St Cuthbert's Care

The Alan Shearer Centre

Inspection report

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Date of inspection visit:
23 March 2018

Date of publication:
01 May 2018

Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Outstanding
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 23 March 2018 and was unannounced. This meant the staff and provider did not know we would be visiting.

The Alan Shearer care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

The Alan Shearer Centre provides residential and respite care across one site. The residential provision is a care home. A short break, respite service for people with a disability is also provided from a separate unit on the main site and is part of the residential provision. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. A maximum of 20 people can be accommodated within both units. At the time of inspection five people were living at the service and eight people were staying for a short break.

At our last inspection in December 2015 we rated the service good. At this inspection we found the evidence continued to support the rating of good apart from the caring domain where evidence was available that showed this rating was exceeded to outstanding.

There was no evidence or information from our inspection and on-going monitoring that demonstrated serious risks or concerns.

This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Due to their health conditions and complex needs, not all of the people who used the service were able to share their views verbally about the support they received but we were able to gather the views of relatives. One relative said, "The care is excellent and their response [staff] to expected difficulties has been most positive which to me evidences their professionalism. Not only was their personal care of a high standard but it was the manner in which it was provided that sets this organisation apart from the others caring and

respectful."

We saw that the service worked collaboratively with other healthcare professionals to ensure that people were supported to be involved in decision making as much as possible. This included creative consideration of various techniques that could better enable people to communicate their wishes.

People appeared safe and comfortable with the staff who supported them. There was an open, relaxed and friendly atmosphere around the service.

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 were given information in a format that helped them to understand and encourage their involvement in every day decision making.

Records were personalised, up-to-date and accurately reflected people's care and support needs. They provided staff with very detailed information to enable them to provide effective, person centred care to people who may not be able to communicate their needs verbally. Staff were informed and enthusiastic. They ensured people, whatever the level of need were kept stimulated and involved in their surrounding and they were introduced to new activities. Other people were supported to follow their interests and hobbies. People were supported to contribute and to be part of the local community.

People were protected as staff had received training about safeguarding and knew how to respond to any allegation of abuse. When new staff were appointed, thorough vetting checks were carried out to make sure they were suitable to work with people who needed care and support.

There were enough staff available to provide individual care and support to each person. Staff upheld people's human rights and treated everyone with great respect and dignity. The staff team knew people extremely well and provided support discreetly and with compassion. People's privacy was respected and people were supported to maintain contact with relatives and friends.

People had access to health care professionals to make sure they received appropriate care and treatment. Risk assessments were in place and they accurately identified current risks to the person as well as ways for staff to minimise or appropriately manage those risks. Staff followed advice given by professionals to make sure people received the care they needed. Systems were in place for people to receive their medicines in a safe and timely way. People received a varied and balanced diet to meet their nutritional needs.

There was regular consultation with people and/ or family members and their views were used to improve the service. People had access to an advocate if required.

Communication was effective to ensure staff and relatives were kept up to date about any changes in people's care and support needs and the running of the service. The provider continuously sought to make improvements to the service people received. The provider had effective quality assurance processes that included checks of the quality and safety of the service. Staff said the management team were approachable.

A complaints procedure, guide about the service and other information for people was available and written in a way to help people understand if they did not read. Complaints were taken seriously and records maintained of the action taken by the service in response to any form of dissatisfaction or concern.

Further information is in the detailed findings below.

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?

Outstanding ☆

The service was extremely caring.

The service enabled people to be involved in decision making whatever their level of need. It promoted people to learn skills to become more independent.

Relatives and professionals involved with the service told us staff were exceptionally caring and had gone the "extra mile" to provide outstanding
care.

Respect for people's privacy and dignity were embedded in the service.

Is the service responsive?

Good

The service remains good.

Is the service well-led?

Good

The service remains good.

The Alan Shearer Centre

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 23 March 2018 and was unannounced. The inspection team consisted of one adult social care inspector.

Before the inspection, we had received a completed Provider Information Return (PIR). The PIR 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 PIR and other information we held about the service as part of our inspection. This included the notifications we had received from the provider. Notifications are reports of changes, events or incidents the provider is legally obliged to send CQC within required timescales. We contacted commissioners from the local authorities who contracted people's care and other professionals who could comment about people's care.

During this inspection we carried out observations using the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not communicate with us.

