

# Shaw Healthcare (Specialist Services) Limited

## Sparrowfields

### Inspection report

17-19 Alwold Road  
Weoley Castle  
Birmingham  
West Midlands  
B29 5RR

Tel: 01214282848  
Website: [www.shaw.co.uk](http://www.shaw.co.uk)

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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

We carried out this unannounced inspection on the 24 and 25 July 2018. At the last inspection carried out on the 25 January 2017 we found that the provider was not meeting all of the legal requirements. We identified that one person was having their liberty restricted without the necessary authority being in place and identified that the management team required further support and knowledge to ensure that they fully understood their responsibilities. We found a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We rated the service as requires improvement. At this inspection we found that the provider had made the required improvements and rated the service as Good.

Sparrowfields is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Sparrowfields provides care and support for a maximum of six people who are living with a learning disability, autism or mental health conditions. There were six people living at the home at the time of the inspection.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

There was a registered manager in post at the time of our inspection. However, they were on annual leave and a senior staff member and the provider's quality manager supported us with our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were cared for by staff who were trained in recognising and understanding how to report potential abuse. Staff knew how to raise any concerns about people's safety and shared information so that people's safety needs were met.

People were protected from risks associated with their health and care needs because risk assessments and associated care plans were developed holistically, reviewed and monitored. This ensured that people received the support they required to remain safe. Staff were aware of the risks to people when supporting them outside of the home in order to promote people's safety in the community.

People were supported by sufficient numbers of staff who had the knowledge and skills they required to care for people safely and effectively.

Staff sought the expertise of specialist services and health and social care professionals to ensure that the

care they provided to people was in keeping with legislation and best practice guidelines. This included advice and support specific to learning disabilities and autistic spectrum disorders.

Staff understood the importance of ensuring people agreed to the care and support they provided and when to involve others to help people make important decisions. The provider was aware of their responsibilities in regard to the Deprivation of Liberty Safeguards (DoLS) .

People were supported to enjoy a wide range of activities and were involved in their day to day care and chose how to spend their day. People were encouraged to maintain their independence and live active and fulfilling lives.

Staff were caring and treated people with respect. We saw people were relaxed around the staff supporting them and we heard and saw positive communication throughout our inspection. It was evident that people had developed positive relationships with staff and there was a friendly, calm relaxed atmosphere within the home.

People received support from staff to take their prescribed medicines as and when required. Systems and processes were in place to ensure medicines were managed safely. Staff understood their responsibilities in relation to hygiene and infection control.

People were supported to maintain a healthy diet and were supported to maintain all their health needs.

Systems and processes were in place to monitor the safety and quality of the service and included the involvement of people who lived at the home and other stakeholders.

## 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 supported by enough members of staff, who had been safely recruited, to ensure that they were kept safe and their needs were met.

Risks to people had been assessed, recorded and well managed

People were protected from the risk of abuse and avoidable harm because staff were aware of the processes they needed to follow.

People received their prescribed medicines as required.

Systems were in place to promote good hygiene standards.

### Is the service effective?

Good ●

The service was effective

People received care and support with their consent.

People received care from staff who had the training and knowledge required to do their job safely and effectively.

People were supported to eat food that they enjoyed and to maintain their health and wellbeing.

### Is the service caring?

Good ●

People were supported by staff who knew them well and were kind and caring in their approach.

People had involvement in care planning which reflected individual needs. People were supported to be as independent as possible and were supported to express their views.

People were treated with respect and had the opportunity to express their culture, faith and sexuality in the ways they wished.

### Is the service responsive?

Good ●

The service was responsive

People had the opportunity to engage in activities that were based on their interests and meaningful to them.

People were involved in reviewing their care to ensure it still met their needs.

People were aware of how to raise concerns and complaints, and could be certain action would be taken in response to the issues they raised.

### **Is the service well-led?**

The service was well led

There was a registered manager in post and conditions of the provider's registration were met.

People were happy with how the service was managed and staff felt supported in their roles.

