

Brookdale Healthcare Limited

Sheridan House

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 unannounced inspection took place on 15 March 2017 and was completed on 20 March 2017 when we received the report from the expert by experience. At the last inspection the service was rated Good. At this inspection we found the service remained Good in all key areas.

Sheridan House provides care and support for up to nine people with learning disabilities and/or autistic spectrum conditions. At the time of our inspection, seven people were living at the service.

There was a registered manager in post. 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.

Potential risks to people's health, safety and welfare had been reduced because there were effective risk assessments in place that gave guidance to staff on how to support people safely. There were systems in place to safeguard people from avoidable harm and staff had been trained in safeguarding procedures. The provider had effective recruitment processes in place and there was sufficient numbers of staff to support people safely. People's medicines were managed safely.

Staff had regular supervision and they had been trained to meet people's individual needs. They understood their roles and responsibilities to seek people's consent prior to care and support being provided. The requirements of the Mental Capacity Act 2005 (MCA) and the related Deprivation of Liberty Safeguards (DoLS) had been met.

People were supported by caring, friendly and respectful staff. They were supported to make choices about how they lived their lives. There was a relaxed atmosphere throughout the home, and people appeared happy and content. People had enough to eat and drink to maintain their health and wellbeing. They were supported to access other health services when required.

People's needs had been assessed and they had care plans that took account of their individual needs, preferences, and choices. People and their relatives had been involved in planning and reviewing people's care plans. A variety of activities were provided to help people to socialise and they enjoyed pursuing their interests outside of the home.

The provider had an effective system to handle complaints and concerns. They encouraged feedback from people who used the service, their relatives, other professionals and staff, and they acted on the comments received to continually improve the quality of the service.

The provider's quality monitoring processes had been used effectively to drive continuous improvements. The manager provided stable leadership and effective support to the staff. They worked effectively with staff

to promote a caring and inclusive culture within the service. Collaborative working with people's relatives and other professionals resulted in positive care outcomes for people who used the service.

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.

Sheridan House

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 15 March 2017 and was unannounced. It was completed on 20 March 2017 when we received the report from the expert by experience. The inspection was carried out by an 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.

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. We reviewed this, as well as other information we held about the service, including the previous inspection report and notifications they had sent us. A notification is information about important events which the provider is required to send to us.

During the inspection, we spoke with one person who used the service because most people used non-verbal communication methods and some refused to engage with the expert by experience. We also spoke with two relatives by telephone, five care staff, the registered manager, and a professional advocate who regularly visited people who used the service.

We reviewed the care records for four people who used the service. We checked how medicines and complaints were being managed. We looked at six staff files to review the provider's staff recruitment and supervision processes. We also reviewed the training information for all staff employed by the service. We looked at information on how the quality of the service was being monitored and managed.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Is the service safe?

Our findings

At this inspection, we found the provider continued to protect people from potential abuse, harm and risks, and the rating for this key area remains Good.

Although people were not able to tell us if they were safe living at the service, relatives we spoke with told us that people were safe. One relative said, "My [relative] is safe, and the building and gardens are very secure. [Relative] has one to one support within the home and there is always someone with [relative]." Another relation said, "It's absolutely safe within this home. My [relative] has been there since it opened and we have no concerns at all for [relative]'s safety."

Staff knew how to keep people safe and they had received training to enable them to identify how people may be at risk of harm or abuse and what actions they could take to protect them. Additionally, staff were aware of the provider's safeguarding and whistleblowing policies they could follow to report concerns they might have about people's safety. One member of staff told us, "Yes, we keep the residents safe and we work well to support them all." Another member of staff said, "Residents are definitely safe here and I have never been concerned about abuse."

Potential risks to people's health and wellbeing had been assessed and each person had personalised risk assessments in place. These identified the risks people could be exposed to and the support they needed to minimise the risks. The risk assessments had been reviewed regularly with people and their relatives. We noted that there has been a significant reduction in incidents or accidents at the home since a person who was involved in most of them moved from the home. Staff commented that this had resulted in the other people being more relaxed and therefore less likely to exhibit behaviours that may challenge others. People were cared for in a safe environment because there were systems in place to ensure that regular health and safety checks were completed throughout the home. There was evidence that prompt action was taken to rectify any potential hazards.

The provider had safe recruitment procedures in place to ensure that only suitable staff were employed by the service. We noted that there was sufficient numbers of staff to support people safely and to provide one to one support to most people. A member of staff told us, "We generally have enough staff, but we can have agency staff if we need extra staff." An agency member of staff who had worked at the home regularly since 2010 told us that they felt like a permanent member of staff now because they knew people who used the service and staff very well. They also confirmed that generally, regular agency staff worked at the home and we found this promoted consistency of care.

