

# Mrs P M Eales

# Shandon

## Inspection report

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Date of inspection visit:  
14 July 2016

Date of publication:  
17 August 2016

### 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

This inspection took place on 14 July 2016 and was unannounced. At our previous inspection in January 2014, we found the provider was meeting the regulations we inspected.

Shandon is a small care home providing personal care for up to three adults with learning disabilities. The home is a bungalow and there are three single bedrooms on the ground floor. At the time of our inspection, there were two people using the service.

There was an established registered manager who had worked in the service for many years. 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 and their relatives told us they felt safe and well cared for. Staff respected and understood people's need for privacy and promoted their independence. People were supported to maintain their hobbies and interests at home and in their local community.

At the time of our inspection people living at Shandon had capacity to make decisions about their care. Their rights were protected because the registered manager and staff understood the requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. This is legislation that protects people who are not able to consent to their care and support, and ensures people are not unlawfully restricted of their freedom or liberty.

People's needs were assessed and reviewed to ensure they received all the support they needed. The care plan records included important information on how each person liked to live their life. People were fully involved in reviewing and providing feedback on the care and support they received. They were encouraged to set personal goals and were supported to achieve these.

Staff knew people well and knew when people were unhappy and how to respond to them. People and their relatives knew how to complain and make suggestions, and were confident their views would be acted upon by staff and the registered manager.

People were supported to keep healthy and their nutritional needs and preferences were met. Any changes to their health or wellbeing or accidents and incidents were responded to quickly. Referrals were made to other professionals as necessary to help keep them safe and well.

Shandon was safely maintained and people lived in a home that met their assessed needs. Individual bedrooms were furnished to comfortable standards and homely. The standards of décor and personalisation by people who used the service confirmed this.

Staff understood how to protect people from harm and provide safe care. Staff knew how to recognise and respond to abuse correctly and had received safeguarding training. The service encouraged people to take positive risks whilst promoting their independence. Where risks were identified, there was guidance on the ways to keep people safe in their home and in the local community. Medicines were managed safely and people had their medicines at the times they needed them.

Staffing levels met the present care needs of the people that lived at the service. Staff received a structured induction and essential training to support them in their role. This was followed by ongoing refresher training to update and develop their knowledge and skills. Staff also undertook training specific to the needs of people they supported. The provider recruited staff safely which helped ensure that people were protected from unsuitable workers.

The registered manager had been in charge at the service for a long time. She knew people and staff well and had good oversight of everything that happened at the service. The registered provider had values for the service, which were known and shared by the staff team. There was an open and inclusive atmosphere in the service and the manager showed effective leadership. Staff felt supported in their roles by the registered manager. Regular staff meetings were held for staff to share any concerns or ideas they had to continuously improve their service.

The provider carried out regular audits and quality assurance measures to ensure people received a high quality level of care. There were ongoing checks to monitor the health and safety of the service. Where improvements were needed or lessons learnt, action was taken.

## 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 felt safe and staff knew about their responsibility to protect people from the risk of abuse and harm.

There were enough staff to support people's needs and the provider followed an appropriate recruitment process to employ suitable staff.

People had their prescribed medicines at times they needed them and medicines were stored and administered safely.

The environment was safe and maintenance took place when needed.

### Is the service effective?

Good ●

The service was effective. People received support from staff that were appropriately trained and supported to carry out their roles.

The provider acted in accordance with the Mental Capacity Act (2005) to help protect people's rights. The registered manager and staff understood their responsibilities in relation to mental capacity and consent issues.

People were supported to manage their health and attend healthcare appointments. People received support with meals in line with their preferences and dietary needs.

### Is the service caring?

Good ●

The service was caring. People told us that staff were caring and supportive and always respected their privacy and dignity.

People were fully involved in making decisions about their care, treatment and support. Care plans provided detailed and comprehensive information about people's care needs, their likes, dislikes and preferences.

Staff had formed positive relationships with people living in the home who told us they felt well cared for and liked living there.

### Is the service responsive?

Good ●

The service was responsive. People's needs were assessed and were reviewed. Where there were changes to people's health and wellbeing, these were responded to.

People were supported to set and achieve personal goals and aims. People enjoyed varied social and leisure opportunities that interested them.

People felt comfortable to talk to staff if they had a concern and were confident it would be addressed. The provider had a complaints procedure to support this.

### Is the service well-led?

Good ●

The service was well-led. The registered manager demonstrated effective leadership. People and their relatives spoke positively about them and how the service was run.

There was an open, person centred culture in the service. Staff were clear about their roles and responsibilities and the provider's values.

