

Shaw Healthcare (Group) Limited

Turn Furlong Specialist Care Centre

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	

Overall summary

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 and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service.

The inspection took place on 6 August 2014 and was unannounced, this meant the provider did not know we were going to inspect. The last inspection took place on 10 May 2013 during which we found they were not meeting all of the legal requirements and regulations. Following the inspection the provider sent us an action

Summary of findings

plan, which told us the improvements they planned to make. During this inspection we found that sufficient improvements had been made and the provider had met the requirements and regulations.

Turn Furlong Specialist Care Centre provides short stay, respite, rehabilitation, nursing and residential care for up to 51 older people, including people living with dementia. On the day of the inspection there were 42 people using the service.

The service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider. A registered manager was in post at the time of the inspection, however they were on annual leave and not available during the inspection. In the absence of the registered manager the deputy manager was responsible for the management of the service supported by the area manager who visited the service during the inspection.

People were safe at Turn Furlong Specialist Care Centre and staff knew what to do if they had any concerns about their welfare. Staff had received training on safeguarding adults, the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). They knew how to manage risks to promote people's safety, balanced with people's rights to take risks.

People were supported by appropriately recruited and trained staff that had the skills needed to carry out their duties. The staff knew the needs of the people they supported. They worked in a way so as to promote people's independence. People had access to health and social care professionals as and when they needed and prompt action was taken in response to illness or changes in people's physical and mental health.

People told us that they were pleased and happy with the care and support they received at the service. They told us their likes, dislikes and preferences were central to how their care was provided and that the staff respected their choices about all aspects of their lives.

The registered manager, area manager and designated staff consistently monitored and reviewed the quality of care people received at the service. Management audits were carried out on all aspects of the service, such as people's care records, staff recruitment records, the building upkeep and the safety of equipment.

The service encouraged feedback from people using the service and their representatives, to identify, plan and make improvements to the service.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

People told us they felt safe and that they had no concerns about the support provided from the service.

Staff were able to demonstrate a good understanding and awareness about how to recognise and respond to abuse or any potential abuse correctly.

Systems were in place to identify the dependency of people who used the service to ensure there were sufficient numbers of appropriate staff to meet people's needs.

The staff had a good understanding of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS).

Good



Is the service effective?

The service was effective.

Suitable arrangements were in place to ensure that staff were properly trained.

Staff support arrangements were in place for staff to review their own learning and development needs.

Good



Is the service caring?

The service was caring.

Observations of the care people received and discussions with staff confirmed that the staff had a good understanding and awareness of how to treat people with dignity and respect.

People who used the service were complimentary about the staff and the care and support they received from the service.

Good



Is the service responsive?

The service was responsive.

People's needs were continually assessed and planned so as to ensure that the care provided met with their changing needs.

People told us that they were supported to participate in social and leisure activities of their choosing.

Appropriate arrangements were in place to respond and deal with any complaints.

Good



Is the service well-led?

The service was well-led.

The staff were clear about their roles, responsibility and lines of accountability. People found the staff at all levels to be approachable.

Good



Summary of findings

The service encouraged feedback from people using the service and their representatives, to identify, plan and make improvements to the service.

Established systems were in place to continually monitor the quality of the service.

Turn Furlong Specialist Care Centre

Detailed findings

Background to this inspection

The inspection team consisted of an inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed the home's statement of purpose. The statement of purpose is an important part of a provider's registration with CQC and a legal requirement, it sets out what services are offered, the quality of care that can be expected and how services are to be delivered. We also reviewed the statutory notifications we had received from the provider. Statutory notifications tell us about important events, which the service is required to send us by law.

We contacted health and social care professionals and commissioners involved with monitoring the care of people who used the service to obtain their views on the quality of the service.

During the inspection, we spoke with four people who used the service and four staff. We also used 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 talk with us. Using the SOFI tool we observed the care and support people received over lunchtime within one of the dining rooms at the service.

We reviewed information relating to the care and treatment provided to four people who used the service. We also reviewed information in relation to staff training, staff support and the service management quality assurance reports.

Is the service safe?

Our findings

The people we spoke with all confirmed they felt safe at the service. One person said, "It's like a Hotel, first class, it's lovely." Another person said "I definitely feel very safe."

