

Sun Healthcare Limited

Shaftsbury House

Inspection report

53 Mount Vernon Road
Barnsley
South Yorkshire
S70 4DJ

Tel: 01226786611

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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?	Outstanding ☆
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service:

Shaftsbury House was a large 10-bed care home. It was registered for the support of up to 10 people. Eight people were using the service. This is larger than current best practice guidance. However, the design of the building fitted into the residential area.

People's experience of using this service:

The outcomes for people using the service reflected the principles and values of Registering the Right Support in the following ways; promotion of choice and control, independence and inclusion. Peoples support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

People using the service benefited from an outstanding responsive service. The service was exceptional in placing people at the heart of the service. We saw how staff and management were supportive and went the extra mile to care right for people and were passionate about providing person-centred care to people when needed.

People's needs, and wishes were met by staff who knew them well. We saw and were told of many examples of staff going the extra mile to help and support people they cared for. For example, we were told about how the service had supported a person with very complex needs to plan a holiday to visit family. The service told us this action "had a massive effect on the person's positivity and mental wellbeing."

People were supported to have maximum 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's healthcare needs were being met and medicines were being managed safely.

People were protected against avoidable harm, abuse, neglect and discrimination. The care they received was safe.

Care plans were up to date and detailed what care and support people wanted and needed. Risk assessments were in place and showed what action had been taken to mitigate identified risks.

People received personalised care and support specific to their needs and preferences. People's likes, preferences and dislikes were assessed. Care packages met people's desired expectations.

People were enabled to follow a variety of interests and activities. Ideas and events were initiated by people based upon their interests.

Staff were being recruited safely and there were enough staff to take care of people. Staff were receiving appropriate training and they told us the training was good and relevant to their role. Staff were supported by the registered manager and were receiving formal supervision where they could discuss their ongoing development needs.

There was a complaints procedure in place and people knew how to complain.

Everyone spoke highly of the registered manager who they said was approachable and supportive. The provider had effective systems in place to monitor the quality of care provided and where issues were identified, they acted to make improvements.

Rating at last inspection:

At the last inspection the service was rated Good, the report was published October 2016.

Why we inspected:

This was a planned comprehensive inspection based on the rating at the last inspection.

Follow up:

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

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

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 remained safe

Details are in our Safe findings below.

Is the service effective?

Good ●

The remained effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The remained effective.

Details are in our effective findings below.

Is the service responsive?

Outstanding ☆

The was exceptionally responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The remained well-led.

Details are in our well-led findings below.

Shaftsbury House

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection team consisted of one inspector.

Service and service type:

Shaftsbury House is a converted premise located on the outskirts of Barnsley. The home caters for up to 10 people over the age of 18 years old who have a learning disability, this includes one place which is reserved for short term respite care.

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:

The inspection was unannounced.

What we did:

We reviewed information we had received about the service since the last inspection in August 2016. This included details about incidents the provider must notify us about. We assessed the information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

Some people using the service at Shaftsbury House were not all able to fully share with us their experiences of using the service. Therefore, we spent time observing staff with people in communal areas. We spoke with four people who were using the service, two care workers, one senior staff member, the deputy manager and the registered manager. We received feedback from other professionals involved with the service.

We reviewed a range of records. These included two people's care records and medication records. We also looked at three staff files around staff recruitment and the training records of all staff. We reviewed records relating to the management of the home and a variety of audits implemented by the provider.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People told us the service was safe. Comments included, "I like living here, I feel safe. It's the staff who make me feel safe", "I feel safe, the staff help me do things like have a shower. I shout them, and they come and help me" and "I feel safe living here, I use to get into trouble before and I don't anymore."
- Staff told us they felt happy raising any concerns they had about people they were supporting and were confident they would be dealt with appropriately. One staff member told us, "I would go to [deputy manager] or [registered manager], if I didn't think they were dealing with it I would go higher. I know the procedure, we have regular training updates to ensure this."
- There was a safeguarding and whistleblowing policy in place which set out the types of abuse, how to raise referrals to local authorities and the expectations of staff.

Assessing risk, safety monitoring and management

- The service aimed to obtain detailed information about a person before a new care package commenced. Before support was provided an initial assessment was undertaken to make sure the service could meet people's needs.
- People's care files included appropriate assessment of risk, which had been conducted in relation to their support needs. Risk assessments covered areas such as the home environment, mobility, personal care, medicines, equipment and manual handling.
- Care plans provided instructions to staff to reduce the likelihood of harm to people when being supported.

