

The Disabilities Trust

Shinewater Court

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

Shinewater Court accommodates up to 36 people in a purpose built service. Providing care and support for people with a range of disabilities including multiple sclerosis, cerebral palsy, muscular dystrophy, spina bifida and other disabilities resulting from accidents or stroke. Accommodation consists of large individual rooms in the main building and 13 adjoining ground floor flats. All areas are wheelchair accessible.

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

People were at the heart of the service. Staff promoted people's right to make choices in every aspect of their lives and actively supported them to maintain their independence.

The staff and the management team provided people with support that was based on their individual needs, goals and aspirations. Therefore, care was tailored to meet people's needs.

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 were treated with dignity and respect in a way that supported and valued them as individuals. The registered manager and all staff, whatever their role worked hard to ensure people received the care they needed and lived full and meaningful lives. People's individuality was respected and embraced. Ensuring people received person centred care that met their needs and preferences was embedded into practice.

There was a high level of satisfaction with the service and the ethos at Shinewater Court was one of empowering people to maintain their independence and ensuring every person had a voice.

Risks to people's health and safety had been identified and actions were in place to ensure risk was minimised. Staff were aware of the actions to take if they thought anyone was at risk of harm or discrimination. Any concerns identified had been reported to appropriate external professionals. A complaints procedure was in place and people were aware of the process. People told us they would speak to staff if they had any concerns at all.

Medicine procedures and systems were robust with staff competencies assessed to ensure high standards were maintained. Suitable systems were in place to prevent and control infection. Accidents and incidents were documented and reported appropriately. Any actions or lessons learned were taken forward to continually improve the service provided.

Recruitment processes were robust and people living at Shinewater had opportunity to be involved in the interview process and give feedback on prospective employees. Staffing numbers were assessed dependant on people's needs. Regular care reviews were completed, and the service worked closely with people, relatives and other health professionals to ensure consistent, person centred care was provided.

Staff had access to a full range of training and support to ensure they could meet people's complex needs. A consistent staffing group meant staff knew people well and understood their needs and preferences. Staff were supported to develop, and achievements were recognised.

People were encouraged to continue hobbies and interests that were important to them and supported to maintain relationships with friends and family.

People's needs, and choices were well documented and understood by staff. It was evident that there was a close relationship between people and staff. People were involved in the planning of care and any changes to the way care and support was delivered. People's communication needs were identified and recorded in care plans with specific methods and communication tools used to facilitate communication with people.

People were supported to have a varied and nutritious diet with healthy options provided and encouraged. People's health and weight was monitored, and referrals made to other agencies if any issues were noted.

The registered manager and staff placed emphasis on person centred high quality care. There was an open culture which valued people and their individuality. Staff were aware of their roles and responsibilities. Shinewater Court had a relaxed, open and welcoming atmosphere, and people told us it felt like home. The registered manager worked with staff each day to provide people with high quality care. A robust system of regular checks and audits were carried out to ensure the quality and safety of care being provided was maintained.

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 Good (published 10 January 2017)

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? The service was safe	Good ●
Is the service effective? The service was effective	Good ●
Is the service caring? The service was caring	Good ●
Is the service responsive? The service was responsive	Good ●
Is the service well-led? The service was well-led	Good ●

Shinewater Court

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 team consisted of 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

Shinewater Court is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

This inspection was an unannounced comprehensive inspection. The inspection was carried out on 13 and 15 August 2019.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). 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 from other agencies and statutory notifications sent to us by the registered manager about events that had occurred at the service. A notification is information about important events which the provider is required to tell us about by law.

We used all of this information to plan our inspection.

During the inspection-

We observed the support that people received and spoke with people, relatives and visiting professionals to gain their feedback about Shinewater Court.

We reviewed a range of records including two people's care plans and daily records in full. We looked at people's medicine records and observed medicines being given. We reviewed two staff recruitment files and records relating to staff training, management of the home, procedures and quality assurance processes.

