

# Shelton Care Limited

# Cauldon Place

## Inspection report

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### Ratings

#### Overall rating for this service

**Good**



Is the service safe?

**Good**



Is the service effective?

**Requires improvement**



Is the service caring?

**Good**



Is the service responsive?

**Good**



Is the service well-led?

**Good**



### Overall summary

We inspected Cauldon Place on 23 March 2015 which was unannounced.

Cauldon Place provides accommodation and support for up to 25 people who predominately have a learning disability. The service supports people within ten flats, three that are shared and seven flats with single occupancy. At the time of our inspection there were 25 people who used the service.

The service had 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 and associated Regulations about how the service is run.

People's capacity had been assessed and staff knew how to support people in a way that was in their best interests. Staff had a good knowledge of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS). The Mental Capacity Act 2005 sets out the requirements that ensure, where appropriate, decisions are made in

# Summary of findings

people's best interests when they are unable to do this for themselves. We found improvements were needed to the way the provider reviewed Deprivation of Liberty Safeguards.

People told us that they felt safe and staff understood the procedures to follow to keep people safe.

People's risks were assessed in a way that kept them safe whilst promoting and maintaining their independence.

People who used the service received their medicines safely. Systems were in place that ensured people were protected from risks associated with medicines management.

We found that there were enough suitably qualified staff available to meet people's needs in a timely manner.

People were supported to eat and drink sufficient amounts and staff ensured that people's nutritional needs were assessed and monitored.

People told us that staff were kind and caring. We saw that staff treated people with respect, gave choices and listened to what people wanted.

People told us they were involved in hobbies and interests that were important to them. People were involved with the planning of their care and care was provided in a way that met their preferences.

The provider had a complaints procedure that was available to people in a format that they understood.

Staff told us that the registered manager was approachable and led the team well. The provider had a system in place to recognise and promote good practice within the service.

People were encouraged to be involved in the improvement of the service and provide feedback. The registered manager had systems in place to monitor and assess the quality of the care provided.

# Summary of findings

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

We always ask the following five questions of services.

### Is the service safe?

The service was safe. Staff knew people's risks and supported them to remain independent whilst protecting their safety. There were enough suitably qualified staff available to meet people's needs. Medicines were managed safely.

Good



### Is the service effective?

The service was not consistently effective. People told us that they consented to their care and staff understood their responsibilities under the Mental Capacity Act 2005, but improvements were needed to the way the provider reviewed Deprivation of Liberty Safeguards. People were supported to ensure they received sufficient food and drink.

Requires improvement



### Is the service caring?

The service was caring. We saw that staff were caring and compassionate. People's privacy was respected and maintained. We observed staff treating people with dignity and respect and giving people choices in their care.

Good



### Is the service responsive?

The service was responsive. People were supported to be involved in hobbies and interests that were important to them. People were involved in their care and they received individual care that met their personal preferences. There was a complaints procedure available for people.

Good



### Is the service well-led?

The service was well led. There was a registered manager in place who understood their responsibilities. The provider had a system in place to recognise and promote good practice within the service. The quality of the care provided was regularly monitored and assessed.

Good



# Cauldon Place

## 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 was 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 23 March 2015 and was unannounced.

The inspection team consisted of one inspector.

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 included in the PIR along with information we held about the home. We also gained information about the service from local authority commissioners.

We spoke with seven people, six care staff and the registered manager. We observed care and support in communal areas and also looked around the home.

We viewed four records about people's care and records that showed how the home was managed. We also viewed four people's medication records.

# Is the service safe?

## Our findings

People we spoke with told us that they felt safe and that the staff treated them well. One person said “I feel safe here, if I need staff they come straight away. They treat me nicely”. Another person said, “I would tell staff if someone was being unkind or upsetting me”. Staff we spoke with were aware of the procedures to follow if they suspected that a person was at risk of harm and that they told us they could speak to the registered manager about their concerns. One staff member said, “I would report any concerns to the manager and make sure it is documented. I know I can speak to the police or CQC”. We saw that the provider had a safeguarding and whistleblowing policy available and staff we spoke with understood their responsibilities to keep people safe.

We saw that people were supported to be as independent as possible whilst taking account of any risks. People were encouraged to make drinks and prepare and cook their meals which had been risk assessed to ensure that people remained safe from harm. One person had a risk plan in place which ensured that they were safe when they went out alone. We spoke with the person and they understood why these plans were in place, they told us, “I go out when I want to but I have to come back at times we have agreed so that staff know that I am safe”. We spoke with staff who were able to describe the support this person needed to keep them safe and the management plans in place if this person did not return at the agreed times.

