

Shelton Care Limited

Regent Road

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 ● |

Summary of findings

Overall summary

This inspection was unannounced and took place on 2 and 3 November 2016.

Regent Road provides accommodation and personal care for up to 16 people who have a learning disability. On the day of our inspection the home was fully occupied.

The home had a registered manager who was present for the 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.

People were supported by staff who knew how to protect them from the risk of abuse and practices within the home reduced the risk of accidents. There were enough staff on duty to care for people and they had the skills to manage people's medicines.

People were cared for by staff who received regular training and one to one [supervision] sessions. People's human rights were promoted by staff who were aware of the principles of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. People's decisions were respected. People were supported to eat healthy meals and they had a choice. People were supported by staff to access relevant healthcare services when needed.

People were treated with kindness and compassion and staff were aware of their diverse needs. People were involved in planning their care and their privacy and dignity was respected.

People were involved in their assessment of their care and support needs and staff were aware of their specific needs. The staff team worked alongside other agencies to ensure people's care and support needs were met. People had access to a variety of social activities inside and outside of the home. People were supported to access further education and to gain employment. People were supported by staff to achieve their aspirations and to live a fulfilled lifestyle. The service was adapted where needed to ensure people's needs were met. People were aware of how to share their concerns and information about how to make a complaint was provided in a format they could understand.

People were encouraged to have a say in how the home was run. The registered manager was supported in their role to provide a good service. The provider's governance promoted quality and to drive improvements.

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.

People were protected from the risk of abuse and staff knew how to reduce the risk of accidents. People were cared for by sufficient numbers of staff and they were supported to take their prescribed medicines.

Is the service effective?

Good ●

The service was effective.

People were cared for by staff who received regular one to one [supervision] sessions and training. Staff's understanding of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards ensured people's human rights were respected. People had access to a variety of healthy meals and drinks. People were supported by staff to attend their medical appointments.

Is the service caring?

Good ●

The service was caring.

People were cared for by staff who were kind and compassionate and who were aware of their care needs. People's privacy and dignity was respected by staff.

Is the service responsive?

Good ●

The service was responsive.

People were involved in the assessment of their care needs and staff supported them to achieve their aspirations. The staff team worked alongside other agencies to ensure people's specific needs were met. The service was adapted where needed to ensure people who were at the end of their life received good care. People were confident to share their concerns with staff and complaints were listened to and acted on.

Is the service well-led?

Good 

The service was well-led.

People were encouraged to have a say in how the home was run and felt supported by the management team. The provider's governance was effective in driving improvements.

Regent Road

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.

This inspection took place on 2 and 3 November 2016 and was unannounced. The inspection team comprised of one inspector.

As part of our inspection we spoke with the local authority to share information they held about the home. We also looked at information we held about the provider to see if we had received any concerns or compliments about the home. We reviewed information of statutory notifications we had received from the provider. A statutory notification is information about important events which the provider is required to send us by law. We used this information to help us plan our inspection of the home.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider 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 seven people who use the service, three care staff, three visitors, the care coordinator, the care manager and the registered manager. We looked at one care plan and a risk assessment, medication administration records, accident reports and quality audits.

Is the service safe?

Our findings

People told us they felt safe living in the home. One person told us they often felt anxious and staff always reassured them. They said, "The staff gave me a mobile phone so when I am out I can ring them if I get scared." They said if the staff upset or hurt them they would call the police but said, "I am sure the staff wouldn't hurt me." Another person said, "I have a lock on my bedroom door and that makes me feel safe." We spoke with a visitor who said, "The staff are so caring we know our relative is safe here."

All the staff we spoke with were aware of various forms of abuse and knew how to protect people from this. Staff told us if they had any concerns about abuse or witnessed poor care practices they would share this with the registered manager. They were also aware of external agencies they could share their concerns with to protect people from the risk of further harm.

