Mrs Susan Elizabeth Howes

Shakespeare House Care Home

Inspection report

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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?	**Requires improvement**
Is the service responsive?	**Good**
Is the service well-led?	**Good**

Overall summary

This inspection took place on 30 December 2015 and was unannounced. Shakespeare House Care Home provides accommodation and personal care for three adults with mental health needs. The premises are located close to the seafront and amenities of Littlehampton. Each person has their own bedroom and there is also a communal lounge-dining area for people to use.

The service provider, Mrs Howes, also works as the manager. Registered providers have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Summary of findings

People described the staff as kind and understanding but we also found some care practices which were restrictive and did not always ensure people were treated with dignity and their autonomy supported.

Risks to people were assessed and recorded. Checks were made on the safety of equipment with the exception of a lack of action to protect people from the risk of burns from hot radiators. There were no radiator covers nor recorded risk assessments regarding the possibility of people being burnt by radiators and pipes.

People said they liked living at the service and said they felt safe. For example, one person said, "I'm happy here. I see it as home." There were policies and procedures regarding the safeguarding of people and the provider and staff were aware of the process of reporting any concerns.

Sufficient numbers of staff were provided to meet people's needs.

People were supported so they received their medicines safely.

Staff were trained in a range of relevant subjects and received regular supervision. The provider researched training opportunities and updates for herself and the staff.

The CQC monitors the operation of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The service had policies and procedures regarding the MCA and were aware of the principles of the legislation. People were consulted about their care.

People received varied and nutritious meals and had a choice of food. The service supported people in accessing healthcare checks and treatment.

People's needs were assessed and this involved other relevant health care professionals. Care records showed people were supported in a way which reflected their own needs and preferences.

The service had a complaints procedure and people said they would report any concerns to the provider.

The provider sought the views of people and professionals about the service provided. There were systems in place so people could contribute to decision making such as staff recruitment and redecoration of the service. Checks were made regarding safety at the service and improvements were made when identified.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires improvement

The service was not always safe.

Whilst checks were made that the premises and equipment were safe the risks of burns from hot surfaces were not adequately assessed and recorded.

The service had policies and procedures on safeguarding people from possible abuse. Staff knew what to do if they suspected any abuse had occurred.

Sufficient numbers of staff were provided to meet people's needs.

People received their medicines safely.

Is the service effective?

Good

The service was effective.

Staff were trained in a number of relevant areas and received regular supervision.

The service had policies and procedures regarding the Mental Capacity Act 2005 and staff were aware of the principles of the legislation. People were consulted about their care.

People were supported to have nutritious and varied meals of their choice.

Health care needs were monitored. Staff liaised with health care services when needed.

Is the service caring?

Requires improvement

The service was not always caring.

Whilst people described the staff as kind and understanding we identified some of the practices where people's rights were not promoted. For one scenario we considered the action followed by the staff did not adequately promote the person's rights and failed to provide adequate support with an independent living task.

There were systems for consulting people about their care.

People's privacy was promoted.

Is the service responsive?

Good

The service was responsive.

People's needs were assessed and reviewed. Care plans were individualised and reflected people's preferences. Care plans were reviewed and amended to reflect people's changing needs and these often involved other professionals.

Summary of findings

The service had a complaints procedure and people knew what to do if they wished to raise a concern.

Is the service well-led?

Good

The service was well led.

The provider sought the views of people, their relatives and care professionals so these could be incorporated into any improvement plans.

The provider said she and the staff were committed to promoting people's rights and to promoting people's well-being.

The provider carried out checks on the safety and quality of the service.

Shakespeare House Care Home

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. The inspection checked 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 30 December 2015 and was unannounced.

We reviewed information we held about the service, including previous inspection reports and notifications of significant events the provider sent to us. A notification is information about important events which the provider is required to tell the Care Quality Commission about by law.

The inspection was carried out by one inspector.

During our inspection we looked at care plans, risk assessments, incident records and medicines records for three people. We looked at staff training and recruitment records. We also looked at a range of records relating to the management of the service such as staff rotas, complaints, quality audits and policies and procedures.

We spoke with each of the three people who lived at the service. We also spoke to the provider and one staff member.

We spoke to a social worker for one of the people who lived at the service and to a GP who oversaw the care of the two people at the service. These professionals agreed for their comments to be included in this report.

The service was last inspected on 16 September 2014 when no concerns were identified.

Requires improvement

Is the service safe?