Staffing and recruitment

- Safe recruitment practices were followed, and appropriate checks were done on applicants, including checks with the Disclosure and Barring Service (DBS) to ensure applicants were appropriate to work with vulnerable people.
- The service was adequately staffed which ensured staff provided a person-centred approach to care delivery.

Using medicines safely

- Medicines were managed safely. Protocols were in place that clearly described when medicines prescribed for use 'as required' should be administered.
- Robust audits of medication records were completed and where records had not been completed clearly, action was taken by the management to remind staff of the importance of accurate record keeping.

Preventing and controlling infection

- Appropriate measures were in place to protect people from infection.
- Staff confirmed they had access to personal protective equipment, such as gloves and aprons and were

using these appropriately.

Learning lessons when things go wrong

- The registered manager had a system in place to monitor incidents. They understood how to use accidents and incidents as learning opportunities to try and prevent future occurrences.
- Risk assessments and care plans were reviewed, and discussions took place following incidents to prevent re-occurrence.

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

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

- Assessments of people's needs were comprehensive, and outcomes were identified. Care and support were regularly reviewed.
- Support plans were tailored to the person's needs and contained detailed information about the person and how they wished to be supported.

Staff support: induction, training, skills and experience

- Staff were trained to be able to provide effective care. One staff member told us, "We get training updates all the time. I like the training we get, it helps with your experience. I have recently enjoyed first aid training. I consider myself good in an emergency, it gave me more confidence to go ahead and put in into practice what I have learnt safely."
- Staff told us they felt supported in their roles and although they had regular supervision sessions they felt able to raise issues at any time. One staff member told us, "I feel very supported they [management] are brilliant. During supervision they check on your wellbeing, it's not just work. They are really supportive." Another staff member told us, "Yes we do get supervision. It's good it enables me to be a better person from any feedback I receive. It helps me better myself. I can express what I want to do it's a development tool for me. I have been through a bad patch, but they are so good, so supportive can go to them about anything."
- When new staff joined the service, they completed an induction programme which included shadowing more experienced staff.

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

- Staff supported and encouraged people to eat a healthy diet.
- Care records showed how people's dietary needs were assessed, such as their food preferences and how they should be assisted with their meal. Other information included equipment to be used such as drinks from an adapted mug, bright red cutlery and table wear to help people identify them due to living with dementia.
- Where people were at risk of poor nutrition and dehydration, plans were in place to monitor their needs closely and professionals were involved where required to support people and staff.
- For people who required specialist techniques for eating and drinking such as Percutaneous Endoscopic Gastrostomy (PEG), we saw staff had received the required training.

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

- The service had excellent relationships with other organisations involved in supporting the people they also supported.

- When people needed to go into hospital, and it was appropriate to do so, their support worker would go with them to hospital, so a familiar person was with them. Hospital passports were in place to support effective transition between services. This meant that key information was available on people's needs should they be admitted to hospital.
- Information was shared with other agencies if people needed to access other services such as GPs, health services and social services.

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

- The home had a secure garden area that people could access safely. This meant the service had incorporated the needs of people who enjoyed spending time outside whilst maintaining a safe environment for them.
- General redecoration and refurbishment was on-going to make sure people were provided with a nice environment. People were being supported by staff to choose colours to decorate the dining room.
- Specialist equipment was available when needed to deliver better care and support.
- People's individual needs were met by the adaptation, design and decoration of the service. We saw the house was homely and spacious.
- One person's room was fitted with extra sensory stimulation, another with family photographs and pictures, whilst another was very minimalist so as not to over-stimulate one of the people who lived there. Some people had different types of posters, which reflected their interests.

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).
- The registered manager understood the need to include any conditions in the care planning process to demonstrate they had been met.

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

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 told us they received excellent care and support from staff. Comments included, "Staff are kind they are the best, I can talk to [staff member] they are my favourite. [Staff member] really helps me. Other staff are alright as well," "Staff are kind, they talk to me and help me communicate, the staff sit and listen to me. There are always staff here to help me" and "Staff are caring, they help me with my personal hygiene when I need it, staff listen to me, staff will take things on board and help me."
- Staff we spoke with were extremely positive about their role. One staff member told us, "I think it's a good place to work. I love it. Not many mornings I don't feel like coming to work." Another staff member told us, "I would be definitely most happy for my family member to receive care here. It's down to the staff members and management. I know they would be looked after how I wanted them to be looked after. The staff are so good."
- Staff we spoke with demonstrated a good understanding of each person they supported and understood each person's different needs.

