

Accomplish Group Support Limited

Sheridan House

Inspection report

8 Bedford Road
Sandy
Bedfordshire
SG19 1EL

Tel: 01767691015
Website: www.accomplish-group.co.uk

Date of inspection visit:
15 October 2019
18 October 2019

Date of publication:
07 November 2019

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

About the service

Sheridan House is a residential care home providing personal care and support to nine people with learning disabilities and autism at the time of the inspection. The care home is a large building across two floors. Each person's bedroom has ensuite facilities as well as having access to a shared dining room, lounge, kitchen and large garden.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

The service was registered for the support of up to nine people. This care home was larger than current best practice guidance. However, the size of the service having a negative impact on people was mitigated by the building design fitting into the residential area and the other large domestic homes of a similar size. There were deliberately no identifying signs, intercom, cameras, industrial bins or anything else outside to indicate it was a care home.

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

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

The recently employed registered manager had made a lot of changes to the environment and care practices that meant people experienced more personalised support and a homelier atmosphere with lots of photographs, flowers and redecoration.

People were able to access food and drink when they wanted and staff understood their dietary needs. People had choice and staff supported them to access a range of health and social care professionals.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

People and their relatives and advocates were fully involved in all decisions about their care and support. Staff treated people kindly, with compassion and respect and worked hard to support their different communication needs to enable people to have a voice and make choices.

People felt safe as they were supported by staff who were trained to understand their conditions and risks were well managed. People had access to enough staff to meet their needs at all times. Staff had a good understanding of how to keep people safe and were confident to report concerns. People were supported well with their medicines including reducing medicines where possible and safe to do so.

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

Rating at last inspection

The last rating for this service was good (published 27 April 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Sheridan House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

One inspector carried out this inspection.

Service and service type

Sheridan House 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.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from professionals who work with the service. This information helps support our inspections. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

People were not able to easily communicate with us, for people who could not we spoke to their relatives. We spoke with one person who used the service and for four relatives about their experience of the care provided. We spoke with five members of staff including the registered manager, deputy manager, and care workers.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed. We looked at training data and quality assurance records. We spoke with two professionals who regularly visit the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse; Assessing risk, safety monitoring and management

- The provider had effective safeguarding systems in place, staff understood what to do to protect people from harm and how to report concerns. Staff told us they had training and information about safeguarding and knew where to go for further advice. Staff had a good awareness of different types of abuse and the signs and symptoms of these.
- Risk assessments were detailed, regularly reviewed and linked to support plans to better manage people's behaviours. Staff used positive approaches to care such as relaxation techniques and quiet areas to reduce the need of medicines to support people to cope with their emotions and environment.
- The registered manager ensured that all relevant health and safety checks and servicing of equipment and utility systems took place. Staff confirmed regular fire tests took place. They had an emergency evacuation plan in place including a 'grab bag' of essential items to take with them if needed.

Staffing and recruitment

- The registered manager ensured pre-employment checks were completed such as disclosure and barring checks and employment history before staff started work. A sufficient number of suitable and skilled staff were in place and this had negated the further use of agency staff. This had hugely positively impacted on staff motivation and consistency of practice. One staff told us, "Not using agency staff for the first time is a huge improvement. Staff are happy as we know we can ask any staff to do anything and they will."
- All people were supported with at least one staff being available per person which enabled them to choose how to spend their time safely. The registered manager ensured there was the right mix of skills and genders of staff on the rota to meet people's needs and preferences.

Using medicines safely

- Staff were trained to help people take their medicines. The registered manager completed competency checks to make sure staff understood this training and were able to administer medicines safely.
- Staff completed medicine administration records to show if people had taken their medicines or the reason if they had not. There was information in people's care plans about the type and level of support they needed from staff to take their medicine.
- The registered manager supported the 'stopping over medication of people' (STOMP) principles for reviewing and if appropriate, reducing the medicines for people who did not require them. This helped people with a learning disability, autism or both who required psychotropic medicines to not be overmedicated. The registered manager also ensured there was detailed information in care plans for 'as and when needed' medicines to describe how people, who could not communicate easily, expressed pain or illness.

