

# Shelton Care Limited

# Rutland House

## Inspection report

Caledonia Road  
Shelton  
Stoke On Trent  
Staffordshire  
ST4 2DN

Tel: 01782263104

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

This inspection took place on 14 December 2015 and was unannounced.

The service was registered to provide accommodation and personal care for up to seven people. People who used the service had a learning disability. At the time of our inspection seven people were using the service.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People felt safe. Staff were aware of how to recognise the different types of abuse that may occur and how to report concerns. Systems were in place to protect people from avoidable harm and abuse and these were used when required.

People's risks were assessed and monitored in order to keep them safe. There were enough staff to meet people's needs and we saw that people were supported to access the community and attend appointments. People's medicines were managed safely so that they received their medicines as prescribed.

People were supported and encouraged to make their own decisions. When they were unable to do this we saw that current legislation and guidance was followed to ensure that people's legal and human rights were respected.

Staff were trained to deliver effective care to the people who used the service. People were supported to have enough to eat and drink to maintain a healthy diet and mealtimes were flexible to meet people's preferences.

People had access to range of healthcare professionals and were supported to monitor their health needs.

People were treated with kindness and compassion by staff who knew them well. They were encouraged and supported to be involved in making decisions about their own care and support. People's privacy was respected and they were encouraged to be independent as they could be.

People received care that met their preferences and they were enabled to follow their interests. People's goals were recorded in their care plans and staff were aware of these and supported them to achieve what was set out.

People were encouraged to give their feedback about the service at regular meetings and action was taken when needed. There was an accessible easy read complaints procedure available and people felt able to

approach staff if they had any concerns.

There was a friendly and supportive atmosphere at the home and staff enjoyed working there. Staff felt supported by the management team and were involved in developing the service.

The management team and provider completed quality checks and acted upon any issues identified.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

There were systems in place to protect them from avoidable harm and abuse and staff knew how to recognise and report concerns. People's risks were assessed and plans were in place to protect them. Sufficient numbers of staff were in place to meet people's needs and medicines were stored, managed and administered safely.

### Is the service effective?

Good ●

The service was effective.

People were supported to make their own decisions and staff sought consent before providing support to people. Staff had the knowledge and skills to support people effectively and people were supported to meet their healthcare needs. Mealtimes were flexible to meet people's preferences and they were supported to eat and drink enough to maintain a balanced diet.

### Is the service caring?

Good ●

The service was caring.

People were treated with kindness and compassion by staff who knew them well. People were involved in making decisions about the way they were supported. People's privacy and dignity was respected and they were supported to be as independent as they could be.

### Is the service responsive?

Good ●

The service was responsive.

People received personalised care to meet their individual preferences and were supported to follow their interests. Care plans were detailed and included people's likes and dislikes and personal histories. People were encouraged to share their experiences and knew how to complain if they needed to.

## Is the service well-led?

Good 

The service was well-led.

There was a friendly and homely atmosphere and staff felt supported by the management team. People and staff were encouraged to be involved in the development of the service. Quality assurance systems were effective in identifying any issues and driving improvement.

# Rutland 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 was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 14 December 2015 and was unannounced. The inspection team consisted of one inspector.

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 the information in the PIR and also looked at notifications. A notification is information about important events which the provider is required to send us by law. This information was used to form our inspection plan.

We spoke with four people who used the service and two relatives. Because not everyone who used the service was able to talk to us, we spent time observing how staff offered care and interacted with people who used the service. We spoke with five members of staff, the unit coordinator and the registered manager.

We looked at three people's care records to see if they were accurate and up to date.

We also looked at records relating to the management of the service. These included quality checks, staff training records and other documents to help us to see how care was being delivered, monitored and maintained.

# Is the service safe?

## Our findings

People told us they felt safe. One person said, "I feel safe here. The staff make me feel safe." We saw that information about safeguarding adults was displayed in the home to raise awareness and inform people what to do if they were concerned. Staff had a good understanding of safeguarding adult's procedures and were able to demonstrate that they understood the types of abuse that could occur and how to recognise these. One staff member said, "I'd notice a change in behaviour or being withdrawn, I'd report it to the senior, definitely." We saw that local safeguarding procedures had been followed when required and that suspected abuse was reported to the local authority and investigated when needed.

People's risks were assessed and planned for to protect their safety and wellbeing. People had individual risk assessments that were specific to them and were detailed enough to help staff understand how to manage risks. For example, one person had a specific plan in place to manage the risk of having too much caffeine. The person told us about the plan and that they had been involved in developing it. They said, "I was drinking too much coffee, it's not good for my sleep." Staff demonstrated that they understood the plan and we saw that it was followed. Staff suggested to the person that they have some juice when they were thirsty and have a hot drink next time. People were supported to understand risks and they were given support to make choices to increase their freedom and independence whilst keeping safe.