We talked to thirteen people living at Shinewater Court, six relatives and two visiting professionals. We spoke to eight staff and one volunteer. Staff members included the registered and deputy manager, chef and kitchen staff, activity and care staff.

After the inspection –

We received feedback from one health professional who has worked with the service.

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. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At the last inspection we asked the provider to ensure care files stored in people's rooms included sufficient guidance for staff to reduce risk and support people safely. At this inspection we found that all relevant information was now located within people's care files including risk assessments and appropriate guidance.

- Risks to people's safety had been identified and associated risk assessments completed. For example, risks in relation to nutrition, moving and handling, pressure area care, use of equipment including pressure relieving mattresses, bed rails and wheelchairs. A relative told us, "They know the risks and put every step in place to keep her safe, but they do this without compromising her quality of life, they are realistic, they involve us and work with us to ensure she can continue to do the things that make her happy." And, "We had never had a holiday until they moved into Shinewater, it's the only time we have felt safe enough to leave them."

- Some people were at risk due to specific health conditions. For example, people who received nutrition via an enteral feeding system had detailed guidance provided for staff to identify and respond to any associated risks. Enteral feeding is where food, drink and medicine is given through a tube in the stomach or small bowel. A percutaneous endoscopic gastrostomy (PEG) tube or a gastrostomy tube is passed into a person's stomach by a medical procedure and is most commonly used to provide a means of feeding or receiving medicines when oral intake is not possible. People at risk of pressure area damage had detailed information regarding the use of pressure relieving equipment, repositioning and how to support people safely to prevent pressure area breakdown.

- Risk assessments were reviewed regularly and updated when changes occurred. Staff told us any changes to people's care needs were handed over to them at the beginning of their shift or discussed at meetings. Staff felt they had the information they needed to be able to meet people's needs safely.

- Risk assessments associated with the environment had been carried out by external professionals, including gas safety, legionella for water safety and personal appliance testing for all electrical equipment. Regular fire safety checks took place including fire evacuation drills. People had personal emergency evacuation plans which included details on how to support them in the event of an emergency.

Systems and processes to safeguard people from the risk of abuse

- Everyone we spoke with told us they felt the care and support provided by the service made them feel safe. One told us, "I feel extremely safe here, staff are great they are professional and know how to use equipment safely." Relatives spoke highly about the service telling us, "It is hard to let your loved one move into a care home, but we know they are looked after so well here."

- People were safeguarded from the risk of abuse as staff understood what actions to take to protect people and how to report concerns if they arose. The registered manager worked with relevant organisations to ensure appropriate outcomes were achieved. We saw examples when concerns had been reported

appropriately to the local authority and health professionals involved in people's care.

- Staff received safeguarding training in relation to both children and adults and were able to tell us what actions they would take if they believed someone was at risk of harm, abuse or discrimination. This included reporting to the registered manager or most senior person on duty.

Staffing and recruitment

- There were enough staff working at the service to ensure people received the care and support they needed. People told us "Staff are available to provide help when I need them, I just use the call system to let them know and they can speak to me." Staff said they felt staffing levels were appropriate to meet people needs in a timely manner. We saw call bells being responded to promptly and people told us they could get up, go to bed and be assisted with personal care at a time that suited them.

- Safe recruitment and selection procedures were in place. All required safety checks including references and Disclosure and Barring Service (criminal record) checks took place before a person could start work at the service.

- Shinewater Court had a pool of bank staff and used one care agency to supply staff when needed. Robust checks and competencies were completed on any agency staff working at Shinewater Court. The registered manager told us they used the same agency staff whenever possible to ensure consistency.

Using medicines safely

- Medicines were provided safely in line with national guidelines. There were systems in place for ordering, storing, administration and disposal of medicines safely. People told us, "I always get my medicines on time." And, "Staff help me take my medicines, but I do what I can for myself."

- Each person had guidance in place to inform staff how they liked their medicines to be given. A medicine administration record (MAR) chart was completed each time medicines were given. MAR charts included 'as required' (PRN) medicines. PRN medicines are those taken when they are needed, for example when a person is in pain. There were detailed protocols that clearly informed staff when to give PRN medicines and how people liked to take them.