Preventing and controlling infection

- Staff had completed training in how to reduce the risk of infection and they followed good practice guidance. They used personal protective equipment, such as gloves and understood how to help prevent the spread of infection.

Learning lessons when things go wrong

- Incidents or accidents involving people using the service or staff were managed effectively. Staff recorded and reported these appropriately when they occurred.
- Staff told us that incidents were discussed at team meetings. This gave them the opportunity to discuss what went wrong and what action they could take to reduce the risk of reoccurrence. This included discussion about external incidents such as watching televised documentaries on abuse in other care homes to learn why this developed and how to avoid poor practices.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Staff completed assessments of people's physical, mental, social and cultural needs before they started living at the service. The registered manager was aware of the principles of registering the right support and promoting personalised care. They worked with health and social care professionals when assessing and planning people's care. This enabled them to make sure they considered up to date guidance in how to meet people's individual needs. One professional told us, "What a pleasure to visit such as lovely home, the service users are all happy and the staff are approachable and professional."
- People's needs and choices were clearly documented throughout their care plan in line with their assessed needs and where people were able to make their own decisions. Staff recorded people's reactions and behaviours as a way of judging their experience and preferences due to people not being able to easily communicate their wishes. This had enabled one person to safely reduce the level of staff support due to improved ability to cope with their environment. One relative told us about how properly assessing the needs of their family member had meant they were much more settled and happier since living at Sheridan House.

Staff support: induction, training, skills and experience

- Staff had received training when they first started working and this was updated each year. All staff completed the Care Certificate. This training identifies a set of standards and introductory skills that health and social care workers should consistently adhere to and includes assessments of competency. This included completed an 'all about me' booklet where staff had to document the information they knew about people's needs and preferences.
- Staff said their training was reinforced in staff meetings and any staff who felt they needed additional training was supported with this. Staff members received supervision as individual meetings and said they could also contact the registered manager or senior staff at any time between meetings. They said they felt well supported to do their jobs.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to eat and drink in-line with their choices and dietary. This included supporting people with a variety of types of diets to meet their medical, cultural or religious needs. People were encouraged where they could to be involved in the preparation of meals.
- Staff told us how their knowledge of healthy eating and drinking had enabled them to support people to maintain a healthy weight by moving main meals to a time of day preferred by people which meant they ate healthily.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff completed detailed records of people's health appointments and daily tasks and activities. This recorded important information about them, their needs, daily routines and preferences. Staff had created an overview of important information which others may need to know when people visited other providers of care such as hospitals. This meant these details were available if the person was not able to tell others about their preferences themselves.
- Senior staff made referrals to specialist health and social care professionals such as district nurses, occupational therapists, psychologists, community nurses and dieticians when needed. Staff had access to information from health care professionals and they followed this advice, which was included in people's care records.
- Staff worked with other external agencies such as fitness instructors and advocates to arrange care and activities at times that suited people.

Adapting service, design, decoration to meet people's needs

- People had been involved in choosing the décor in their room and the recently refurbished communal areas. The registered manager explained how people had participated in helping to paint the garden fence and hang wind chimes. People had also helped create raised flower boxes planting scented flowers as part of project to create a sensory experience.
- We discussed with the registered manager one pair of curtains and one chair which needed replacing. The registered manager had arranged for replacements before the end of the inspection process. Plans were also in place to redecorate other areas of the service.
- The home was decorated with lots of photographs of activities people had experienced when out in the community. The registered manager also introduced photo boards of the staff team with signage to indicate if staff were in or out that day. This helped people to know who would be supporting them that day. They had also introduced a picture exchange system (PECS) for people's daily routines so that people knew what was happening and when. This helped to reduce a lot of anxiety for some people, in turn reducing previous negative and self-harming behaviours.
- Some areas of the house were locked to ensure people's safety due to assessed risks, such as the kitchen. However, we observed this did not restrict people from freely accessing those areas as each person was supported by an allocated staff member at all times. Staff would open the door for people and enter with them, as soon as they indicated they wanted go in to ensure they could access the space safely.

Ensuring consent to care and treatment in line with law and guidance

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. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- People were supported by staff who understood the principles of the MCA. They knew how to support

people to continue making decisions and who to go to if the person was unable to do so. Staff had clear information about how to support people to make decisions.