Some people presented with behaviours that challenged the staff and others. Staff told us they had received training on how to manage people's behaviours and they described how they applied this training. One staff member said, "You always make sure people's best interests are at heart and only use physical intervention as a last resort. Nine times out of ten it doesn't come to that, we know people's triggers and how to re-direct." We saw that people had risk assessments and plans in place specific to their needs to help them be supported in the least restrictive way. Behavioural incidents and use of physical intervention were reported and analysed by the unit coordinator to ensure people were supported safely and proportionately. Incidents were discussed in staff supervision and staff meetings to ensure that staff continually learned and developed their knowledge and understanding to support people safely.

There were enough staff on duty to keep people safe. One person said, "Sometimes I feel scared and staff are there for me." We saw that there were enough staff to respond to people's needs and that people were supported to go out to appointments and to access the community. The senior staff member told us how they worked out the numbers of staff required to deliver a high level of personalised care based on the risks and needs of people who used the service. Staff told us and we saw that recruitment checks were in place to make sure that people were suitable to work at the service.

Medicines were stored, managed and administered safely so that people received them as prescribed. One person said, "Staff give medicines to us when we need them." Records were kept of medicines given and there was guidance for staff to follow for people who needed medication as and when required, such as pain relief. This helped to ensure that people received medicines consistently and safely. One person said, "I told staff I felt bad and they gave me a paracetamol." We saw that staff had followed the guidelines in place for the person, they got the medicine they needed to help manage their pain relief and a record of this was kept.

## Is the service effective?

### Our findings

Staff told us and records showed they had completed training to help equip them with the skills and knowledge to support people effectively. A person who used the service said, "They understand me, they know I say things I don't mean sometimes, they're good." One staff member said, "We do loads of training. My induction was 13 weeks long and included shadowing and getting to know people's care plans. I had a mentor and it helped prepare me." Staff were able to demonstrate how training had helped them to better support the people who used the service. One staff member described how they used the techniques they had learned to understand body language and communicate more effectively with people. Staff confirmed that they have regular supervision with the unit coordinator where they have the opportunity to discuss their development needs and share ideas.

People were encouraged to make their own decisions. We observed that people were asked for consent to care and support and were asked how they wanted to spend their time. One person said, "Staff always ask before they come into my room." We saw that visual prompts were used to help one person make a decision about their medication. This practice followed the principles of the Mental Capacity Act 2005 (MCA). 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. We saw that a best interest's decision had been recorded for a person who was unable to make a specific decision. Staff had been trained to understand the requirements of the MCA and were able to demonstrate their understanding. One staff member said, "We encourage people to make all their own decisions, some of them may need prompts and support."

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). We saw that the service had followed the requirements of the DoLS and that applications had been submitted to the relevant authority when required to ensure that people were not unlawfully restricted. Four people had legally authorised DoLS applications in place and we saw they were encouraged to have as much choice and control as they were able to. People were supported to participate in the community and activities they chose so measures in place to protect them were as least restrictive as possible.

People were supported to eat and drink enough to maintain a balanced diet and mealtimes were flexible to meet people's needs. One person said, "I have meals in my flat and I help do the shopping with staff." We saw that people accessed the kitchen freely and helped themselves to drinks and snacks. People told us they were involved in choosing what they ate and drank. One person said, "I choose what to buy and eat. I like to go to a slimming group so staff help me make a healthy menu."

People told us and we saw that they were supported to meet their healthcare needs. One person said, "I've not been feeling very well so staff helped me make a doctor's appointment." We saw that one person's care



coordinator visited them to review their health needs. Records showed that people had regular contact with a range of healthcare professionals. People had individual health action plans in place which they were involved with and we saw that people were supported to make decisions about their health needs when required.

## Is the service caring?

### Our findings

People told us and we saw they were treated with kindness, compassion and respect. One person said, "The staff are all kind and caring." A relative said, "[Person who used the service] is treated with respect. It's not a chore to support them, staff show respect and that's what we want for our relative." We observed friendly and caring interactions between the staff and the people who used the service. We saw that people laughed and joked with the staff and we observed a positive and relaxed atmosphere.

Staff knew people well, including their preferences. A staff member said, "[Person who used the service] likes to look nice." We saw that staff supported the person to get ready for a party by helping them apply makeup and style their hair. The person told us, "I went to Manchester shopping for the particular makeup I like." We saw that the person was relaxed and smiling and they told us they were looking forward to going to the party with staff.

We saw that staff offered choice and control to people who used the service. One person said, "I'm very involved in all my care plans, I know my risk assessments." We saw that the person had been involved in developing a plan about how they would like to be supported when they were upset. Staff told us and records showed this was regularly reviewed with the person to make sure they were happy with it. We saw that people had been involved with their support plans and had signed them when they could. People were supported to access an advocate to speak up on their behalf if needed. Independent advocates represent the interests of people who may find it difficult to be heard or speak out for themselves. Records showed that one person regularly met with their advocate to help them express their views and share them with the service.

