

Shaw Healthcare (Group) Limited

Shaw South Coast CL

Inspection report

Trinidad Village
Rossmore Road
Poole
BH12 3ND

Tel: 01202084007
Website: www.shaw.co.uk

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02 December 2019

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

This service provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service.

Not everyone using Shaw South Coast CL receives a regulated activity. CQC only inspects the service being received by people provided with 'personal care': help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

98 people received the service. There were 135 flats across the three sites in Poole, Trinidad Village, Delphis Court and Belmont Court. Each building had communal lounges and an office where the care and supervisory staff who worked in that building were based. The service's registered manager was based at Trinidad Village, but also visited Delphis Court and Belmont Court.

People's experience of using this service and what we found

The service had improved the arrangements for managing medicines safely. We saw medicines were managed and administered safely by trained staff.

The service had improved staffing to ensure consistency for people. This had resulted in them not needing to use agency staff for the eleven months prior to this inspection.

Staff understood their role in recognising and acting upon any concerns of abuse or poor practice. Recruitment processes were robust and included employment and criminal record checks to ensure staff were suitable to work with older people.

The service was honest and open about any accident or incident that had caused or placed a person at risk of harm. People, their families and the staff team had opportunities through regular meetings to share ideas and be involved in developing the service.

People were supported by staff who had completed an induction and had on-going training and supervision that enabled them to carry out their role. Working with other health and social care professionals ensured people received the best outcomes.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People had care plans that detailed their individual care needs and lifestyle choices. Staff were knowledgeable about people and how they were able to communicate which meant they were able to involve people in decisions about their care.

A range of activities were organised that reflected people's interests and abilities. A complaints process was in place that people and their families were aware of, felt able to use and were confident they would be listened to. People had an opportunity to be involved in end of life care planning which reflected their cultural and spiritual wishes.

People and their families described the care as good and spoke positively about the staff. We observed people being involved in decisions about their day to day lives with staff enabling people to be as independent as they were able. People had their privacy and dignity respected.

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

Rating at last inspection

The last rating for this service was requires improvement (published 3 September 2018).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Shaw South Coast CL

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector and an expert by experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Shaw South Coast CL provides care and support to people living in specialist 'extra care' housing. The accommodation is rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service.

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

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that people were informed that we would be contacting them by telephone, and we needed a manager to be available to facilitate this inspection.

Inspection activity started on 29 November 2019 and ended on 2 December 2019. We visited the office location on 29 November 2019.

What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and

improvements they plan to make. This information helps support our inspections.

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority who work with the service. We used all of this information to plan our inspection .

During the inspection

We spoke with four people who used the service and five relatives about their experience of the care provided. We spoke with seven members of staff including the operations manager and registered manager. We spoke with a visiting health care practitioner about their experiences of the service.

We reviewed a range of records. This included six people's care records and multiple medication records. We looked at five staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including audits and training records, were reviewed.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement, there was a breach of Regulation 12 Regulated Activities Regulations 2014 Safe care and treatment. At this inspection the regulation was met and this key question has improved to good. This meant people were safe and protected from avoidable harm.

Using medicines safely

At our last inspection we found medicines were not always managed properly and safely. Medicines administration records (MAR) were not accurate and up to date. The provider had made improvements.

- We found that the service had implemented safe systems and processes which meant people received their medicines in line with best practice.
- MAR were completed and audited appropriately.
- People were supported to self-administer their medicines. Risk assessments had been completed with the person and regularly reviewed.
- A social care professional had stated, 'Some really good work on supporting people to become more independent (such as) managing (their own) medication.'

Staffing and recruitment

- The service had introduced a 'floating' support from the hours of 07.00-22.00. This was to provide additional staff support where needed across Trinidad, Belmont and Delphis sites. There was a 'Lifeline' call service available to people 24 hours a day, a waking night member of staff and team leader or manager on call seven days a week.
- People were supported by staff who had been recruited safely. This had included employment reference and criminal record checks to ensure they were suitable to work with vulnerable people.

Assessing risk, safety monitoring and management

- People had their individual risks assessed, monitored and reviewed. Staff were knowledgeable about people's risks and understood and carried out the actions needed to minimise the risk of avoidable harm. This included risks associated with falls, skin damage, malnutrition, dehydration and wound care.

