

# Shaw Healthcare (Specialist Services) Limited

## The Links

### Inspection report

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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

Our inspection was unannounced and took place on 29 December 2015. The inspection was carried out by one inspector.

The provider is registered to accommodate and deliver personal care to a maximum of five adults who lived with a mental health condition, learning disability and/or associated need. At the time of our inspection three people lived at the home.

At our last inspection of May 2014 the provider was meeting all of the regulations that we assessed.

The manager was registered with us as is required by law. 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. Risks to people had been assessed appropriately and were monitored. Systems were in place to protect people from the risk of abuse.

There were enough staff on duty to meet the care and support needs of people. The provider ensured that staff were recruited safely.

Staff felt that they had received adequate training to equip them with the skills and knowledge they needed to provide safe and appropriate support to the people who lived at the home.

People received their medicines as they had been prescribed. Medicine records were maintained appropriately by staff.

Staff understood the circumstances when the legal requirements of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards (DoLS) were to be followed to prevent any unlawful restrictions.

People felt it was a good place and that they were happy there. People were encouraged and supported to be as independent as possible.

People felt that the staff were helpful and kind. They confirmed that were respectful, polite and helpful.

Complaints systems were available for people to use if they felt they had a need to.

People felt that the quality of service was good. The management of the home was stable. The registered manager knew when they needed to send us notifications about incidents that occurred. Audits were undertaken to determine if changes or improvements were needed.

## 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.

People felt that there were enough staff to meet their needs.

Medicine systems including those relating to people who were self-medicating were managed to a safe standard.

Systems were in place to protect people and minimise the risk of them being abused.

### Is the service effective?

Good ●

The service was effective.

People and staff felt that the service provided was good.

Staff felt appropriately trained and supported to enable them to carry out their job roles.

Referrals were made to appropriate health and social care professionals in response to concerns and changing needs.

### Is the service caring?

Good ●

The service was caring.

People felt that the staff were helpful and kind. They confirmed that they were respectful, polite and helpful.

People felt that their dignity and privacy were maintained.

People's independence regarding their daily living activities was promoted.

### Is the service responsive?

Good ●

The service was responsive.

People's needs were assessed regularly and care plans were updated where there was a change to their needs, wishes and preferences.

People were encouraged to engage in or participate in activities that promoted their independence and met their needs.

Complaints procedures were in place for people to use if they had the need.

**Is the service well-led?**

**Good** ●

The service was well-led.

There was a leadership structure in place that staff understood. There was a registered manager in post who was supported by team leaders. Staff felt supported and guided by the management team.

People knew who the registered manager was and felt they could approach them with any problems they had

The registered manager and provider had undertaken regular audits to ensure that the home was run in the best interests of the people who lived there.

# The Links

## **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.

Our inspection was unannounced and took place on 29 December 2015. The inspection was carried out by one inspector. We started our inspection early morning so that we had the opportunity to meet and speak with the people who lived there and staff in case they were out of the home later in the day.

We reviewed the information we held about the service. Providers are required by law to notify us about events and incidents that occur; we refer to these as notifications. We looked at notifications that the provider had sent to us. We spoke with the local authority to get their view on the home. We used the information we had gathered to plan what areas we were going to focus on during our inspection and corroborate our inspection findings.

We spoke with all three people who lived at the home, three support staff on a one to one basis, and five support staff as a group. We also spoke with the registered manager. We spent time in communal areas observing daily routines and the interactions between staff and the people who lived there. We looked at the care files for two people and medicine records for three people and staff training records. We also looked at complaints and compliments systems, the audit processes the provider had in place to monitor the service and feedback forms that had been completed by the people who lived there.

# Is the service safe?

## Our findings

People we spoke with confirmed that they did not have any concerns regarding abuse. A person shook their head and said, "There is nothing like that going on here". All staff we spoke with told us that they had received training in how to safeguard people from abuse, knew how to recognise the signs of abuse, and how to report their concerns. Staff told us that they felt confident that they could raise concerns with the registered manager or provider and that they would be acted upon. We saw that the people who lived at the home were at ease in the presence of all staff and the registered manager. We observed that they were calm and relaxed when they approached staff or spoke with them. The registered manager had made us aware of safeguarding issues that had occurred previously. These related to incidents between the people who lived at the home. The registered manager had informed the local authority about the incidents and the police had been involved where this was needed. This showed that action was taken where needed to prevent people being placed at the risk of abuse.

A person said, "I feel very safe here". Another person told us, "I am safe here". Staff we spoke with told us that they felt that all of the people who lived at the home were safe. A staff member said, "People here are safe. We have processes that we follow to ensure their safety. For example, if people go out into the community alone we ask them to take a mobile phone. They ring us when they get to where they are going and before they start to come back". No person had needs that required moving and handling and all people could mobilise independently. We saw records to confirm that risk assessments were undertaken to prevent the risk of incidents, accidents and injury.