The registered manager and staff confirmed discussions were always held in meetings about protecting people from the risk of potential abuse. The registered manager said this was to ensure that all staff were aware of their responsibility of protecting people from the risk of abuse.

The registered manager said all safeguarding alerts were recorded and showed what action was taken to prevent this happening again. For example, where an incident had occurred in the home, the registered manager had reviewed the staffing levels to provide the person with additional support. The registered manager informed us that during meetings people were asked if they felt safe. People could also share their concerns using the suggestion box. All the people we spoke with were aware of the suggestion box and contact details of other agencies that could help them if they had any concerns.

People were protected from the risk of harm because staff were aware of the importance of keeping the home safe. For example, staff told us clutter was removed to reduce the risk of trips and falls. Whilst they assist people with their personal care, they checked the water temperature to prevent scalds. Staff told us they had access to risk assessments that supported their understanding about how to keep people safe. For example, the appropriate use of equipment when supporting people with their mobility.

The registered manager said accidents were reviewed monthly to identify trends. Where needed action was taken to reduce the risk of a reoccurrence. For example, records showed a person had sustained a number of falls. The registered manager said the person had been referred to a falls clinic and an occupational therapist and the staff we spoke with confirmed this.

People told us there were always enough staff on duty to support them when needed. One person said, "There are always enough staff to help me go shopping." Discussions with people and staff confirmed some people were allocated specific one to one support during the week. Both people and staff confirmed there was always sufficient staff available to provide this level of support. We saw that staff were always available to support people when needed.

The provider's recruitment process ensured all staff were suitable to work in the home. All the staff we

spoke with confirmed references had been requested before they started to work in the home. They told us a Disclosure Barring Service [DBS] was also carried out. These safety checks assisted the provider in selecting the right staff to work in the home.

People were supported to take their prescribed medicines. One person told us when they moved into the home they were unable to manage their medicines. They said staff were now teaching them to do this. They said, "I apply my creams and sign the record to show I have done this." They had been prescribed treatment to control their pain and they told us that staff managed these medicines and they received them when needed. People were provided with information about why they needed to take their medicines. Where necessary picture cards were used to promote people's understanding.

We looked at medication administration records, these were signed to show when medicines had been administered. We looked at how medication was stored and found that controlled medicines were not stored appropriately but there was no evidence of risk to people. The registered manager assured us action would be taken to address this. The registered manager said staff who managed medicines had received training to do this and staff confirmed this. Medication competency assessments were carried out to ensure staff's practices were safe.

Is the service effective?

Our findings

People were cared for by staff who were skilled. One person said the staff are brilliant at doing their job. A visitor told us their relative required new equipment to meet their care needs. They said, "All the staff have been trained to use the equipment." Staff confirmed they had access to routine training to ensure they have the skills to care for people. The registered manager said observations were carried out to ensure skills learned were put into practice to improve the service.

People were supported by staff who received regular one to one [supervision] sessions. All the staff we spoke with confirmed access to regular supervision sessions. One staff member said these sessions looked at their work performance and identified their training needs. They said, "Supervision gives me the confidence to do my job."

We looked at how new staff were supported. All the staff we spoke with confirmed they had an induction. One staff member said, "My induction enhanced my knowledge about how to support people." They said during their induction they received training that provided them with the skills to assist people with specific healthcare conditions. For example, epilepsy and dementia awareness. Another staff member told us that during their induction they worked with an experienced staff member until they felt confident to work alone. A staff member said, "I always feel supported to do my job."