The staff we spoke with were able to tell us how they would recognise the signs of potential abuse and how they would respond and report allegations or incidents of abuse. The company safeguarding policy had recently been reviewed and contained up to date information on the reporting procedures. The policy was accessible for staff. We saw records that demonstrated safeguarding concerns had been responded to and reported appropriately to the local safeguarding authority.

Risk assessments were completed for people, such as, risks of falls. During the inspection we observed staff work with people who required to move using equipment such as, hoists, wheelchairs and walking frames. The staff clearly explained the moves, gained the person's consent and cooperation and the moves were carried out safely.

Risk assessments and written guidance was available for staff to follow when caring for people who displayed behaviours that challenged the service. For example, behaviour that placed the person or those around them at risk of harm or placed the person at risk of leading a poor quality of life. We saw that the staff used a behaviour observation tool to assist in identifying and analysing the behavior, with the aim of recognising early warning signs to prevent or minimise the behaviour. We saw the staff shared their observations with community psychiatric nurse who was closely involved in the care and treatment of people with behaviors that challenged.

We saw that accident and incidents and were routinely examined as part of the services management quality assurance systems. This assisted in identifying people at increased risk and provided the rationale for bringing in support services, such as the falls specialist team.

The staff had an understanding of the Mental Capacity Act 2005 (MCA) and were able to describe how they supported people to make decisions. We saw that records of

assessments of mental capacity and 'best interests' documentation were in place for people who lacked capacity to make their own decisions. The decisions had involved family or people's appointed representatives. This meant that people's rights were protected in line with the MCA legislation.

We looked at whether the service applied the deprivation of liberty safeguards (DoLS) appropriately. The safeguards protect the rights of adults using services by ensuring that any restriction on people's freedom and liberty are assessed by people who are trained to assess whether the restriction is needed. The registered manager knew about the recent DoLS supreme court ruling, which meant that people who were not previously subject to a DoLS authorisation may now be required to have one. The registered manager declared in their provider information return (PIR) that more staff training on DoLS was scheduled to take place. During the inspection it was confirmed that no one using the service was being deprived of their liberty.

We observed that people's requests for support were responded to promptly. One person said "There is an emergency button, when it is pressed the staff respond quite quickly." Another person said "If you tell them [carers] what's wrong with you, they will soon attend to it."

The staffing levels were assessed daily, based on the bed occupancy and the dependency needs of people who used the service. Consideration was also given to the dependency of people when deploying staff to work on each unit. On each unit the staff were supported by a qualified nurse or a senior carer. Physiotherapy and occupational therapy services were available on site for people assessed as requiring such support. Staff told us they usually worked within the same units so that they got to know the people in their care. This meant that suitable arrangements were in place to ensure that there were sufficient numbers of appropriate staff to meet people's needs.

A sample of staff recruitment files were checked by the area manager during bi - monthly quality monitoring visits to the service. The visit reports indicated that the service followed safe recruitment practices.

Is the service effective?

Our findings

The people we spoke with told us that they received care from a number of professionals. One person said, "I see the doctor when I need to see him." Another person said, "The nurse comes to see me." A relative said, "They are very good. He had swollen feet and we told the staff. They got the GP out straight away. He's a lot better now." Another person said "The GP visits two to three times per week and I'm about to start seeing the physiotherapist."

We saw that a member of the catering staff visited people during the lunchtime and we heard a person say they preferred something other than what they had ordered and the member of staff arranged for their choice of meal to be provided. One person said, "The food is marvellous, they even made me a birthday cake. You have a choice and I can plan my meals." Another person said, "The food is wonderful." One other person said, "On the whole I am well satisfied with the quality of the food." One person said, "We do get enough food and drink the quality of food is very good, there is also a choice of slightly unhealthy options too."

The staff we spoke with told us they had completed the provider's induction training period. This was also confirmed by the staff training records and copies of training certificates were held on the staff files. This meant that suitable arrangements were in place to ensure that staff received appropriate training to meet the needs of people who used the service.