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

- People were supported to express their views and to be involved in decisions about their care, as far as possible, in making decisions about the care and support they received. People told us they had completed surveys, monthly reviews and attended meetings to share views.
- People's diverse needs were recorded. Staff we spoke with demonstrated a good knowledge of people's personalities, individual needs and what was important to them.
- When people had expressed their views about their preferences these were respected. Staff could tell us about, and records confirmed that people's views about how they preferred to be supported had been acted on to promote positive outcomes.
- People were supported to express their spiritual needs and people were accommodated when visiting the local church.

Respecting and promoting people's privacy, dignity and independence

- The service promoted people to live as independently as possible. Staff gave us examples about how they involved people doing certain aspects of their own personal care and day to day activities which supported them to maintain their independence. One person told us, "Staff help me be independent staff only help me do the things I can't do. I tell staff I'm going in shower and they help me. They only help me do the things I can't."
- Respect for privacy and dignity was at the heart of the service's culture and values. Staff treated people with dignity and respect. Through our conversations with staff, they explained how they maintained people's dignity whilst delivering care. One staff member told us, "I give people choices such as around food

or going out or staying in I use Makaton cards to help people understand. I respect people I knock on doors before going in people's room, I then explain the reason I want to go in room and check I am ok to do so."

Is the service responsive?

Our findings

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

Services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People living at Shaftsbury House had an individualised plan of their care, drawn up with them and other professionals, where appropriate, based on an assessment of their needs. Plans were reviewed regularly, one person told us, "I have seen my care plan and I have signed it, I am involved in my reviews. I am able to tell people how I want to be supported."
- People's care plans were detailed and contained clear information about people's likes, dislikes, specific needs, their personal preferences, routines and how staff should best support them to live happy, contented lives. Staff were knowledgeable about people's preferences and could explain how they supported people in line with this information. A social worker told us, "They provided excellent care which was individually tailored to meet [persons] needs and were always keen to take advice regarding management of behavioural issues. The documentation I saw was individual and person centred."
- We received extremely positive feedback from other professionals who visited the service who told us the service was focussed on providing person-centred care and support which led to exceptional results for people. Comments included, "One person is currently at [place] and has very complex needs. Shaftsbury staff have gone above and beyond trying to support [person]. They have facilitated leave and have ensured that staff have maintained contact with [person] to safeguard relationships. They have ensured that someone has attended meetings each week and have kept in contact with me. I have found them to be very helpful and considerate of the individual's needs."
- People had communication passports in place. The plans presented the person positively as an individual and described people's most effective means of communication. They described the person's most effective means of communication and how others can best communicate with and support the person. The service ensured people had access to the information they needed in a way they could understand it and were complying with the Accessible Information Standard.
- The service was creative and innovative in supporting people to live well independently. For example, one person had their own self-contained apartment within Shaftsbury House. They told us, "I like living in my flat, staff help me with my cleaning. I make a shopping list and go to the supermarket to buy my own food. I've just been shopping, I'm waiting for it to be delivered. Staff help me cook it. Staff help me to be independent, although this is hard sometimes as I can be lazy."
- Staff had completed some exceptional work alongside other agencies to prevent an extremely vulnerable person having to live in a different type of environment. The outcome was exceedingly positive for the person. Without the commitment from the registered manager and staff team the person would have experienced extremely negative outcomes. The service received a compliment from one of agencies involved, "I was so relieved when I visited last week to see the vast improvement in [person] both physically and emotionally. There is no doubt if you and your staff had not helped [person], they would have been in an environment which would not have been helpful to a vulnerable person. You and your staff have saved

[person] from being another statistic, you have given [person] the time and attention they needed to help them move on to a brighter future."