The registered manager told us that all equipment in the home was in good working order and was safe. We saw certificates to confirm that gas equipment, electrical appliances and the electrical wiring at the premises was safe. We also saw that fire prevention equipment, that included emergency lighting and the fire alarm system, had been assessed as being in good working order by an external fire prevention provider.

People we spoke with felt that there were enough staff to meet their needs. A person told us, "There are always enough staff". Another person said, "Staff are always here to help us". All staff we spoke with told us that there were sufficient staff numbers to meet people's needs. We saw that staff were available to give people support in the home throughout our inspection and to go out into the community with people. A staff member said, "We do not use agency staff here. If someone goes off sick other staff cover. When staff are on planned leave the staff team covers that too". This was confirmed by the registered manager. This highlighted that contingency planning was in place to ensure that people would be supported at all times by staff who were familiar to them and knew their needs.

A person said, "I like the staff to look after my medicines". Records that we looked at confirmed that people had been asked about being given their medicine and had given consent to take their medicine. We saw that care records highlighted how people liked to take their medicine. One care record read, "Likes to have their medicine when standing and with water". Staff we spoke with confirmed that the person was offered their medicine this way. This highlighted that medicines were given to people in the way that they preferred.

A person said, "The staff give me my medicine correctly and at the proper time". The registered manager told us that only staff who had been trained and deemed as competent to do so were allowed to manage and administer medicine. This was confirmed by records we looked at.

Some people's medicine records highlighted that they had been prescribed medicine on an 'as required' basis. We saw that there were plans in place to instruct the staff when the medicine should be given. This assured people that their medicine would be given when it was needed and would not be given when it was not needed.

We looked at the medicine administration records for two people. We counted their medicine against the number highlighted on the medicine records and found that they balanced correctly. Records of medicines administered by staff confirmed that people had received their medicines as they had been prescribed by their doctor to promote and maintain their good health.

A person said, "I look after my tablets. I like to do it myself". The person showed us a locked cupboard in their bedroom where they stored their medicine to keep it safe. Staff told us about the processes that were in place for people who wished to manage their own medicines that included monitoring and checking systems to ensure that people had taken their medicines correctly. Records that we looked at confirmed those processes were used.

We saw that medicine systems were regularly audited by staff and the providing pharmacist had also undertaken a recent check of the medicines. These processes highlighted that medicine systems were safe.

No new staff had been employed at the home for a number of years. We saw that a recruitment process was in place. The registered manager told us of the processes they would follow to ensure that only suitable staff would be employed if they needed to recruit in the future. Records that we looked at confirmed that before the existing staff started to work references were obtained and checks had been carried out with the Disclosure and Barring Service (DBS). The DBS check would show if a prospective staff member had a criminal record or had been barred from working with adults due to abuse or other concerns. The processes in place would prevent unsuitable staff being employed and minimise any risk of harm to the people who lived there.

## Is the service effective?

### Our findings

All people we spoke with told us that they felt that the service provided was effective. One person said, "It is very good here. It is better than anywhere I have been before". Another person said, "This is the best place". All staff we spoke with told us that the service that was provided to people was very good. One staff member said, "It is clear we do things well. People come here with complex needs and leave able to live independently in the community".

A staff member told us, "When I came here I went through policies and procedures and got to know the people during my induction". Although no new staff had been employed for a number of years some staff had been transferred from other homes owned by the provider. Staff told us and records confirmed that when they transferred they had an induction. The registered manager was aware of, and told us that the provider had introduced into the organisation the new nationally recognised Care Certificate. The registered manager told us that if new staff were employed in the future they would have to complete the Care Certificate. The Care Certificate is an identified set of induction standards to equip staff with the knowledge they need to provide safe and compassionate care.

People felt that staff were adequately trained and directed to care and support them to a good standard. A person said, "The staff have training and know what they need to". Staff we spoke with confirmed that they had received a variety of training and that they felt competent to carry out their role. A staff member said, "One person in the past had a condition that we did not know about. We were given training about this and were then able to deal with it". The registered manager told us, and showed us written information to confirm that new training packages were being developed that included a wider range of specialist topics. They told us that the programme would be implemented early in 2016. A staff member said, "We are supported well on a daily basis". Staff we spoke with told us that they received both formal and informal day to day supervision support and guidance. We saw from records that staff supervisions had taken place.