During the inspection we observed care and support, looked at records and spoke with staff in the long-stay and short break service. We spoke with two people, the registered manager, the operations manager, seven support workers and two visiting health care professionals. After the inspection we telephoned three relatives to collect their views about the care provided. We reviewed a range of records about people's care and how the service was managed. We looked at care records for six people, recruitment, training and induction records for three staff, two people's medicines records, staffing rosters, staff meeting minutes, meeting minutes for people who used the service, the maintenance book, maintenance contracts and

quality assurance audits the registered manager had completed.

Good

Our findings

People who were using the service at the time of inspection had complex needs which meant they did not express their views verbally about the service. During the time we spent with people we saw they appeared comfortable with staff. Comments from the relatives' satisfaction surveys, that were sent out by the provider, included, '[Name] feels at home in this safe environment' and '[Name] feels happy and safe.

100% of relatives that responded to the provider survey stated they thought their family member was safe using the service. Most relatives spoken with after the inspection told us their relative was safe. Staff told us they had received safeguarding training and received regular updates. They described how they safeguarded people from the risk of abuse or harm and the action they would take to report concerns. One staff member told us, "I'd inform the senior."

The registered manager was aware of their responsibility to liaise with the local authority if safeguarding concerns were raised. We were aware of a recent safeguarding that had been investigated.

We considered there were sufficient numbers of staff available to keep people safe and with the appropriate skills and knowledge to meet people's needs. There were five staff on duty during the day including the operational manager in the long stay service. The operational manager told us when all people were in the home six staff would be available. Overnight staffing levels included one staff member who slept on the premises and two waking night staff members. Staff on duty in the short break service included eight staff members in the evening to support eight guests. Overnight staffing levels included three waking night staff and one person who slept on the premises.

Risks to people's personal safety were assessed and plans to manage risks were in place. They included risks specific to the person such as medical conditions and having limited awareness of danger, and set out the actions to keep the person safe. Where necessary, the plans incorporated advice taken from health care professionals and measures to monitor risks.

Regular analysis of incidents and accidents took place. The operations manager said learning took place from this and when any trends and patterns were identified, action was taken to reduce the likelihood of them recurring. A weekly risk monitoring report was completed by staff at the service to highlight any areas of risk. It included areas of care such as pressure areas, serious changes in health status, weight loss and infection control.

Positive behaviour support plans were in place for distressed behaviour. These provided instructions for staff to follow that detailed what might trigger the behaviour and what they could do to support a person to keep them safe. For example, one plan stated, 'Staff need to be aware that triggers to my behaviour can be too many unfamiliar faces, my appliances not working or having no batteries.' Where incidents had occurred, we saw that the staff had received advice from external healthcare professionals, such as the behavioural team. This provided staff with specialist support to help some people manage their behaviour. One staff member told us, "We get positive behaviour support training." Another member of staff said, "We try to be consistent when someone is upset, we follow the advice from the behavioural team."

Systems were in place that showed people's medicines were managed consistently and safely by staff. There were appropriate arrangements in place for obtaining medicines and checking these on receipt into the home. Adequate stocks of medicines were securely maintained to allow continuity of treatment and medicines were stored in a locked facility. We checked the medicine administration records (MAR) and these showed that people received their medicines correctly.

Robust recruitment processes were in place. This included thorough checks of applicants for any role. The service ensured the correct information was available in personnel files. This included proof of identity, criminal history checks, and references from prior employers, job histories and health declarations. The service ensured only fit and proper persons were employed to care for people.

There were appropriate emergency evacuation procedures in place, regular fire drills had been completed and all fire extinguishers had been regularly serviced. Arrangements were in place for the on-going maintenance of the building.

Good

Our findings

People were supported by skilled, knowledgeable and suitably supported staff. There was an on-going training programme in place to make sure staff had the skills and knowledge to support people. The staff training records showed staff were kept up-to-date with safe working practices and they had opportunities for other training to understand people's care and support needs. One staff member told us, "There are very good opportunities for training." Another member of staff commented, "I've just signed up for autism and Makaton (sign language) training." Other staff comments' included, "I've had PEG (Percutaneous Endoscopic Gastronomy) training about feeding a person by tube directly into their stomach", "I can ask for training and if it's not offered they'll obtain it for me" and "We get training to meet people's particular needs, we've had training about acquired brain injury."

Records showed that staff received induction, supervision and appraisal. This allowed new staff to be supported into their role, as well as for existing staff to continually develop their skills. Staff we spoke with told us they could access day to day as well as formal supervision and advice and were encouraged to maintain and develop their skills.

