

Mrs Susan Elizabeth Howes

Shakespeare House Care Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Shakespeare House Care Home provides support and accommodation for three adults with mental health needs. Nursing Care is not provided. 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. At the time of our visit there were three people living at the home.

The home was managed by the provider who is in day to day charge and worked alongside staff in order to provide care to people. The provider is a registered person and 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.

At our last inspection to the service in December 2015 we found two breaches of regulations. The provider had not ensured that the premises were safe to use for their intended purpose and in a safe way. Also service users were not always treated with dignity and respect and the provider did not always support their autonomy and independence. We asked the provider to take action and the provider sent us an action plan In February 2016 which told us what action they would be taking. At this inspection we found that improvements had been made and the regulations were now met.

People told us they felt safe with staff. There were policies and procedures regarding the safeguarding of adults and staff knew what action to take if they thought anyone was at risk of potential harm.

Potential risks to people had been identified and assessed appropriately. There were sufficient numbers of staff to support people and safe recruitment practices were followed. Medicines were managed safely.

Staff were provided with training and supervision which equipped them with the skills to look after people effectively. People's healthcare needs were met and people were supported to attend regular health screening and checks such as with their GP, the optician and dentist as well as with mental health services.

The CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. Three people living at the home were currently subject to DoLS. We found the provider understood when an application should be made and how to submit one. We found the provider was meeting the requirements of DoLS. People were generally able to make day to day decisions for themselves. The manager and staff were guided by the principles of the Mental Capacity Act 2005 (MCA) regarding best interests decisions should anyone be deemed to lack capacity.

People were supported to have sufficient to eat and drink and to maintain a healthy diet. People's rooms were decorated in line with their personal preferences.

Staff knew people well and positive, caring relationships had been developed. People were encouraged to express their views and these were acted on appropriately. People were involved in decisions about their

care as much as they were able. Their privacy and dignity were respected and promoted. Staff understood how to care for people in a sensitive way.

Care plans provided information about people in a person-centred way. People's personal histories had been recorded and their preferences, likes and dislikes were documented so that staff knew how people wished to be supported. There was a variety of activities and outings on offer which people could choose to do. Complaints were dealt with in line with the provider's complaints procedure.

Weekly and monthly checks were carried out to monitor the quality of the service provided. Feedback was sought on the quality of the service provided through survey questionnaires. The provider told us that she met with people on a one to one basis to discuss issues relating to the home. These meetings enabled the provider to monitor if people's needs were being met.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People were protected from harm by trained staff. Risk assessments were in place.

Staffing levels were sufficient to keep people safe and the service followed safe recruitment practices.

Medicines were managed safely.

Is the service effective?

Good ●

The service was effective.

Staff had received suitable training and this was up to date. There were opportunities for staff to take additional qualifications.

Consent to care and treatment was sought in line with the requirements of the Mental Capacity Act 2005.

People had access to a choice of menu and were supported to maintain a healthy diet. A variety of professionals supported people to maintain good health.

Is the service caring?

Good ●

The service was caring.

Positive, caring relationships existed between people and the staff who looked after them.

People were consulted about their care and were able to exercise choice in how they spent their time.

People's privacy and dignity was respected.

Is the service responsive?

Good ●

The service was responsive.

Care plans provided detailed information so that staff could support people in a person-centred way.

Activities were available according to people's preferences and staff supported people to access the local community.

Complaints were acted upon in line with the provider's policy.

Is the service well-led?

Good ●

The service was well led.

The service had an open and positive culture. Staff told us that the registered manager and staff team were supportive and approachable.

People, relatives and staff were supported to question practice and asked for their views about the service provided through a survey organised by the provider.

Regular audits took place to measure the quality and safety of the service provided.

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. 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 07 March 2017. One inspector undertook this inspection.

Before the inspection we reviewed and checked the information that we held about the service and the service provider. This included the last inspection report and statutory notifications sent to us by the provider about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send to us by law. We used all this information to decide which areas to focus on during our inspection.

During our inspection we observed how staff interacted with people. We looked at how people were supported in the communal areas of the home. We also looked at plans of care, risk assessments, incident records and medicines records for one person. We looked at training and recruitment records for the provider and one member of staff. We also looked at staffing rotas, minutes of meetings with people and staff, records of activities and records relating to the management of the service such as audits and policies and procedures.