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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. All the people we spoke with confirmed they were able to make their own decisions. They told us that staff always asked for their consent before they supported them. Staff were aware of the principles of MCA. One staff said they allowed people to make their own decisions and where necessary they were supported to do this. For example, the use of pictures and Makaton cards were used to assist people.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager said there were five authorised DoLS in place. Six applications had been submitted to the local authority and they were awaiting authorisation. The provider had a protocol in place to review DoLS and the restrictions in place for the individual to find out if these were still required. The registered manager said people were involved in discussions and reviews about their DoLS and the people we spoke with confirmed this. We spoke with one person who understood why a DoLS had been put in place for them. They told us they had requested a review of their DoLS and confirmed they were present during this review. They told us after several reviews they no longer had a DoLS in place because they were now able to make decisions about their care and treatment. They said not having a DoLS in place gave them the freedom to go out independently. They said, "I now have a job." Staff had a good

understanding of DoLS and the reason why some people's liberty had been restricted.

People were supported by staff to eat healthy meals and they had a choice. One person told us they had a health condition but due to staff's support to eat healthy meals, they no longer required medication for their health condition. We spoke with a visitor who told us their relative required a special diet and needed their drinks thickened to prevent them choking. All the staff we spoke with were aware of suitable meals for this person. People told us they planned the menu with the help from staff and purchased their own food. We saw two people prepare their lunch. People told us they had access to drinks and snacks at all times. We saw the atmosphere at mealtimes was relaxed and staff were available to support people when needed. Staff had recognised that a person's diet was poor and they had lost weight. Action had been taken to refer the person to a dietician for support and advice.

All the people we spoke with told us they had access to relevant healthcare services when needed. One person told us they were nervous to go to the dentist. So staff arranged for them to visit the surgery to have a look around, touch the equipment, talk with the dentist and sit in the chair. They said this had reassured them and at the next visit they were happy to receive treatment. We spoke with another person who told us staff helped them to attend their medical appointments. One person told us they had regular access to a psychologist. We spoke with a visitor who told us a district nurse visited their relative every week. Another visitor told us their relative had an accident and staff were prompt in obtaining medical intervention for them. People had access to the community learning disability team who supported them to access relevant healthcare services for routine health screening.

The registered manager said each person had been nominated a 'personal carer.' The nominated person was responsible for monitoring the individual's healthcare needs and providing support to attend medical appointments where required. Over the two days of our inspection, we saw staff support two people to attend medical appointments. One person told us they were able to attend their medical appointments independently but staff were always available to help if needed.

Is the service caring?

Our findings

People were cared for by staff who were kind and compassionate. One person said when they moved into the home they required support with their emotions. They said, "The staff have helped me a lot." They told us that due to staff's support they were able to do things they were unable to do before. They said, "The staff are brilliant, helpful and very supportive." Another person told us about their health condition and said, "I sometimes get tired but the staff never rush me."

One person told us how well the registered manager had supported them so they nominated them for the 'Carer of the Year' award. They said the staff were so caring. Another person said, "The staff care for me so well they are like my second family."

We spoke with a relative who said the service provided to people was excellent. They said, "Staff are compassionate and dedicated in providing quality care."

All the staff we spoke with were aware of people's specific care and support needs. We saw staff take the time to talk with people and showed an interest in the individual.

The provider adapted the service to meet people's specific needs. For example, one person was receiving end of life care. The registered manager had arranged for staff to undertake palliative care training so they had the skills to care for the person. The registered manager informed us they had liaised with a palliative care nurse to make sure the person had the necessary equipment in place to ensure their comfort and safety. We spoke with the person's relative who said, "The staff have been brilliant and have learned how to care for [relative]." They continued to say, "The staff know [relative] better than their family."

All the people we spoke with confirmed they were involved in planning their care and staff listened to their views. For example, one person said whilst reviewing their care plan they told staff they no longer required support in certain areas because they felt more independent. They said their care plan was changed to reflect this.

One person told us about their involvement in their annual care review. They did a presentation by power point to tell people about themselves, the things they enjoyed, the support they required and their aspirations. They said, "All the people listened to me." They informed us, "My key worker regularly reviews my care plan with me." They told us they had access to all their care reviews which was stored on their personal laptop. They told us they felt completely involved in planning their future with the aim of living independently.

