Shelton Care Limited

Cauldon Place

Inspection report

1 Caledonia Rod
Shelton
Stoke On Trent
Staffordshire
ST4 2DG

Tel: 01782275760
Website: www.richmondcaregroup.com

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This inspection was unannounced and took place on 17 and 19 May 2017.

Cauldon Place provides accommodation and personal care for up to 25 people who have a learning disability. These numbers included personal care for three people living in their own home. On the days of the inspection 24 people were using the service.

The home had a registered manager who was present on the second day of the inspection. 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 were not always supported appropriately to take their prescribed medicines and this placed their health at risk. People felt safe living at the home and staff knew how to protect them from potential abuse. The risk of harm to people was reduced due to the support they received from staff. People were supported by sufficient numbers of staff who were recruited safely.

The provider had systems in place to monitor the quality of service provided to people but they were ineffective in identifying discrepancies with the management of medicines. People were given the opportunity to tell the provider about their experiences of using the service. Staff felt supported by the registered manager to carry out their role.

People were cared for and supported by staff who had access to training and who were supported in their role by the registered manager to provide an effective service. People were supported to make their own decisions and their consent for care and support was obtained by staff. People had access to a choice of meals and had access to drinks at all times. People were supported to obtain the necessary healthcare services when needed to promote their health and wellbeing.

People were supported by staff who were caring and attentive to their needs. People were encouraged to be involved in decisions about their care so their care and support preferences were met. People's right to privacy and dignity was respected by staff.

People's involvement in their care assessment and reviews ensured they received a service the way they liked. People were supported by staff to pursue their interests and staff respected their diverse needs. People were aware of how to share their concerns, which were listened to and acted on.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

People were not always appropriately supported by staff to take their prescribed medicines. People felt safe living in the home and staff knew how to protect them from potential abuse. The risk of harm to people was reduced because staff were aware of the support the individual required to ensure their safety. People were cared for and supported by sufficient numbers of staff who were recruited safely.

Is the service effective?

Good

The service was effective.

People were cared for by staff who had access to training and who were supported in their role. People were able to make their own decisions and staff obtained their consent before they provided care and support. People had access to a choice of meals. People were supported to access relevant healthcare services when needed.

Is the service caring?

Good

The service was caring.

People were cared for by staff who were caring and attentive to their needs. People were encouraged to make decisions about their care and were involved in planning their care. People's right to privacy and dignity were respected by staff.

Is the service responsive?

Good

The service was responsive.

People were involved in their care assessments and reviews. People were supported by staff to pursue their interests and the service provided was diverse to meet their needs. People were aware of how and who to share their concerns with which were listened to and acted on.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

The provider's quality monitoring systems were ineffective to identify discrepancies with the management of people's medicines. People were given the opportunity to have a say in how the home was run and staff felt supported by the registered manager.

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 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 17 and 19 May 2017 and was unannounced. The inspection team comprised of one inspector.

As part of our inspection we spoke with the local authority about information they held about the home. We also looked at information we held about the provider to see if we had received any concerns or compliments about the home. We reviewed information of statutory notifications we had received from the provider. A statutory notification is information about important events which the provider is required to send us by law. We used this information to help us plan our inspection of the home.

At the inspection we spoke with six people who used the service, four care staff and the registered manager. We looked at one care plan and a risk assessment, medication administration records, accident reports and records relating to quality audits.

Requires Improvement

Is the service safe?

Our findings

People were not always supported appropriately by staff to take their prescribed medicines. One person told us about their health condition and said this was managed by medicines. They said, "I am feeling unwell because I had a fit [seizure] last night." We looked at the person's medication administration record and medicines contained within the blister packs. We found that on three occasions within a month this person had not received their medicines prescribed to control their seizures. A medication administration record and medicines contained in the blister pack relating to a different person evidenced they had not received one dose of their medicine. This medicine had been prescribed for the treatment of allergies. We were unable to find out if this missed dose had an impact on the person's health. We shared this information with the registered manager who was unaware these people had not received their medicines as prescribed. This meant practices did not always ensure people received their prescribed medicines.