Systems and processes to safeguard people from the risk of abuse

- People received care from staff that had been trained and understood their role in recognising and acting on concerns of abuse or poor practice. Safeguarding information with helpline contact details was displayed for people to access.
- People and their relatives described the care as safe. A relative told us, "My brother is in Trinidad and he gets exemplary care and both he and I feel that he is safe and comfortable there". One person said, "I've been here 8 years and I love it, I feel safe and I'm well cared for here".
- People were protected from discrimination. Staff had completed equality and diversity training and we

observed them respecting people's lifestyle choices.

Preventing and controlling infection

- People were protected from avoidable risks of infection as staff had completed infection control training and were following safe protocols.
- Staff told us they were supplied with personal protective equipment for use to prevent the spread of infections and were clear on their responsibilities with regards to infection prevention and control.

Learning lessons when things go wrong

- Accidents, incidents and complaints were recorded and reviewed for themes that might suggest further action was required.
 - Accidents and incidents were seen as an opportunity to reflect on practice and continually improve outcomes for people.
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Is the service effective?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People and their families had been involved in pre-admission assessments to gather information about their care needs, lifestyle, spiritual and cultural choices.
- Assessments had been completed in line with current legislation, standards and good practice guidance.

Staff support: induction, training, skills and experience

- A relative told us, "I am aware of the difficulty in getting staff but there are some very good carers and there are some who do not have common sense; they need more training, especially on dementia and how to manage it". The registered manager confirmed staff had received training in dementia. Records we saw showed all staff had received training in dementia.
- Staff had completed an induction and had on-going training and support which enabled them to carry out their roles effectively. One member of staff said, "This is my first job in care, I have had good training and the manager has been supportive and helps me when I need it. I am enjoying my job, I'm learning all the time. I have enough time to get the job done".
- A social care professional stated, 'Staff receiving additional training (brain injury) and supervision being more robust has improved how the service is monitored. Staff are taking responsibility and being held accountable'.
- Staff said they felt well supported by their manager and told us they had regular supervision meetings which allowed them to discuss their performance, concerns or training and development needs.

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

- People had their eating and drinking needs understood, met and regularly reviewed.
- People were supported with making choices and had their independence at mealtimes encouraged. "I get meals on wheels at lunchtime and the carers make my tea for me. They do a good job".

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

- Records showed us people had received support from other agencies when needed including occupational therapists, district nurses and community learning disability nurses.
- People had access to district nurses, GP, mental health teams and social services.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible,

people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- Staff knew about people's individual capacity to make decisions and understood their responsibilities for supporting people to make their own decisions.
- People told us they were encouraged to make decisions for themselves and felt involved in making choices wherever possible.
- People had signed their care records to show that they consented to the care and support they were being provided with.
- Training records showed staff had undertaken training in relation to the MCA.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

At our last inspection we found people did not always receive care and support from familiar staff, and staff did not always have a clear understanding of people's preferences. The provider had made improvements.

- We found that continuity of staff had improved. Agency staff had not been needed for 11 months, as staff were able to cover any leave.
- Overall people and their families spoke positively about their care. A relative said, "The manager and staff go over and beyond their duty in my opinion, they are centred on the individual and very personable". A member of staff said, "We have made a lot of improvements since our new manager started in 2018, super team of girls in Trinidad who really do care, which is so important".
- We observed warm, friendly relationships between people and the staff team. Staff were knowledgeable about people's history, the family and friends important to them and respectful of people's lifestyle choices.

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

- People's individual communication needs were understood. Staff used appropriate non-verbal communication to demonstrate listening and to check people understood them. For example, staff talked with people at eye level and used hand gestures and facial expressions.
- People felt involved in decisions about their day to day lives. One relative said, "They [staff] seem to focus on the person, the individual, which is good. We had input into his [relative] care plan, which made us feel confident in the place".
- People had access to an advocate when they needed somebody independent to support them with decision making.

