St Cuthberts Care

The Alan Shearer Centre

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

This was an unannounced inspection carried out on 11 December 2015.

We last inspected The Alan Shearer Centre in November 2013. At that inspection we found the service was meeting all the legal requirements in force at the time.

The Alan Shearer Centre provides short breaks and long term care for up to 20 people with learning and physical disabilities who require nursing or personal care.

A registered manager was in place. 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.

Due to their health conditions and complex needs not all of the people were able to share their views about the service they received. People appeared content and relaxed.

People were protected as staff had received training about safeguarding and knew how to respond to any

Summary of findings

allegation of abuse. When new staff were appointed thorough vetting checks were carried out to make sure they were suitable to work with people who needed care and support.

Staff had received training and had a good understanding of the Mental Capacity Act 2005 and Best Interest Decision Making, when people were unable to make decisions themselves. There were other opportunities for staff to receive training to meet people's care needs. Staff received supervision and appraisal.

People received their medicines in a safe and timely way. People had access to health care professionals to make sure they received appropriate care and treatment. Staff followed advice given by professionals to make sure people received the care they needed.

Staff knew the people they were supporting well and there were enough staff on duty to provide individual care to people. Care was provided with patience and kindness and people's privacy and dignity were respected. Care plans were in place detailing how people wished to be supported and people were involved in making decisions about their care.

People's nutritional needs were met and they received a choice of food. People were supported to be part of the local community. They were provided with opportunities to follow their interests and hobbies and were introduced to new activities.

People were supported to maintain some control in their lives. They were given information in a format that helped them to understand and encourage their involvement in every day decision making. A complaints procedure was available and written in a way to help people understand if they did not read.

Staff said the registered manager and management team were supportive and approachable. Communication was effective, ensuring people, their relatives and other relevant agencies were kept up to date about any changes in people's care and support needs and the running of the service. There were effective systems to assess and monitor the quality of the service, which included feedback from people receiving care.

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?
The service was safe.

Good

People were kept safe as systems were in place to ensure their safety and well-being at all times. Regular checks were carried out to ensure the building was safe and fit for purpose. Appropriate checks were carried out before staff began work with people.

Staffing levels were sufficient to meet people's needs safely and flexibly.

People were protected from abuse and avoidable harm as staff had received training with regard to safeguarding. Staff said they would be able to identify any instances of possible abuse and would report it if it occurred. People received their medicines in a safe and timely way.

Is the service effective?
The service was effective.

Good

Staff received the training they needed and regular supervision and appraisals.

People's rights were protected. Best interest decisions were made appropriately on behalf of people, when they were unable to give consent to their care and treatment.

Effective communication ensured the necessary information was passed between staff to make sure people received appropriate care. Staff liaised with General Practitioners and other professionals to make sure people's care and treatment needs were met.

People received food and drink to meet their needs and support was provided for people with specialist nutritional needs.

Is the service caring?
The service was caring.

Good

Relatives said the staff team were caring and patient as they provided care and support.

Good relationships existed and staff were aware of people's needs and met these in a sensitive way that respected people's privacy and dignity.

Staff spent time interacting with people and they were all were encouraged and supported to be involved in daily decision making.

There was a system for people to use if they wanted the support of an advocate. Advocates can represent the views of people who are not able to express their wishes.

Is the service responsive?
The service was responsive.

Good

People received support in the way they wanted and needed because staff had detailed guidance about how to deliver their care.

People were provided with a range of opportunities to access the local community.

Summary of findings

A copy of the complaints procedure was available for people and it was written in a way to help them understand if they did not read.

Is the service well-led?

Good

The service was well-led.

A management team was in place who promoted the rights of people to live a fulfilled life within the community.

An ethos of individual care and involvement was encouraged amongst staff with people who used the service.

The registered manager monitored the quality of the service provided and introduced improvements to ensure that people received safe care that met their needs.

The Alan Shearer Centre

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.

Before the inspection we reviewed other information we held about the service, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send CQC within required timescales.

This inspection took place on 11 December 2015 and was unannounced. The inspection was carried out by an adult social care inspector. We undertook general observations in communal areas.

Due to their health conditions and complex needs people were unable to share their views about the service they received.

During the inspection we spoke with the registered manager, a newly appointed manager, four support workers and three relatives. We observed care and support in communal areas and looked in the kitchen and people's bedrooms. We reviewed a range of records about people's care and how the service was managed. We looked at care plans for five people, the recruitment, training and induction records for four staff, one persons' medicines records, staffing rosters, staff meeting minutes, meeting minutes for people who used the service, maintenance contracts and the quality assurance audits that the registered manager completed.

