

Peak 15 Ltd

Shrewsbury House

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Outstanding ☆

Summary of findings

Overall summary

About the service

Shrewsbury House is a residential care home providing personal care and accommodation to up to five people with a learning disability and/or autistic people. The service provides support across one main building and an annex. At the time of our inspection there were five people using the service.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

People's experience of using this service and what we found

Right Support:

Staff supported people to live as independently as possible and be in full control of their daily lives. People were provided with a choice in all their decision-making and families were involved where they wanted to be. People's risks in relation to their care were managed well and staff understood what was important to people. Staff understood how to maintain and improve people's independence, including by taking positive risks to improve their quality of life. There were sufficient staff at the service to meet people's needs. People's medicines were managed well by appropriately trained staff. We were assured that the service were following good infection prevention and control (IPC) procedures to keep people safe.

Right Care:

People and their relatives told us they felt supported by staff in a kind and caring way. People's differences were respected by staff and they had undertaken relevant training to effectively support people. People told us that the care they received was consistent and that staff knew them well. People's right to privacy was respected and staff encouraged people to regularly provide feedback about the care provided. Care records were person-centred and included information on how best to support people. Staff encouraged and supported people to maintain good oral hygiene. The service was located in a residential street and there were no outward signs to differentiate it from neighbouring properties.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Right Culture:

The culture of the service was exceptionally open, inclusive and empowered people to live independent lives. People and their relatives told us they found the registered manager very approachable and that their ideas and concerns would be listened to by management. We observed the registered manager and staff

interacting with people in a kind and caring way throughout the inspection. People told us that staff had helped them become more confident and independent and this had a positive impact on their lives. The provider had undertaken regular audits to look at ways of improving the service and identifying issues which were addressed in a timely manner. Staff were complimentary about the management of the service and felt valued and supported with their wellbeing. Staff told us they were able to raise concerns with the registered manager and were actively encouraged to undertake training and nationally recognised qualifications. Staff had worked closely with healthcare professionals to achieve positive outcomes for people.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (Report published 6 December 2018).

Why we inspected

We undertook this inspection as part of a random selection of services which have had a recent Direct Monitoring Approach (DMA) assessment where no further action was needed to seek assurance about this decision and to identify learning about the DMA process.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Good 

Is the service well-led?

The service was exceptionally well-led.

Details are in our well-led findings below.

Outstanding 

Shrewsbury House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection team consisted of an inspector and a medicines team support officer.

Service and service type

Shrewsbury House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Shrewsbury House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This 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. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

Inspection activity started on 13 July 2022 and ended on 27 July 2022. We visited the service on 13 July 2022

and 15 July 2022. The inspection included an element which was outside of usual office working hours.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used information gathered as part of the monitoring activity that took place on 5 May 2022 to help plan the inspection and inform our judgements. We used all this information to plan our inspection.

During the inspection

We spoke with four people who used the service and one relative to hear about their experience of the care provided. We spoke with six members of staff including the registered manager, deputy manager and support workers. We received feedback from two healthcare professionals who regularly worked with the service. We reviewed a range of records. This included five people's care records. We looked at four staff files in relation to recruitment and supervision. We reviewed five people's medicines records. A variety of records relating to the management of the service, including policies and procedures, were reviewed.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. The rating for this key question has remained good.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at Shrewsbury House. One person told us, "Yes, I feel safe." Another person told us, "They're very friendly. It's safe here." A third person told us, "I do feel safe." A relative told us, "I do think [person is] safe there. My mind is at ease knowing [person is living] there."
- Staff understood what constituted abuse and knew the steps they should take if they suspected abuse. One member of staff told us, "There could be marks or injuries that you can't explain. I would report that to my manager and we've got MASH (Surrey County Council Multi-agency safeguarding hub) and CQC." Another member of staff told us, "I would report it to the manager straightaway. I wouldn't keep quiet. If it's the manager, then I will go to the safeguarding team in Surrey. We've got all the [telephone] numbers here."
- Staff had undertaken training for safeguarding and whistleblowing. There was a safeguarding policy in place and we saw information displayed in the service which informed people, staff and visitors how to raise a concern with the local authority. One member of staff told us, "We've got a whistleblowing policy and I can do it anonymously."