We spoke with two of the people who used the service and the relative of one person to ask them their views of the service provided. We also spoke with the provider and one member of staff.

Is the service safe?

Our findings

At the last inspection the provider had not ensured that the premises were safe to use for their intended purpose and were used in a safe way. This was because radiators in the home did not have covers on to prevent possible burns to people and was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider sent us an action plan in February 2016 which detailed the action being taken to address the issues identified. At this inspection we found improvements had been made and the regulation was now met.

We toured the home and found that radiators had been covered to protect people from possible burns. Risks to people and the service were managed so that people were protected. Risk assessments were kept in people's plans of care. These were regularly reviewed and gave staff the guidance they needed to help keep people safe. Risk assessments had information about the identified risk and also contained control measures to reduce any risks. The home also had a fire risk assessment for the building and there were contingency plans in place should the home be uninhabitable due to an unforeseen emergency such as a fire or flood.

People were supported by staff to be safe and people told us they felt safe at Shakespeare House Care Home. One person said, "Yes I feel very safe here". Another said, "Yes I feel safe and secure here". Relatives had no concerns regarding safety.

People were protected from abuse and harm and staff recognised the signs of potential abuse. The provider and staff knew what action to take if they suspected people were being abused. Staff had received training in safeguarding adults and knew who they could contact if they had any concerns. The provider and staff were able to name different types of abuse that might occur such as physical, psychological and financial abuse. This meant that people's safety was promoted because staff understood how to identify and report abuse.

There were sufficient numbers of suitable staff to keep people safe and meet their needs. Staffing was provided by two members of staff. They were backed up by the use of agency staff if required. The provider told us the service used the same agency staff member whenever possible which meant the staff member was familiar with people's needs. Of the two staff one was the provider who also lived on the premises. There was a minimum of one member of staff on duty at all times. People were quite independent and only needed staff to provide, prompts, advice and guidance. Support was flexible depending on any planned activities, any appointments and house routines. We spoke to one member of staff who told us that it was important for a member of staff to be present at all times to boost people's confidence. The provider and the member of staff told us that one member of staff on duty was sufficient to meet people's needs. People and a relative told us they felt there was always enough staff on duty.

There were effective staff recruitment and selection processes in place. Although no new staff had been appointed in the past two years. The provider understood her requirements when recruiting any new member of staff and was aware of her responsibilities. Staff records showed that recruitment records

contained all of the required information including two references one of which was from their previous employer, an application form and Disclosure and Barring Service (DBS) checks. DBS checks help employers make safer recruitment decisions and help prevent unsuitable staff from working with people. Staff did not start work at the home until all recruitment checks had been completed.

Staff supported people to take their medicines which were ordered, received, administered and disposed of safely. The provider had a policy and procedure for the receipt, storage and administration of medicines. Storage arrangements for medicines were secure. Medicines were managed so that people received them safely. Staff had completed training with a local pharmacy who provided medicines to the home in a monitored dosage system. Records showed that staff had been trained and that their training was regularly updated. Medication Administration Records (MAR) sheets showed when people had received their medicines and staff had signed the MAR to confirm this. Records seen were up to date with no omissions.

Is the service effective?

Our findings

People told us they got on well with staff and said staff knew them well. Comments from people included "I am very happy here" and "I like all the staff they are very good". People said the food at the home was good. A relative said they were happy with the support provided by staff.

The provider told us about the training provided for staff. Training was delivered by means of on line training which was available for staff to complete at any time, this was also available as refresher training. Face to face training was also available for certain subjects such as moving and handling. Training records were kept on the computer system and a list of training modules included: Basic first aid, health and safety, infection control, food hygiene, moving and handling, mental capacity act (2005), deprivation of liberty safeguards, mental health awareness, safeguarding adults at risk, person centred care, risk assessment and promoting dignity and compassion in care. Staff said the training was very helpful and helped them to carry out their work effectively. Staff also confirmed that the training provided enabled them to understand what was expected of them and how they should provide the care and support people required.

The provider said that any new staff members would complete an induction when they first started work. The induction programme included receiving essential training and shadowing experienced care staff so they could get to know the people they would be supporting and working with. The registered manager told us that new staff would be expected to complete the Care Certificate, which is a nationally recognised standard of training for staff in health and social care settings.

The provider said she would encourage and support staff to obtain further qualifications. Currently the provider only employed one member of staff who had completed an NVQ level three in health and social care. This is a work based award that is 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.