- People told us that staff had outstanding skills in supporting them with planning areas of their care and providing the motivation to achieve their goals. One person told us how they were on a weight loss plan and they had lost a significant amount of weight. Staff came up with innovative ways to exercise instead of just using the gym such as using exercise equipment in the local parks, which also encouraged the person to walk there and back. They also told us, "It's hard work doing it, but I enjoy it. Staff really help me, I really enjoy it when we do the exercises together on the Wii."
- The staff used innovative and individual ways to support people to maintain family relationships for example using skype, email and text messaging. For some people holidays and family visits often presented difficulties due to significant behaviours that sometimes could challenge. One person during their monthly review expressed a wish to visit family. The service undertook an excellent piece of work to achieve this positive outcome for the person. This involved skype calls to family, detailed risk assessments and the involvement of other professionals and agencies. Staff have agreed to support, and the holiday is now booked. The person told us all about the holiday and family they were very excited.
- The service had a strong commitment to putting the individual person at the centre of the support they provided. The commitment was evident in all staff we spoke with.
- People were also encouraged to be involved in everyday life activities with staff if they wanted to, i.e. preparing their lunch, laying the lunch table and cleaning their bedroom.
- The service was highly responsive to people's social needs, and actively promoted the importance of social contact and companionship to enable a good quality life. People were enabled to follow a variety of interests and activities. Ideas were initiated by people based upon their interests. There were an abundance of life enhancing and interesting events and activities for people to become involved with. These included going sea fishing, to the local leisure centre, going shopping, to the cinema, Zumba, arts and crafts and accessing other activities in the local community.

Improving care quality in response to complaints or concerns

- There were known systems and procedures in place. People told us that they knew how to complain. Comments included, "I would complain to management, all three of them. I've just made a complaint. They are going to come back to me tomorrow with what they are going to do," "I know who to talk to when I'm not happy I would talk to them manager" and "If I wasn't happy I would talk to a staff member about it. Staff would listen to me and help me."
- Complaints were managed in line with the policy. People said that they felt able to speak to the registered manager at any time. Staff were aware of resolving concerns at a lower level if possible.

End of life care and support

- The registered manager informed us they were not currently providing care for people at the end of life.
- The service received a compliment from a community nurse regarding the support the service provided for a person at the end of life. From [person] being placed at Shaftsbury House I felt they were treated as a valued member of the Home and the care [person] received was exemplary. You all worked well with both [person] and me to ensure all their needs were met and that [person] mental health remained stable. On [persons] admission to Barnsley District General Hospital I found out your staff maintained this support by visiting daily (sometimes more often as on the day [person] died) and spending quality time with them as well as supporting the family. I would like to compliment you and all the staff for this kindness and compassion. Whilst I am aware this is "the norm" for your service it is sad to say not all services respond in the same manner. Please pass this on to your staff as they should be proud of their actions."
- The service had an end of life champion who had recently undergone training. The staff talked passionately about this aspect of their role. They told us they understood how important it was to people and their families and how important it is to get things right for people. The staff explained how recently a plan had

been completed for a person living at Shaftsbury House and the positive impact this had for all involved. Especially family who felt reassured that things had been put in place in case they were not around.

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- There was an open and honest culture in the service. People who used the service were complimentary about the registered manager. One person said, "The managers are alright they help me." Another person said, "I have a meeting with the manager, they help me and listen to me."
- The quality assurance systems which were in place to monitor the service had been effective in identifying areas for improvement. When issues had been identified, an action plan was put in place and action had been taken to make improvements. Senior managers also regularly completed audits and checks.

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

- There was a registered manager in post who provided leadership and support. They were supported by a care coordinator. We found the management team open and committed to making a difference to the lives of people living at the service.
- People who used the service received good quality person centred care.
- The service was caring and focused on ensuring people received person-centred care. It was evident staff knew people well and put these values into practice.
- The registered manager knew people using the service and their relatives very well. We saw they were kind, caring and very knowledgeable about people's lives and personalities.

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

- People were engaged with the service. Staff meetings were held which staff told us they found useful. Staff met with the registered manager, deputy manager and more frequently with the senior care assistant on a one-to-one basis to discuss any concerns or receive any updates.
- People who used the service were involved in day to day decisions about what they wanted to eat and what social activities they wanted to take part in.
- People using the service, relatives and professionals had completed a survey of their views about the service. People's feedback had been used to continuously improve the service.
- The registered manager made themselves easily available to people using the service, relatives and staff.

Continuous learning and improving care

- The registered manager understood their legal requirements. They were open to change, keen to listen to

other professionals and seek advice when necessary.

- The registered manager demonstrated an open and positive approach to learning and development. Improvements were made following changes in policy and procedure to ensure regulatory requirements were met.
- Information from the quality assurance systems, care plan reviews and incidents were used to inform changes and make improvements to the quality of care people received.

Working in partnership with others

- The service worked in partnership with key organisations to support care provision, service development and joined-up care. For example, the manager told us the service had worked with clinical commissioning groups (CCG), social workers, mental health services, Hallam University, Police service and Barnsley commissioning.
- The registered manager attended provider meetings held by Barnsley local authority.