The provider had systems and processes in place to continuously monitor the safety and quality of the service, which were implemented effectively.

**Good** ●

# Sparrowfields

## 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 the 24 July 2018 and was unannounced. The inspection team consisted of two inspectors. We agreed to return and complete the inspection on 25 July 2018, when the inspection team consisted of one inspector.

As part of the inspection process we looked at information we already held about the provider. Providers are required to notify the Care Quality Commission about specific events and incidents that occur including serious injuries to people receiving care and any incidences that put people at risk of harm. We refer to these as notifications. We checked if the provider had sent us notifications in order to plan the areas we wanted to focus on during our inspection. We also contacted the local authority about information they held about the provider. The local authorities are responsible for monitoring the quality and for funding people receiving care and support. They told us that they had no concerns about this service.

During our inspection we spoke to all six people who lived at the home and also made general observations around the home. We also spoke with two health care professionals. We spoke to the team leader, quality manager, the senior administration person, and four support staff. We looked at records relating to the management of the service such as, care plans for three people, the incident and accident records, three staff recruitment files, Medicine Administration Records (MAR). We also looked at records which supported the provider to monitor the quality, management and safety of the service including health and safety audits, accidents and incidents records and compliments and complaints.

# Is the service safe?

## Our findings

At our last inspection on 25 January 2017 we rated this key question as 'Good'. At this inspection the rating remains unchanged.

People we spoke with told us that they felt safe in the home and were happy to be living there. One person told us, "I feel safe here; I am in the right place." Staff and people told us about a range of actions that were completed on a regular basis to help keep people safe. For example, records showed that fire drills took place on a weekly basis and people knew what to do in the case of a fire. One person told us, "Staff do a weekly test and we have to go and stand out the front of the building. We are not allowed back in until staff tell us it is safe. If there is a fire at the front, we can go out and stand in the back garden."

Staff told us they had received training in safeguarding and knew the different types of abuse. Staff we spoke with told us some of the signs they had been trained to look out for that would indicate that the person might be at risk of abuse and what action to take if they had any concerns about people's safety. A staff member told us, "If I had any concerns I would report them immediately to the manager or a senior manager and I know they would do something about it". Another staff member told us that at times they do have difficult and challenging situations that they need to manage. They told us that there are clear procedures in place to follow. They told us that they felt well supported by the registered manager and that there was always a person on call if they needed support.

People were supported to stay safe and take positive risks where appropriate. Care records we looked at contained up to date risk assessments which were reviewed on a monthly basis or when a person's needs changed. One person told us, "I am not allowed out on my own and I am ok with this." Another person told us, "I like to have staff support when I am out because I get leg wobbles so they (staff) keep me safe." One person told us about how staff have been working with them to access the community independently and safely. The person could describe the places in the local area they were allowed to go and this was reflected in the risk assessment in their care file.

We saw that people were supported by sufficient numbers of staff. Most people required one to one support when leaving the home and there were flexible levels of staffing to make sure people could attend activities and appointments. We observed that staff had plenty of time to spend with people and were not rushed. We saw one person during the inspection waiting to go out to do some clothes shopping. Staff explained that they would have to wait until the afternoon as staff had been organised to come in and take them out later in the day.

We saw that medication was given to people as prescribed and was stored safely in people's rooms. We looked at MAR (medication administration records) which showed that people had their medication on time and doses were not missed. People had risk assessments in place to assess if they were able to take medication on their own or whether they needed staff support. One person was able to explain how staff have worked with them to be able to self-medicate but that the amount of medication left in their room is reduced to minimise the risk of taking too many tablets. Some people required medication to be given "as

and when" and there were very clear protocols in place, with detailed guidance for staff about when this medication should be given. We saw that people's records we looked at contained clear guidance for staff about how this person liked to take their medication and how to manage the risk of non-compliance.

We checked two staff files and saw the provider had checked staff's suitability to work with people prior to them commencing work at the home. These checks included obtaining Disclosure and Barring Service Checks (DBS). Completing these checks reduces the risk of unsuitable staff being recruited.