A staff member said people are encouraged and supported to be involved in planning their care. They told us that people have the opportunity to express their care needs in various ways. Those who are confident are supported to do a presentation, others may prefer to have a one to one discussion. The service was adapted to meet people's specific needs and to allow them to be actively involved. Staff told us they always asked people about their care needs to ensure they receive the appropriate level of support to achieve their

goals. The registered manager and staff said the rota was frequently reviewed to ensure there were enough staff on duty to assist and support people to do the things important to them. A social worker said, "I'm impressed with the quality of people's review documentation and the analysis in trying to understand the person."

People told us staff respected their privacy and dignity. One person said they preferred to spend most of their time in their bedroom and staff respected their choice. Another person said they were in a relationship and staff respected their right to privacy. One person said, "Having a lock on my bedroom door allows me privacy." We spoke with a staff member who said people were able to choose who worked with them. For example, male or female staff. All the staff we spoke with had a good understanding about how to promote people's privacy. For example, one staff member said, "I always ensure the curtains and door are closed when I help people with their personal care needs." We saw staff knock on people's door before entering their room.

Is the service responsive?

Our findings

One person told us before they moved into the home they were involved in their assessment. They said during the assessment they were able to tell staff about their life history, family and friends, things they enjoyed and where they required support. All the people we spoke with confirmed their involvement in their assessment and planning their care. This ensured people's specific needs were met. All the people we spoke with said staff were aware of their support needs and helped them to pursue the things important to them.

All the people we spoke with were enthusiastic about their life at the home and all had ambitions and goals they wanted to achieve. One person told us that before they moved into the home they were unable to manage their emotions and this had a negative impact on their life. They said because they were unable to manage their emotions this led to restrictions on the things they could do. They informed us that staff had helped them to manage their emotions and provided them with coping strategies. They said now they were able to manage their emotions this enabled them to learn new skills to promote their independence. For example, they were now able to do domestic tasks around the home and do their own shopping. They said staff had supported them to find a job. They told us about their aspiration to move into their own home and said staff were supporting them to achieve their goals. They said, "The staff are wonderful, they are like my family, they have helped me so much." They said, "I am a bit nervous but I look forward to the future and living independently." One staff member said, "This is not necessarily a home for life but to enhance people's skills and confidence to live independently."

The registered manager said any transition to move out of the home to live independently was led at the individual's pace. They said in conjunction with other professionals such as social workers, people were provided with the relevant support. For example, one person said they wanted to learn to cook and get a job before they moved to live on their own. When the person had achieved these goals they did not have the confidence to move on and staff worked with them until they were ready to be discharged. The registered manager and the staff we spoke with said they continue to support people who had been discharged to ensure their placement is successful. We received information from a social worker who said, "I have been impressed how the service goes to great lengths to prevent placement breaking down."

One person said they lived alone before they moved into the home. They said, "I needed a little help." Their goal was to enhance their skills and to live independently again and they told us staff were supporting them to do this. They said staff had helped them to find paid employment which they thoroughly enjoyed. They told us when they lived alone they did not eat suitable meals. When they moved into the home they decided to enrol in a club to learn about healthy eating to promote their health and staff supported them to attend. They told us how successful they were at achieving their goals at the health club and they were in the local newspaper. They told us that staff continued to support them to choose healthy meals to promote their health.

The registered manager said they worked with various agencies to help people find voluntary and paid employment. They said people were provided with the skills to prepare for employment and they were

helped to write their curriculum vita [CV]. The provider had also employed some people who used the service. One person told us they worked as a cleaner at the home and received a wage. Another person informed us they worked in the home doing administration work and also received a wage. One person expressed a desire to go on to further education and staff were supporting them to access colleges.

The service provided to people was 'person centred' to ensure their specific needs were met. For example, we saw systems and practices in place to help people express their needs. The registered manager said one person used Makaton to communicate and we saw the person using this method to express their needs. Makaton is a form of sign language. To enable this person to maintain contact with people important to them, they were provided with a digital tablet. This enabled them to use Makaton on 'face time' to communicate with their family and friends.