- Staff received medicines training to ensure they could safely administer specific medicines prescribed to people, and competencies were assessed by senior staff to ensure medicine practices continued to be safe and accurate. If any drug errors had occurred these had been reported and appropriate actions taken.

- Internal medicines audits were completed, and the service worked closely with the pharmacy used by the home to ensure current practices were up to date and safe.

Preventing and controlling infection

- Robust measures were in place to prevent and control the risk of infection. Shinewater Court had two full time domestic staff. People told us they were very happy with the cleanliness of the home. A visiting professional told us, "It's always very clean, never had any concerns when I have visited." People told us staff helped them keep their rooms and ensuite clean. Everyone we spoke with said were very happy with the standard of cleanliness throughout the home.

- Risks around the prevention and control of infection were well managed. Staff had received infection control training, and food hygiene training.

- Protective Personal Equipment (PPE), such as aprons and gloves, were available to staff to use when they supported people.

Learning lessons when things go wrong

- Staff were clear of their responsibilities to report accidents and incidents. Accidents and incidents were recorded on the services online 'datex' system. Datex reports were then overseen by either a senior carer if the incident was low risk or referred directly to the registered or deputy manager if high risk. All completed

forms were overseen by the registered manager to determine any follow up actions required. The provider also had oversight of the datex system.

- All accidents and incidents or near misses were responded to appropriately to ensure people's safety was maintained. Including referrals to other agencies and notifications to CQC when require. Information regarding accident/incident investigations and outcomes, were shared with staff to identify any learning to be taken forward.

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

- Care and support was delivered in line with current legislation and evidence-based guidance. Regular reviews were being completed to ensure people's outcomes were being met and they were being supported in the least restrictive way to encourage their independence.
- A consistent staffing group meant staff knew people well and understood their needs and preferences. When new people had moved into the home, staff had taken the time to build their trust and make them feel comfortable in their new surroundings. A volunteer working at Shinewater Court told us, "Staff are so kind, they know residents and I feel part of the family here."
- People's needs and choices were well documented and understood by staff. It was evident that there was a close relationship between people and staff. For example, people were seen to respond positively when staff spoke to them or offered them support. One person told us, "All staff are equally good, they all look after me extremely well."

Staff support: induction, training, skills and experience

- People received care and support from staff who knew them well. Staff had access to a wide range of training to ensure they were knowledgeable and experienced to meet people's complex health needs. Mandatory training included, first aid, fire and food safety, infection control, moving and handling and safeguarding. Further training had been provided for staff including PEG, catheter care, epilepsy, autism, duty of candour and end of life care. People felt reassured that staff training was thorough and appropriate to meet their needs. One told us, "Staff have regular training, they do everything by the book, no short cuts for example with the hoist."
- Teaching and learning was part of the culture at Shinewater Court. Staff told us they received all the training they needed to be able to meet people's needs. New staff told us the training had been thorough and was facilitated by shadowing experienced staff who were happy to share their knowledge and experience. Staff felt assured that if they identified a training need this would be accommodated by the registered manager.
- New staff completed an induction. This included spending time shadowing other experienced staff, observing and getting to know people's needs and reading their care documentation. New staff also read policies and procedures before they provided care. Care staff new to care completed the Care Certificate. The Care Certificate ensures that staff new to care receive an introduction to the information, skills, knowledge and values to provide high quality, safe and appropriate care for people.
- Staff received regular supervision and annual appraisals. Management carried out checks and observations to ensure that best practice was being implemented at all times. This included spot checks and observations from a distance as well as formal competency checks. Staff felt supported in their roles

and told us they could speak to the registered or deputy manager at any time.

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

- Staff told us that people using the service had full capacity and were able to make appropriate choices or decisions. The registered manager had a clear understanding of DoLS and the process to follow should it be needed. All younger adults receiving care had a parent or legally assigned person involved in decisions about their care.
- Staff understood mental capacity and that people had the right to make their own decisions. All staff received mental capacity and DoLS training.