We saw that people were protected from the risks of infection. The home was clean and tidy and staff had access to the appropriate cleaning materials and equipment. The communal kitchen contained different coloured chopping boards and items in the fridge were clearly labelled with dates on which they had been opened. The home had a separate laundry room and a locked cupboard where cleaning materials were kept.

Records showed that incidents and accidents were carefully recorded by staff. This enabled managers to monitor trends and patterns and take action as appropriate. For example, we saw that there had been a number of incidents involving one person and this had resulted in a review of this person's risk assessment and support plan which had involved other professionals. We saw that this portal also automatically alerted senior managers to any serious incidents. The registered manager had countersigned all incident and accident records and had made recommendations for any required action for each incident. The provider required the registered manager to submit a monthly report on all accidents and incidents so that actions required could be monitored by the provider.



## Is the service effective?

### Our findings

At our last inspection on 25 January 2017 we found that one person's liberty was being restricted and the authorisation for this had expired. The management team were unaware of their responsibility or the actions required to re-apply for this. The inspection identified other potential restrictions to the person's liberty that had not all been addressed. Depriving a person of their liberty for the purpose of receiving care or treatment without lawful authority is a breach of Regulation 13(5) of the Health and Social Care Act 2008. (Regulated Activities) Regulations 2014. At this inspection we found that the required improvements had been made and this breach had been met.

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 decision made on their behalf must be in their best interests and as least restrictive as possible. We checked whether the service was working within the principles of the MCA. People we spoke with told us they made decisions for themselves. One person told us, "I make my own choices about what I want to do". A member of staff we spoke with told us, "We support people to be as independent as possible". Staff had received training on the MCA and had a working knowledge of how it applied to people living at the home. Staff explained that they involved people in daily decisions about their care and had knowledge of best interest decisions. During our inspection we observed staff offering people choices and seeking people's consent.

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 are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service had applied for DoLS appropriately and whether any conditions on authorisations to deprive someone of their liberty were being met. One person's liberty was being restricted and the authorisation for this had expired. The management team told us that they had reapplied for this and were waiting on a response from the Local Authority.

Our observations identified that staff understood people's complex needs. We saw that when needed staff observed people discreetly and were available to respond to people promptly to minimise any anxiety. Staff demonstrated a clear understanding of maintaining professional boundaries with people. People spoke positively about the staff. One person told us, "I love the staff here, they are all fantastic". Another person told us, "They are good people ( staff) they are well trained and have really helped me". Records we looked at included positive behaviour support plans that were detailed and provided clear guidance on possible triggers and how the person wanted staff to help de-escalate incidents.

Staff told us they had received sufficient training to carry out their role effectively. New staff recruited to the home had been provided with the Care Certificate as part of their induction. The Care Certificate is a set of nationally recognised standards that provides staff with the skills and knowledge they need to support people safely. A staff member told us, "I did four days training when I first started. It was really good". Another staff member told us, "The training here is very good. We do some specialist training in relation to

the needs of the men. It's excellent and we go to head office for the training. It's really well presented and thought provoking training. We also do some eLearning". The staff we spoke with were able to tell us how they used the learning to improve the way they worked with people.

Staff told us that they felt supported and had formal supervisions for reflection and support. Staff we spoke with told us that communication systems in the home were good. We observed a handover session between staff members and saw that staff were provided with detailed information so that they had the most up to date information required to support each person. A staff member told us, "The manager is approachable she keeps us well informed and is there to help".

People told us that they were supported to plan, shop and prepare food that they liked. Each person had a personal shopping budget which meant they could eat foods that were to their specific tastes and which met their cultural needs. One person told us, "I cook food that I like. The staff help me with the cooking". Another person showed us a Shepherd's pie that they had helped make that morning and enjoyed eating at lunch time. Staff told us that they worked alongside people to ensure that where possible people had a healthy and balanced diet.