People's needs were assessed before they started to use the service. This ensured that staff could meet their needs and the service had the necessary equipment for their safety and comfort. Assessments were carried out to identify people's support needs and they included information
about their medical conditions, dietary requirements and their daily lives. For example, with regard to nutrition, distressed behaviour, personal care, epilepsy, mobility and communication.

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 who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The operations manager and staff were aware of the deprivation of liberty safeguards and they knew the processes to follow if they considered a person's normal freedoms and rights were being significantly restricted. We found as a result, that five people were currently subject to such restrictions.

Records showed that where people lacked mental capacity to be involved in their own decision making, the correct process had not always been followed. For example, with regard to the use of covert medicines (covert medicine refers to medicine which is hidden in food or drink). A letter was available from the GP authorising the medicine. However, the 'best interest' decision making did not adhere to the National Institute for Health and Care Excellence (NICE) guidelines as the best interest decision had not involved the relevant people. We discussed this with the registered manager who told us it would be addressed immediately. In other aspects of people's lives we observed staff demonstrated a sound understanding of their duty to promote and uphold people's human rights.

People enjoyed a varied diet. Staff were aware of people's different nutritional needs and any special diets that were required. People's care records included nutrition care plans and these identified requirements such as the need for a modified diet. We noted that the appropriate action was taken if any concerns were highlighted. For example, a speech and language therapist had become involved when required. One relative told us, "[Name] has lost so much weight, they were encouraged and it has been very positive and helps manage a medical condition."

People were supported to access community health services to have their healthcare needs met. Their care records showed they had input from different health professionals. For example, the GP, positive behaviour team, occupational therapist and psychiatrist. Relatives told us they were kept informed about their family member's health and the care they received.

Outstanding

☆

Our findings

During the inspection there was a very happy, relaxed and pleasant atmosphere in the service. Staff interacted well with people, sitting with them and spending time with them. Comments from relatives included, "We're very happy with the care provided", "The care is fantastic, staff all know [Name]" and "The care is excellent and their response [staff] to expected difficulties has been most positive which to me evidences their professionalism. Not only was their personal care of a high standard but it was the manner in which it was provided that sets this organisation apart from the others caring and respectful." The provider's survey for 2018 showed comments from relatives included, 'Staff show lots of patience', 'Staff are always caring', 'Staff talk to [Name] in language that is not patronising' and '[Name] gets really excited when they know they are going to the centre for a few nights.'

The service supported some people with very complex needs. The service went to great lengths to ensure people were encouraged to maintain some involvement and control in their care.

Staff and management had a very good understanding of how people communicated. One staff member told us, "[Name]'s communication is happy noises when excited and happy." Staff were very passionate about ensuring people had ways of expressing themselves to communicate their wishes and emotions. Staff members could give detail about how each person may express themselves if they did not communicate verbally.

The operations manager told us, "One person displayed very little emotion or expression in their first few months. They now display an array of emotions. This is done through facial expressions and vocalisations. The staff team have grown to know [Name] very well and are able to identify each emotion. Although we do not like to see [Name] angry or upset we see this as a positive that they are able to display an emotion and that it can help us to adapt [Name's] plans to suit their wishes and desires. To aid with this, the speech and language therapists (SALT) have developed an eye-gaze app to help communicate their choices on a daily basis and not just their basic care needs."

Staff used pictures, signs and symbols to help people make choices and express their views. The operations manager described the work the service had done with a person who became distressed and challenging when staff did not understand their communication. The person was involved and a communication plan had been developed. They said, "Initially we asked [Name] to show us their signs for specific requests or words such as Dad, please and thank you, favoured activities and places. We developed this into an easy read, photographic communication plan." They also told us, "In order for [Name] to communicate choice we

supported them to develop a picture board with days of the week, forms of transport and their favoured destinations. They were able to show us on each day where they wanted to go and which buses and trains we needed to take." They described how they had further developed communication aids for the person by working with the SALT team. For example, the communication aids had been placed into an app on their I Pad to enable more choice of destinations whilst out.

Staff were very knowledgeable about people's personal qualities, passions and personalities as well as their likes and dislikes. People were supported to follow these interests and hobbies. The operation manager told us, "We worked closely with [Name], their day centre staff and family to discuss [Name]'s likes and dislikes. We found out, [Name] loves music. We then supported them to buy a karaoke machine with their favourite CD's and we now have karaoke nights which they thoroughly enjoy."