People's medicines were managed safely because there were systems in place for ordering, recording, storing, auditing, and returning unrequired medicines to the pharmacy. The medicine administration records (MAR) we looked at showed that people had been given their medicines as prescribed by their doctors. We saw that medicines were administered by staff who had been trained and assessed as competent to do so safely. Two members of staff always checked and administered medicines to reduce errors. An alert system was also used to highlight any medicine changes so that all members of staff were

aware of this.

Is the service effective?

Our findings

At this inspection, we found staff continued to have appropriate skills, knowledge, experience and support necessary for them to provide effective care to people who used the service. Staff also worked within the guidelines of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. This meant that the rating for this key area remains Good.

Apart from one person saying that they were "happy and fine", people were not able to tell us whether staff had the right skills and training to support them well. However, relatives we spoke with said that their relatives were supported in a way that met their individual needs. One relative told us, "My [relative]'s best interests are being met. I think most of the staff are well trained." Another relative said, "My [relative]'s needs are being met and they are well trained too."

Staff were complimentary about the training and support they received through regular supervision and appraisals. They were confident in their ability to support people effectively and they knew where to access more skilled support when required from other professionals. One member of staff said, "There is so much training here. We mainly do e-learning, but we could be booked to do extra training if needed. Supervision is good, and I feel well supported by the manager and team leader." Another member of staff told us, "I receive regular supervisions and training, and I have just applied for more training. I have an extra responsibility as the infection control lead within the home and I am keen to learn everything that's needed to support our residents."

People were supported to make decisions about their care and support by staff who were able to understand people's different communication methods. Staff told us they always asked for people's consent before care was provided. A member of staff told us, "Most of the clients use sign language and I can use some. The manager is looking into getting more training for staff." The requirements of the Mental Capacity Act 2005 and the associated Deprivation of Liberty Safeguards were met where people did not have mental capacity to make decisions about some or all aspects of their care. We saw that advocates worked closely with people to ensure that they supported them to express their wishes. The 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 so that they can 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).

People had enough food and drinks, and they were able to choose what they wanted to eat or drink. Staff supported people to plan the menus and prepare meals. One member of staff told us that some people enjoyed being involved in preparing the meals and they felt a sense of achievement when others complimented them. Another member of staff said, "The meals are prepared by staff and residents, and we all ensure that the residents have nutritious meals and regular drinks."

People's health needs were met because the service continued to work collaboratively with GPs, community nurses, opticians and dentists. Monthly multidisciplinary meetings were attended by a psychiatrist, psychologist and a communication development worker in order to review care management plans. One member of staff said, "Residents have their health needs met by staff and community teams."

Is the service caring?

Our findings

At this inspection, we found the service continued to provide care in a caring and compassionate manner. This meant that the rating for this key area remains Good.

Relatives we spoke with told us that staff were kind and caring towards people they supported. One relative told us, "The staff are definitely caring. I have no concerns about the care at all, most staff understand my [relative] and he is always well presented." Another relative said, "I speak as I find and the staff are most definitely caring. We are very happy with everything because they understand my [relative]'s needs and they treat [relative] respectfully."

We observed friendly and respectful interactions between staff and people who used the service. Staff had positive and inclusive relationships with people, and they took their time to talk with people in a way they would understand. They were gentle and considerate in the way they supported a person who at times, was becoming distressed. Staff ensured that they created a relaxed environment for people to enjoy. They told us the atmosphere at the home had been further enhanced because a person whose needs meant that they usually exhibited behaviours that may challenge others had left the service. One member of staff told us, "Things are much better and the atmosphere is calmer. Residents are much happier that way." Another member of staff said, "Staff definitely care about residents and we communicate with them in a respectful manner."

Staff knew people well and they supported them to make decisions and choices about how they lived their lives. The relatives we spoke with told us that they were involved in planning their relatives' care and that communication with the staff was always good. One relative told us, "We are invited to all the meetings and we do whatever we can to make sure [relative]'s needs are met." This was supported by a member of staff who said, "We always communicate with the residents' parents and we work well together." Another member of staff said, "Residents are free to make their choices and we encourage them to try new things." We noted that a number of records were written in 'easy read' format so that people were able to understand the information given to them. This ensured that people could make informed decisions about their care.

Staff told us that they supported people in a way that respected their privacy and promoted their dignity. They also encourage people to develop and maintain daily living skills so that they could as much as possible for themselves. A member of staff told us about a person who came to the service unable to do much for themselves. They said, "Now [person] is able to do a lot more for themselves." People were supported to maintain close relationships with their relatives and we saw that some people visited their relatives regularly, including overnight and weekend stays. One person had left for an overnight visit on the morning of our inspection.