Assessing risk, safety monitoring and management

- Staff empowered people to take positive risks and supported them to become more independent. During the inspection, people went to the local shops independently to give them the privacy to purchase whatever they wished. Staff were still readily prepared in case people needed support but encouraged them by practising routes and worked with the local community to identify concerns and step in should this be required. One person told us, "It's good being independent. I go [to the shops] when I want."
- There were assessments in place to identify and manage risks to people. Care records included information on the steps staff should take to manage risks. For example, where a person had difficulties with their balance, there were clear instructions for staff on how to support using a walking aid and an assessment from physiotherapists had taken place. We saw staff supporting the individual in line with the risk assessment during the inspection.
- Staff encouraged people to follow good oral care and report concerns so that they could be seen by an appropriate healthcare professional. Where a person was anxious to visit the dentist, staff took the time to explain the process using a pictorial format and this provided the person with the reassurance to attend. One person told us, "They remind me to do my teeth."
- Staff had undertaken regular fire safety checks and people had personal emergency evacuation plans (PEEPs) in place. The PEEPs provided staff and rescue services with information on how to keep people safe during an emergency evacuation. A member of staff told us, "They all have a PEEP. We have practice fire alarms. I do know what to do."

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.
- We reviewed DoLS applications and associated documentation which showed that these were decision-specific and involved healthcare professionals and relatives. DoLS applications included information on the type of support people required using the least restrictive methods possible. For example, where a person was at risk of leaving the premises, steps taken by the registered manager did not include locking the front door as this would disproportionately restrict the person's ability to leave. Instead, the DoLS application was in place in order for staff to safely follow the individual and prevent possible harm from road traffic incidents.

Staffing and recruitment

- People told us they felt there were sufficient staff to meet their needs and that they did not have to wait for care. One person told us, "There's enough staff here." Another person told us, "I just call them and they come." A third person told us, "I know where to find the carers."
- The provider had followed safe recruitment practices. We reviewed staff files which showed the provider had undertaken appropriate checks in line with statutory requirements such as checking people's identification, requesting references from previous employers and disclosure and barring service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- The registered manager reviewed staffing levels regularly and adjusted these according to people's needs and the events that were planned for a particular day.
- Staff had undertaken regular training and competency checks to assess their skills to support people appropriately. This included training for moving and handling, awareness of learning disabilities and autism, positive behaviour support and equality, diversity and inclusion. One member of staff told us, "I did moving and handling training. It did give me the skills."

Using medicines safely

- Medicines were received, stored, administered and disposed of safely. There were robust systems in place to ensure medicines were handled in line with manufacturers' instructions.
- Information recorded in medication administration records (MARs) and medication care plans was person-centred and contained detailed information. Where people were prescribed 'as required' (PRN) medicines, there were detailed protocols in place for staff to follow.
- Where topical medicines were prescribed, there was clear information for staff on where to apply this and people were actively encouraged to apply their own topical medicines. Topical medicines are those applied to a particular place on the body.
- Staff had received regular training and competency checks to ensure they had the necessary skills required to administer medicines to people. One member of staff told us, "You can't give the medication if

you haven't done the training first."

- People were encouraged and supported to administer their medicines independently. Where this was the case, the risks had been discussed with people and there were risk assessments in place.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
 - We were assured that the provider was supporting people living at the service to minimise the spread of infection.
 - We were assured that the provider was admitting people safely to the service.
 - We were assured that the provider was using PPE effectively and safely.
 - We were assured that the provider was responding effectively to risks and signs of infection.
 - We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
 - We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
 - We were assured that the provider's infection prevention and control policy was up to date.
- The provider's approach to visiting was in line with current government guidance on care home visiting. Visitors were asked to undertake a rapid test for COVID-19 and return a negative result before entering. Visitors were requested to wear PPE in order to reduce the risk of infection to people who used the service and staff. PPE, including hand sanitiser, masks and aprons were readily available throughout the service.

Learning lessons when things go wrong

- The registered manager had monitored the use of 'as required' (PRN) medicines. PRN medicines which had been administered as a result of specific behavioural needs, were reviewed on a regular basis and steps were taken successfully to reduce the use. Staff did this by embedding positive behaviour support (PBS) plans and involved relevant healthcare professionals throughout.
- We reviewed records and found that steps had been taken to reduce risks recurring. For example, where a person had fallen, they were referred to the appropriate healthcare professionals and the guidance provided was followed by staff. Staff had informed relatives of the incident to make them aware.
- When incidents took place, the registered manager undertook a regular analysis of these to ensure lessons could be learnt following incidents and action could be taken to reduce the risk of them happening again.
- Incidents and accidents had been reported to the relevant authorities in line with legal requirements. We saw in documentation that the local authority, relevant healthcare professionals and the UK Health Security Agency had been informed appropriately.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. At this inspection the rating has changed to outstanding.