Our findings

We observed that radiators in the home did not have covers on to prevent possible burns to people. These included uncovered radiators in bedrooms and the bathroom; these were situated in areas away from people's immediate contact which reduced the risk of possible burns. However, there were no risk assessments regarding the risks of burns to people which would demonstrate the provider had fully assessed this and taken any action if a risk was identified**.** The Health and Safety Executive publication 'Health and Safety in Care Homes' advises precautions and risk assessments regarding the prevention of burns from hot surfaces such as pipes and radiators. **This was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**

People told us they felt safe at the home and staff were always available when they needed them. People exercised their independence and said they felt safe when going out to community events either on their own or with staff support. People said they were appropriately supported with their medicines.

The service had policies and procedures regarding the safeguarding of people. These were also in an easy read format which was available to people so they knew how to report any concerns they may have. The provider and one staff member were aware of the circumstances when a concern needed to be referred to the local authority safeguarding team. Care records showed people were asked if the felt safe at the service which people confirmed. A social worker for one of the people at the service said they considered people were safely cared for.

Staff supported people with their finances and people confirmed they were satisfied with this arrangement. Valuables or monies were securely held and records were maintained of these. This included any amounts deposited or withdrawn by the person plus a corresponding balance. We looked at the amount held for one person and saw this tallied with the recorded balance.

Care records showed risks to people were assessed and there was corresponding guidance for staff to follow to mitigate against those risks. These included going out alone in the community, using domestic equipment in the home and for risks associated with mental health needs.

Any triggers or warning signs were identified in risk assessments and care plans and included any action to support the person so they were safe. We noted one care plan regarding risks to a person's mental health needed to be expanded to give clear instructions when staff may need to contact health services. The provider agreed and expressed a commitment to include this information.

Staffing was provided over a 24 hour period from two staff and agency staff. The provider told us the service used the same agency staff member, which meant the staff member was familiar with people's needs. One of the staff was the provider who lived also lived on the premises. There was a staff duty roster which showed how staffing was organised. At least one staff member was on duty at any given time. A health and social care professional told us they considered there were enough staff to meet people's needs and that people were relatively independent and needed support and guidance rather than personal care. From conversations with people and staff as well as information in care records we judged people's care needs were relatively low and that people required support and guidance rather than personal care from staff. Staffing levels were sufficient to meet the needs of those who lived at the service.

We looked at the staff recruitment procedures. References were obtained from previous employers and checks with the Disclosure and Barring Service (DBS) were made regarding the suitability of individual staff to work with people in a care setting. This ensured the provider could make safer recruitment decisions.

People were supported with their medicines. The service had policies and procedures for the handling and administration of medicines. The service used a monitored dosage system whereby medicines were supplied by the pharmacist in blister packs. A record of medicines administered to people was maintained on a medicines administration record (MAR). The MARs and the blister packs of medicines showed staff administered medicines as prescribed. Staff recorded their signature on the MARs each time they administered medicines.

Medicines were securely stored in a suitable locked cabinet. A record was maintained of any medicines which were discontinued or returned to the pharmacist.

Checks were made by suitably qualified persons of equipment such as the gas heating, electrical wiring, the

Requires improvement

Is the service safe?

call points, fire safety equipment and alarms, Legionella and electrical appliances. Each person had a personal evacuation plan so staff knew what to do to support people to evacuate the premises. First floor windows had restrictors on them to prevent people from falling out. Temperature controls were in place to prevent any possible scalding from hot water, which was also checked each month.

One person said their room was cold in the winter and we noted the radiators were switched off during the inspection. The central heating thermostat was set to come on at 20 degrees Celsius but the temperature felt colder than that. In view of our observations and the comment of the person we asked the provider to look into this which she confirmed she would.

Good

Is the service effective?

Our findings

People told us they liked the staff who supported them with their health care needs and daily life. A social worker said staff communicated well with people and liaised with local community mental health services. People said they liked the food and were able to choose what they ate. People said they were supported by the staff to attend health care checks and appointments for any treatment.

Staff were provided with training and supervision which equipped them with the skills to look after people effectively. The provider and staff had completed a range of relevant training courses, which included mental health awareness, fire safety, food hygiene, infection control, medicines management, moving and handling, first aid and health and safety. Staff had completed the National Vocational Qualification (NVQ) at levels 2 and 3 and the provider had completed training modules for the Diploma in Health and Social Care. These are work based awards that are achieved through assessment and training. To achieve these awards candidates must prove that they have the ability to carry out their job to the required standard. There was also a record that staff had completed a qualification called the Advanced Apprenticeship in Health and Social Care.