All the staff we spoke with told us they felt supported and enjoyed their work, they also told us they met regularly with their supervisors to discuss their development and learning needs. This enabled the staff and their supervisors to review how effectively they were doing their job and what further support they needed. This meant that staff were properly supported to provide care to people who used the service.

One member of staff told us they loved their job and found it very interesting. For example, they spoke of a person with complex mental health needs and how they had got to know the person and their family very well and had gained a greater understanding of the person's mental health condition to enable them to fully support the person.

We observed the staff providing support for the person, it was evident they had a good rapport with the person and they had acquired in-depth knowledge about the person's interests. We saw within the person's care plan that guidance was available on how to respond to behaviour that challenged the service and we observed the staff followed the guidance. We spoke with the deputy manager and the area manager. They confirmed that mental health training was an area identified as an additional staff training need, which was scheduled to be provided for staff.

Over lunchtime we observed that drinks of water and juice were provided according to people's choice. The staff offered people a choice of meals and people were given their choice. Support to eat and drink was provided with sensitivity and the staff worked at a pace set by the person. We concluded that the support and assistance provided for people was conducive to creating a relaxed mealtime experience.

The staff kept daily records of people's foods and fluid intake and people's weights were closely monitored and their weight was recorded within their care plans. Nutritional guidance was sought and followed by the staff from the relevant healthcare professionals in response to significant changes in people's weight.

At the time of the inspection we were told that no people who used the service required a special diets to meet their religious, cultural or lifestyle needs. The staff told us they always accommodate people's individual dietary needs and this was supported by the comments we received from the people using the service.

The service specialised in providing short stay residential / nursing care and rehabilitation care.

Health and social care professionals were involved in working in partnership with the service to meet people's needs. For example, nurse specialists, dieticians, speech and language therapists, physiotherapists, occupational therapists and dementia care specialists. This demonstrated that the service involved other health and social care professionals where appropriate in meeting people's needs.

Is the service caring?

Our findings

People told us they were happy with their care and said the staff treated them with kindness and compassion. One person said, "I like the place it's wonderful, you couldn't get any better." Another person said "Definitely could not be better." People told us the staff listened to them and acted on what they said.

Using the Short Observation for Inspection (SOFI) tool, we directly observed the care and support four people received over lunchtime. We observed that staff actively listened to people and worked at a relaxed pace. People were called by their preferred names and treated with respect. We saw people chatted over their meal and the atmosphere within the dining room was social and made the mealtime a pleasurable and social experience for people.

One person told us they liked attending the religious services held at the service. Information about people's individual choices and cultural and religious requirements was obtained on admission to the service. We saw that the dates for religious services held at the service were displayed on the notice boards. The staff we spoke with were knowledgeable about people's individual preferences, likes and dislikes and we observed they provided people's care in accordance with their individual wishes.

The staff we spoke with had a clear understanding of the role they played in making sure people's privacy and dignity was respected. We observed staff knocked on people's bedroom doors and bathrooms and wait to be invited in before entering. We also observed staff responding to people's needs promptly and sensitively in order to preserve people's dignity, for example, when assisting people to use the lavatory.

Is the service responsive?

Our findings

We saw that written information was available for people who used the service on how to raise any concerns about the service. The people we spoke with all confirmed they knew how to raise any complaints or concerns they may have. We asked four people whether they knew how to raise a complaint. One person said "I would feel comfortable speaking with any of the staff. I know I can approach the staff for help." One person said "They consult you on pretty much everything, if I had any concerns I would be happy to raise them directly with the manager." The person told us they had previously raised a concern with the manager and they felt they had been listened to and things had been dealt with to their satisfaction.

Turn Furlong Specialist Care Centre is a short stay, rehabilitation and respite facility. The provider informed us in their provider information return (PIR) that initial assessments of people's needs were first carried out by the multi-disciplinary team (MDT) of health and social care professionals.

Assessments of people's needs were carried out by the provider on admission to the service. We were told by the deputy manager and the area manager that admissions to the service were refused, if the service was unable to meet people's needs safely. We looked at records of assessments and saw they were regularly reviewed and updated as and when people's needs changed. This meant that suitable arrangements were in place for people to have their individual needs assessed, recorded and reviewed.