We were informed that one person managed their medicines. This person had been provided with a secure area within their bedroom to store their medicines. We saw that a risk assessment was in place that informed staff about the support the person required to take their medicines and staff were aware of this. This ensured the person was appropriately supported to manage their medicines independently.

A senior support worker informed us that a number of people had been prescribed 'when required' medicines. These medicines were prescribed to be used only when needed. For example, for the treatment of pain. Written protocols were in place to support staff's understanding about how to manage these medicines. All the staff we spoke with were aware of how to manage these medicines safely and when medical advice should be obtained.

We saw that medicines were stored securely and were only accessible to authorised staff. A record of the temperature was maintained where medicines were stored. This ensured that medicines were stored in accordance to the pharmaceutical instructions and were suitable for use. The registered manager informed us that staff who managed medicines had received medication training and staff confirmed this. The registered manager informed us that competency assessments were carried out to review staff's medicine practices and we saw evidence of these assessments. However, we found medicine practices did not always support people to take their medicines as prescribed which placed their health at risk.

People were protected from the risk of potential abuse because staff were aware of their responsibility of safeguarding them. One person told us, "I feel safe because there are always staff around." Another person informed us, "I feel safe here because the staff look after me." The staff we spoke with told us they would report any concerns of poor care practices or potential abuse to the registered manager. Staff were also aware of external agencies they could share their concerns with to protect people from the risk of further harm. The registered manager knew when to share information of potential abuse with the local authority to safeguard people. A record was maintained of safeguarding referrals made to the local authority. This also showed what action had been taken to avoid it happening again. For example, where there had been an altercation between people who lived at the home. They had been separated to allow them to calm down and were provided with additional support and supervision.

People were protected from the risk of harm. For example, a staff member informed us that people were encouraged to cook their own meals. However, staff were always present to reduce the risk of burns and scalds. One person had reduced mobility and staff were aware of the level of support they required to avoid them falling. A staff member told us the person was supervised whilst on the stairs. They continued to say "When we go shopping we do not give them too much to carry." These actions reduced the risk of the person falling. One person required support to manage their behaviour. A staff member said, "We give [person] plenty of space to allow them to calm down." This ensured the person did not place themselves or others at risk of harm.

Staff told us they had access to risk assessments that promoted their understanding about how to reduce the risk to the individual. For example, one risk assessment informed staff about safety measures whilst travelling on the bus with an individual. The staff we spoke with were aware of these safety measures to reduce the risk of harm to the person and the driver. This meant people could be confident that systems and practices were in place to reduce the risk of harm to them.

We looked at how the provider managed accidents. The registered manager said all accidents were recorded and we saw evidence of this. The recording of accidents enabled the provider to monitor accidents for trends and where necessary action would be taken to avoid it happening again. For example, one person was prone to falls. The registered manager said they worked with the community nurse to review the environment and care practices to reduce the risk of further falls. Limited furnishings were in place to reduce the risk of injury.

People were cared for and supported by sufficient numbers of staff. One person said, "Staff are always around when you need them." Another person told us, "The staff are always available to help me." A senior support worker informed us that a number of people had been allocated one to one support for certain times during the day and night. All the staff we spoke with confirmed that this level of staffing was provided to ensure people's needs were met. We observed that staff were available to support people when needed.

People could be confident that staff were suitable to work in the home. The provider's recruitment process ensured safety checks were carried out before people started to work in the home. All the staff we spoke with confirmed that a Disclosure Barring Service [DBS] check was carried out before they commenced employment. The DBS helps the provider to make safe recruitment decisions. Staff also confirmed references were requested. This demonstrated that suitable safety checks were carried out to ensure people's safety.

Good

Is the service effective?

Our findings

People were supported and cared for by staff who had access to training. One person told us the staff were skilled to do their job. The registered manager said staff were provided with training to ensure they had the skills to carry out their role and staff confirmed this. The registered manager said they worked alongside staff to ensure the skills learnt were put into practice and staff confirmed this. Staff training and the registered manager's observations of practices ensured people's needs were met.