People and their relatives were regularly consulted about how the service was run. Regular audits were completed to monitor and assess the quality of the service provided. Action was taken where needed to improve the care and support people received.

# Shandon

## **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.

Prior to our visit we reviewed the information we held about the service. This included the inspection history, any safeguarding or complaints and notifications that the provider had sent to CQC. Notifications are information about important events which the service is required to tell us about by law.

We carried out this inspection on the 14 July 2016. The inspection was unannounced and carried out by one inspector. We met with the two people using the service who gave us direct feedback about their care and experiences. We also spoke with the registered manager, the deputy manager and two members of staff during the course of our visit.

We looked at care records for the two people who used the service. We checked records kept for staff training, supervision and staff allocation. We reviewed the recruitment process for one member of staff. We looked around the premises and at records for the management of the service including quality assurance arrangements, action plans and health and safety records. We also reviewed how medicines were managed and the records relating to this.

Following our inspection, we telephoned the two people's relatives to obtain their views about Shandon. The registered manager also sent us information we had requested about quality assurance findings, staff training and development records.

# Is the service safe?

## Our findings

People living at Shandon told us they felt safe and with the staff who supported them. One person said, "I feel very safe here and would report to the manager if I didn't." Relatives also expressed confidence their family members were safe.

Staff could describe how they kept people safe and identify possible signs of abuse. All staff had received safeguarding training and the registered manager had received enhanced training delivered by the local authority. Policies about protecting people from abuse and whistleblowing provided staff with clear guidance on how to raise concerns about abuse or poor practice. This included a quick reference guide for responding and reporting abuse. There were procedures in place to help people manage their money as independently as possible. This included maintaining a clear account of all money received and spent. Money was kept safely and what people spent was monitored and accounted for.

The registered manager understood her responsibility to protect people and to report potential safeguarding incidents. She shared an example where she notified the local authority about a medicines error. Although this was not progressed as an incident of abuse, the manager was asked to carry out an investigation which resulted in refresher training for the member of staff and introduction of a risk assessment on medicines administration when working alone. This demonstrated that the service responded appropriately to potential abuse.

People were supported to take positive risks to enhance their independence, whilst staff took action to protect them from avoidable harm. Staff were knowledgeable about the risks to each person's health and wellbeing. Risk assessments were personalised and set out what to do to keep people safe in relation to day to day support and activities. These covered risks such as using the local community, using public transport, managing money, taking prescribed medicines, using the kitchen and personal care. There were risk plans and additional guidance associated with people's healthcare needs such as diabetes and sensory impairment. Staff could describe these risks and how to minimise them.

There were arrangements in place to deal with unforeseen events. The provider had emergency policies and procedures for contingencies such as utility failures or in the event of a fire. People had personal emergency evacuation plans (PEEP) which explained how staff should support them to leave the building in the event of a fire. The staff were trained in first aid and were supported out of hours by the registered manager or deputy in the event of emergencies or if in need of advice and support.

Shandon was clean and well maintained which contributed to people's safety. Staff completed health and safety checks to ensure the building and the equipment were safe for people to use. These included ensuring that hot water temperatures were safe and electrical and gas appliances were checked. Fire alarms and other fire equipment were routinely tested to ensure they were in working order. People confirmed they were regularly involved in practice fire drills.

At the time of our inspection, the two people using the service said there were enough staff available when

they needed them. There was a minimum of one staff during the day with one waking staff on duty overnight. Additional staff were arranged when needed, for example, when people went on outings or appointments. Staff allocation records showed that people received flexible staff support and this was planned according to their needs. The registered manager worked as part of the staff team and was available to provide support if required. One person had recently moved on to another service owned by the provider. The registered manager explained that staffing levels would be reviewed and adjusted accordingly when a third person moved in.

People using the service experienced consistency as there had been minimal staff turnover. One member of staff had been recruited in the last two years and there were no staff vacancies. Prior to staff starting work at the home the provider checked with the Disclosure and Barring Service (DBS) that staff were suitable to work with people who lived there. The DBS helps employers to make safer recruitment decisions by providing information about a person's criminal record. The registered manager was able to tell us about other required recruitment checks before employing staff. These included verifying the applicant's full employment history, qualifications and training certificates, health fitness and obtaining two references and proof of identity.

People told us they received their medicines on time and were supported to manage their own medicines if they preferred. Individuals had risk assessments to support this and had signed them in agreement. We checked the medicines for two people which corresponded with their medication administration records (MAR). The records were up to date and there were no gaps in the signatures for administration.