On admission people were asked their views about how they wanted their support to be provided. This information as well as the information from the MDT formed the basis of the care plans that were put in place. We saw sufficient evidence to demonstrate that people's care plans were regularly reviewed and updated as and when their needs changed.

The staff we spoke with were knowledgeable of the individual needs of people and knew how to provide the

right support for people. One member of staff we spoke with gave a detailed insight into how they provided care for a person with a mental health condition. However they also expressed their frustration of having to complete lengthy care plan documentation, which they felt placed high demands on staff time. We discussed the staff's concerns about the time spent on filling out paperwork with the deputy manager and area manager during the inspection. They confirmed that new care plan formats were soon to be introduced and it was anticipated this would reduce the staff time spent on completing administrative tasks and allow staff to spend more time with people who used the service.

We saw that people were supported to follow their interests and take part in social activities and maintain relationships with people that matter to them. During the inspection we observed people spending time with staff and relatives outdoors within the pleasant patio seating areas adjacent to each ground floor lounge.

Information about the service and up and coming events were on display on notice boards within the front entrance and on each of the individual units. This informed people of up and coming events, including outside entertainers planned to visit the service. People we spoke with told us they enjoyed joining in the activities and the entertainment provided. We saw that religious services held for people who wished to attend. A breakfast club had been set up where people could get together and organise their own breakfasts from a choice of cereals, toast and cooked breakfast options.

We looked at records of complaints, which demonstrated that complaints were documented and investigated in line with the provider's own complaints procedures. The staff we spoke with knew how to respond to any complaints and people we spoke with were aware of who to speak with if they wanted to raise any concerns. This meant that people knew how to make complaints and assured they would be acted on appropriately.

Is the service well-led?

Our findings

There was a registered manager in post, however on the day of the inspection the registered manager was on annual leave and the deputy manager was in charge of managing the service. The deputy manager spoke with knowledge of the service and was aware of their management responsibilities.

We spoke with four members of staff who all told us they felt valued and supported by the management team. They also confirmed that the registered manager and senior staff provided them with support and advice. One member of staff said, "I think we communicate well on all levels, if we have any concerns the senior staff and the managers are always approachable." Another member of staff said, "The management team work well with other agencies. They are assertive in putting our views across; she wants to know what is going on in all areas and communicates well with us. She has an open door policy, within reason." It was evident from our observations that the staff understood and promoted the values of treating people with compassion, dignity and respect.

The provider promoted staff to report any concerns they may have about people's care or treatment. Throughout the service posters were on display entitled 'Spotted a bad apple?' that urged staff to report any behaviour of a colleague that caused them to worry or have concerns about people's safety. The staff we spoke with were fully aware of the safeguarding procedures and said they would not hesitate to speak directly to the manager or with the local authority safeguarding team, if they had any concerns about the safety and welfare of people who used the service.

The registered manager and senior staff promoted an 'open culture'. During the inspection we saw people who used the service and visitors casually approach staff to discuss matters relating to people's care. The discussions were held privately respecting confidentiality.

People who used the service and those acting on their behalf were asked for feedback on their experiences of using the service. Turn Furlong Specialist Service was a short stay facility and people were asked to complete a satisfaction questionnaire on leaving the service. The management used the information gained from the feedback to identify any improvements to the service.

Staff told us that regular team meetings were held. They told us that the meetings were useful and they felt supported to raise any issues. We saw that the Shaw Healthcare (Group) had staff value schemes in place such as the employee of the month and annual health care award presentation ceremonies were held. Staff told us they were encouraged to nominate colleagues who they felt went over and above expectations and excelled in their role. They also told us that the provider sometimes visited the service without prior notice and during the visits they spent time talking with people using the service, staff and visitors.

Suitable arrangements were in place to assess and monitor the quality of the service provided.

Visits to Turn Furlong Specialist Centre were carried out every two months by the area manager. The visits focussed on sample checks to people's care records, staff records, safeguarding and complaints management. In addition observations were carried out on the support people received and time spent talking with people using the service and staff. We saw the findings from the visits were recorded in a management report and any areas identified for improvement had action plans put in place with realistic timescales for completion.

The provider worked in partnership, through sharing information on people's changing needs with health and social care professionals also involved in assessing and monitoring the care of people who used the service.