Good

Is the service safe?

Our findings

Due to people's complex communication needs they were not able to communicate verbally with us. People appeared calm and relaxed as they were supported by staff. Relatives' comments included, "I think (Name) is safe at the service, staff have had training so they can deal with an emergency until the paramedics arrive," "I very much feel (Name) is safe," and, "(Name) has been coming here for over a year now and staff know (Name.)"

Staff had a good understanding of safeguarding and knew how to report any concerns. They told us they would report any concerns to the registered manager. They were able to describe various types of abuse. They could tell us how they would respond to any allegations or incidents of abuse and knew the lines of reporting within the organisation. Records showed and staff confirmed they had completed safeguarding adults training and also separate safeguarding children's training as the service supported both adults and children. A staff member commented, "I'd report any concerns to the manager, or person in charge." Staff told us they currently had no concerns and would have no problem raising concerns if they had any in the future. One safeguarding incident had been raised and was being investigated.

We checked the management of medicines. Medicines records were accurate and supported the safe administration of medicines. There were no gaps in signatures and all medicines were signed for after administration. Medicines were appropriately secured in a locked cabinet in a locked room. Appropriate arrangements were in place for the administration, storage and disposal of controlled drugs. These are medicines that require extra checks and special storage arrangements because of their potential for misuse. Staff were trained in handling medicines and a process had been put in place to make sure each worker's competency was assessed. Staff told us they were provided with the necessary training and they were sufficiently skilled to help people safely with their medicines.

The registered manager told us that staff received training with regard to administering a specialist medicine for severe seizures in order to provide the necessary care to a person in an emergency situation until the required medical assistance arrived at the service.

Risk assessments were in place that were regularly reviewed and evaluated in order to ensure they remained relevant, reduced risk and kept people safe. They included risks specific to the person such as for epilepsy, moving and assisting and distressed behaviour. These assessments were also part of the person's care plan and there was a clear link between care plans and risk assessments. They both included clear instructions for staff to follow to reduce the chance of harm occurring.

Staff were aware of the reporting process for any accidents or incidents that occurred. These were reported directly to the registered manager. We were told all incidents were audited and action was taken by the manager as required to help protect people. The registered manager told us learning took place from this and when any trends and patterns were identified, action was taken to reduce the likelihood of them recurring. For example, a person was referred to the appropriate professionals when a certain amount of incidents were recorded.

There were sufficient numbers of staff available to keep people safe. Staffing levels were determined by the number of people using the service and their needs. We were told and staffing rosters confirmed there were three members of staff during the day to support three people who lived at the service and two staff members were on duty overnight. The short stay service operated from a separate part of the building and accommodated children and adults. We were told four adult guests were expected to stay and they were supported by three support workers.

Staff had been recruited correctly as the necessary checks to ensure people's safety had been carried out before people began work in the service. We saw relevant references had been obtained before staff were employed. A result from the Disclosure and Barring Service (DBS), which checks if people have any criminal convictions, had also been obtained before they were offered their job. Application forms included full employment histories. Applicants had signed their application forms to confirm they did not have any previous convictions which would make them unsuitable to work with vulnerable people.

The registered provider had arrangements in place for the on-going maintenance of the building. Routine safety checks and repairs were carried out by the handyman such as for checking the fire alarm and water temperatures. External contractors carried out regular inspections and servicing, for example, fire safety equipment, electrical

Good

Is the service safe?

installations and gas appliances. We also saw records to show that equipment used at the service was regularly checked and serviced, for example, the specialist baths and moving and assisting equipment.

Good

Is the service effective?

Our findings

Relatives said communication was excellent. They told us they were kept informed and given information about?. Relatives' comments included, "The staff are very good at keeping me up-to-date with (Name)'s progress," "(Name) has an IPad and staff support them to get in touch with me, and staff also text me to tell me what (Name) has been doing," and, "The staff will contact me by telephone or send me an e mail before (Name) comes to stay here to check if there have been any changes in their medicines and support needs."

Staff told us communication was effective and a written and verbal handover was available from each shift to keep staff up to date with the current state of people's health and well-being. A staff member commented, "The communication is very good."

Staff told us when they began work they had completed an induction. They told us they had the opportunity to shadow a more experienced member of staff. This made sure they had the basic knowledge needed to begin work. Two staff members said they were still on their probation and they had regular meetings with the registered manager to review their work. Staff told us they were kept up to date with training. Comments from staff included, "There's loads of training," "It's a really good organisation for training and you can study courses to help with personal development," and, "There are very high standards and there is so much training available."