People told us that they had access to healthcare that met their general health needs as well as health needs that were specific to them. One person told us, "I can see the doctor when I need to". We saw that a person was supported to rearrange a healthcare appointment and they made the telephone call themselves. The staff member discussed this with the person and then ensured that their care records were updated with the information. Records we looked at contained detailed information following healthcare appointments. This ensured people received the support they required to maintain good health and wellbeing.

The premises were suitable to meet the needs of the people. There was a range of shared areas for people to access and we saw that people were able to make a choice about spending time with other people or choosing to spend time on their own. There was a safe, secure rear garden with a covered seating area to provide shade in the hot weather. There was a call system in place and one person told us, "If we need staff help we can just press that button".

## Is the service caring?

### Our findings

At our last inspection on 25 January 2017 we rated this key question as 'Good'. At this inspection the rating remains unchanged. We received a warm and friendly welcome when we arrived at the home. We saw that people were relaxed and comfortable with staff.

During our last inspection it came to our attention that one person had no window covering at their bedroom window. We were told that there had been challenges involved in providing a long term safe and effective window covering for the person's room. At this inspection we saw that a safe and effective window covering had been provided. The person's whose room it was happily showed us their bedroom and told us they were pleased with their window blinds.

During our inspection we heard on-going discussion between people and staff about their care and support. We heard discussions about people's plans for the day. A discussion between a person and a staff member about painting their room. Conversations about future plans, booking theatre tickets and contact with family and friends. We saw that people received both practical and emotional support from staff at all times and were treated as individuals. Staff we spoke with knew people well and were able to tell us about people's care and support needs and any associated risks. Staff knew people's interests, hobbies, likes, dislikes and preferences. People told us that they were involved in planning their care. We saw that people had been able to contribute and state how they wished to be supported. Care plans contained details of people's likes and dislikes and their preferences for care.

People had been supported to express their gender and sexuality in the ways that they wished and were appropriate. Conversations with people and staff confirmed that people could be confident they would be valued and supported to express themselves in ways that reflected their individual and diverse preferences.

People told us that they had been supported to decorate and furnish their bedroom with colours and in a style that suited their tastes and preferences. People showed us their bedrooms and belongings with pride. We saw that staff knocked people's doors and waited for a response before entering their bedroom.

People were well supported to maintain family and friend relationships that were important to people. One person told us, "Staff here help me make friends". Another person told us, "I can have visitors when I want and I still see my old key worker". When people had no families or friends staff told us that they would support people to access advocacy services and there were details available in the home should anyone request this service. This demonstrated that people had the opportunity to seek support from people or services that were independent from the home.

## Is the service responsive?

### Our findings

At our last inspection on 25 January 2017 we rated this key question as 'Good'. At this inspection the rating remains unchanged.

We saw that people were treated as individuals and their personal likes, dislikes, preferences and daily routines were respected and promoted. People had been involved in planning and reviewing their care. We saw that relevant health and social care professionals were involved with people's care to ensure that care was specific to the person's needs and person centred. One person told us, "The staff talk to me about my care plan and they help me to do the things I want to do. I have settled really well here. I am very happy". The care records we looked at were comprehensive and individual to each person. A monthly review of people's care took place and records of these showed that all aspects of the person's health and wellbeing were reviewed. The records we looked at reflected our observations and what staff had told us, we saw staff working consistently in line with people's needs and wishes.

We found that systems were in place to ensure staff were kept up to date about changes in people's care and support needs. Staff we spoke with told us how staff handovers and team meetings were used to ensure effective communication between the team. A staff member told us, "The communication in the home is very good. You are always kept up to date with everything about the people".

People were supported to take part in a wide range of activities in the home, local and wider communities. One person explained to us in great detail about how staff supported them to follow their interests and hobbies which included feeding birds, attending church and going to theme parks. They told us, "I can use trains and buses independently and I have a front door key so I can go out and come back when I want". Another person told us about the things they enjoyed doing and that were really important to them including travelling internationally, days out, and staying with family. Another person told us that they had a season ticket for the football team they supported and went to all the home matches with support from a staff member. Another person told us, "I am off to the gym and a swim now and will have lunch out". When they returned home later in the day they told us, "I have had a nice time. I know lots of people there it's nice to see them and have a chat. Tomorrow I am going to the pub for a drink and a meal". Some people told us they were going on holiday soon and they had decided where they were going and what they would be doing. One person told us, "I am going to walk on the beach, go to the funfair and play a game of Bingo. I am really looking forward to going".