The provider told us how she monitored staff were trained in areas considered mandatory for their role and how she researched local and national agencies who could advise and possibly train staff in relevant areas. For example, the provider told us how she liaised with the local mental health team regarding any developments in policies and procedures regarding mental health and any training available to staff as well as looking at national guidance such as the Skills for Care publications. The provider said she recognised there was a need to provide further training for staff in working with people who had mental health needs.

The staff member and provider told us how they worked closely together and that this involved frequent discussion about people's needs as well as training courses. We saw there were records of staff supervision and appraisals to monitor staff knowledge and competencies.

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). Each person at the service had capacity to consent to their care and treatment and had agreed to their care. There were no restrictions on people leaving the premises.

The provider had policies and procedures regarding MCA, which included details about the test for assessing capacity, making best interests decisions on behalf of people and the Deprivation of Liberty Safeguards (DoLS). An NHS Easy Read Guide to the MCA was also available to people. The provider and staff had completed a training course in the MCA and were aware of the principles of the legislation and how these applied in practice.

People said they discussed the menu plans at the house meetings when they were able to suggest meals they would like to eat. Each person's care plan included details about people's preferences for food and drink. People said they liked the food. For example, one person said, "The food is very good. There's a choice and plenty of fresh fruit." People also said how they were given funds to have meals out when they preferred to eat out at a café or restaurant. None of the people at the home had any special dietary requirements. A record of meals provided to people was maintained which showed varied and nutritious meals. Food stocks included fresh fruit and vegetables. Records showed people's weight was monitored so action could be taken if anyone lost or gained weight.

Care records showed people were supported to attend regular health screening and checks such as with their GP, the optician and dentist as well as with the mental health services. Daily records showed staff had observed people's health and sought advice and possible treatment with the GP. There was a section in each person's care plan called, 'My Physical and Mental Health and How to Support Me.' This included details about people's health needs. A GP commented that they considered people's health care needs were addressed and that appropriate referrals were made to them.

Good

Is the service effective?

The premises were homely and each person's room was well decorated. People had personalised their bedrooms with their own belongings. There was a communal lounge and dining room which people used. The bathroom was due to be refurbished as the floor was stained, the radiator rusty and the window glass cracked. The provider told us the refurbishment was due to take place within three months of the date of the inspection.

Requires improvement

Is the service caring?

Our findings

People said the staff treated them well and were kind. For example, one person said, "The staff are OK. They treat me well. They're kind and understanding." Two people said they found some of the rules in the service as either "too strict" or something they did not like. People said they were able to make choices in how they spent their time and could go out when they wanted. One person, however, said they would like to be able to do some cooking which they said was not available.

Whilst the service had a policy and procedure regarding treating people with dignity and respect we found some examples where improvements in this were needed. When we arrived at the service we observed one person being supported in a way which we did not consider appropriate. This involved the person being temporarily barred from using one of the facilities at the home as a result of the person not using this facility correctly. This was not recorded in the person's care plan. There was no assessment of how the person was supported with this facility and there was no care plan about more appropriate ways of supporting the person to use it correctly. This also meant the person had to use their own money for a facility normally provided by the service by using facilities outside the home. Again this was not recorded and there was no contract with the person so they knew what their fees included. This was discussed with the provider and a staff member who considered this an effective way of supporting the person. After some discussion the provider acknowledged the matter could be dealt with more appropriately and in a way which promoted the person's rights.

We discussed with the provider the opportunity for people being able to cook in the home. The provider confirmed there were no facilities within the home where people could access cooking equipment as this was within the provider's own private accommodation area of the home. The provider said people were previously supported to cook at a local centre but that people lost interest in this.

The provider agreed this was an area which could be reassessed with people to see if they wished to take part in cooking, which would help develop independent living skills.

People were supported to manage their finances and their cigarette consumption. For example, the provider worked out a daily budget for one person so they had money to spend each day. This was discussed and agreed with the person and their representative. The amount the person received each day, however, was not recorded. There was a similar system for supporting people with their cigarettes. This was recorded in the person's care plan which they agreed to, but did not include an arrangement whereby one person could not have a cigarette when they got up until they had completed certain domestic tasks. It was not clear that people were involved and had agreed to these rules and restrictions to their daily lives.

