

Shaw Healthcare (Group) Limited

Stuart House

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

This inspection took place on 25 February 2016 and was unannounced.

The provider of is registered to provide accommodation for personal care for a maximum of 6 people. There were 6 people living at the home on the day of our visit. At the time of our inspection there was a registered manager in post. 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 told us that staff supported them to keep safe and would talk to staff about concerns about their safety. Staff knew how people needed protecting from the risk of harm or abuse and the steps they would take to protect and report any concerns. People's risks relating to their safe care and treatment had been assessed and all staff knew what they needed to do to help minimise those risks.

People had staff available at the times they wanted for assistance and support. We saw that staff responded to people as needed and told us they had time to support people as required. People had been asked about the level of help they needed with their medicines and staff provided people with support and recorded when they had received them.

Staff were confident about how to care for people and that their training and support provided them with the skills needed. All staff told us they felt supported by the management team to carry out their roles effectively. Staff listened and respected people's decisions about their care and treatment. Staff showed they listened and responded to people's choice.

People's nutritional needs were met and chose the meals they wanted. People saw other health professionals when needed to support and maintain their health and wellbeing.

People told us they liked living at the home and that staff were friendly and kind. People were cared for as individuals with their preferences and choices supported. Staff treated people with dignity and respect when supporting them and encouraged people to be as independent as possible.

The registered manager was available, approachable and known by people. Staff also felt confident to raise any concerns of behalf of people.

The management team had kept their knowledge current and they led by example. The management team were approachable and visible within the home and people knew them well. The provider ensured regular checks were completed to monitor the quality of the care that people received and looked at where improvements may be needed.

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 sufficient numbers of staff to meet their care and welfare needs in a timely way. People felt safe and looked after by staff. People's risk had been considered and had received their medicines when needed.

Is the service effective?

Good ●

The service was effective.

People's consent had been obtained and recorded. People's dietary needs had been assessed and they had a choice about what they ate. Staff had received training and support to understand people. Input from other health professionals had been used when required to meet people's health needs.

Is the service caring?

Good ●

The service was caring.

People received care that met their needs. When staff provided care they met people's needs whilst being respectful of their privacy and dignity and took account of people's individual preferences.

Is the service responsive?

Good ●

The service was responsive.

People had been supported to make everyday choices and were engaged in their personal interest and hobbies.

People were supported by staff or relatives to raise any comments or concerns with staff.

Is the service well-led?

Good ●

The service was well-led.

People and staff were complimentary about the overall service and had their views listened to.

The provider had monitored the quality of care provided.
Procedures in place to identified areas for improvement or review.

Stuart House

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 25 February 2016. The inspection was completed by one inspector and a specialist advisor. As part of the inspection we reviewed the information we held about the home and looked at the notifications they had sent us. A notification is information about important events which the provider is required to send us by law. We also spoke to one Local Authority who is responsible for commissioning the service on behalf of some people at the home.

During the inspection, we spoke with four people who lived at the home. We spoke with four staff, two team leaders, the registered manager and the area manager.

We looked at two records about people's care, medicine records, medicine audits, care plan audits, provider improvement plans, falls and incidents reports and checks completed by the provider.

Is the service safe?

Our findings

People told us they would talk to staff if they had any concerns about their safety and said that their home was secure and felt safe living at Stuart House. Each person had their own flat and were able to lock their door. People knew where to find staff in the main office and told us they would talk with staff about their worries or concerns throughout the day. People told us that staff were good at offering guidance and support to help with their expectations or emotions if they were feeling anxious or unhappy about something that had happened.

All staff that we spoke with told us they completed training in how to recognise and respond to potential signs of abuse. Staff knew the how to record and report concerns and we saw these were documented and reviewed. One person told us they also discussed their safety and well-being at an individual monthly meeting with a member of staff.

All staff we spoke with told us the main risk to people's health and safety in the home, which included both physical and emotional risks. They were able to tell us about the types of support they offered people with positive encouragement and promoting people to complete tasks.

Where people had an incident or accident these had been recorded and had then been seen by the registered manager. This was used to provide further knowledge for staff to be aware of when a person may have an increase in incidents. We saw that this had a positive outcome for one person who told us the support given had helped them to decrease their incidents.

All people we spoke with told us that staff were always available and they never had to wait for anything. One person said, "There are staff here 24 hours a day," and told us how they preferred to do some things with certain staff members. Staff confirmed there was flexibility in the staffing levels to make adjustments so people received individual support when needed or provide additional help when people were ill or taking part in social events. The registered manager reviewed staffing numbers frequently to ensure that people needs and wishes were fulfilled.

One person described how they were supported with their medicines by staff. They had recently reviewed their medicines and told us they had a positive outcome with a change to medicines. Where people required medicines they had worked with staff to agree the level of support they would need. For example, if they were able administer their own medicines or needed staff assistance. This was then regularly reviewed to ensure the level of support reminded appropriate.