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

- People were supported by staff to have a healthy balanced diet and we saw people enjoying their lunchtime meal. Choices were available at each mealtime with hot and cold alternatives.

People who needed assistance at mealtimes had this provided, staff sat with people providing support and encouragement.

- When appropriate, people had been referred to Speech and Language Therapy (SALT). Specialist guidance was in place regarding their nutritional needs. Staff were able to tell us about people's nutritional needs and we saw this guidance being followed by staff during the inspection. For example, two people received their nutrition via a PEG. SALT and enteral feeding guidance was being followed by staff and all intake was documented. This included people being weighed regularly to monitor their health.

- People were involved in decisions regarding what they had to eat and drink and staff ensured people's meal preferences were met. For example, one person told us he did not enjoy a hot meal at lunchtime, so the chef provided him with crackers and cheese and they would have a hot meal in the evening. We saw the chef sat with one person discussing meal options. The chef and kitchen assistant told us if residents did not want any of the meal options on the menu alternatives would be offered. There was also a salad bar available if people wanted a cold meal option.

- People had recently requested a breakfast bar to enable them to be able to access breakfast when they wished, and this had been implemented. Meals and menus were discussed at residents' meetings to ensure any changes were made with the involvement of people and their meal preferences were included.

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

- Staff worked with other agencies to provide consistent, effective, timely care. Care planning documentation provided all relevant information should a person be admitted to hospital or another health setting to ensure any emergency admissions were less stressful for the person, and to ensure hospital staff had access to relevant information about people's health and support needs.

- Staff were prompt to respond when people became unwell and supported people to attend appointments. One person told us, "Staff are very aware when residents are unwell they seem to know

straight away." Relatives confirmed they were kept informed of any health issues or upcoming appointments. Documentation showed referrals had been made for specialist advice and support when appropriate. This included contacting GPs and district nurses when people became unwell and referrals to other health professionals including SALT and occupational therapists. Staff accompanied people to appointments if needed to provide support and reassurance.

- The service had a number of champions, including medication, dignity and safeguarding. Champions had expressed a particular interest in the specialist area and received training to facilitate the role. Knowledge was shared amongst staff and champions worked to ensure best practice was maintained and followed at all times.
- Shinewater Court had several volunteers who worked at the home, providing support with activities and general companionship for people. The service had close links with a local supermarket community champion and received food donations, for example, unsold bakery items which would normally have gone to waste.

Adapting service, design, decoration to meet people's needs

- Shinewater Court was a purpose built service for people with physical disabilities. All areas of the home were accessible by wheelchair. With wide corridors and doorways, large open lounge and dining area. A lift was available for people on the lower ground floor. And there was open access to the secure large courtyard garden area.
- People had access to appropriate equipment to meet their needs. Bedrooms had ceiling hoists to aid safe moving and handling and people's rooms had large accessible ensuite facilities.
- When people moved to the home they were able to personalise their rooms with their own belongings and decorate their room if they wished. Relatives told us people had been able to decorate their rooms in the way they wanted, one said, "We had free reign to make it her home."

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 Good. At this inspection this key question has remained as 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