Another staff member told us, "[Name] loves being outside feeling the wind in their face and is interested in the light in between the trees." The person's care records confirmed this, 'I like to go out in the wind as I like to feel the motion and the sounds. I like going for a walk in the woods as I like to look at the light coming through the trees.' There were numerous examples in other people's records including, 'I enjoy staff singing along to music when attending to my personal care' and 'I like watching fish on my I Pad' and 'I can push buttons on my musical equipment.' Staff told us another person was to have a sensory area fitted in their bedroom as they benefited from the sensory stimulation and relaxation.

Staff on duty knew the people they supported very well. The operations manager told us when regular staff were not available due to staffing vacancies, the service ensured the same agency staff were assigned to the service to help ensure consistency and continuity of care to people. We observed staff providing support with compassion and kindness. They appeared to have a good relationship with people. Staff were not rushed in their interactions with people.

The management team promoted amongst staff an ethos of involvement and empowerment to keep people who used the service involved in their daily lives and daily decision making. Staff received training in equality and diversity and person centred approaches to help them recognise the importance of treating people as unique individuals with different and diverse needs. They were aware of and respected the cultural beliefs and traditions of people including their dietary needs.

People's privacy and dignity were respected. The lounge windows were glazed to protect people's dignity without the need for screening and at the same time people being unable to look in. People looked clean and well presented. Personal information was not discussed about people's care and support needs when other people were present. Staff explained to people what they were doing as they supported them.

Staff informally advocated on behalf of people they supported where necessary, bringing to the attention of the registered manager or senior staff any issues or concerns. Advocates can represent the views of people who are not able to express their wishes, or have no family involvement. The operations manager told us a formal advocacy service was available and was used when required.

Good

Our findings

Staff members could describe and care records detailed people's activities and interests. One staff member told us, "[Name]loves the hydro pool for relaxation." Another staff member told us, "[Name] enjoys going to the café for a cheese toasty." Other staff comments included, "Name] enjoys a head massage and using the sensory area", "[Name]is fascinated with gadgets", "[Name] loves trains, they like going to the observation platform at the Baltic Art Centre as they can see the trains arriving at the station" and '[Name] likes getting the train to Doncaster and is very interested in freight trains." A sensory centre was also on site available that was equipped with music and sensory stimulus where people could relax. For another person, the operations manager told us, "[Name] has regular train journeys around the country, they visit landmarks in the region, enjoy computer activities, walks, hydro-pool sessions and car trips. They also attend annual holidays to Yorkshire where they can visit Flamingo Land and a favourite steam train museum."

Records showed pre-admission information had been provided by relatives, outside agencies and people who were to use the service. Support plans were developed from assessments that provided guidance of how these needs were to be met. For example, with regard to nutrition, personal care, epilepsy, mobility, continence and communication. Staff completed a daily diary for each person and recorded their daily routine and progress in order to monitor their health and well-being. This information was then transferred to people's support plans. We observed some people's support plans for example, for nutrition contained historical advice from a health professional from 2012. We advised that a system should be put in place to check records contained the most up-to-date advice, in case people's needs had changed. Although support plans were being evaluated regularly, a system was not in place to ensure support plans reflected the most up-to-date guidance from external specialists. The registered manager told us that this would be addressed.

Support plans were person centred. They detailed the level of support each person required. For example, a support plan for personal care stated, 'I am able to assist by putting my arm into my sleeve or lifting my leg to put in my trousers.' They provided instructions to staff to help people learn new skills and become more independent in aspects of daily living whatever their needs. For example, 'I will usually help put my clothes away in their correct place but will get easily distracted.' One relative stated in the provider's questionnaire, '[Name] has grown in independence. It is helping them make the first steps to moving out from home.' We saw people had programmes of activities and therapies time-tabled during part of the day. A visiting professional told us, "Staff work with us and [Name] has periods of rest during the day to help them relax and for their brain to rest. The staff work with us to ensure this happens and the benefit to the person is monitored." A staff member spoke enthusiastically with us about the benefits of this for the person.

Relatives were kept informed about their family member's well-being. Communication books were used by staff, people across services and families to record and pass on information, such as details about the person's health and well-being, and the activities they had participated in during their stay.