One person told us they were thrilled that the registered manager had given them the opportunity to learn Makaton alongside the staff team. They said, "I am able to talk with other people who live here." Another person told us they knew how to use Makaton and enjoyed teaching a staff member how to use this form of communication. This ensured people and staff were able to communicate effectively and people were able to express their needs.

The registered manager said after discussions with one person and their family it was agreed the person's bedroom needed to be decorated. Although the person was able to point at the colours they would like, the process of having their bedroom decorated would cause them some anxiety. Staff made arrangements with the person to go out for the day. Whilst they were out their bedroom was decorated to reduce the stress this may have caused them. The person showed us their new bedroom and pointed and smiled at the new items purchased for them.

People were able to have relationships and one person told us their partner often visited the home and there were no restrictions on visiting. Another person told us they had invited their friends over for an evening meal. They said, "I planned the menu, then went shopping for the food, laid and decorated the table." They told us they enjoyed planning the evening and looked forward to doing it again.

To promote people's independence with their cooking skills staff informed us that the kitchen had been redesigned to provide additional cooking facilities. This meant people did not have to wait to use the cooker because they were now three in place. This enabled them to prepare and cook their meals when then they wanted to. During our inspection we saw people going into the kitchen at various times to prepare their lunch or to make a snack. One person told us they did their own food shopping and had their own kitchen cupboard to store their food.

The registered manager told us that two people had recently been diagnosed with dementia. The registered manager had reassessed these people's needs and adapted the service to ensure they lived a fulfilled life. For example, arrangements were in place for all staff to undertake dementia awareness training. This should ensure staff have the skills to meet people's needs. The registered manager said they liaised with other healthcare professionals to ensure the service was specific and appropriate for the individual.

We spoke with a visitor whose relative was living with dementia and was receiving end of life care. They told us their relative experienced difficulty walking on patterned flooring. The registered manager replaced the flooring in the bathroom to help them. This relieved their anxiety and they were able to use the bathroom again. The colour scheme in the person's bedroom was changed to help them recognise items and we saw this. The visitor told us their relative was cared for in bed. They said, "Staff provided them with stimulation by playing their favourite music, DVD, doing hand and feet massages and going through their memory box

with them looking at photographs." We received information from a community nurse who said, "Given that staff have very limited experience in caring for people at the end of their life they have been outstanding." They continued to say, "I can honestly say the staff team are very open and responsive to recommendations made by various professionals." "They are always seeking to improve and to do the best they can."

Staff told us about a person who was living with dementia that was often unable to remember if it was day or night. Staff working with this person during the night would wear a dressing gown to help them understand it was night time.

People were supported to maintain their religious faith. Staff were aware of people's specific faith and supported them to visit their chosen place of worship. One person wanted to be baptised. Staff supported the person to continue to worship at their chosen place and respected their wishes to be baptised. One person told us about their faith which was different to others that lived in the home. They told us staff were aware of their faith and they were able to visit their chosen place of worship if they wanted to.

All the people we spoke with confirmed they had access to a variety of social activities within and outside of the home. One person told us they accessed their local leisure service to play badminton which they enjoyed and had achieved numerous medals.

People told us they enjoyed going to social clubs where they did art and craft and pursued various interests. One person told us they liked going on day trips and staff often talked to them about places they would like to visit. They said they had recently had an enjoyable day in Wales. Another person told us they wanted to join the gym and staff helped them to do this. One person was interested in politics and was a member of a political party. Staff were aware of how passionate and committed the person was in campaigning for their political party. The person was supported by staff to continue their interests. Some people informed us of their interests of sports and were members of the special Olympics. All the people we spoke with said staff were very supportive in helping them to do the things they enjoyed.

A visitor told us their relative enjoyed watching football. They said not only do they have the opportunity to watch this at home but staff take them to the pub to watch it on the big screen.