The staff training records showed staff were kept up-to-date with safe working practices. The registered manager told us there was an on-going training programme in place to make sure all staff had the skills and knowledge to support people. Staff completed training that helped them to understand people's needs and this included a range of courses such as, equality and diversity, nutrition, behaviour approaches, autism, management of actual and potential aggression, (Mapa) epilepsy, diabetes, communication, dementia and Percutaneous Endoscopic Gastrostomy (PEG) training. PEG is a tube which is placed directly into the stomach and by which people receive nutrition, fluids and medicines. Management training was also provided to managers and senior staff.

Staff said and records showed they received regular supervision from the management team, to discuss their work performance and training needs. Staff's comments included, "I am responsible for some supervisions," and, "I have supervision every two months." Staff told us they received regular supervision to discuss the running of the service and their training needs. They told us they could also approach the management team at any time to discuss any issues. They said they felt well supported by colleagues and worked well as a team. Staff told us they received an annual appraisal to review their work performance.

CQC monitors the operation of the Mental Capacity Act 2005 (MCA). This is to make sure that people who do not have mental capacity are looked after in a way that respects their human rights and they are involved in making their own decisions, wherever possible. Staff were aware of and had received training in the MCA and Deprivation of Liberty Safeguards (DoLS). DoLS are part of the MCA. They are safeguards put in place to protect people from having their liberty restricted without lawful reason. The registered manager told us an authorisation was in place from the local authority for one of the people who lived at the service and other applications were being processed.

Records showed assessments had been carried out, where necessary of people's capacity to make particular decisions. Records contained information about the best interest decision making process, as required by the Mental Capacity Act. Best interest decision making is required to make sure people's human rights are protected when they do not have mental capacity to make their own decisions or indicate their wishes. Information was available to show if people had capacity to make decisions and to document people's level of comprehension. Staff, because they knew people well, could also tell us about people's levels of understanding.

We found that systems were in place to ensure people had food and drink to meet their nutritional needs. People identified as being at risk of poor nutrition were supported to maintain their nutritional needs. This included monitoring people's weight and recording any incidence of weight loss. Care plans for people's nutrition were in place and the need for a modified diet where required. For example, a care plan recorded the advice from a speech and language therapy team (SALT) and dietician as a

Good

Is the service effective?

person required more calories each day as they were very active. Another care plan stated, "Sometimes I want a drink when I'm eating. I use a small beaker and this means I drink what I need."

Records showed the health needs of people were well recorded. Information was available in their records to show the contact details of any people who may also be involved in their care. Care records showed that people had access to a General Practitioner (GP), dietician, speech and language therapist and other health professionals. One care plan recorded, "My dietician has been to see me and is happy with my progress." The relevant people were involved to provide specialist support and guidance to help ensure the care and treatment needs of people were met. For example, psychiatrists and clinical staff from the behavioural team.

Good

Is the service caring?

Our findings

Relatives were complimentary about the care and support provided at the service. Their comments included, “The staff are wonderful. They go above and beyond their contractual duties I’m sure,” “There is a lovely atmosphere at the place,” “The care is excellent,” and, “The care provided is an extension to (Name)’s own family’s care.”

During the inspection there was a relaxed and pleasant atmosphere in the service. Staff interacted well with people. Staff were warm, kind, caring and respectful with people and people appeared comfortable with them. Staff were patient in their interactions and took time to observe people’s verbal and non-verbal communication. Staff asked people’s permission before carrying out any tasks and explained what they were doing as they supported them. This guidance was also available in people’s support plans which documented how people liked and needed their support from staff. For example, a personal hygiene care plan stated, “I like to slide about in the bath and enjoy the water splashing all over the staff and the floor. I like to lie with my head in the water with the water covering my ears.” Staff we spoke with were able to give us information about people’s needs and preferences which showed they knew people well.

Not all of the people were able to fully express their views verbally. Support plans provided information to inform staff about how a person communicated. For example, communication care plans stated, “(Name) uses a range of sounds and gestures to indicate their needs,” “Sometimes I like to scream, nip or scratch. I may be trying to tell you something, for example, if I’m frustrated or in pain," and, “If I show a fist in front of my lips this is showing I want a drink.” This meant staff had information to inform them what the person was doing and communicating to them. People were encouraged to make choices about their day to day lives and staff used pictures, signs and symbols to help people make choices and express their views.

Staff respected people’s dignity and provided people with support and personal care in the privacy of their own room. Care plans stated, “When I need my clothes changed I like to be changed in the privacy of my room or the bathroom.” Care records also showed people’s privacy was respected. For example, “I enjoy time alone in my bedroom,” and, “(Name) will sometimes choose to spend quiet time in their bedroom where they like watching DVDs or playing with their electrical equipment.”