People had written profiles about their medicines which included details about the name of the medicine, the dose and date of prescription. We discussed adding information about the reasons why people were prescribed their regular medicines with the deputy manager. They agreed to review the profiles to include these. Where people needed medicines 'as required' or only at certain times there were guidelines about the circumstances and frequency they should be given.

Medicines were managed, stored and disposed of safely. Staff received training on how to give people their medicines safely and their competencies were checked regularly to make sure their practice remained safe. One member of staff told us they had recently completed refresher training after returning from maternity leave. Designated staff had the responsibility of overseeing medicines and undertook regular audits. These weekly and monthly medicines audits were completed to ensure any issues or errors were picked up and addressed promptly. The registered manager told us that the home was due to change pharmacy in the coming weeks. Staff had received training to familiarise themselves with the new system. The previous supplying pharmacist had completed a full medicines audit and the few recommendations had been addressed.



# Is the service effective?

## Our findings

People received effective care and support from staff who were trained and supported by the registered manager. Relatives explained their family members had lived at the home for many years and they felt confident staff understood people's respective needs. Their comments included, "Staff are definitely trained" and "They are confident to deal with [my relative] and know his needs."

There was a stable staff team who had worked at Shandon for a long time. We observed that staff knew people well and knew how they liked to receive their care and support. Records and certificates confirmed that staff undertook relevant training to support them in their role. Staff had completed an induction which was followed by a programme of mandatory training organised by the provider. This included key aspects of care such as moving and handling, safe handling of medicines, infection control, safeguarding adults, fire safety, food hygiene and first aid.

Staff undertook other training that considered people's specific needs. These had included dementia awareness and diabetes. We noted that training for some staff was overdue or had not been updated for several years. This meant staff may not be up to date with the most current best practice. Following our inspection the registered manager provided a training schedule which identified when staff had completed training and when it was next due. We also received confirmation that the manager had prioritised and planned training the staff needed over the coming months.

Staff received ongoing supervision and appraisal to discuss their performance with the registered manager. Appraisals are meetings involving the review of a staff member's performance, goals and objectives over a period of time, usually yearly. Staff told us they had meetings with their manager every two months. The supervision records we reviewed were detailed and included discussions about people using the service and day to day issues in the home. One to one meetings also gave staff opportunities to talk about their work performance and personal development.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

At the time of the inspection people living at Shandon were able to consent to their care and support and

nobody lacked capacity to make decisions. Throughout our inspection staff offered people choices and supported their decisions about what they wanted to do. Staff worked in an inclusive way with people and always sought their permission before carrying out any support. One member of staff told us, "People are free to choose, no-one is subject to restrictions." Records showed that people using the service had contributed to their support plans and signed in agreement with records about their care. We noted one example where a person had been invited for a health screening check and declined to go. Staff had recorded the person's decision in their care plan.

The registered manager understood the legal framework that needed to be put in place if a person was being deprived of their liberty. Policies and guidance were available to staff about the MCA and DoLS. The five principles of the MCA were displayed in the office for staff reference with a further copy provided in the staff files. Staff understood the importance of gaining consent and to assume that a person has capacity. We noted that not all staff had completed MCA and DoLS training although arrangements were in place for them to attend.

People were encouraged to have a healthy diet and participate in food preparation and cooking. People said they liked the food and made choices about their meals. A relative told us, "There is a good, varied diet and they [staff] tailor meals around his needs." Where people wanted to shop and prepare their own snacks or drinks they were supported to do so. This was confirmed by people who told us they went regularly to the local supermarket. Support plans contained details about people's likes and dislikes and the level of support people needed to prepare their meals. Care plans reflected any associated risks associated with eating and drinking.

People were supported to maintain good health and had access to healthcare services for routine checks, advice and treatment. One person told us they had been for an audiology appointment and were waiting for a new hearing aid. Care records described how the staff were meeting individuals' health care needs. A relative told us their family member's health was "well monitored." Other professionals were consulted and involved when concerns were raised about people's health or wellbeing. Accurate records were kept of these appointments and outcomes. Records showed that staff had followed the advice and guidance provided by health and social care professionals involved in people's care.

People had hospital passports. These contained information about how staff should communicate with the individual concerned along with medical and personal details. The document could then be taken to the hospital or the GP to make sure that all professionals were aware of people's individual's needs.

# Is the service caring?

## Our findings

People and their relatives were complimentary about the care provided and the staff team. People described the staff as "very friendly" and "absolutely fantastic." One person's relative told us, "I am very, very satisfied with the care and [name of person] is very happy." Another person's relative said, "The home is great" and spoke about staff as "very professional in their approach." People's relatives also said the registered manager and staff team were all caring.