- People valued their relationships with staff and felt they mattered. Everyone we spoke with told us they were treated with extreme kindness and compassion. Telling us, "The staff are brilliant, I cannot sing their praises high enough." And, "I cannot express how lovely it is here. Staff treat me with the upmost respect
- The service ensured that staff focused on building and maintaining open and honest relationships with people and their families, friends and other health professionals. People told us management and staff were always open, transparent and approachable. There was a strong, visible person-centred culture.
- The provider had a key set of values which we saw were embedded into everyday practice. These values supported people to fulfil their full potential. Measures had been taken to support people to take well thought out risks to continue to enhance and support people's high quality of life and maintain health and wellbeing. One relative spoke with admiration and gratitude towards management and staff after they had supported them and their daughter's decision regarding positive risk taking. When this risk did present itself, the exceptional reactions of staff and their high level of understanding on how to meet this person's complex needs meant that the risk was alleviated. Relatives told us, "They support her in a way to keep her safe, but that doesn't impact on her quality of life. They handled it brilliantly, we were here in minutes and they had dealt with it and they were fine."
- All staff we spoke with told us they loved their work and were committed to making sure people were at the heart of the service. The service had a relaxed atmosphere and we observed warm, kind and caring interactions between people and staff. There was light-hearted banter and obvious respect for people. People responded positively when staff spoke to them, stopping to chat, using communication aids when needed. The service had received many written compliments from people, visitors and relatives. One relative had written in response to an incident involving their relative, their comments included 'fabulous staff and amazing care provided to people.' A healthcare professional informed us, "It's lovely here, friendly staff, good communication, staff always say hello and are welcoming. They know people and are very attentive."
- People and relatives confirmed that the ethos of the home put people first and foremost. Staff adapted their approach to meet people's individualised needs and preferences. In the PIR the registered manager said, 'the ethos and focus on human rights at Shinewater Court informed and influenced all aspects concerning how staff work within the service.'
- An equality, diversity and human rights approach to supporting people's privacy and dignity was embedded in the service. Examples of this were demonstrated by how staff promoted choice, not only in the way care was provided, but by supporting people to live their lives in the way they chose. Staff respected people's individuality and demonstrated understanding regarding people's personalities and character.
- Eastbourne 'Pride' had been celebrated in a unique way. People had been supported to 'pimp their ride'

which included decorating their wheelchairs to express their support of equality and diversity. Photographs had been taken and were displayed in the reception area. Cultural and religious needs were documented in care plans and staff had an excellent understanding of these. One person told us they felt supported to continue to worship in the way they chose.

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

- The service helped people to express their views so that staff and managers at all levels understood their preferences, wishes and choices. For example, the ethos continually shared with us by staff during our visit was that people's opinions mattered.
- People were given functional roles at the service to provide them more of an input with the running of the service. For example, one person ran the resident's forum. This was a resident only forum and not attended by staff to ensure people had free reign to speak their mind. If needed, people used communication aids to enable them to share their views. Any issues or queries which needed to be addressed were then fed back to the registered manager for actioning. For example, people requested a relaxation area and a breakfast bar, and these have been provided. People were included in the recruitment process for new staff. Resident representatives sat in on staff interviews and had the opportunity to ask their own questions, meet prospective employees and feedback on their views. People living at Shinewater Court had also attended bespoke fire training to enable them to learn and practice actions to take in the event of a fire. All attendees received certificates and feedback was positive.
- Some people were non-verbal, staff used a variety of tools to communicate with people according to their needs. For example, facial expression, eye movement and vocalisation. One person used a word board. Staff had improved the board by adding phrases the person used to enable them to communicate more effectively. People were supported to express their needs and wishes and be actively involved in all decisions regarding their care and support and how this was provided. One person said, "They value my choices and support me to remain as independent as possible."
- The service had explored new ideas with the introduction and use of assistive technology to aid communication and positively support increased independence. For example, the service had opened a 'ConnectAbility Hub'. Various innovative pieces of communication technology and equipment had been purchased. The aim of hub was to provide a space where people living at Shinewater Court and disabled people in the community could try out different kinds of assistive technology to find out what worked for them and get advice. Some people living at the home had accessed and used some of the equipment. Staff told us, "The tools available help people communicate. We always talk to and listen to people, there's no better way to make sure we are doing things the way they want."
- Staff worked by key the principle that 'all residents have a voice'. People told us they had opportunity to share ideas and felt staff made every effort to ensure their suggestions about improvements to their care and support had always been listened to. For example, In the PIR the registered manager had included that people living at Shinewater Court had requested a sensory relaxation room. During the inspection we saw that this room was nearing completion and people told us they were looking forward to using it.
- People were actively involved in care planning and reviews. Staff encouraged people to explore their care and support options and supported them to access sources of additional help and advice when required. For example, one person used a counselling service to offer additional one to one emotional support.
- People told us their keyworker supported and assisted them in whatever way they needed, for example, discussing care and support needs, or supporting them to go out. Keyworkers ensured peoples preferences, goals and aims were documented and facilitated. For example, one person wanted staff to assist them in making a wheelchair referral. We saw that a referral had been made and documented. Follow up actions identified were recorded to ensure actions were appropriately taken forward. Staff were sensitive to times when people needed caring and compassionate support. A relative told us "(name) has a wonderful keyworker who has worked with them for some time, it's not been easy, they are challenging at times, but

