records and staff had told us about. For example, one person liked singing and they had a CD player and CDs of the songs they liked. Another person had seen a particular musical at the theatre and had a DVD and memorabilia from this trip. One relative told us, "Her room has her own things in, her CD player, family items and her TV. It is very nice."

The home had not received any complaints. All the relatives we spoke with told us they had been

Good

Is the service responsive?

given a copy of the complaints procedure and were aware of how to make a complaint if necessary. One person said, "I am aware how to make a complaint and I have the form." People had an easy read format of the complaints procedure available to them.

Relatives told us they regularly received questionnaires and surveys from the organisations asking for their feedback. One person told us, "We had a survey a few months ago and sent it back." Staff told us they were in regular communication with relatives by email and phone. Relatives confirmed this with us. Relatives told us they felt well informed and confident that they would be notified of anything significant.

Good

Is the service well-led?

Our findings

People were not able to tell us if they thought the service was well led but the care and support we observed demonstrated good quality, personalised care. Relatives told us they knew who the registered manager was and felt confident in the management and staff team at Sheepwood Road Care Home. Staff spoke positively about having stability within the home after several changes in senior staff.

The registered manager was supported by a team leader as they managed other services within Brandon Trust. The registered manager was at the home at least once a week and staff told us they could contact the registered manager any time if needed. The feedback we received from staff was that the registered manager engaged fully with people living at the home.

The registered manager was described as, "Very approachable" and "Well engaged" with staff and people. Staff said they felt able and encouraged to raise any concerns and suggestions for improvement. For example, having raised the need for increased staffing levels. The registered manager had taken positive action and staff told us the beneficial impact for the people they supported by increasing activities within the community.

Information was communicated effectively. Messages and important information were conveyed to the staff team through a communication record. We saw examples of staff communicating that a GP appointment had been arranged and a family member was due to visit. There were also references for staff to read health notes or updated risk assessments so they were fully informed.

A questionnaire had been confirmed as received by staff in November 2015. The questionnaire asked staff what the organisation was doing well, what areas it needed to improve on and what barriers they faced that prevented them from doing their job well. At the time of our inspection the results from the staff survey were not yet available.

Staff were knowledgeable in the values of the home in line with Brandon Trust's vision. In discussion with us staff described how they supported people to have access to opportunities, independence and meeting people's individual needs. For example, they had developed positive links with local community groups and organisations. One relative told us, "She [name of person] goes to the local church. They have good community links at the home."

The registered manager or team leader facilitated regular, well attended team meetings. Items to the agenda could be added by staff for discussion. This ensured any issues or concerns they had were addressed. The meetings rotated which day they were held on to minimise impact on people's arranged activities. The minutes reflected different themes of discussion for example, staff communication and areas of responsibility which staff members held. Current care arrangements were reviewed for people in detail to ensure they were effective. Keyworkers could communicate necessary information to the team. For example, we saw details and a visual representation of how one person liked to sleep in bed so there was consistent practice. Reference to related documentation was included in the minutes. The minutes showed agreed outcomes of discussions held and what actions were to be taken and by whom. All staff had to sign they had read the meeting minutes.

The registered manager had systems in place to monitor the quality of the service. A monthly audit was completed assessing service delivery, staffing and complaints. A senior member of staff completed a six monthly review of any incidents. This was an analysis of the number and type of incident to identify any patterns or trends. It also reviewed if the appropriate action to prevent reoccurrence was taken. For example it was

Good

Is the service well-led?

noted that one person had an increased amount of falls. This had led to a GP and hospital appointment as there were concerns about the person's eyesight.

The registered manager undertook a regular review of the home in line with the key questions that the Commission asks at inspections: is the service safe, effective, caring, responsive and well led. The document detailed what the home was currently doing and ways it could improve and how this would be achieved.

The registered manager understood the legal obligations in relating to submitting notifications to the Commission and under what circumstances these were necessary.