There was a relaxed and homely atmosphere at Shandon and we saw the interactions between people and staff were caring and inclusive. People and staff chatted and laughed together. During our inspection people were supported with their preferred activities and routines. When people returned from their activities staff showed interest in how they were feeling and how their day had been and what they would like to do in the evening.

People made choices about their care and support and were supported to express their individuality. Two people showed us their bedrooms which were decorated and furnished according to their chosen style and interests. There were items of personal value on display, such as photographs, memorabilia and other possessions that were important to individuals and represented their identity. One person told us they selected the furnishings for their room and commented, "Staff always offer choices."

People's choices and preferences were recorded and written in a person centred way. Each person had a profile called "All about me." This provided information about what was important or meaningful to the person and included photographs of people taking part in their favourite activities. Care records contained details about people's personal histories and background information. Other information reflected what was important to the person now, and in the future. Staff showed knowledge about the people they supported and were able to tell us about people's likes/dislikes, daily routines and interests. Their comments corresponded with what we saw in the care plans.

People's support plans described what mattered most to people and how staff should support them. One example explained how a person had "very definite opinions about how they wanted to spend their time and live their life." To support this, they were "invited to express these opinions through meetings and keyworker discussions."

Information about the home had been produced in accessible formats for the people who lived there. This was displayed throughout the home to help people make choices and decisions. For example, here were easy read leaflets about making complaints and reporting abuse.

People were encouraged to maintain relationships with people who were important to them and these details were recorded in their care plans. Family members regularly visited the home and people were supported by staff to visit relatives. One relative told us the staff provided transport to take them out for lunch with their relative. One person told us they spoke with their relative every day. People's relatives confirmed they were always kept up to date with any relevant news and were welcomed in the home

whenever they visited.

We found that people's diverse needs were understood and supported. The staff took these needs into account when planning and providing care and support to individuals. This included support with their spiritual, cultural and religious needs. For example, if people attended church, they were supported to do this and if they were able to go independently in the local community, they were encouraged to do so. People had the right specialist equipment to promote their independence and meet their physical and sensory needs.

People told us the staff were respectful at all times and upheld their privacy and dignity. Staff told us how they supported people to retain their dignity and independence, for example, by knocking on bedroom doors before entering and gaining consent before assisting with personal care. Within the care records there was information about respecting people's rights. One example included, "[name of person] room is not entered by staff without [their] permission. [Person] does not like their belongings touched or moved without their knowledge." Another example referred to risks to the person when taking a bath and reminded staff to "give [person] the privacy they were entitled to but always be vigilant when in the bathroom alone."

People's personal information was kept secure and their records were stored appropriately in the service. Staff addressed people respectfully and maintained confidentiality when discussing individuals' care needs.

## Is the service responsive?

### Our findings

People using the service had lived at Shandon for many years. Relatives had confidence that the service met people's needs and spoke about the progress their family members had made since living there. One relative described how their family member's health condition was now stable and "had improved since being at Shandon." Another person's relative told us their family member had been in care since a young age and said the service was "the best place [my relative] has ever been to."

People spoke highly about the home and the staff supporting them. One person told us, "It's a really fantastic place and I like living here" and "I like living in the countryside and have lots of friends here." Another person said, "I am very happy here."

The staff had knowledge about how each person liked to receive their personal care and what activities they enjoyed. They were able to tell us what they would do if people were unwell, unhappy or if there was a change in a person's behaviour. People had personalised support plans which showed that the individual was central to the care and support they received. Person-centred planning is a way of helping someone to plan their life and support, focusing on what's important to the person.

People were involved in reviewing their care along with their families and other professionals as necessary. All aspects of the person's health and social care needs were reviewed at these meetings and enabled the service to monitor that the care and support met their needs. Expected outcomes for the person and personal goals were discussed in the review meetings and agreements made as to how this would be achieved.

Prior to a review, the registered manager met with the person to obtain their views about all areas of need. For example people were asked, "Do you get to stay healthy, talk about your feelings, choose where to go out, what to wear /eat and how to spend money?" There were questions around community presence such as, "Do you join in local events and get a chance to help others?" These pre-review meetings were documented to show how people contributed to their reviews. One person's responses included, "I am very busy every day" and "[name of staff] is my keyworker and we have a meeting and she writes down what I want."

Care plans were updated and reviewed on regular basis to ensure they reflected people's changing needs. Staff acted as keyworkers for people, meeting with them regularly to review their plans and talking to them about the support they required. This meant people had a named worker who knew them well. Staff spoke about people's achievements and progress. For example, one person used to become very anxious when attending dental appointments and had overcome their fear. Another person's mental health had stabilised and this had a positive impact on their wellbeing. Records of review meetings supported what staff told us.

