

Mr. Gordon Phillips

Shepherds Corner

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

Shepherds Corner is a residential care home that provides accommodation and personal support for up to twelve people with learning disabilities, some of whom have additional mental health needs. The home is staffed by a team of care workers and has a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At the last inspection in February 2015, the service was rated Good.

At this inspection we found the service remained Good.

The service demonstrated they continued to meet the regulations and fundamental standards.

People using the service felt safe living at Shepherds Corner and spoke positively about the support provided to them. They said staff treated them with kindness and respect. People were supported to lead active lives and maintain relationships with those who matter to them. Relatives also spoke positively about the care and support provided both to people and to them.

People received care and support from a small group of staff who knew them well and understood their needs and preferences. Each person had an individualised support plan to make sure they received the support they required. Assessments completed by the service identified any risks to each person and helped to safely promote their independence.

People were supported to have their health needs met. We saw that people's prescribed medicines were being stored securely and managed safely.

The staff attended training which gave them the knowledge and skills to support people effectively. People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People using the service felt able to speak to the registered manager or other staff to raise any issues or concerns.

An experienced registered manager was in post who knew the service and the people living there very well. There were systems in place to help ensure the safety and quality of the service provided.

Further information is in the detailed findings below

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 remains Good

Is the service effective?

Good ●

The service remains Good

Is the service caring?

Good ●

The service remains Good

Is the service responsive?

Good ●

The service remains Good

Is the service well-led?

Good ●

The service remains Good

Shepherds Corner

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 checked 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 comprehensive inspection took place on 27 February 2017. The inspection was unannounced and carried out by one inspector.

During our visit we spent time with all people using the service and spoke with three people. We also spoke with the registered manager, three members of staff and three relatives. We observed care and support in communal areas, and looked at the care records for four people as well as two staff records. We also looked at records that related to how the home was managed.

Is the service safe?

Our findings

People using the service told us they felt safe and liked living at Shepherds Corner. Other people demonstrated their feelings in non-verbal ways, such as body language, signs and sounds which communicated that they felt safe.

One person told us, "I didn't like it here at first, but I love my room now and I like the staff." A relative told us, "They look after [my relative] so well. If anything happened to me I wouldn't be worried. It has been ten years now and it's the best home [my relative] has ever lived in."

Throughout the inspection we observed people interacting with staff in a confident manner and we saw that staff were aware of each person's method of communicating which enabled them to detect whether anyone was distressed or in need of support.

We saw that staff were recruited through a robust procedure which included criminal checks, references and interview.

The staffing levels reflected the needs of people living there and staff spoken with said there were enough people on duty each day. One staff member confirmed that the registered manager covered when the need arose, such as when staff were out with people. We saw people using the service knew all the staff working for the organisation very well and staff described working there as being part of a family.

We saw up to date assessments which identified any safety risks to people and which helped to safely promote their independence. For example, we saw risk assessments relating to people's mobility, nutrition and finance.

Records confirmed that staff received training in safeguarding adults and knew how to recognise abuse. People received support to manage their own money and finances according to their different needs. There were systems to make sure that any money handled by staff was managed properly with full records kept. A social worker had written to the home complimenting them on how they managed safeguarding incidents.

Medicines management in the service was safe. People told us that staff helped them take their prescribed medicines. We saw medicines were kept safely and securely in a locked cabinet in the office. People using the service had medicines administration records (MAR) that were accurate and up to date. These were audited regularly. There were systems for the ordering, receipt and returning of medicines and records showed that staff received training to manage medicines safely.

The house was clean and well maintained when we visited and there were appropriate infection control procedures. The staff carried out regular checks on the safety of the environment. Regular checks took place, for example, of the fire alarms and hot water temperatures.

Is the service effective?

Our findings

People spoken with were happy with the support provided by the staff working at Shepherds Corner. One person told us, "I like it here. The staff help you with what you need, like shopping and helping with money." A relative said, "[My relative] always looks well turned out and presentable. They have just bought new furniture for my relative and look after people so well."

There was a consistent team of staff working at the service who were appropriately trained. Staff told us they had opportunities for on-going training and there was an on-line system to make sure staff received relevant mandatory training and this was kept up to date. Records showed that staff had undertaken training across a number of areas including safeguarding adults, health and safety and nutrition. Staff confirmed they were supported by the registered manager both through formal one to one supervision meetings and more informal day to day contact given the small size of the service.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The manager had submitted DoLS applications for authorisation where people's liberty had been restricted in the service. Staff had completed MCA and DoLS training that helped them to understand issues around capacity and support people effectively. Throughout our inspection staff offered people choices and supported them to make decisions about what they wanted to do.