Consent to care and treatment was sought in line with the requirements of the Mental Capacity Act 2005. The provider and staff were aware of their responsibilities and understood the requirements of the legislation. 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 people 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.

Regular supervision meetings were held between the provider and staff member. The provider and staff confirmed this and records showed that supervision was carried out every two to three months. Both the provider and staff member said they worked closely together and did not have to wait for a supervision

meeting to discuss any issues.

We spoke to people about the meals provided at the home. Breakfast was normally cereals and toast and people could choose what to eat. Lunch was normally the main meal of the day with a hot meal also available in the evening. The provider told us that there was not a set menu and each person could choose what they wanted to eat. Staff said they knew what people liked and disliked so they supported them to make a choice and staff encouraged and supported people to maintain a healthy diet. People told us they discussed the menu plans at house meetings. They said they were able to suggest meals they would like to eat and staff would take their requests into account. Care plans contained information about people's likes and dislikes regarding food and drink and they told us staff knew what they did and did not like. People confirmed there was always a choice and if they changed their minds this was not a problem. A record of meals provided to people was maintained which showed people were supported to have sufficient to eat and drink and were encouraged to maintain a healthy and balanced diet. The provider told us and records showed that people's weight was monitored so action could be taken if anyone lost or gained weight.

People's healthcare needs were met and everyone was registered with a local GP. Each person had a health section in their care plan and included information such as 'My Physical and Mental Health and How to Support Me.' This included details about people's health needs. 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 when needed.

During the inspection, we undertook a tour of the home. The provider told us that since the last inspection refurbishment had taken place. The upstairs bathroom had been refurbished and cracked windows had been replaced, radiators had been replaced and covers had been fitted. New flooring for the bathroom was on order and was due to be replaced shortly. The premises were clean with no unpleasant odours. People were involved in the choice of furnishing for their rooms and were able to choose their favourite colours and personalise their rooms with photos and items of their choice. Communal areas were warm and cosy which gave a nice homely feel.

Is the service caring?

Our findings

At the last inspection we found that 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 a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider sent us an action plan in February 2016 which detailed the action being taken to address the issues identified. At this inspection we found improvements had been made and the regulation was now met.

At the last inspection one person was being temporarily barred from using the laundry 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. Also 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. This meant that people who were looking to move to more independent living were not supported to improve their cooking skills.

At this visit we saw that the laundry facilities were now being used by all people living at the home. There was information in each person's care plan which detailed what support each person needed with laundry tasks. There was a rota for what day's people were allocated to do their laundry. The provider told us this system was working well and that if anyone wanted to use the laundry on different days that was not a problem. The provider told us that people attended a local day service where people could take part in cooking activities: There was also a local support group that encouraged people to improve their cooking skills. The provider told us that although these facilities were available in the local area people had decided not to get involved at the present time. The provider said she would support people in the home and in the local community to develop their independent living skills as much as possible.

People were happy with the care and support they received. One person said, "The staff are very good and they help me". A relative said they were very happy with the care and support provided to people and were complimentary about how the staff cared for their family member.

Staff respected people's privacy and dignity. They knocked on people's doors and waited for a response before entering. When staff approached people, they would always call them by their name and engaged with them. They checked if they needed any support and gave people options so they could make their own decisions. A member of staff told us, "It's a nice atmosphere everyone gets on well".

Throughout our visit people were shown kindness and respect. This approach helped ensure people were supported in a way that respected their decisions, protected their rights and met their needs. We observed positive interactions between staff and they engaged with people throughout our time at the home, showing people patience and understanding. For example one person requested money from the provider as they were going out independently to the local shops. The provider spoke with the person and asked how much they would like, she suggested an amount of money and the person said that was sufficient. The

money was then given to the person and they signed the accounts book so that there were clear records of the transaction. People were confident and comfortable with the staff who supported them.

Everyone was dressed appropriately for the time of year. We observed that staff spent time listening and engaging with people and responding to their questions. There was a good rapport between people and staff with lots of good interactions taking place.

Staff understood the need to respect people's confidentiality and understood not to discuss issues in public or disclose information to people who did not need to know. Any information that needed to be passed on about people was passed verbally in private, at staff handovers or put in each individual's care notes. There was also a diary and a communication book for staff where they could leave details for other staff regarding specific information about people.