People were cared for by staff who were supported in their role by the registered manager. All the staff we spoke with confirmed they received one to one [supervision] sessions. One staff member said, "During my supervision we discuss my work performance and where my skills need to be developed." This meant people could be confident that staff were supported in their role to provide an effective service.

We looked at how the provider supported new staff. The staff we spoke with confirmed they had received an induction. Induction is a process of supporting new staff and to develop their skills with regards to their roles and responsibilities. One staff member said, "My induction entailed getting to know people and their needs." They told us they worked with an experienced care staff until they felt confident to work alone. They said, "The support provided was brilliant." Another staff member told us, "My induction provided me with an understanding about my role." People could be assured that new staff would have the skills to meet their needs.

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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

We found that some staff lacked understanding of the MCA. However, the people we spoke with confirmed they were able to make their own decisions and staff respected this. One person said, "I am able to make my own decisions and staff listen to me." They continued to say, "Staff always ask for my consent before they do anything for me." Records showed that one person had refused their treatment and their choice had been respected. A record was maintained of the person's refusal and staff confirmed the GP had been informed. One staff member told us that some people were unable to tell them about their preference or give consent for care and support. However, this was determined by people's body language and facial expressions. A staff member said, "One person will take your hand and guide you to what they want." A different staff member informed us about the use of pictorial aids to support people to make a decision. For example, menus, activity programmes and pictures of healthcare professionals and we saw these in use.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. 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).

At our previous inspection it was highlighted that applications for Deprivation of Liberty Safeguards [DoLS] had not been reviewed and applied for in a timely manner. This meant people's liberty was unlawfully deprived. At this inspection we found that the provider had taken action to address this. Monitoring systems were now in place to alert staff when DoLS needed to be reviewed and when a further application was required to be submitted to the local authority. This ensured that the provider complied with the law where it was necessary to deprive people of their liberty.

The registered manager said there were 14 authorised DoLS in place. They informed us that these people lacked capacity and would be at risk if they left the home without staff support. The registered manager confirmed that a mental capacity assessment had been carried out to find out whether these people were able to make a decision and we saw these. This assessment also determined whether the DoLS application was appropriate. The restrictions imposed on people were the least restrictive. People confirmed they were able to go out with the support of staff when they wanted to and we observed this.

The registered manager informed us of people who were subject to court of protection. The court of protection makes decisions on financial or welfare matters for people who can't make decisions at the time they need to be made. We spoke with one person this applied to. They were aware of why they required constant supervision. They confirmed they were involved in meetings relating to level of supervision they required to ensure their safety and welfare. They told us their solicitor was their advocate. An Advocate is a person who supports and enables people to express their views and concerns. Advocates also support people to access relevant services when needed. The person also confirmed they had access to Independent Mental Capacity Advocate (IMCA). IMCAs are a legal safeguard for people who lack the capacity to make specific important decisions: including making decisions about where they live and about medical treatment options. The person told us that although they were under constant supervision they were able to go out when they wanted to with staff support.

People could be assured that decisions made on their behalf would be in their best interests. For example, one person required dental treatment but lacked capacity to give consent. A best interest decision was made on the person's behalf. All the relevant healthcare professionals were involved in making the best interests decision on the person's behalf.

People were supported by staff to eat and drink sufficient amounts. The people we spoke with told us they had a choice of meals and were supported by staff to do their food shopping. One person said, "I do my food shopping and cook what I want." Another person told us, "The staff help me to make my breakfast." We observed staff sat with people during mealtimes and engaged in conversation whilst encouraging them to eat their meal. Discussions with staff confirmed their awareness of suitable meals for the individual with regards to their religion, allergies and preferences. A staff member said, "We support [person] with their drinks because they are unaware of when to stop drinking." One person told us they had access to snacks and drinks at all times. Staff told us if they had concerns about how much a person ate and drank this information would be shared with the GP. A referral would be made to a speech and language therapist or a dietician. These professionals would provide the person and staff with advice about suitable meals.