- For those people who did not have the mental capacity to make a decision for themselves, the registered manager had assessed each decision and arranged best interest processes and applied for a DoLS. The registered manager had also used this process to assess if someone had the mental capacity to vote in the general election. All DoLS had been authorised and there were no specific conditions.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated with respect and kindness. Staff showed patience, compassion and understanding of their needs and wishes. People were free to access any area of the house or go into the community when they wished as they always had the right level of support to enable this choice. One relative told us, "The staff are very good. I am confident and happy [my family member] is happy and well looked after. Staff respect their choices and I never feel that they are neglected."
- Staff had a good knowledge of the different ways people communicated their preference through signs, gestures and sounds. They used this to offer choice and adapt their approach to respond to people's anxieties preventing them having the need to present with negative or self-harming behaviours. The registered manager had introduced signs promoting positive language that supported equality and diversity to help imbue a culture of acceptance and understanding and respect.

Supporting people to express their views and be involved in making decisions about their care

- Staff continued to support people to make decisions about their care and these were recorded in their care plans. Staff had enough time to support people properly and, in the way, they wanted, which also allowed them to spend time talking with people.
- People were supported to make choices about their care through daily observations recorded in their notes. This was then used to inform monthly reviews where changes could be made to people's preferences if required and risk assessments and support plans updated. People invited their relatives, advocate and social and health care professionals to their formal reviews and the review and outcomes were documented on their file. One relative told us, "We have a review coming. The [registered manager] is very good, they are the best manager the home has ever had." Professionals spoken with agreed there had been a lot of improvement recently and much more choice of activities and involvement of people and relatives in care planning.
- People were visited by their advocate on the day of the inspection who spoke very highly of the changes the registered manager had implemented in the last six months and how pro-active they were. The registered manager explained that some people had additional advocates for support with specific decisions and they promote advocacy services to everyone.

Respecting and promoting people's privacy, dignity and independence

- Staff were polite and respected people's privacy. They ensured people were supported in a dignified way. This was because they closed doors and curtains, and covered people up as much as possible while supporting them with personal care. Staff knocked on people's doors before entering their bedrooms.

- People's confidentiality was mostly maintained; records were kept as per guidelines. Information profiles and communication books were currently accessible outside of people's bedrooms, which left people vulnerable for their privacy to not be upheld when visitors were in the home. We discussed with the registered manager other ways of supplying vital information for staff to ensure person centred care could be maintained while protecting sensitive information.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People had care plans in place, which were personalised and written in detail. These care plans and risk assessments used photographs to demonstrate each person's involvement in activities and how they preferred to be supported with each activity. These gave staff enough guidance on how to respond to people's needs effectively, safely and in-line with their preferences. People's daily notes were detailed monthly booklets written at the time of each task or activity to ensure records were accurate and 'live'.
- Staff had built good relationships with people. Relatives and professionals spoke positively of the care they gave and we observed lots of natural interaction between people and staff which included good engagement and laughter. People knew how to get a staff member's attention and express their needs. Staff knew people's likes, dislikes and preferences. There was also clear information about people's life history and long-term health conditions to guide staff to better understand each person.
- People's care needs were met and they appeared happy with the care they received. We observed most staff supported people to do what they could for themselves. We discussed with the registered manager about ensuring this became embedded into daily practice for all staff. They were aware of this and they were working on developing staff skills further in this area.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Communication with people was in pictorial or audio formats which people understood. The registered manager had a good understanding of the AIS. They ensured detailed communication books were implemented as well as pictorial systems to enable people to voice their wishes and make choices. Most staff had a good understanding of the meaning of people's differing gestures and sounds and responded accordingly. However, not all staff were trained in the use of sign language. Relatives told us they felt training for staff in this area would be a further improvement to support people to communicate. This meant that when these staff were on duty there was a risk people's preferences would not always be met.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The registered manager had made a lot of changes in their time in post, they had changed routines to include more community-based activities and enable people to access local community facilities. This meant that people had become known to local shop owners for example and were now an active member

of their community. People were also encouraged to try new activities such as horse riding and swimming.