she has made such an effort to work with them."

Respecting and promoting people's privacy, dignity and independence

- There was strong emphasis on supporting people to be as independent as possible and providing just the right amount of support. People spoke with praise regarding the opportunities they had to achieve things whilst maintaining a high level of independence. Peoples comments included, "Maintaining my independence is everything, it's vital to me. Staff here don't fuss over you, and are not overbearing, if I need help I ask for it, if I can manage they give me time, space and encouragement to do it." "It is open, I feel free and have choice, but staff are here if I need them." A visiting professional told us, "Shinewater Court is a unique service which is purpose build and provides a safe environment for wheelchair users with great facilities. Residents have their own flats, have a call bell system and can move around the service independently."
- When young adults moved into Shinewater, Relatives confirmed they were actively involved. Staff attended training in safeguarding children as well as adults and worked closely with the individual and their relatives to ensure their expectations and care needs were met. Relatives spoke of the positive impact living at Shinewater had on their relative. Telling us, "As soon as we visited (name) loved it here, they have helped improve their health and they are settled they love it, it feels like their home."
- People's privacy, dignity and independence was supported and valued. For example, one person was fiercely independent and could become frustrated when they needed help. Relatives told us staff always responded with patience and understanding. People could make choices regarding who provided their care and when this took place. Peoples rooms and flats were respected as people's personal space. One person told us they enjoyed peace and quiet in their room and liked to spend time alone. They told us staff respected their choices and always respected their privacy.
- People living in the flats had their own kitchen and bathroom facilities and were supported by staff to live as independently as possible. One room on the lower floor had recently been converted into a bedsit to enable them to have a more independent living environment. Staff had also successfully supported one person to be able to go to college in September. Staff actively encouraged people to go out independently or with personal assistants, family and staff. Shinewater Court had its own vehicles and some people had their own transport.

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 as Good. 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

- Care planning was personalised and discussed with people and their relatives when appropriate. Although people were not always able to communicate their wishes verbally, staff used communication aids to involve people as much as possible. Relatives and healthcare professionals were also involved when appropriate and kept updated of any changes. Relatives told us, "They always let you know if anything happens. "And, "I have a direct line to the manager, if I need to speak to her I just call, if there's anything to update me on they ring me."
- Each person was treated as an individual. Staff adapted their approach from person to person. For example, using communication boards, simple verbal instructions, or allowing people time to respond.
- Each care plan contained clear guidance to inform staff how people communicated their needs and how staff should engage with them and we saw this in practice throughout the inspection. There were detailed descriptions about each person's likes and dislikes,
- Care plans included detail which enabled all staff to provide consistent person centred care. Staff communicated well. At the end of a shift, relevant information was handed over to staff coming on duty to ensure they were aware of any changes to care needs, things people wanted to do that day and people's chosen activities.

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.

- Staff understood the AIS and the service identified people's information and communication needs by assessing them, and these were recorded in care plans. We saw evidence that the identified information and communication needs were met for individuals. Staff were seen engaging with people throughout the inspection, using a variety of communication aids to talk to people. Staff allowed people time to express themselves and we observed lovely interactions between people and staff.
- Staff told us they were able to pick up non-verbal indicators when a person may be unwell, for example changes in their behaviour may indicate they were experiencing anxiety or distress. This meant they could respond promptly.