People were supported to access relevant healthcare services when needed. One person said, "If I feel unwell, I tell the staff and they take me to the doctor." They informed us they had a visual impairment and staff supported them to visit the optician. Another person told us about their health condition. Their care record showed they had access to a specialist nurse to monitor their health. Another person said they were supported by staff to have routine health checks. A staff member told us that some people disliked visiting

healthcare services. Hence, arrangements were in place with the GP and dentist to allow people to see them straight away to avoid them having to wait in the waiting room. This reduced people's anxiety.

Good

Is the service caring?

Our findings

People were cared for and supported by staff who were caring and attentive to their needs. One person described one of the staff as brilliant and said, "They always sort my cigarettes out for me." A different person said, "The staff are alright and I am comfortable with them." Another person said, "All the staff make me happy and proud and they take me to nice places." We observed that one staff member took the time and sat with a person and helped them to make a card for their relative. One person had arrived to stay at the home for respite. Respite is where a person stays at the home for a temporary period. We observed the registered manager took the time to welcome them and showed an interest in their wellbeing. We also observed staff sat with people at mealtimes and chatted with them, providing a warm and friendly atmosphere.

People were involved in making decisions about their care. One person told us about their involvement in their care reviews and said, "The staff do listen to me." Another person confirmed their needs were met and said, "This home is a good stepping stone for people who require support." A different person said, "If you are struggling and need help this is a good place to be." Staff informed us that some people were unable to participate in discussions about their care and support needs. However, they were encouraged to be present when discussions took place about them. This meant practices and people's involvement in their care reviews ensured they received a service that reflected their preferences.

One person told us about the support they required with their personal care needs. The staff we spoke with were aware of the support this person required. One staff member said, "They only need gentle prompts when we support them." The staff we spoke with were aware of people's specific needs. They told us they had access to care plans that supported their understanding about people's care and support needs. Care plans were provided in a pictorial format to help people understand the information contained in them. This also enabled people who were unable to talk to point at their preference relating to their care and support needs.

People's right to privacy and dignity was respected by staff. One person said, "I enjoy my privacy when in my bedroom and staff always knock on my door before they come in." Another person told us, "I have my own bedroom, a key to my door and staff respect my privacy." People also told us their family and friends were able to visit them and there were no restrictions on visiting. People told us that staff respected their privacy when their friends and family visited them. A staff member told us, "When a person is on the phone I leave the room to give them some privacy." Another staff member said, "I always ask people about the support they want and respect their wishes." We spoke with a different staff member who said, "I simply treat people the way I would like to be treated." This meant people could be assured their right to privacy and dignity would be promoted by staff.

Good

Is the service responsive?

Our findings

People were involved in their care assessments and reviews. One person said, "I am involved in my assessment and meetings about my care." Another person told us they and their family were involved in their care assessment. They confirmed they were happy with the support provided to them.

People were supported by staff to pursue their interests. One person told us they enjoyed going for walks at their local park. They told us about their interests in football and they were able to watch this in the comfort of their bedroom. A different person told us they enjoyed going to the pub and nightclubs. They informed us of their preference of having younger staff take them to night clubs so it wasn't so obvious they were under supervision. They confirmed their wishes were respected.

A staff member informed us about meetings carried out with people to find out what social activities they would like to pursue. We saw that a pictorial activity programme was in place. This enabled people to point at the activity they would like to do. We observed some people preferred to be in their bedroom to pursue their pastimes. People were able to access services within their local community. For example, one person attended the local college. Another person told us they had recently completed a course at college and had aspirations to find a job. A different person told us they had secured a job at a charity shop and also worked on the local market. Another person attended a health club. This meant people were provided with employment opportunities as well as being supported to access leisure facilities within their local community.

