

Shelton Care Limited

Cauldon Place

Inspection report

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Ratings

Overall rating for this service	Good ●
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Is the service safe?	Good ●
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Is the service well-led?	Good ●
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Summary of findings

Overall summary

About the service

Cauldon Place is a residential care home providing personal care and support for up to 25 people who may have a learning disability. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. 17 people were receiving personal care at the time of the inspection.

Cauldon Place accommodates people on one site that is separated into a number of flats. Some flats are single occupancy and some flats are shared, meaning they have shared communal spaces.

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

People felt safe. Staff knew how to protect people from abuse and they understood people's risks and how to support them safely.

People got their medicines when they needed them from staff who were well trained and safely recruited.

There were enough staff to meet people's needs and ensure their safety.

We were assured the provider had suitable systems in place to help prevent the spread of infection.

People knew the management team and felt they listened to them and acted on their feedback. Staff also felt listened to and had confidence in the management team and provider.

There were systems in place to check on the quality of the service people received and action was taken to make improvements where they were needed.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the guidance CQC follows to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

Right support:

- Model of care and setting maximises people's choice, control and independence

Right care:

- Care is person-centred and promotes people's dignity, privacy and human rights

Right culture:

- Ethos, values, attitudes and behaviours of leaders and care staff ensure people using services lead confident, inclusive and empowered lives

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 4 May 2019) and there was one breach of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

This service had a high number of safeguarding adult concerns. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

We found no evidence during this inspection that people were at risk of harm because of the high number of safeguarding concerns. Please see the safe and well-led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Cauldon Place on our website at www.cqc.org.uk.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Cauldon Place

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by an inspector and an assistant inspector.

Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. This information helps support our inspections.

The provider was not asked to complete a provider information return prior to this inspection. This is

information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with three people who used the service and one relative about their experience of the care provided. We spoke with eight members of staff including support workers, senior support workers, service managers and the business administrator. We also spoke with the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included two people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People felt safe. One person said, "I feel safe. I get on with the people who I live with." Another person said, "Yes I feel safe, I am happy here, all my family is here."
- Staff knew how to protect people from abuse. They had been trained and were knowledgeable in recognising and reporting abuse. One staff member said, "Safeguarding is about protecting people from abuse, recognising any signs of abuse and reporting them. I learnt how to report during my training."
- Systems were in place that worked well to ensure people were safeguarded from abuse and investigations were carried out when required.

Assessing risk, safety monitoring and management

- People's individual risks had been assessed and planned for. There were clear plans in place specific to each person and these were regularly reviewed and updated.
- Staff had a good understanding of people's risks and needs and knew how to support each person.
- When a new risk was identified, it was assessed and planned for so that people were supported safely without unnecessarily restricting their freedom.

Staffing and recruitment

- There were enough staff to safely meet people's needs. Some people needed one to one support from staff to keep them safe and manage their risks. Staff told us and records showed that people got the level of support they needed.
- Staff were safely recruited. For example, references were requested and checked to ensure staff were of good character.
- Training was provided to ensure staff had the level of skill needed to provide safe care. A staff member said, "I feel confident I know how to support people well [following training]."

Using medicines safely

- Medicines were managed safely so that people got their medicines when they needed them. One person said, "I take medication, they [staff] help me with it. I take tablets. When I'm in pain they [staff] give me a paracetamol."
- Protocols were in place to ensure there was sufficient guidance for staff to follow when administering 'as required' medicines. There were also body maps to show staff where to apply prescribed creams.
- Staff were trained to administer medicines safely and their competence was checked.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- The provider investigated incidents and accidents and analysed any trends to ensure that action could be taken to reduce the risks of re-occurrence.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection the provider had failed to ensure that notifications were always submitted as required. A notification tells us information about important events that by law the provider is required to inform us about. For example; safeguarding concerns, serious injuries and deaths that had occurred at the service. This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

Enough improvement had been made at this inspection and the provider was no longer in breach of this regulation.

- The registered manager had implemented a new system to ensure all notifications were completed and reference numbers were kept with the corresponding incident so it was clear to see what action had been taken and by whom.
- Managers at all levels were clear about their roles and responsibilities.
- There was an effective governance system in place and the provider had good oversight of the daily running of the service.
- Quality assurance checks were regularly carried out by staff and managers at all levels and these were effective in recognising where any improvements were required.

Continuous learning and improving care

At our last inspection we made a recommendation regarding Mental Capacity Act documentation being strengthened to ensure all areas of the process are clearly evidenced. Action had been taken to remedy this.

- Changes had been made to the way in which best interest decisions were recorded to ensure they were clear. This showed how the provider listened and took action to improve the service.
- Continuous learning was important to the service. The provider kept up to date with new guidance and developments and ensured they were cascaded to staff in a way that was easy to understand.
- Staff and managers had access to training and learning opportunities. They used their knowledge to improve people's experiences. For example, people had individual support to understand the pandemic based on their individual needs and requirements.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Discussions with people, relatives and staff showed there was a positive culture where everyone worked together to achieve the best outcomes for people.
- People were treated as individuals and were involved in planning their own care wherever possible.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Discussions with the nominated individual showed they understood their responsibilities to be open and honest when things went wrong.
- There was a suitable policy in place that was understood and followed by the management team.

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

- People and relatives felt engaged and involved with the service. One person said, "I know the manager, she is nice. She listens to me. She asks about my opinion." A relative said, "Communication is brilliant, [service manager's name] rings me about any concerns or [changes]. The management is great."
- People were involved and were asked for feedback in several ways, dependent on their communication needs. There were residents meetings, monthly reviews, one to one sessions and questionnaires available to people. Feedback was gathered, listened to and used to make improvements.
- Staff were engaged in the service development. There were regular staff meetings, supervision sessions and questionnaires for staff to give their feedback. For example, a staff feedback audit identified staff saying they didn't always work as a team so more team building days were being organised.

Working in partnership with others

- The service worked in partnership with other professionals including social workers, doctors and nurses to ensure people received holistic, good quality care.