People told us they enjoyed the meals provided to them and could choose what they wanted to eat. We observed staff supporting people to choose and prepare their lunch as appropriate.

People's health needs were met. Health action plans addressed people's past and current health needs and staff kept accurate records about people's healthcare appointments and any action required. People had "Hospital Passports" which helped hospital and other clinic based staff understand how best to support a person, should they ever need to attend a hospital.

The staff we spoke with knew people's health needs and gave us examples of how they were working with other healthcare professionals to meet these.

Is the service caring?

Our findings

People told us they liked living at Shepherds Corner and the staff were kind and caring. One person said, "All the staff are nice, and I like the manager." A relative commented, "I think the staff here are brilliant. They really do care. We visit our relatives at any time of the day and week and they are always the same. They really understand the residents here and are so kind."

Relatives we spoke with also had positive comments to make about people's keyworkers and how they demonstrated that they took a special interest in their relatives.

The majority of people using the service at Shepherds Corner had lived there for an extended period and were supported by a small consistent group of staff. Staff we spoke with were familiar with the needs and preferred daily routines of each person. There was a relaxed and homely atmosphere in the service when we visited. Observed interactions between staff and people using the service were familiar and friendly and staff clearly knew how to work positively with people to help ensure their wellbeing.

One staff member told us, "We do work well together, and we are a bit like a family." Another staff member told us, "We all want to make sure people live their lives and do what's best for them."

Person centred support plans gave information about what people were like, their strengths and the things that were important to them. Pictures and other visual displays were used to illustrate the plans and each gave good information about how people liked to be supported.

Staff encouraged people to be independent and make choices for themselves. During our inspection we observed staff support people to make choices about their meal and enabled them to be independent.

We saw information about people was stored securely and confidentially.

Is the service responsive?

Our findings

People told us that the service supported them to engage in activities and be part of the wider community. One person told us they often went out to eat and shop. We saw that the service supported people to participate in a range of individualised activities, including day centres, trips out, art and music. In addition people were encouraged and supported to participate in the domestic life of the home, such as cooking and shopping.

One relative told us, "I am very happy with the home and more importantly [my relative] is happy. My relative never gives any sign of distress at going back to her home after having paid a visit to me. She enjoys doing music and cooking and art."

Staff talked knowledgeably about people and how they supported people to be active and occupied. Care records included personal profiles of people's preferences, risk assessments, care plans and reviews. Relatives we spoke with confirmed that they had attended reviews and felt involved and consulted on their relatives' care.

One relative told us how, as a result of a review, the manager had successfully liaised with the GP to reduce the dosage of medicine for their relative and how this had improved the person's wellbeing.

We saw people were supported to keep in touch with people who were important to them such as family and friends. Each person had an allocated key worker who monitored their wellbeing and took responsibility for ensuring their care and support needs were being met.

We saw that care documentation was kept under review and updated regularly. Care support plans seen were detailed and person centred needs addressing people's abilities, routines and personal preferences.

Information was shared by staff through daily notes, verbal handovers and team meetings. Daily notes were completed for each person including their personal care, health and leisure activities.

The service had a procedure in place to manage any concerns or complaints which was accessible to people using the service, their relatives and other involved stakeholders. This set out the process which would be followed by the provider and included contact details of the provider and the Care Quality Commission. People told us they felt able to talk to a member of staff or the registered manager if they had a concern or complaint. We saw there had been no recent complaints about the service.

Is the service well-led?

Our findings

An experienced registered manager was in post. She and her staff team made sure that people using the service were valued and at the heart of the service. People spoke positively about the registered manager, saying that she was visible and approachable. They said they liked living at Shepherds Corner and felt their needs were met by the service.

Staff were confident about the quality of care provided and felt supported by the management team. They said that the registered manager was available and they could talk to her or other organisational senior staff any time they wanted to.

Regular staff meetings were held that enabled staff to discuss issues and keep up to date with current practice.

Care records reflected people's views and preferences. Information was easy to read and people's care and support needs were documented. The staff reviewed and updated these records regularly and kept an accurate and appropriately detailed record of the support they had provided.

Relatives felt involved because the manager and keyworkers updated them on events and any changes to people's routines or health. The service provider carried out regular audits of the service, which included health and safety audits as well as audits against the care provided by the service.

Notifications were being sent to Care Quality Commission (CQC) for any notifiable events, so we were being kept informed of the information we required.