People's medicines were stored securely and staff had been trained in the administration and management of medicines. Staff competency had been checked through observation of their practice, refresher training and mentoring. Staff told us they followed the written guidance if a person required medicines 'when required'. People's medicines records were checked daily by staff to ensure people had their medicines as prescribed.

Is the service effective?

Our findings

All people we spoke with told us the staff knew how to provide the level of support they needed and understood them. One person told us how their health had improved as the staff had the right training and skills to support them.

All of the staff that we spoke with felt their training reflected the care needs of the people they provided care for. They demonstrated an understanding of people's conditions and how to respond to these. For example, how to help people who became highly agitated or anxious and where there were reasons that may contribute. We saw that staff used these skills during the day to support people with their emotional well-being. The registered manager had an overview of the training staff had received and when it required updating. The provider stated that further investment meant that a more focused training programme was being developed that looked at people's individual needs within the home.

We spoke with three staff and they told us that they felt supported in their role and had regular meetings with their registered manager. Staff said everyone worked well together as a good supportive team and this helped them provide effective care and support. Care practices were discussed at monthly supervision sessions and team meetings. Staff told us this also gave them the opportunity to increase their understanding of each person who used the service.

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. All people were supported to make choices and staff ensured that people were happy with any help or assistance they offered. People were asked for their consent to the support being offered or helped reduce their risks of injury or harm. People said staff offered suggestions and alternatives to ensure they had all the information needed to make their own decisions.

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. The registered manager knew the process to assess a person's capacity and make a best interest decision if needed. At the time of the inspection this had not been required. People living at the home who had restrictions in place had agreed to these and.

All people we spoke with told us they enjoyed the food and were able to assist with making their own meals where they wanted. Staff told us about the food people liked, disliked and confirmed who received any specialised diets. Each person was supported individually to have their meals prepared or with staff assistance if needed. People got to eat the food they wanted, were able to choose to eat out and went food shopping for their weekly groceries. All staff we spoke knew each person's preferences and if they need

guidance and support in relation to a healthy and balanced diet. For example, ensuring people were aware of the sugar content of drinks and the effects this may cause.

Two people we spoke told us about the support they had to maintain a healthy lifestyle. This included attended hospital appointments, regular GP appointment and the dentists. One person told they attended appointments on their own and another person told us they preferred staff to go with them. Staff helped people with reminders, encouragement and transport to attend any appointments with health professionals as required. Staff told us that they recorded concerns about people's health and would make suggestions to people on what to do. For example, contacting their doctor for an appointment. Where changes were made to people's care and support needs by other health professionals we saw their care records had been updated to reflect this.

Is the service caring?

Our findings

All people we spoke with told us they felt the service was caring and they were well looked after. They told us about their daily lives and how staff spent time with them and understood them. Everyone was keen to talk with staff, sharing news about their day and asking for help. People said they had no hesitation in approaching staff and would often ask them for support. Two people told us that when they felt low in mood they would seek staff friendship and speak about their concern or worries. One person had identified a certain part of the day where they felt lonely and told us, "I'm no longer lonely," as staff had made sure they were with the person at this time. People also spent time in the offices where they were welcomed and listened to when speaking with the staff or registered manager.

Staff knew people well during our conversations and had a detailed and personal understanding of each person's individual needs. Staff recognised the contributions people made to the running of the home, valued their individual interests and took pride in people's achievements. One staff member told us; "It varies day to day how much time we spend with them. It can be a full day if we are out and about". One person spoke enthusiastically of the staff who supported them and said they were so much happier since living at Stuart House. Throughout our inspection we saw that people had positive relationships with staff and where needed staff supported people's wellbeing and encouraged their independence.

All people we spoke to told us they were involved in their own care and treatment and felt that care staff listened to them. People were independent in their care needs and staff were able to support people with emotional support and prompts about keeping their flats clean and tidy. People told us that if they asked for support it was provided, with staff checking how much assistance the person wanted. People received care from staff who were caring and showed respect to people they cared for. All staff that we spoke with felt the home was especially tailored so people were able to remain independent with staff support when needed. One member of staff said, "Staff keep a positive outlook to help people stay positive". People told us they felt more confident in tasks and leaving the home with less staff support. People were positive about their independence since moving to the home.

People were supported by staff in ways designed to ensure their privacy and dignity was respected. People lived in their own flats and were able to lock their doors and choose who went into their flats. One person told us they enjoyed having visitors and got on well with other people living at the home. Staff supported people's privacy when we were in their flat and had sought permission to enter if a person was out. For example, people had agreed for staff to go into their flats once a week when they were out to provide help with cleaning. Staff spoke respectfully about people when they were talking to us or having discussions with other staff members about any care and support needs.