A staff member said, "We have a handover meeting at the start of every shift. The staff going off duty tell us how people have been, any changes and what appointments people may need to attend that day so that we all know what needs to be done". We sat in and listened to the handover meeting given by the morning staff to the afternoon staff. The new staff were told how people were, what they had done during the morning and things that they needed to be aware of. This showed that processes were in place to ensure that staff had been provided with the information that they needed to effectively support people on a daily basis.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment 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 checked whether the staff were working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. The registered manager told us that no person required a DoLS as they all had capacity and were able to make their own decisions. All staff we spoke with knew that they should not unlawfully restrict people's freedom of movement in any way and that it was important for them to offer people everyday choices.

Staff and records both confirmed that referrals to relevant mental health services were made if people's mental health conditions changed or deteriorated. We found that other healthcare services were accessed on a regular or as needed basis too. A person said, "I go to the doctor". Other people told us that they went to the optician and blood monitoring clinics. This showed that processes were in place to monitor and support people's mental health conditions and promote good physical health.

People who lived at the home were encouraged to do their own food shopping, preparation and cooking. A person told us, "We all do our own shopping and cooking. We each have a cupboard in the kitchen to keep our food in. This works well as we eat what we want to eat". People we spoke with told us that they could cook and eat at times that suited them. We saw that care plans highlighted what people liked to eat and did not like. We also saw that care plans encouraged people to eat a healthy diet to prevent health risks. We found that risks relating to food and drinks were known by staff. Staff we spoke with had a good knowledge of these. On the evening of our inspection a curry meal was planned. The registered manager told us, "Sometimes we all have a meal together, people enjoy this". A person said, "We are having a curry tonight. It is nice when we all have a meal together".

## Is the service caring?

### Our findings

All of the people we spoke with told us that the staff were kind and helpful. A person said, "The staff are all sound. They are really nice". Another person told us, "The staff are brilliant". People we spoke with were also complimentary about the registered manager. They told us that they were a nice person. We observed interactions between the people who lived at the home, staff and the registered manager and saw that they were good. We saw that staff and the registered manager listened to people, gave them time, complimented them on tasks that they had achieved, and showed an interest in their individual circumstances.

We found that the provider had the understanding that if they allowed people to have pets it may give them comfort and responsibility. There was a large tank with fish. A person said, "We all like the fish and look after them". One person had some birds and a hamster. They told us, "I like having the pets. I take care of them". It was clear that the person loved their pets and that they gave them great pleasure.

People we spoke with confirmed that staff promoted their dignity and privacy. One person said, "I have a key to my bedroom". We observed that people who lived there used keys to open and lock their bedroom doors. Another person told us, "The staff let us shower and bathe on our own. That is how it should be it is private". A staff member told us, "All people here are self-caring regarding their personal hygiene needs". Staff we spoke with gave us a good account of how they promoted people's privacy and dignity. They gave examples of giving people personal space, making sure that toilet and bathroom doors were closed when in use and not going into people's rooms unless they had permission.

A person said, "The staff treat us right. They show us respect in the way they are and the way they speak with us". Our observations showed that staff were polite and respectful to people in the way they spoke and engaged with them. Staff had asked people how they wished to be addressed and this had been recorded on people's care files. We heard staff addressing people by their preferred name.

All people were able to select what they wanted to wear each day and go to the shops to purchase new clothes when they needed some. A person said, "We all wear what we want to wear". Staff we spoke with confirmed that all people were independent regarding their appearance needs but knew of people's individual wishes and preferences. People told us that their appearance was important to them.

A staff member told us, "Confidential records are locked away and we do not talk about anyone's personal circumstances to others unless there is a need to protect them". We saw that the provider had a confidentiality policy and that staff had signed to say that they had read and understood it.

We found that people's independence was promoted. The aim of the service provided was to improve or stabilise people's mental and/or physical health conditions and to give them the support they required to achieve this. Staff supported people to enhance their daily living skills regarding cooking, cleaning, doing their laundry, finance management, and making and attending health appointments. A person said, "We all do what we can. If we do need help we ask the staff". Another person told us, "I clean my room and do my washing myself".

All people we spoke with told us that contact with their family was important to them. A person said, "I see my family it is really good. Where I was before it was restricted visiting. Here I go and see my family and they can come here anytime". People told us and records confirmed over the Christmas period they had all stayed with or spent time with their families.

People who lived at the home had a variety of needs which may require a range of support mechanisms. We saw that information was available in the reception area to inform people how they could access an advocate to provide independent advice or support. People we spoke with knew that the information was available.

## Is the service responsive?

### Our findings

A person told us, "I looked around here [the home] a few times and met the staff and other people. I liked it and wanted to move in". Staff told us, "We give everyone the opportunity to visit and see if they would like it before they decide if they want to live here". This process gave the provider and the person the opportunity to determine that the person's needs could be met.