Staff were able to explain what they were expected to do to ensure people's privacy and dignity had been maintained. This included prompting people to ensure they locked the bathroom door when using the facilities and encouraging people to lock their doors when going out. From our observations we found staff were polite and respectful when speaking to people. People had regular one to one conversations with the provider and staff and told us they could discuss any issues they had. This gave people the opportunity to be involved as much as possible in how their care was delivered.

Is the service responsive?

Our findings

People were well looked after and told us they liked living at Shakespeare House. One person had requested a move to another home and the provider was helping this person with their request. A relative confirmed they were kept updated on any issues they needed to be aware of.

People were supported to maintain relationships with their families. Details of contact numbers and key dates such as birthdays for relatives and important people in each individual's life were kept in their care plan file.

The provider told us that before accepting a placement for someone they would carry out an assessment of the person's needs so they could be sure that they could provide appropriate support and that the person would fit in with the people currently living at the home.

Each person had an individual care plan and people's likes and dislikes were documented so that staff knew how people wished to be supported. Care plans were person centred and people were involved in compiling their care plans. The provider told us staff worked with people to decide what care and support the person needed and how this should be delivered. 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.

People were encouraged to express their views and these were communicated to staff verbally. A staff member said "We work with people and know what support people need. We always talk with people and explain as much as possible and give them the information so they can make their own decisions.

Staff were knowledgeable about the people they supported and were able to tell us about the people they cared for. They knew what support people needed, what time they liked to get up, whether they liked to join in activities and how they liked to spend their time. This information enabled staff to provide the care and support people wanted at different times of the day and night. We observed staff providing support in communal areas and they were knowledgeable and understood people's needs.

Each person had a daily report which was compiled by staff. This detailed the support people had received throughout the day and night and these followed the plan of care. Records showed the home had liaised with health and social care professionals to ensure people's needs were met.

Staff told us they were kept up to date about people's well-being and about changes in their care needs by attending the handover meeting held at the beginning of each shift. During the handover staff were updated on each person and were given any information they needed to be aware of. This ensured staff provided care that reflected people's current needs.

Daytime activities were organised for everyone, according to their preferences and there was a range of

activities provided for people. Two people regularly attended a local day service and they were supported to take part in a range of activities. Activities organised included trips to the local shops, meals out in the community, pool, card games, day trips and outings. The provider said people went out independently to day services and local community groups. People told us they had plenty to do to keep them busy.

The service routinely listened and learned from people's experiences, concerns and complaints. People were encouraged to discuss any concerns they had with staff. The provider told us any complaints or concerns would be dealt with promptly in line with the provider's complaints policy. The provider told us they had not received any complaints since the last inspection.

Is the service well-led?

Our findings

People told us the provider and staff were good and they were always around to listen to them. A relative confirmed the provider was approachable and said they could raise any issues with her or staff. They told us they were consulted about how the home was run and were invited to reviews".

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 acted in accordance with CQC registration requirements. We were sent notifications as required to inform us of any important events that took place in the home.

The provider told us she operated an open door policy and welcomed feedback on any aspect of the service. She encouraged open communication and supported staff to question practice and bring her attention to any problems. The provider said she would not hesitate to make changes if necessary to benefit people. A staff member said communication was effective and they were confident that if they had any concerns they would be dealt with appropriately. They said the provider worked well with them.

Staff said the provider was always around to talk to. Records showed that regular meetings took place with people, which enabled them to influence the running of the service and make comments and suggestions about any changes. The provider showed a commitment to improving the service that people received by ensuring her own personal knowledge and skills were up to date. She said she attended the same training courses as staff and that she had recently enrolled on a manager's course provided by the local authority. She said she also regularly monitored professional websites to keep herself up to date with best practice. .

The provider had a policy and procedure for quality assurance. Weekly and monthly checks were carried out to monitor the quality of service provision. Records that showed the checks and audits that took place included; financial, health and safety, care plan monitoring, medicines, infection control and audits of accidents or incidents and concerns or complaints. The provider said the quality assurance procedures carried out helped her to ensure the service they provided was of a good standard. They also helped to identify areas where the service could be improved.

People, relatives, staff and outside professionals were supported to question practice and asked for their views about Shakespeare House through a quality questionnaire organised by the provider. These were sent out and any responses were explored to see if any changes could be made to improve the service. We saw completed questionnaires from the last audit in which was carried out in January 2017. The three responses from people living at the home were all positive about the service and care provided