This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and their relatives were extremely complimentary about the culture and the management of the service. One person told us, "I love it here. I want to stay the rest of my life. I like [registered manager] very much." Another person told us, "They're nice and [registered manager] is a good manager. It's a good place. I get treated well." A relative told us, "[Registered manager] is very good. [Person] is very fond of [registered manager]."
- Staff were complimentary about the management and the culture within the service. One member of staff told us, "The atmosphere is really good." Another member of staff commented, "We come from different [backgrounds] but when we are here we are a team."
- We observed interactions between staff and people who used the service and saw that these were very kind and staff knew people extremely well. For example, people sought out staff and the registered manager to ask for help throughout the inspection and they immediately attended to support them. People appeared at ease and the feedback we received from people and their relatives confirmed this.
- People's wellbeing was at the forefront of the registered manager and staff. They had worked together to ensure a person was able to see their relative regularly with the support of staff despite living abroad. The provider covered the cost of the flights for the carer as this gave the individual the confidence to make the journey which they were keen to do. A relative told us, "I am very grateful to them for bringing [person] over. The only way I can see [person] is if they brought [person] over. It means a lot to me to see [person]. We have a great time and [person is] very happy about coming. [Registered manager is] helpful in any way [they] can be." A member of staff told us in relation to this, "[Registered manager] always finds a way."
- Where a person wanted a pet as they felt this would improve their wellbeing and give them further responsibilities and independence, staff supported them to go to a pet shop, choose a pet they would like and continued to support the person to look after their pet. They told us that their pet was an important part of their life and that staff were always available should they need assistance. The person was now able to look after the pet themselves with minimal support and their wellbeing, sense of responsibility and mental health greatly improved through the companionship of having a pet. The person told us, "This is my favourite place."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- There was a culture of improving people's quality of life and the registered manager placed great emphasis on proactively reviewing people's medicines regularly with healthcare professionals to reduce the use of medicines to manage specific behavioural needs. There was an emphasis on positive behaviour support and ensuring people were provided with the appropriate support from staff who were chosen by people themselves.
- In one instance, a person's medicines to manage specific behaviours were no longer required by empowering the person to be in control of their medicines with the support of healthcare professionals and staff. This meant the person was fully in control of the consultations and did this slowly in their own time. Only when the person was ready and stated themselves that they felt confident were the medicines stopped by the healthcare professional with subsequent periodic reviews. Staff continued to provide support and this had an extremely positive impact on the person's wellbeing. Where they had previously been tired due to the medicines they were prescribed, they were now engaging with people and expressing themselves by singing in a group of people they had not met before. This had improved the person's quality of life and we saw them going to local shops independently during the inspection. The person told us, "I love singing. I don't want to move [from the service]."
- There was a clear structure of governance, staff knew what their roles were and where to go if they needed support to perform their role effectively. One member of staff told us, "Basically, in case of anything that I need clarity on, automatically I will go to my deputy or my manager." Another member of staff told us, "[Registered manager] is excellent. I've always been supported."
- Staff undertook daily handovers to discuss changes in people's needs and plans for the day ahead. A member of staff told us, "We normally have a shift plan on a daily basis on how to go about the shift. As you come in in the morning, you take the safety measures of taking your [COVID-19] tests and then you go to the communication book."
- The provider had undertaken regular audits of the care provided. These included care plans, risk assessments, medicines, infection prevention and control and training. Where issues were identified, we saw that immediate action was taken. For example, where a policy had been updated by the provider, this was immediately updated in the service when it was noted in the audit.
- The provider held regular meetings with staff to update on projects, national guidance and to give staff the opportunity to feed back. We reviewed minutes which showed that the provider was working with technology manufacturers and seeking feedback from people and staff to improve people's care so that they were living their 'Best Life'. This also included virtual discos, club nights, work placements and trips away.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and their relatives told us they felt fortunate to be living at Shrewsbury House and considered it their home. They felt engaged and involved in the running of the service and were treated as individuals. One person told us, "They ask you what you want to do. They don't decide for you." A relative told us, "They're very dedicated to [person]."
- Staff told us they felt listened to by the registered manager and were always thinking of ways for people to become more independent by reaching their long-term goals and live lives free from restrictions. In one instance, the registered manager had viewed apartments with a person and spent time explaining the advantages and disadvantages including the ongoing support staff were able to offer to make the transition as smooth as possible, and involved the local authority and healthcare professionals.
- Staff regularly discussed people's ambitions and goals with them. Where people had expressed that they wanted to go to a disco until late in the evening, the provider found a way for people to do this as regularly as people wished. People told us they greatly enjoyed this and had stayed out as long as they wanted. The registered manager explained that people were free to choose what time they wished to return and staff