People were able to maintain contact with people important to them. One person said, "I am able to visit my family and they also visit me." They told us they often missed their family and staff helped them to phone them. They continued to say, "That makes me feel better." Another person told us, "My family don't live nearby but I keep in touch with them via skype." A staff member told us that people had a mobile phone which enabled them to maintain contact with their family and friends.

People's sexual orientation was respected by staff. One person told us, "I am able to maintain contact with my partner and they are able to visit me." People were also supported to maintain their cultural and religious beliefs. Staff were aware of people's beliefs, dietary needs in relation to their religion and supported them to celebrate religious events.

People could be assured their complaints would be listened to and acted on. One person told us, "If I am unhappy I would talk to the staff or my family." Another person said they would contact the head office to share any concerns. The registered manager said they had not received any recent complaints. They told us that complaints would be recorded for monitoring purposes and would be responded to. The records we looked at identified that the provider had not received any complaints since 2015. However, we saw systems were in place to manage complaints. The provider's complaint procedure was accessible to people which was provided in a pictorial format. This helped people to understand how and who to share their complaints with.

Requires Improvement

Is the service well-led?

Our findings

We looked at what systems the provider had in place to monitor the quality of the service provided to people. We found that quality monitoring checks did not identify discrepancies with medication records which had an impact on one person's health. For example, on two occasions one person's medication administration record had been signed by staff to show they had been given their prescribed medicines. However, these medicines remained in the blister packs. On a third occasion the medication administration record had not been signed and the medicine not administered. The provider's quality monitoring system did not identify these discrepancies. The registered manager assured us action would be taken to improve the management of medicines.

The provider had systems in place to review staff's training. This ensured that staff received the necessary training to maintain their skills. As part of monitoring the quality of the service provided to people, the registered manager said they worked alongside staff to promote good care practices and staff confirmed this. To promote good care, keyworkers were responsible to ensure care records provided up to date information. This ensured staff had access to relevant information about people's care and support needs. A key worker is a member of staff who works closely with a person to find out their specific needs and interests and to support them to access the services they need. We looked at one care record that provided up to date information with regards to what they person told us about the support they required.

People were given a quality assurance survey to complete. This gave them the opportunity to tell the provider about their experience of using the service. The registered manager said information gathered from these surveys was fed back to people during meetings. We saw that comments received were positive. This information was displayed on a notice board for people to see.

People were encouraged to have a say about how the home was run. One person told us about meetings that informed them about changes to the service and the recruitment of new staff members. They also said, "We talk about menus and activities." They continued to say, "I like living here because the people are nice." Another person informed us of fortnightly meetings. They said during these meetings they were involved in making decisions about redecorating their home. A different person said, "We talk about how we feel about living here and if we are happy." They told us they were very happy living at the home and would recommend the home. A senior support worker told us that regular staff meetings were carried out and this was confirmed by other staff members. One staff member said, "During one meeting I made a suggestion about a day trip for people and this went ahead." Another staff member said, "During our meetings we talk about changes to the service and review protocols to ensure people receive the best care." This meant people and staff had the opportunity to express their views about how the home was managed.

People were aware of the management team and felt supported. One person told us, "The manager is OK and they do listen to you." A staff member said, "The registered manager is brilliant, you can discuss anything with them." Another staff member told us, "The registered manager is lovely and very supportive." A staff member said they were impressed that the registered provider had taken the time to visit the home. They acknowledged the work carried out by the staff team. The staff member said, "This made me feel

valued."

The registered manager said they were supported in their role by the client's services manager, other registered managers and staff from their human resources department. They confirmed they had access to routine training to maintain their skills. The registered manager said they received one to one [supervision] sessions from the client's services manager. They told us about their aspiration to continue to promote people's independence to enable them to live a lifestyle of their choice.

We discussed the culture of the service. One staff member said, "The culture here is diverse regarding people's background, culture and sexuality." Another staff member told us, "This place is colourful and vibrant because of the different personalities. I would be happy for my family member to live here."

Discussions with the registered manager confirmed their awareness of when to send us a statutory notification about events that occur in the home which they are required to do by law.