People told us and we saw that their privacy and dignity was respected and promoted. Some people required close support from staff to keep them safe. However, people were offered the privacy they needed. One person said, "Staff ask me if I want to be alone. My bedroom is my chill out room; I like my own time in there." Staff explained how another person had sensors in their room to alert staff if they were experiencing a seizure. This allowed the person to have private time alone whilst still monitoring their safety. A staff member said, "[Person who used the service] likes being alone and it's important they have that time."

People were encouraged and enabled to be as independent as they could be. We observed people being supported by staff to make their own meals and do their own laundry. Most people needed verbal prompts and encouragement which were given by staff in a supportive and respectful way. For example, we heard staff say, "Would you like to make a drink now while you're waiting for that to cook?"

## Is the service responsive?

### Our findings

Each person who used the service had a detailed plan of care that was individual to them. People we spoke with told us and we saw that they were involved in creating their plans and their views were recorded throughout. One person said, "I know what's in my plan, it's kept in the office." People's plans were detailed and specific and included their personal histories, preferences and interests. Staff told us they were given time to read people's care plans and it was clear that staff knew people well from the way they spoke about them. People were involved in reviews of their plans with their keyworkers. Staff told us, "We have mini reviews monthly; people are involved as much as they want to be." Records showed that these took place and that care plans were updated to reflect changes in needs when required.

People's goals and aspirations were recorded in their care plans and staff were aware of these. One staff member said, "We look at goal setting each month and review how we are getting on with working towards them." One person told us they had always wanted to go to Las Vegas and that the staff had helped them to plan the trip which was arranged for next year. Staff explained to us how they worked with the person and their family to make the trip happen.

People were supported to follow their interests and take part in activities and work opportunities when they chose to. One person said, "I play football and basketball and I go to a nightclub." Another person said, "I go out a lot. I go to the charity shops or the pub. I'm going to a party tonight." We saw that people were supported to go out and do the things they chose. We saw that one person was out attending a college course and another person told us they had a weekly work placement which they enjoyed. People told us they were supported to go on holiday. Some people chose to go on holiday with other people who used the service and some chose to go with staff only. One person said, "I went to Benidorm with staff, for two weeks, it was brilliant."

People told us they were supported to keep in contact and maintain relationships with their family and friends. One person said, "My family come and visit me." Another person said, "Staff help me phone my dad."

People told us they had residents meetings that took place monthly. One person said, "We have meetings and we talk about trips." Records showed that people were asked for their views about the service and asked what they would like to plan to do over the next month. We saw that one person had asked for their bedroom to be redecorated and they proudly showed us that this had been done, so the service had listened, responded and made the requested improvements.

People told us they knew how to complain if they needed to. One person said, "I'd talk to the staff." Another person said, "I'd speak to the manager." There was an accessible easy read complaints procedure in place and staff demonstrated they understood the provider's complaints procedure. No complaints had been received by the service.

## Is the service well-led?

### Our findings

There was a registered manager in post who was supported by a unit coordinator and senior support worker in the management of Rutland House. There was a friendly and homely atmosphere. One person said, "I like living here, trust me I really do." Staff told us and we saw they were happy in their work and understood their role in supporting people. One staff member said, "The work is enjoyable and the people who live here are great." Another staff member said, "I love this job." Staff were aware of the values and visions of the service. One staff member said, "It's about promoting independence and helping to improve the people's quality of life. We listen to what people want."

Staff felt supported by the registered manager and management team. One staff member said, "All the management team are very approachable." Another said, ""We have regular supervision and you can have more if you want it. They are very concerned about how we feel." Staff we spoke with were aware of whistleblowing procedures and said they would feel able to raise concerns if required. Staff told us they were involved in the development of the service at regular staff meetings. The unit coordinator told us and records showed that meetings happened regularly where the staff team were able to reflect on the service delivered and discuss improvements.

The registered manager delegated tasks to staff to improve people's care and increase efficiency. For example, some staff were given key worker roles which meant everybody who used the service had an allocated staff member who was responsible for coordinating their care and completing monthly 'mini reviews' with the person. The unit coordinator was responsible for staff supervision and analysing incidents and would report issues or concern to the registered manager. This meant that staff felt more involved in developing the service and encouraged a positive culture of team work.

The registered manager was aware of the conditions of their registration with us. We had been notified about incidents that are a requirement of their registration.

The management team and provider completed regular quality checks including medicines safety checks and finances audits. We saw that these were effective and action was taken to make improvements when required. Behavioural incidents were analysed by the unit coordinator and findings were shared and discussed with staff at team meetings. When concerns were identified, action was taken to make improvements. For example, a review of incidents had identified that one person required Physiotherapy input and we saw the referral was made to help improve the support the person received. The quality assurance systems were effective to identify issues and work towards improvements.