worked late to support people to go out safely, "We don't go to bed at 9pm. [Person] goes to the night club [with the support of staff]." A member of staff told us, "Sometimes we go clubbing and we go out until midnight sometimes." Another member of staff told us, "[Registered manager] does listen to us if we've got any kind of idea. We show [registered manager] and then [registered manager] will risk assess it and come back and tell us. [Registered manager] appreciates our opinion."

- Staff told us they felt valued and that their wellbeing was important to the provider. There was a mental health champion who staff could speak to if they were struggling and the provider involved staff in the running of the wider organisation by holding regular 'Staff Communication Days'. One member of staff told us, "I do feel valued working with this company. I really feel valued doing my job and working with Peak 15." Another member of staff told us, "I am proud of what I do, really."
- People's differences were respected and staff understood how to support and involve people in a meaningful and compassionate way. One member of staff told us, "I've done equality and diversity training at the head office. It was face to face. A person's interest always comes first." Another member of staff told us, "I went to the face to face person-centred training. When you practically do it and then you do the training, it helps and syncs it."
- People were provided with policies, national guidelines and surveys in a format they could understand. We saw that people had engaged with these and this meant people were able to be involved in the service should they wish to. Where people struggled with the forms, staff supported them and involved relatives in this.
- The registered manager had undertaken a survey with people who used the service to identify if there were practices that made the home seem like an institution. This included questions on whether the manager chose the decorations in the home, if staff took an interest in people's families, and if staff always started and finished shifts at the same time which meant that people would not be able to stay out late. People answered that they did not find this to be the case and that they were able to make all choices. We also found this to be the case during the inspection.
- Staff were encouraged to undertake training including nationally recognised qualifications and coaching in order to continuously improve the care being provided. One member of staff told us, "They (managers) never get tired with giving me time to explain it to me." Another member of staff told us about a Deputy Manager training workshop which had been rolled out across the wider organisation, "The Deputy Manager programme. [Registered manager] helped to develop it. There are different approaches to leadership and there are great examples."

Working in partnership with others

- The care delivered to people was exceptionally person-centred and the leadership team ensured the culture in the service always reflected this. Where people had complex needs and wishes, the registered manager worked with the local community to try and meet these. Staff had shown great compassion and understanding to make the person's life as comfortable as possible.
- For example, where a person wished to go to a specific church service as religion was an important part of their life but struggled to get up early in the mornings, the registered manager worked with a local church so that the person was able to attend a service in the evenings. Where the person was previously not going to church as they had struggled to get up in the mornings, staff had found an inclusive venue for the individual to be able to express themselves comfortably at a time that suited them. The person commented in relation to staff organising this with the church, "They are very good." One member of staff told us, "Church is in the evening. It's the part [person] enjoys most."
- We saw in care records that healthcare professionals had been involved in people's care and advice given was being followed by staff. One healthcare professional commented that the service had gone "above and beyond to ensure that [people's] needs are taken care of" and that the advice given by health and social care professionals had been followed through.

- Staff worked with people's GPs to ensure annual health checks were undertaken where people consented to this. We saw in care records that this was taking place. People had individual hospital passports to help healthcare professionals easily access relevant information in an emergency.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Services that provide health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the service. The provider had informed CQC of significant events including incidents. The registered manager understood their duty to report significant events to CQC in line with legal responsibilities.
- Relatives told us they were kept informed by the registered manager when something goes wrong and had confidence in the leadership of the service. One relative told us, "They update me regularly." We saw in incident reports that relevant parties, such as relatives, the local authority and healthcare professionals had been informed.