People were not appropriately supported with independent living skills, which did not promote people's dignity and autonomy. Some of the arrangements for people infringed on their lifestyle and preferences and did not promote independence and dignity. **This was in breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**

With the exception of the above specific arrangements, care records showed people were consulted and had agreed to their care plan. People's individual preferences and daily routines were reflected in the care plans. People told us they were able to choose how they spent their time. Care plans also included guidance for staff to follow if people suffered distress or anxiety. There were opportunities for people to develop independence by attending work, horticulture projects and day care.

Each person had their own bedroom which had a lock so they could exercise privacy and security. People told us they used the key to their bedroom door lock.

Care records included details about people's family relationships and the provider confirmed how people were supported to maintain contact with family members. People also said they were supported to keep in contact with their family.

Good

Is the service responsive?

Our findings

People said they received support which met their needs and reflected their preferences, with the exception of those areas highlighted in the 'Caring' section of this report. People said they were involved in decisions about their care and said they were supported to attend a range of activities, such as social clubs, work and an annual holiday with the provider.

Records showed people were involved in the assessment of their needs and in devising their care plans. The provider told us how staff worked with people to decide what care the person needed. Care plans were structured to reflect people's needs and their preferences. For example, each person had a daily and weekly timetable with details about what people's preferred routines and schedules were such as daily domestic tasks and attendance at events outside the home. These showed people's wishes were incorporated in the support provided to people. Care records included people's goals and aspirations which showed the staff had a positive approach to enhancing people's lives. Care plans gave specific guidance for staff on how to support people with personal care and other needs. A GP commented that they considered the care plans were of a very good standard and that the care provided was "excellent."

Records showed people's needs were assessed with other professionals. This included care review meetings with people's social workers and community psychiatric nurse. The service also had copies of multi- agency review and planning documents called the Care Programme Approach (CPA) so the staff were informed of the arrangements to support and monitor people's mental health needs.

People were supported to attend a range of activities of their choice in the community. People told us these included a horticulture project, social clubs, fishing trips, playing snooker, outings, day centres and meals out. People told us they were able to have meals out which were paid for by the provider. An annual holiday abroad was arranged and paid for as part of people's fees. People told us they liked the holidays. A GP told us they considered the provision of the holiday as "impressive" and reflected the provider's commitment to valuing people.

The provider told us each person had a copy of the complaints procedure in their room. People told us they would speak to the provider if they had any concerns; they also said they were able to raise any issues they had at the weekly house meetings. The provider had a complaints procedure which included timescales for investigating and responding to any complaints. The provider stated the service had not received any complaints.

Good

Is the service well-led?

Our findings

People said they felt they could approach the provider with any concerns or queries and said their views were sought when they were provided with a questionnaire to complete. People also said they were consulted about decisions at the house meetings and the provider told us these had included discussions about redecoration and the food.

The provider sought the views of people, their relatives and professionals by the use of a satisfaction questionnaire. Copies of completed survey questionnaires were available for us to see and these asked about the standard of food and arrangements for health care as well as people's privacy and dignity. People responded in the surveys by saying they were satisfied with the service provided. The provider explained how the results of the surveys were considered for any future planning of the service. The provider told us people were asked for their views when a new member of staff was being recruited. This involved people meeting the candidate and then being asked to give their views so their feedback was considering in making recruitment decisions.

Staff were supervised in their work and given the small staff group, the provider and staff worked closely together so communication and decision making was shared. The provider and staff member also said they worked well together and frequently discussed people's needs. A GP described the service as having a settled care staff team who knew people's needs well. Whilst the staff member and provider showed they were kind and caring and said they were committed to promoting people's rights, we found some of the arrangements did not always promote people's rights as described in the 'Caring' section of the report.

The service provider was also the manager. Registered providers 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 provider had updated her training in subjects relevant to providing care and had also attended a course on meeting the standards and requirements of the Care Quality Commission. The provider acknowledged the provision of training regarding the care of people with mental health needs could be enhanced on what was already provided.

Checks and audits were made on the environment and equipment so safe standards were maintained. Any defects in the environment were identified and recorded. Plans were in place to make improvements such as the refurbishment of the bathroom. Checks were also made on the service's medicines procedures and the care planning process helped ensure people's views about their safety and welfare was met.

There was evidence that the service worked well with other key organisations. A social worker for one of the people and the GP for the people who lived at the service both confirmed there were effective working arrangements and communication.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment The provider had not ensured that the premises were safe to use for their intended purpose and were used in a safe way.

Regulated activity	Regulation
Accommodation and nursing or personal care in the further education sector	Regulation 10 HSCA (RA) Regulations 2014 Dignity and respect Service users were not always treated with dignity respect and not always support their autonomy and independence.