A person said, "The staff know me and I know them". People told us that staff knew them and their needs well. Records that we looked at had information about people's lives, family, likes and dislikes. This provided staff with the information they needed about people's preferences and histories to give them some understanding of their needs.

All people we spoke with told us that staff asked them how they preferred to be cared for and supported. A person said, "The staff ask me lots of questions and help me decide about things". Another person said, "The staff encourage me to make choices". We heard staff asking people what they wanted to do for the day and what time they wanted to go out. We found that people's needs and their care plans were reviewed regularly especially when there were changes in their circumstances or condition. A person said, "I read my records and have signed them as I am happy what they say". This showed that staff knew the importance of providing personalised care to ensure that people were supported appropriately, in a way that they wanted to be.

In-house activities promoted independence and life skills. People told us that during the day they went to appointments, went shopping, or did other chosen activities and that staff supported them where there was a need. We observed people going out of the home and returning throughout our inspection. We were also told that if people wanted to pursue a college course or apply for work staff would provide support. One person told us that they were going to look into college courses in the next few months. Staff told us and people confirmed that if people wanted to go on holiday the support would be offered. A 'games' room was available for people to use. We saw people having a game of snooker with staff. A person said, "It is good".

Staff knew it was important to people that they were supported to continue their preferred religious observance if they wanted to. One person told us that they did not want to practice or follow any religious ceremonies and this was honoured by the staff. Another person said, "When I came here the staff told me where the local churches were. I go regularly".

We saw that a complaints process was available and displayed in the front entrance of the home. People told us that they were aware of the complaints process. A person said, "I would speak to the staff or the manager if I was not happy". We saw that complaint had been received. This was in relation to people wanting to watch different television channels. The complaint had been documented as had the action taken. An additional television and equipment had been purchased that had resolved the situation.

## Is the service well-led?

### Our findings

People we spoke with felt that the service provided was good and indicated that it was well-led. A person said, "It is very good here. The staff work and do well". Another person said, "I'm not just saying this I mean it. It is a good place here". All staff we spoke with told us that they worked in a well-led service. A staff member said, "Many of the staff have worked here for a long time. If the service was not right I do not think staff would stay".

The provider had a leadership structure that staff understood. There was a registered manager in post who was supported by team leaders. A person said, "The manager is good. She is very nice". All three people we spoke with knew who the registered manager was and felt they could approach them [or any of the staff] with any problems they may have. The registered manager made themselves available and was visible around the home. We saw that people were familiar with the registered manager. During our inspection we saw the registered manager speak with and interact with people. People responded to the registered manager by smiling and communicating with them. Our discussions with the registered manager confirmed that they knew the people who lived at the home and their individual circumstances well.

The registered manager told us that they had been supporting staff in another home. They said, "I have found this rewarding in terms of my learning and professional development". They told us that they were speaking with their manager the next day. They said they were going to ask what the future plan was for the continued giving of this support. They told us they were going to ask this because the time needed to give the support could at some point have a negative impact on the running of their own home.

Providers are required by law to notify us about events and incidents that occur these are called notifications. The provider had sent us notifications when incidents occurred to meet this requirement. This highlighted that the manager knew what was required of them regarding informing us of incidents and accidents. Incidents and accidents that took place within the home were recorded appropriately following the provider's procedures. The staff monitored these for trends so appropriate action could be taken to reduce any risks to people.

The registered manager told us and staff and records that we looked at confirmed that audits were carried out regularly these included audits of money, care records and medicine systems. The registered manager told us, and records confirmed that quarterly a senior manager carried out an audit and had a discussion with the registered manager about what was happening in the home and any issues there may be. They then produced a report and when needed an action plan. This showed that the provider had systems in place to ensure that the service was being operated as it should be to benefit the people who lived there.

A person told us, "I filled in a form". Records we looked at and people and staff we spoke with all confirmed that the provider used a range of methods to involve people in the running of the service and for them to voice their views if they wanted to. People confirmed that they attended meetings and completed provider survey forms. A person told us, "The staff do listen to us and change things when we want them to be".

We found that support systems were in place for staff. A staff member said, "There is always someone we can go to if we need advice". Staff we spoke with confirmed that if they needed support outside of business hours there was a person on call they could telephone. Staff told us and records confirmed that meetings were held for staff. The meeting minutes confirmed that the meetings gave staff information and guidance.

All staff we spoke with gave us a good account of what they would do if they learnt of or witnessed bad practice. One staff member said, "If I had any concerns at all I would report them straight away". A second staff member said, "We have policies and procedures regarding whistle blowing. We would follow these if we had any concerns. This showed that staff knew of the processes that they should follow if they had concerns or witnessed bad practice.