Is the service responsive?

Our findings

At this inspection, we found the rating for this key area remains Good because people were still being supported to receive personalised care that was responsive to their individual needs. There was also evidence of learning from people's concerns and complaints in order to make continuous improvements to the quality of care.

People's individual needs were being met by the service because staff continually reviewed the level of support people required. Each person had personalised care plans that took into account their needs, views and preferences. A key worker team was allocated for each person so that they could meet with them regularly to review their care plans. They also checked if the person had any recreational or educational activities they would like to do. One member of staff said, "Key workers meet with residents on a weekly basis and the chats can be as long as the resident wants." Another member of staff said, "Care plans are reviewed regularly with residents and sometimes their parents. We have review meetings which some of the residents' families attend." This was supported by a relative who said, "I am involved in my [relative]'s care and reviews. I attend appointments and work closely with the staff to ensure [relative's specific care plan] is followed."

People were supported to appropriately occupy their time because a variety of activities were planned and facilitated by an activities coordinator employed by the service. However, we saw that most people enjoyed pursuing their interests outside of the home, with some enjoying regular outings for swimming, bowling, cinema, and day trips out to the seaside. Some people also attended local day centres. The majority of people were able to go out supported by one member of staff, but three of them required two members of staff and the service had been able to facilitate this. We noted that people went out at various times during our inspection and staff told us that people went out most days. One member of staff said, "We get residents out in the community all the time. We have barbecues, family days, and themed days throughout the year. We do regular arts and crafts and movie nights. We love keeping them busy." Another member of staff told us, "Residents like their trips out and last time we went to Brighton."

The provider had an effective complaints process in place which gave people information on how to raise any concerns they might have about the service. Relatives we spoke with told us that they generally did not have any complaints, but any issues raised were dealt with quickly by the staff or the manager. One relative said, "When I have raised concerns or queries, staff have dealt with it and they let me know if there are any problems. So generally, I am happy with everything." Another relative told us, "If there are any problems, the staff are straight onto us and inform us. Communication is very good, it's regular and spot on." We saw that complaints received by the service since our last inspection had been dealt with effectively.

Is the service well-led?

Our findings

At this inspection, we found the service was still well-led and provided good care to people who used the service. People remained at the centre of everything that staff did. This meant that the rating for this key area remains Good.

The service had a registered manager. The manager was supported in their role by a team leader and other senior care staff. Staff and relatives we spoke with were happy with the quality of the service and how it was managed. They also said that people's individual needs were being met because the manager and the staff were good and were dedicated to their roles. One relative said, "The home is well-led and we have no complaints at all. We think the manager is lovely and doing a great job." Another relative said, "I am very happy with the manager, she is very approachable and seems to be on the case. If I wasn't happy with the home, my [relative] would not be there. I would give it 9 out of 10." A member of staff said, "This is a nice place to work and a good home for the residents."

Staff told us that they worked well as a team, their views were valued and they were supported well by the manager. We saw that staff had regular meetings where they could discuss issues relevant to their roles. Staff also told us that they felt able to contribute to the development of the service because the manager was receptive to any suggestions they made. They also said that they had been given opportunities to develop their skills and knowledge so that they could continue to provide high quality care to people. One member of staff told us, "The manager has supported me and given me opportunities to get more knowledge on Autism." Another member of staff said, "The manager was proactive in pulling things round and it feels like we are working better as a team."

The provider enabled people's relatives, staff and external professionals to give feedback about the quality of the service in the form of annual on-line surveys sent out every March. The manager told us that they also sent paper copies to people's relatives so that those with no access to a computer could still complete the forms. The manager told us that people who used the service would not be able to understand the questionnaires and therefore, they used 'social stories' to check if they had anything to say. 'Social stories' are short descriptions that present information in a 'concrete' way in order to improve a person with a learning disability or autism's understanding.

The provider had systems in place to assess and monitor the quality of the service provided to people. Brookdale Healthcare Ltd had been acquired by another provider called Tracscare, and the manager showed us that they were still in the process of changing their systems and records to those of the new provider. However, they continued to use existing systems to carry out a range of audits including checking people's care records to ensure that they contained the information necessary for staff to provide safe and effective care. They also completed health and safety checks to ensure that the environment was safe for people to live in and that people's medicines were being managed safely. Improvements to the décor of the home had been discussed with the new provider and the manager told us that this work would be completed as soon the funds were available. Additionally, they needed to arrange a holiday for people during the refurbishment work as some of them would become distressed by the noise and contractors

coming to the home.