We saw that incidents had been recorded by staff, which included details of the incident and what actions had been taken. The registered manager had monitored these incidents and recorded the actions taken. For example; risk assessments had been updated to reduce the risk of further incidents.

People told us that there was enough staff available. One person said, “There is always staff about when I need them and they go out with me”. We saw that there were enough staff to meet people’s needs in a timely manner and people were not kept waiting when they needed support. Staff supported people in a calm and unrushed manner, talking to people whilst they provided support. We saw that the registered manager had a system in place that ensured there were enough staff and when people were going out on trips or holidays extra staff were made available to support people.

We saw that the provider had a recruitment policy in place and the registered manager undertook checks on staff before they provided support to people. These checks included references from previous employers and criminal record checks which ensured that staff were suitable to provide support to people who used the service.

People told us that they were supported by staff to take their medicines. One person told us, “I go to staff for my medicine. If I am feeling unwell I ask for my medicine and staff give it to help me feel better”. One person told us that they administered some of their medicines themselves and we saw that there were risk assessments in place to support this. We observed staff administering medicines to people in a dignified way and explained what the medicine was for. We saw that staff were trained in the safe administration of medicines and the provider had a policy in place which staff told us they followed. We found that the provider had effective systems in place that ensured medicines were administered, recorded and managed safely.

# Is the service effective?

## Our findings

The registered manager had a good understanding of their responsibilities with regards to Deprivation of Liberty Safeguards (DoLS) to ensure that people were not unlawfully restricted. There were DoLS authorisations in place at the time of the inspection and the staff we spoke with knew how people needed to be supported in the least restrictive way possible in their best interests. The records we viewed at the time of the inspection showed that clear guidance was in place for staff to follow and the DoLS had been reviewed. However, we received information after the inspection from local authority commissioners that two people's DoLS had ended. These had not been reviewed or reapplied for which meant that they were being restricted unlawfully. We spoke with the registered manager who told us that this had been an oversight and systems had been improved to ensure that they knew when DoLS required a review and who was responsible for the reviews.

People told us that they consented to their care and that staff always explained decisions to them. People had been involved in their support plans and were able to tell us why they needed support with certain decisions. Staff understood their responsibilities under the Mental Capacity Act 2005 and explained how they supported people to understand decisions that needed to be made. For example; staff understood people's individual communication needs and what certain signs and facial expressions meant. We saw that mental capacity assessments had been completed and care plans contained details of how staff needed to support people in their best interests.

Staff told us how they supported people who had behaviour that challenged. We were told that they used verbal distraction and low level physical restraint was only used if the person or others were at risk of harm. Staff told

us that they spoke with people in a calm manner and used different methods to calm the person such as; talking about where they are going out. When a restraint had been used a report was completed which was audited by the co-ordinator so that any changes to the care plans and risk assessments were made.

Staff we spoke with told us that they received an induction when they were first employed at the service. One staff member said, "The induction was very good. I felt confident and I knew that I could approach the manager if I was unsure of anything". Staff also told us that they received training and that the training was regularly refreshed and updated. The records we viewed confirmed this. Staff received supervision from their manager on a regular basis. One staff member said, "Supervisions are useful and I feel I can express any concerns. I have also discussed my development and requested extra training and the manager listened and arranged it".

People we spoke with explained how they were involved with the planning and cooking of meals within the service. People were able to choose the meals that they had and they discussed the meals by meeting together and deciding on a week by week basis. We observed people making their own breakfast and drinks with support from staff if they needed it. The records we viewed showed that people's nutritional needs were assessed and we saw that one person was supported to eat healthily to ensure that they were a healthy weight.

People told us that they received care from health professionals. One person said, "I go to the doctors if I need to and to the dentist". We saw that people had health care plans in place and their health was regularly monitored and maintained. We saw that community psychiatric nurses, dentist and doctors had been involved in monitoring people's health and wellbeing.

# Is the service caring?

## Our findings

People told us they liked the staff because they were kind and caring. One person told us, “Staff are caring. They are brilliant. They all care what happens to us” and “I like all the staff they care about us all”. We saw that staff were patient and gave people time when they were providing support. Staff showed care and compassion and we saw people were comfortable when they spoke with staff. The atmosphere within the service was very happy and people were seen smiling and enjoying a laugh with staff. Staff we spoke with were enthusiastic about their role and told us that they ensured people received a good standard of care. One member of staff said, “I enjoy my job. I go out of my way to make people feel happy and secure and that gives me satisfaction”.