People could be confident their concerns and complaints would be recognised, investigated and responded to. All the people we spoke with told us they were happy with the service provided. One person we spoke with told us, "We have residents meetings and talk about the things that we want to do. We also have chat times. I can talk to the staff any time. They (staff) are really good and they will sit and listen to me". Another person told us, "If I was unhappy I would talk to the staff and they would listen". We looked at the records of complaints and saw that two concerns in the past year had been recorded and our inspection identified these had been investigated and any necessary actions had been taken.

## Is the service well-led?

### Our findings

At our last inspection on the 25 January 2017 we rated the service as requires improvement. We found the providers audits had failed to identify that action was required to meet the requirements of the Mental Capacity Act (2005) and to uphold one person's human rights. At this inspection we found that the provider had made the required improvements and rated the service as Good in this key question and overall.

At our last inspection we found that although a manager had been appointed and was in position at Sparrowfields there had been no registered manager for almost twelve months. This had placed the registered provider in breach of their conditions of registration. We spoke with the registered provider and manager about this, and were assured that an application would be made. At this inspection the provider was meeting their conditions of registration because a registered manager had been appointed and was registered with us. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated.

Registered providers are required by law to display the ratings awarded to each service on their website and in the home. We confirmed that the rating for Sparrowfields was on display in both of these places. Showing this rating demonstrates an open and transparent culture and helps people to know the rating of the service they are using. We looked at the opportunities people, staff and relatives had to provide feedback or to whistle blow in the event that they were concerned about any aspect of the service. (Whistle blowing is a term given to raising the alarm on abusive or neglectful care practices) Staff we spoke with were aware of how to whistle blow and could describe the registered provider's hotline and other avenues open to them in the event they felt unable to approach their line manager.

We saw that the registered provider had a wide range of audits and checks to monitor the quality and safety of the service. Regular checks were in place to ensure people lived in a safe, comfortable and homely environment. The audit addressed all of the key areas of the operation of the home, as well as people's satisfaction with the service they were receiving. The registered manager reported on a monthly basis to their operations manager so they had oversight of where any improvements or actions were needed.

All the people we spoke with were happy with how the service was managed and felt involved in the running of the home. People told us, "I am really happy and settled here the staff have helped me a lot". Another person told us that they never want to leave this home to live anywhere else. Some people told us that although they were happy where they were living they wanted to move on to live in a different environment. The registered manager told us that people were receiving the support from professionals to explore their options.

The registered manager was on annual leave when we carried out our inspection. All the staff we spoke with was helpful and professional and supported us with the inspection process. The provider's quality manager arrived part way through the first day of our inspection and was open and transparent in their approach to the inspection and co-operated throughout. It was evident that the provider had a clear vision for the service

and person centred care was at the core of the service. Throughout our inspection there was a positive and calm atmosphere throughout the home.

Providers are required by law to inform us of certain events that happen in the home (such as serious, safeguarding concerns or police incidents) by way of submitting a form called a statutory notification. We found that the notifications we received from the provider were detailed enabling us to have a sound understanding of events proceeding and actions taken following an event or incident within the home. We saw that regular staff meetings took place and the minutes of these showed that staff were provided with feedback and any learning from incidents that had taken place in the home. The provider required the registered manager to submit a monthly report on all accidents and incidents so that actions required could be monitored by the provider to ensure there was effective oversight of the home.

Records we saw showed the management team worked with other agencies to support the well-being of the people living at the home. For example, specialist services and health and social care professionals to ensure that the care they provided to people was in keeping with legislation and best practice guidelines. This included advice and support specific to learning disabilities and autistic spectrum disorders.