People had also received support to manage and maintain their finances independently and were responsible for holidays and purchasing items. Staff told us they provided people with reasons for and against a purchase and guidance about the remainder of their finances. Although it was the person's choice staff felt this was important so people made decision with all the facts.

Is the service responsive?

Our findings

All people that we spoke with told us they got the care and support they wanted. People had their needs and requests met by staff who responded with kindness and in a timely manner. People told us about many incidents where with the support of staff they had improved outcomes. For example, improved their mobility and received guidance that reassured them have medical treatment.

People we spoke with were able to tell us how they were involved in reviewing and planning their care and support monthly. They spent time with staff to review the care received and what they wanted to change or remain the same. These detailed aspects of daily living, health and personal goals. Staff knew each person well and were able to provide a detailed history of each person and about the level of support people required. For example, how they supported their emotional and health needs and the number of staff required to support them to meet these needs. People's needs were discussed by staff when their shift ended to share information between the team. Care staff were provided with information about each person and information was recorded.

We looked at two people's records which had been kept under review and updated regularly to reflect people's current care needs. These detailed the way in which people preferred to receive their care and provided guidance for staff on how to support the individual. For example, how a person may respond to certain daily task and how staff should approach this. Where information or advice had been sought to assist with a person's care this had been recorded when putting together and maintaining care records.

One person told us they got on well with other people at the home and staff would provide guidance or support to maintain the friendship. The registered manager had encouraged and facilitated people to be supported by local advocacy services. One person told us they had an advocate who helped them to express their views and wishes that were recognised and valued.

All people told us they made choices about how they spent their time. Each person had individual social lives, work placements and hobbies and interests. For example, staff supported people to go out for lunch, go to the shops or visits to the local areas of interest. People were involved in planning and booking trips or holidays they wished to go on. Staff told us people would choose what they did, if they stayed in or went out. Where people requested or needed support from staff to leave the home, this was provided. People also had the use of a house vehicle to provide transport.

People approached staff, including the registered manager and spoke about their concerns, worries or plans for the day or longer term. Staff responded with answers to questions, or supportive advice and guidance and listened with interest. Staff were patient and consistent where people needed to constant reassurance with their concerns. Three people who spoke with us knew they had a particular member of staff that they were linked to. This provided additional support when discussing things such as financial purchases or particular outings.

Staff we spoke with told us they were happy to raise concerns on people's behalf and that the registered

manager would listen. Where complaints had been raised these had been investigated and action taken to resolve the concerns. Staff told us that any changes or improvements from complaints or compliments were discussed at an individual level or at team meetings to share outcomes and any learning.

Is the service well-led?

Our findings

All people we spoke with felt they were involved in their home and part of a small house community. They knew that staff were there when needed to support them and answer any questions they had about their flats. One person said, "It's a nice area," and that their flat was decorated the way they wanted. People were also asked for feedback and views on their care, meals and activities on offer at monthly meetings. Any actions had been recorded and were followed up at the next meeting.

The provider had sent questionnaire to people to gain their views on their overall experience and opinions of their care. The outcomes of the survey were positive and indicated that people were happy in their home. The staff team told us they were fully involved in contributing towards the development of the service. Staff told us that the registered manager was keen to listen and try new ideas in relation to people's care.

All of the staff we spoke with told us the home was well organised and supported the people that lived there. The registered manager and staff worked well together and were keen to listen and improve people's lives. Team meetings were held and staff told us they raise concerns or comments about people's care. The registered manager felt that the whole staffing team were caring and recognised that the aim was to provide high quality care to people. Staff reflected this in conversations with us. One staff said, "I'm very attached to people here". All staff said the registered manager spent time with people and alongside staff as well as managing the home.

The management team and staff were aware of their responsibilities in relation to the care and support needs of people. They were aware of current best practice in terms of supporting people with their day to day care. The management team skills and knowledge were supported by their regional manager and their registered manager at the provider's other location. They felt this support led them to recognise and deliver high quality care to people through staff in line with current best practice guidelines.

The registered manager carried out regular checks of the home and gaps identified from these checks were actioned and recorded. For example, looking to see if care plans had been completed as expected. In addition, the provider regularly visited the service and worked closely with the registered manager to ensure that people received care and treatment that met their needs. The provider's was present on the day of the inspection. They were now using a revised auditing tool that reflected the Safe, Effective, Caring, Responsive and Well Led domains used by the CQC.

The registered manager told us about the support they received in order to understand best practice and knew where and how to access information. They told us their skills and knowledge were supported by news briefings and updates that related to best practice guidance. The registered manager told us they felt this supported them to be aware of changes and information that was up to date and relevant. The providers shared information and good practice regionally as registered managers from all the provider's other homes met regionally to discuss what had worked well.