People told us about the recent Halloween fancy dress party that took place at the home and how wonderful it was to be involved in decorating the home. They said it was nice to see the staff in fancy dress.

People were encouraged to tell staff if they were unhappy. One person told if they were unhappy they would talk to the managers and they were confident they would sort things out. Another person said, "If I am upset I would tell the staff." All the visitors we spoke with said they had never had any concerns about the service provided to their relative.

We saw pictorial posters displayed in the home to advise people what to do if they were unhappy. An audio version of how to make a complaint was also available to people. During meetings with people and their care review it was explained to them how and who to share their concerns with. People told us about the information board in the corridor that informed them of the whereabouts of the registered manager. One person said, "I would ring the manager if I was upset." We saw complaints were managed and responded to and showed what action was taken to resolve them.

Is the service well-led?

Our findings

People were actively involved in having a say about how the home was run. All the people we spoke with told us meetings were carried out monthly. One person said these meetings entailed discussions about activities they would like to pursue, changes required to the home and any problems they may be experiencing. Another person told us that during one meeting they asked for more day trips. Staff discussed with them the places they would like to visit and this was arranged. A staff member said some people had asked for their bedroom to be redecorated and this was done. One person showed us their bedroom that had recently been decorated. They said they were actively involved in choosing the colour scheme.

Newsletters were given to people and their relatives that provided information about any changes to the service and forthcoming events. Comment cards were given to professionals and information collated from these were displayed in the home in a format people could understand.

People were able to have a say what people worked at the home. The registered manager and staff said people were involved in staff recruitment. They played an active role on the interviewing panel and were able to ask questions important to them.

All the people we spoke with said both the registered manager and care manager were nice and approachable. A relative told us, "The managers are amazing and this is such a caring environment." We saw a board located in the corridor that told people and staff of the whereabouts of the registered manager. A photograph of the registered manager and contact details were also provided. The people we spoke with were aware of this information and said they would feel confident to contact the registered manager if needed.

The registered manager said they were supported in their role by their line manager and the directors. They received routine one to one [supervision] sessions and had access to monthly meetings with other managers within the organisation. The registered manager said, "The support I receive makes me reflect and review how well I am doing and where improvements can be made."

The registered manager confirmed they had access to regular training to enhance their skills to provide a safe and effective service. They said, "The training received helps me measure the quality of the service." Information gathered from training was cascaded to the staff team and a library had been set up so they had access to written information from training courses undertaken by the managers.

We spoke with the registered manager about the provider's governance. They said regular observations of staff's working practices were carried out to ensure skills learnt in training were put into practice. They said during staff supervision they also reviewed staff's understanding about what they learned in training and how they incorporate these skills in their daily work.

The registered manager said during staff handover they are asked for examples about how they have met one of the 'key lines of enquiry' [KoLE] during their shift. KoLE is a guidance of how the provider offers good

standard of care which we examine them by.

The registered manager said they had access to an electronic handover when they were not in the home. This enabled them to view care practices and ensure good standards were also maintained in their absence.

The registered manager said monthly reviews were carried out of people's support hours to ensure they received the appropriate care and support. They said additional hours were provided where needed. For example, to support people to attend medical appointments and the staff we spoke with confirmed this.

The registered manager said a manager within the organisation carried out quality checks. Observations were carried out to review how staff promoted people's privacy and dignity. Care plans were reviewed to ensure they provided staff with up to date information about how to care for the individual. People were spoken with to find out their experience of using the service. The registered manager said, "I take pride in my home."

We saw routine audits were carried out in relation to the management of medicines, safety of the environment and staff's training. A relative told us they were given a quality assurance questionnaire to complete and were later given a report of the results gathered. They said, "There is no need to make any suggestions because the care provided is so good." These audits reviewed the quality of service provided and to drive improvements where needed to ensure people receive a good service.