People told us that they could access their rooms whenever they wanted and if they wanted to have their own privacy. One person told us that staff respected their privacy when they had visitors and they did not disturb them when they wanted their own space and privacy. Staff told us that they

ensured that they were sensitive to people’s privacy and ensured that people felt comfortable when they were providing support. For example, knocking on doors before entering and speaking with people in a respectful way. We saw staff talked to people in a way that promoted their understanding and that made people feel that their views and wishes were important.

People we spoke with told us that they were given choices. One person said, “I choose what I want to do and when I do it. Staff listen to what I say”. One person told us that they liked to stay in their room and staff respected their choices but checked to see they were okay throughout the day. Staff we spoke with explained how they ensured people were given choices and they respected their wishes. We saw that staff gave people choices throughout the day. People were given time to speak and staff listened to people’s wishes and acted upon them. Where people were unable to communicate verbally we saw that some sign language was used and people also had their own individual ways of communicating which staff understood.

# Is the service responsive?

## Our findings

People we spoke with told us that they regularly went out and were supported to undertake hobbies and interests that were important to them. People told us about the different places they liked to go and how staff supported them. One person said, “I go to clubs and then staff pick me up when I’m ready to go home” and “I have a job which I enjoy and I am going to college in September”.

We saw that people’s preferences and interests were detailed throughout the support plans. People had been involved in their care plans and these detailed what was important to them and how they liked to be supported to maintain their independence. The information viewed gave a clear picture of each individual person and included how staff needed to respond to people’s physical and emotional needs

We found that the provider was responsive to people’s diverse needs. We saw that the staff respected people’s sexuality and their preferences and supported them to remain safe. Staff understood people’s various communication needs and explained how they responded to various signs and people’s individual ways of communication. We observed staff responding to people that corresponded with the plans of care.

We saw that the service had responded to the environmental needs of people to ensure that when they started to use the service they felt comfortable. We saw that family members had been consulted and the environment had been changed to meet the needs of people using the service. Where changes had been introduced to the environment this had been explained to the person and their family. We saw that for one person, the staff had made small changes over time which provided that person with more freedom within their personal living space.

People we spoke with told us that they knew how to complain and they would inform the manager if they needed to. One person told us, “I would tell staff if I was unhappy with anything or the manager, she is nice”. The provider had a complaints policy in place which was available to people who used the service, relatives and visitors. We saw that people had access to an easy read version of the complaints procedure and people we spoke with understood this format. We saw that complaints had been logged and investigated by the registered manager. Feedback was provided to the complainant who included the outcome of the investigation.



# Is the service well-led?

## Our findings

Staff we spoke with were positive about their role and how they made a positive impact to people's lives. One staff member said, "I ensure that I promote independence. I feel satisfied when people have developed their independence because of the support we have provided". Another staff member said, "I enjoy my job, making people happy and seeing people's lives improve makes me happy". We saw that the provider celebrated good practice and had 'Awards for Excellence' where staff could receive rewards and incentives when they were recognised for providing a consistently good standard of care. Staff told us that they had been nominated for an award because of the progress that had been made in supporting a person in the reduction of their anxieties which had made a difference to their quality of life.

The registered manager told us that they had an open door policy and they were available to staff and people who used the service. Staff and people we spoke with confirmed this and told us that the management team were all approachable. Staff said they felt supported to carry out their role and any concerns raised were acted on by the registered manager. The registered manager told us that they were supported by the provider to carry out their role.

We spoke with people who used the service who told us that they had meetings and were asked if they thought there were any changes needed to make improvements to the service. One person told us that they had requested

different food and this had been changed. The records of the meetings showed what actions had been completed. People were also asked to complete a questionnaire so that the provider could gain feedback and make improvements to the service. We saw that these were available in a format that people could understand and where suggestions had been made these were acted on.

The registered manager told us that they had recently devised questionnaires for staff to complete which enabled staff to raise any issues and suggestions on how improvements to the service could be made. We saw that a suggestion had been made by staff that it would be beneficial to have a nominated member of staff to become a 'care ambassador' for the unit. This staff member could take any issues raised and discuss them with the registered manager. We saw that a request for a volunteer had been advertised within the service.

We saw that the registered manager had completed audits which showed how they monitored the quality of the service provided to people who used the service. Action plans were implemented where improvements were needed at the service and then forwarded to the provider on a monthly basis. The registered manager told us that they were constantly developing the service and showed us how they were updating care plans to ensure that they were easy for people to understand. We saw that there was an improvement plan in place which contained details of improvements to be made to the environment.