- People were also supported to maintain relationships with their families. The registered manager had created a detailed newsletter that was sent out monthly to relatives and professionals. This kept relatives up to date of changes to the home and staff team as well as events and the months activities their family member had been involved in. One person told us they were going to a party on Sunday for Halloween and their relatives were coming. They were very excited and was practicing face painting looks to see if they were scary.

Improving care quality in response to complaints or concerns

- Relatives and staff knew how to complain and told us they were confident and happy to do so if needed. The complaints process was accessible in formats people understood in the main entrance accessible to all people and visitors. The service had a robust system for recording complaints that was accessible by senior staff at head office for analysing. Lower level complaints were recorded in people's daily notes and reviewed monthly.

End of life care and support

- Staff had discussed the concept of death and dying with people's relatives as people were not able to discuss this issue themselves. This was a way of opening further discussions about people's own wishes. Guidance was not yet available in all people's care records about their end of life wishes, although there were no people receiving end of life care at the time of our visit. The registered manager explained they were in the process of gaining people's and relatives' views in this area and would continue to review the process. This was evidenced in people's files.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager had a clear vision for the service and was committed to developing a person-centred culture within it. They understood their responsibilities to ensure people received the care they needed and stepped in to support staff when this was required.
- Staff were happy in their role and committed to providing high-quality care and support. Staff told us they were able to provide good quality care and support to people because they had a registered manager who listened and worked alongside them providing care. Staff told us this made them feel the registered manager understood the pressures of their role. They said they could raise issues with the registered manager and their concerns would be listened to.
- Relatives and professionals spoke very highly of the improvements to the team practice, culture and environment as a result of changes the registered manager had implemented. Relatives were however, concerned about provider continuity of care due to the number of changes in registered managers in the last four years. One relative said, "The [registered] manager has been in place since around April [2019] and has turned the home around. They are very good. I don't know how long they will stay. I am hoping they stay as they are very caring, they listen to me."
- The registered manager complied with legal requirements for duty of candour; they displayed their inspection rating and they had notified us about various incidents such as safeguarding incidents when they had occurred.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager had access to further resources at provider level when they needed them. They understood the requirements of their role and the latest best practice guidance in relation to medicines, oral health, equality and communication. They used this information to improve systems and practice in the service.
- They kept themselves updated by doing research on the internet, reading information on websites such as CQC and Skills for Care. They also had plans to attend local provider network meetings and networking with other providers to share best practice.
- Staff also had a clear understanding of their roles and some staff told us this was due to the encouragements for learning by the registered manager and their passion for good care.
- The registered manager had robust systems in place for monitoring and auditing the quality of care

including spot checks of staff practice both during the day and the night. This information was analysed and where required actions for improvement put into place. the provider had effective monitoring systems in place to help drive improvement.

- The registered manager knew people well and was supported by senior staff.

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

- Staff completed reviews of people's care. This provided people and relatives with the opportunity to feed back about their care. Staff told us that they attended meetings regularly, which gave them support and current information. The registered manager was in the process of encouraging more feedback from relatives by offering coffee mornings.
- The registered manager sent out regular questionnaire surveys to relatives and staff to seek their views on the service. These were then reviewed for actions and form part of the improvement plans.
- People were supported to be involved in events and to support raising money for various charities such as the upcoming coffee morning to raise funds for a charity supporting cancer patients. People were excited about making cakes for this event.

Continuous learning and improving care

- Processes to assess and check the quality and safety of the service were completed. The registered manager and the organisation's internal audit team carried out audits and quality monitoring visits. These showed they identified areas of the service that required improvement which were promptly acted on. The registered manager had plans to make improvements to the environment, the inclusion of animals for those who wanted them and creating a new 'nature' section for people to access a separate quiet space outside.
- Many improvements had been made at the service since the registered manager was employed. This was in relation to care approaches and the environment. One relative wrote a compliment saying, 'Thanks to [registered manager] and all the team. The house is looking so much better with lovely decorations. [My family member] is looking lovely. Well done to all. Thanks again.'

Working in partnership with others

- Staff worked in partnership with other organisations, such as the local authority social services, local activity facilitators and healthcare teams. The registered manager worked proactively with organisations which had supported people to promote their independence and good quality of care.