People were given information that described the complaints process. A copy of the complaints procedure was available in the guide they received when they started to use the service. It was in an easy read format and could be made available in other formats depending upon the person's needs. A record of complaints was maintained and we saw one complaint had been received since the last inspection.

One relative we had spoken with told us about concerns they had raised about the care provided by staff. We followed this up with the registered manager and saw that action had been taken to respond and offer reassurances.

Good

Our findings

A registered manager was in place who currently managed both units. They had registered with the Care Quality Commission in 2014. 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.

The registered manager understood their role and responsibilities to ensure notifiable incidents such as safeguarding and serious injuries were reported to the appropriate authorities and independent investigations were carried out. We saw that incidents had been investigated and resolved internally and information had been shared with other agencies for example safeguarding.

The registered manager and operation manager assisted us with the inspection. Records we requested were produced promptly and we were able to access the care records we required. They were both open to working with us in a co-operative and transparent way.

The registered manager and staff knew people well and were able to explain people's individual likes and preferences in relation to the way they were provided with care and support.

The registered manager and operations manager promoted amongst staff an ethos of involvement and empowerment to keep people who used the service involved in their daily lives and daily decision making. Staff were made aware of the rights of people with learning disabilities and their right to live an "ordinary life" and a fulfilled life, whatever the level of need. The culture promoted person centred care, for each individual to receive care in the way they wanted. Information was available in alternative forms other than the written word if people who used the service did not read.

There was evidence from observation and talking to staff that people were encouraged to retain control in their life and be involved in daily decision making. Staff members spoke with enthusiasm about the care they provided and they knew detailed information about people's needs to provide care in the way the person wanted when they couldn't verbally communicate this information. The operations manager told us, "The significant reduction in the number of incidents and episodes of distress are testament to [Name] registered manager and the team and how they have developed and progressed together."

The atmosphere in the service was relaxed and friendly. Staff, relatives and people we spoke with were

positive about the management team. One relative told us, "The registered manager is great, we can't believe the progress of [Name] since moving to the service." Staff said they felt well-supported and management were very approachable. One staff member commented, "We work well as a team." Another staff member said, "Everything runs well."

The registered manager and operations manager were supported by a staff team that was experienced, knowledgeable and familiar with the needs of the people the service supported. We were told communication was effective. The registered manager told us they were supported by the provider's management team. They had regular contact with head office, ensuring there was on-going communication about the running of the service. Regular meetings were held where the management were appraised of and discussed the operation and development of the service.

The operations manager told us the service additionally provided rehabilitation for one person who had an acquired brain injury. There were plans to develop this aspect of service provision for some limited places. Staff and professionals we spoke with were enthusiastic about the person's progress since they had started to use the Alan Shearer Centre. The manager spoke of plans for development and the work with outside agencies such as the occupational therapist and physiotherapy service to help design future service provision. Two visiting professionals spoke with us. Their comments included, "Staff are very responsive to our advice and training. Four staff members are going to be champions for acquired brain injury and they are receiving training." The other professional told us, "Staff follow our instructions and carry out therapy exercises with [Name]. They work well with [Name] and advocate for the person." They also commented, "We love coming here."

Staff told us staff meetings took place regularly and minutes of meetings were available for staff who were unable to attend. Staff meetings kept staff updated with any changes in the service and to discuss any issues. Staff meetings also discussed any incidents that may have taken place. The operations manager told us if an incident occurred it was discussed at a staff meeting. Reflective practice took place with staff to look at 'lessons learned' to reduce the likelihood of the same incident being repeated.

Regular audits were completed internally to monitor service provision and to ensure the safety of people who used the service. The audits consisted of a wide range of weekly, monthly and quarterly checks. They included the environment, health and safety, medicines, infection control, finances, safeguarding, complaints, personnel documentation and care documentation. Regular visits were carried out by a representative from head office. They checked the environment, spoke to people and the staff and checked a sample of records regarding the standards in the service. They also audited and monitored the results of the audits carried out by the registered manager to ensure they had acted upon the results of their audits.

The registered provider monitored the quality of service provision through information collected from comments, compliments, complaints and survey questionnaires that were sent out to people who used the service, staff and relatives. The provider's survey for 2018 showed comments were overwhelmingly positive about the care and support provided by staff and the quality of the service. For example, relative's comments included, 'A lovely caring environment. Could not wish for more', 'Keep up the amazing work' and '[Name] enjoys their time with you and that is due to the extreme hard work and dedication of staff.'