There was a focus on people's strengths and independence skills and what they could do for themselves. One person told us they took responsibility for management of their health condition independently. People were encouraged to keep their home clean and tidy and develop their skills in areas such as cooking and

travelling independently. One person helped grow vegetables in the garden and spoke about how they enjoyed the activity.

People told us they planned what they wanted to do and staff supported their choices. Staff had a vehicle to use when supporting people to attend appointments or go out on activities. These included local walks, social clubs, shopping, trips out to places of interests and restaurants. Staff had recorded what people did each day. At the time of our visit people were engaged in activities at home or in the local community. Relatives told us their family members enjoyed a range of activities that met their interests and hobbies. One relative said, "The efforts the home has made to get [my relative] to do activities, like social clubs for stimulation, staff have gone the extra mile and arranged days out."

People told us they had meetings where they were able to talk about the support they received. One person said, "We have meetings every month, they [staff] ask where I'd like to go and what I want to do." Records of these meetings showed that staff took action in response to people's feedback by considering activities, menu ideas and any other issues.

People told us they would speak to their keyworker staff or the manager if they wanted to complain about anything and were confident they would listen. There was a complaints procedure printed in easy read format and displayed where people using the service could see it. The service had not received any complaints. Relatives told us they had no need to raise a complaint, and if they had a concern they would raise this with the manager or staff direct.

## Is the service well-led?

### Our findings

The registered manager encouraged open communication with people, relatives and staff. This was supported by the feedback comments we received. People living at Shandon described the manager as "lovely" and "a nice boss." A relative said the manager was a "very caring lady." Another relative told us, "If there are any issues she rings me, she is very good." People and their relatives all felt the home was well run. One person commented, "Yes, she runs it well, I can talk to her about anything." Relatives told us they found the registered manager approachable and were confident to share any issues with her. Staff told us they felt very supported by the manager.

The provider had a statement of values which emphasised the importance of respect and empowerment for people. Discussions with the registered manager and staff showed that they all worked together to fulfil these values and provide people with the help, support and advice they needed.

The registered manager had undertaken training to help her manage the service effectively and keep up to date with best practice. This included attendance at training courses run by the local authority. There was a staffing structure in the home which provided clear lines of accountability and responsibility. The registered manager was supported by a deputy manager and all members of the staff team had designated duties. We observed effective team work and communication between members of staff and the manager during our visit.

There were monthly staff meetings where staff were able discuss issues openly and were kept informed about matters that affected the service. We looked at some staff meeting minutes which were clear and focused on people's needs, the day-to-day running of the service and information sharing within the organisation such as training, policy updates or changes. Minutes from meetings were available to all staff members to ensure they were kept up to date. As well as meetings, a communication book, daily shift plans and handover records were used to support the sharing of information.

People using the service and relatives told us they were provided with questionnaires every year. Findings from the latest survey showed that people were happy with the care and support they received. Example comments from relatives included, "Shandon provides [name of person] with excellent care" and "I have visited Shandon on numerous occasions and am always impressed with the welcoming and friendly atmosphere."

Regular audits were carried out to help ensure the service was running effectively and safely. These included checks on medicines, care records, building checks and maintenance issues, fire equipment and other health and safety issues. Where audits identified improvements, records showed these were actioned in a timely manner.

A quality assurance manager visited the service regularly to ensure that people were provided with good standards of care and support. These visits were used to speak with people and staff, observe practice and to check the environment and records relating to management of the service. From the detailed findings,

the auditor wrote a summary report based on the five key questions used in CQC's inspection approach. We reviewed the latest audit report for June 2016 which reflected positive experiences for people and very few recommendations. An action plan highlighted the areas for improvement and identified timeframes for action to be taken. Records showed these had been addressed or were underway. For example, a PRN protocol and risk assessment had been created for a person who wanted to self-administer a medicine. Over the next three months staff were learning how to use a new electronic care planning system, implemented by the provider.

The registered manager was aware of challenges the service faced. The service had a vacancy following one person's move to another home owned by the provider. The manager was keen to make sure any future person's placement would work and spoke about ensuring compatibility for the current people as they had lived at Shandon for many years.

Any incidents or accidents were investigated, recorded and dealt with appropriately. We found that on one occasion a notification about a reportable incident had been overlooked but that all required action had been taken. A notification is information about important events which the provider is required to send us by law. Following our inspection the registered manager promptly submitted an appropriate notification form.

Records were kept securely and could be located promptly when needed. There was a range of policies and procedures available to staff. The policy folders were clearly named and the manager promptly found the documents we requested throughout our inspection.