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

- Staff and management enabled and supported people to maintain regular contact with people who were important to them. People went to visit relatives and were supported to go out and meet friends. People who were able to go out independently did so as and when they chose. Relatives told us they were welcome to visit at any time.

- Care documentation had explored what was important to people. One person stated the things important to them were, their Mum and Dad, their independence and their appearance. Care plans also included information about the person's character. For example, 'I have a good sense of humour.'

- People had opportunity to access the wider community as hobbies and activity choices were supported. People were supported to attend activities they enjoyed including trampolining, attending college or days out. People told us they went out shopping locally in their wheelchair or staff drove them to go shopping if they wished to go further afield. One person told us they went to the local shop on their own most days.

- Shinewater Court had two activity staff who worked full time at the home. A varied programme of activities were offered. These included arts and crafts, music, karaoke, cooking, films, daily word games and quizzes

- People had access to a quiet library area where books, board games and jigsaws were available and outside entertainers visited the home regularly. Group activities were inclusive and people were encouraged to participate to prevent social isolation and encourage new skills. All planned activities were flexible, and people could choose what they wanted to participate in. Some people preferred not to participate in group activities. One said, "I am not really a group activity kind of person, I prefer to do my own thing, go out, read, visit friends, but I know it is there if I change my mind."

- Relatives and friends were invited to attend events these had included a vintage tea and BBQ. Recently Shinewater Court had celebrated its 30th Anniversary which included celebrations at the home.

Improving care quality in response to complaints or concerns

- People told us they would be comfortable raising concerns or making a complaint if needed. Relatives told us the manager was open and approachable. People felt reassured that if they had a query or concern this would be addressed. One relative told us they had previously spoken to the manager about a concern and this had been responded to immediately.

- Shinewater Court had a robust complaints policy which was made readily available to people and visitors to the home. The registered manager told us any complaint or minor issue would be responded to and investigated. There were no ongoing complaints, but records showed previous complaints received had been documented and responded to. The registered manager told us they always addressed even minor things to prevent the issue continuing. Staff were clear of the process to follow if any concerns were raised with them and were confident these would be dealt with promptly by the registered manager. This prevented them becoming official complaints.

- People and their relatives told us they did not have any complaints but said if they did they would approach the manager in person or raise it at one of the meetings.

End of life care and support

- People's end of life care was discussed when appropriate. Documentation was in place to inform staff of people's choices regarding their end of life. This booklet was called, 'My life, my wishes, my future'. This enabled people to share their choices and preferences in the event of their death. Information included who they wish to be involved in decisions, who they wished to be contacted in the event of their death and any religious requirements. Staff had shown sensitivity when having discussions with people around end of life wishes and had respected people's choices not to discuss this. However, people had opportunity to do so at any time in the future if they wished to.

- People could remain at the service and be supported until the end of their lives when appropriate, if this was their wish. Staff received support and training to ensure people's end of life care needs were met.

- The registered manager told us a member of care staff had recently expressed an interest in becoming an

end of life champion and they were to be discussing and implementing this in the near future.

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 Good. At this inspection this key question has remained as 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

- The registered manager and staff placed emphasis on person centred high quality care. People were seen to engage readily with staff and there was an open, relaxed atmosphere throughout the home. People had access to the management and administration staff as both offices were situated in the main reception area and had an open door policy.
- The priority at Shinewater was that it was people's home first and foremost. Care was person led and people were empowered to have a voice and make their own choices. A staff member told us, "It is great here people have so much choice, they chose what to do, when to get up, have a bath, go out, do what they want when they want, it's up to them."
- The registered and deputy manager worked with staff each day to provide people with a good quality of care. Empowering people to achieve outcomes and goals. Relatives confirmed the home was well run and their loved ones were happy and content living there. One told us, "It's a very good home, I come here at all times of the day and weekend, it looks and feels no different today whilst your inspecting than it does at any other time, that says something."
- Information in people's care documentation was written sensitively and supported ongoing involvement in decision making for people and their relatives if appropriate.