Staff informally advocated on behalf of people they supported where necessary, bringing to the attention of the registered manager or senior staff any issues or concerns. The registered manager told us people who did not have relatives to provide advice and support were supported by an advocate

Good

Is the service responsive?

Our findings

People were supported to access the community and try out new activities as well as continue with previous interests. Records showed there were a wide range of other activities and entertainment available for people. For example, "My favourite day out is going on the train." We were told people enjoyed going to the library, pamper sessions, trampolining, walking, cinema, shopping, concerts, arts and crafts and using the sensory room which had a variety of fascinating equipment to help stimulate or relax people. Transport was available so people enjoyed trips to the country, coast and the Metro Centre. Relatives comments included, "(Name) loves to be out and about, they have their own car so is out every day," "We have a communication book that staff write up what (Name) has been doing," and, "(Name) is very active they go to the cinema, theatre and wheelchair bikes."

Relatives we spoke with said they were involved in discussions about people's care and support needs. One relative commented, "I get a phone call or an e mail before the stay to check if there have been any changes in (Name)'s medicines or their needs," and, "I'm kept informed and involved in meetings about (Name)'s care." Written information was available that showed people of importance in a person's life. Staff told us people were supported to keep in touch and spend time with family members and friends. Most people had visitors and some people went to spend time at home. One person's care plan stated, "I love meeting my Mum and Dad for days out and staying over at weekends."

People's needs were assessed before they started to use the service. This ensured that staff could meet their needs and the service had the necessary equipment for their safety and comfort.

Records showed pre-admission information had been provided by relatives and people who were to use the service. Assessments were carried out to identify people's support needs and they included information about their medical conditions, dietary requirements and their daily lives. Care plans were developed from these assessments that outlined how these needs were to be met. For example, with regard to nutrition, personal care, mobility and communication needs.

People's care records were up to date and personal to the individual. They contained information about people's likes, dislikes and preferred routines. For example a care plan for personal hygiene stated, "I need your assistance with dressing and undressing, I am able to assist by putting my arm into my sleeve or lifting my leg to put my trousers on." Staff were knowledgeable about the people they supported. They were aware of their preferences and interests, as well as their health and support needs, which enabled them to provide a more personalised service.

A daily record was available for each person. It was individual and in sufficient detail to record their daily routine and progress in order to monitor their health and well-being. This was necessary to make sure staff had information that was accurate so people could be supported in line with their current needs and preferences.

People had a copy of the complaints procedure that was written in a way to help them understand if they did not read. A record of complaints was maintained. No complaints had been received since the last inspection. Relatives' comments included, "I've never had any complaints, but I'd know to speak to the manager if I did," and, "There were some issues last year but they have been sorted."

Good

Is the service well-led?

Our findings

A registered manager was in place who had been registered with the Care Quality Commission since August 2014.

The culture promoted person centred care, for each individual to receive care in the way they wanted. Information was available to help staff provide care the way the person may want, if they could not verbally tell staff themselves. There was evidence from observation and talking to staff that people were encouraged to retain control in their life and be involved in daily decision making.

The atmosphere in the service was friendly. Staff said they felt well-supported. Comments included, "The service is very well run. Since new manager (Name) has come the atmosphere has gone back to being really good, how it used to be."

Staff told us staff meetings took place monthly. Meetings kept staff updated with any changes in the service and allowed them to discuss any issues. Minutes showed staff had discussed good practice, health and safety, training and development and the needs of people who used the service. Meeting minutes were made available for staff who were unable to attend meetings

Records showed audits were carried out regularly and updated as required. Monthly audits were carried out and they included health and safety, fire safety, finances, medicines management and documentation. Weekly checks also took place that included health and safety and fire safety. The manager told us a separate audit was carried out by another manager to provide an independent view of the service. Their monthly visit was to speak to people and the staff regarding the standards in the service. They also audited a sample of records, such as care plans and staff files. These audits were carried out to ensure the care and safety of people who used the service and to check appropriate action was taken as required.

The registered manager told us the provider monitored the quality of service provision through information collected from comments, compliments, complaints and survey questionnaires that were sent out annually to people who used the long and short stay service, their relatives and professionals. This was to monitor the quality of the service provided and make improvements as necessary. We saw the results of the 2014 survey. People's comments included, "(Name) is always keen and willing to go and not in a hurry to leave; that says it all!," "Excellent service and very friendly staff," "(Name) loves it and I can rest knowing they are in safe hands," and, "Long may they provide the service."