Respecting and promoting people's privacy, dignity and independence

- People had their dignity and privacy respected. One person told us staff always made sure curtains were closed.
- People were supported to be independent. There were several photographs showing people accessing the community by themselves. One person told us, "Staff have worked with me on road safety to help my confidence to go out shopping by myself without staff".
- Confidential data was accessed by electronic passwords or stored in a secure place ensuring people's right to confidentiality was protected.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People had care plans which reflected their personal care needs and lifestyle choices. These were understood by staff and reviewed regularly. Care was responsive to people's changing needs.
- Details of how people's specific health conditions impacted on their wellbeing were included in care plans.
- People had opportunities to make friends and be involved in activities tailored specifically to their interests. One person said, "There's a lot going on here, I don't always join in with things like karaoke, and the craft event, but you don't have to. There's usually something on most days. I do join in with the film night, dominoes and the quizzes". Other activities included bingo, cinema, trips to local parks and day centres and faith based services.
- The service kept a record of people's achievements. These ranged from people developing daily living skills, such as managing their own medication, to attending activities of interest to them. For example, one person had a passion for motorbikes, so staff supported them to attend a bike night in Poole quay.
- The service had an independently run café on site which was open to the public. This was a sociable area with people getting together to chat and form friendships.
- People had several devices which helped them, such as electric door openers, use of GPS trackers for people at risk of getting lost when out in the community. One person had an electronic device which enabled them to control their lights and heating.
- A social care professional stated, 'Some really good work on supporting people to become more independent - accessing the community or managing medication. Helping people to achieve goals/wishes and supporting a person to go to the beach'. The person said it had been eight years since they went on a beach and staff had arranged a wheelchair friendly deckchair which enabled them to, "Enjoy the small pleasures of going on a beach and in to the sea".

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were clearly assessed and detailed in their care plans. This included whether people needed glasses, hearing aids or any additional support such as information provided in large print.

Improving care quality in response to complaints or concerns

- People were aware of the complaints process and felt if they raised a concern appropriate actions would be taken. A person said, "I will say how good the manager [name] is here; she's lovely, she listens and gets things done." A relative said, "The manager will contact me if there's a problem or an issue which is very good".
- Details of the complaints policy was displayed in the foyer. The information included contact details for external agencies should people feel their complaint had not been dealt with satisfactorily.
- Records showed us that when concerns were raised they were investigated, and appropriate actions taken to improve care quality.

End of life care and support

- The service was not supporting anyone with end of life care needs at the time of our inspection.
- People had an opportunity to develop care and support plans detailing their end of life wishes. These included any cultural requirements and decisions on whether they would or would not want resuscitation to be attempted.
- Staff said they had received training in end of life care, which would be refreshed if someone using the service was nearing the end of their life.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care
At our last inspection we found quality monitoring systems were not robust. The provider had made improvements.

- A member of staff said, "I feel confident that we have improved and I hope to prove it. I love my job here and enjoy the work". Another explained, "I like my job because I am supported well by my direct manager. He has encouraged me to study. We are looking forward to the inspection so we can illustrate how we have improved."
- The values of the service (Wellness, Happiness and Kindness) were promoted and monitored through meetings, a monthly 'business newsletter', spot checks and supervision.
- The registered manager felt it important to be visible in the home. On several occasions we observed them interacting with people, relatives and visiting healthcare professionals. One person said "[Registered manager's name] does a brilliant job. I'm not scared to go to the office to talk with any of the managers or staff." People described being "Listened to".
- A social care professional stated, 'A marked improvement in the way the service monitors the quality since July 2019. Staff taking responsibility and being held accountable'.
- People had the opportunity to have their opinions heard in a variety of ways. Such as anonymously via feedback forms, in meetings and reviews.
- Staff were nominated for awards such as 'Shining Star' and 'Employee of the Month.' This was based on feedback from people using the service, and the member of staff received a £20.00 gift voucher. We saw several examples of staff being 'praised and thanked' for their work. Staff described how this made them feel appreciated and valued.
- The service had made statutory notifications to CQC as required. A notification is the action that a provider is legally bound to take to tell CQC about any changes to their regulated services or incidents that have taken place in them.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood the requirements of the duty of candour. This is their duty to be honest and open about any accident or incident that had caused or placed a person at risk of harm. Records showed us they fulfilled these obligations, where necessary, through contact with families and people.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People and their families and staff had opportunities for developing the service and sharing information and learning through regular meetings, quality surveys and social events.
- The local authority had provided a RAZIOR chair. This allowed staff to safely get people up from the floor if they were not injured. This had been used successfully 25 times since April 2019 and had reduced the need to call emergency services by 60 %.
- A "policy of the month" was discussed in staff meetings and supervisions.
- The staff team worked with other organisations and professionals to ensure people's care and support was in line with best practice guidance. This included attending local care conferences.