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

- Staff were aware of the statutory Duty of Candour. This aims to ensure providers are open, honest and transparent when incidents occur. There was a robust process in place which demonstrated how the service responded to incidents and concerns in line with their legal obligations. Any issues raised were investigated and reported to the relevant agencies with outcomes recorded. Duty of candour training had recently been introduced to ensure all care staff had a good understanding.
- In the PIR the registered manager told us that they were looking at ways to continuously learn and improve. A duty of candour training had been introduced for staff to ensure they had the knowledge and information to ensure duty of candour legal requirements were met at all times.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager understood their regulatory responsibilities. Notifications of significant events, such as safeguarding concerns, had been submitted to the Care Quality Commission (CQC) in line with

guidelines. Reportable incidents had been referred appropriately to the local authority and health professionals involved in people's care. Action was taken to prevent similar occurrences, and outcomes were shared with staff. A visiting professional told us, "The manager is very driven, and the paperwork appears to be robust and quality is monitored."

- There was a comprehensive system of quality checks and internal audits to monitor care, documentation, safety and quality of the service provided. The provider had oversight of all areas of governance and quality assurance audits completed. The provider also carried out audits and checks covering the day to day running of the home, care provision and staffing.

Action plans were produced from the findings and actions completed by the registered manager and senior staff.

- The registered manager and senior staff carried out competency observations and spot checks on staff and these were discussed with staff and constructive feedback given.
- Staff demonstrated a clear understanding of their roles and responsibilities and told us they felt supported and part of the team. Staff comments included, "I just love my job, it's such a great place to work." And, "The manager is so supportive, all the senior staff are."

Continuous learning and improving care; Working in partnership with others

- All staff were receiving the appropriate training to enable them to carry out their duties appropriately. Any additional training identified would be sought to ensure staff had continuous learning and were able to safely and effectively meet people's needs. The service had even had family members come in to educate staff about their family members health condition to increase staff knowledge.

- The registered manager attended networking meetings and conferences to ensure they maintained links with other organisations and professionals. They read CQC updates and passed relevant information onto staff to ensure continued best practice. A CQC board was displayed in the office and relevant health information displayed in staff areas to ensure they were well informed and had up to date knowledge. The provider produced regular managers bulletins that includes information about current guidance and updates that are pertinent to social care practise.

- The registered manager encouraged improvement and development across all staffing areas. For example, we were told one newer staff member was keen to develop and had requested to become a champion, the registered manager had embraced this and told us they would facilitate this. The registered manager actively supported and encouraged staff to seek out areas of further development. All achievements were collated in a best practice folder, this included positive feedback and compliments received.

- People could vote for an employee of the month and give feedback on staff. Winners photographs were displayed in the reception area and received a complimentary gift. Staff told us it was a nice way of having achievements recognised. The registered and deputy manager had recently won a Chief Executive Award for promoting good services at Shinewater.

- The service worked closely with other agencies such as SALT, occupational therapists and GPs to access help and support when needed. Any advice by health professionals was used to ensure the safety and wellbeing of people was maintained.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There was a robust system in place to ensure people were well informed and had ample opportunity to feedback and be involved in the day to day running of the home. Regular staff, resident and relative meetings took place. Staff meeting minutes demonstrated they were used to discuss all aspects of care and support provided to people, training needs and any other issues related to the running of the home.

- People were consulted and continually involved in how their care was provided and feedback on the

service being provided was actively encouraged. Questionnaires were given to people, relatives and visitors to the home and the responses collated. Any issues noted were responded to immediately.

- Staff were aware of the importance of providing care in ways that supported people's choices, equality and diversity. Staff understood what was important to people as an individual and people were encouraged to express their individuality, personality and needs.
- People were encouraged and supported to be part of the local community. People went out regularly on their own or supported by staff, family and friends. The home had close ties with a team of volunteers and a local supermarket. People had access to vehicles and could access the wider community when they wished.