The Disabilities Trust

Shinewater Court

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
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

Shinewater Court is part of the Disabilities Trust and provides accommodation and support with personal care for up to 36 people with physical disabilities. There were 33 people living in the home during the inspection, some people needed assistance with all aspects of their daily living, including personal care, eating and drinking and moving around the home. Other people needed assistance with personal care and were able to move around the home independently.

The home is owned by The Disabilities Trust, a charity set up to support people with disabilities. It was purpose built, with wide corridors and automatic doors, and a lift for access to some of the flats. There was access for people to all parts of the home, the gardens and local community areas.

The inspection took place on 8 November 2016 and was unannounced.

A registered manager was present during the inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At our inspection on 16 June 2015 we found the provider was not meeting the regulations with regard to staffing levels, accurate and up to date records and quality assessment and monitoring of the services provided. At this inspection we found improvements had been made and the provider met the regulations. However, some risk assessments were not clear and did not have enough information and guidance for staff to ensure people were supported safely.

The quality assurance and monitoring system had been reviewed and audits had been carried out to identify areas where improvements were needed. Questionnaires had been given to people and their relatives, staff and health and social care professionals to obtain feedback about the services provided and, action had been taken to address any issues raised.

There were enough staff working in the home to provide the support people wanted and people said they were encouraged to join in activities of their choice. People were positive about the food, choices were available and staff supported people as required.

Care plans were personalised and up to date, there was information about people's individual needs and people were involved in writing and reviewing them. Assessments had been completed with regard to people taking responsibility for their own medicines and, there were systems in place to manage medicines safely.

Staff had an understanding of their responsibilities with regard to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). Staff had attended safeguarding training and safeguarding and

whistleblowing policies were in place and staff said they had read and understood these.

Complaints procedures were in place. People said they knew about the complaints procedure and were confident that they could raise concerns if they had any. The registered manager encouraged people, relatives and staff to be involved in decisions about how they service improved and, people and staff were very positive about the management of the home.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

Risk assessments did not provide sufficient guidance for staff to reduce risk and support people safely.

There were enough staff working in the home and recruitment procedures were in place to ensure only suitable people worked at the home.

There were systems in place for appropriate management of medicines.

Staff had attended safeguarding training and had an understanding of abuse and how to protect people.

Is the service effective?

Good

The service was effective.

People were supported to maintain a healthy diet and assistance was provided when needed.

Staff were trained and supported to deliver care effectively.

Staff had an understanding of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

Staff ensured people had access to healthcare professionals when they needed it.

Is the service caring?

Good

The service was consistently caring.

People were treated with respect and their dignity was protected.

Staff encouraged people to make their own decisions about their care.

People were encouraged to maintain relationships with relatives

and friends, and relatives were made to feel very welcome.

Is the service responsive?

Good

The service was responsive.

The care plans were specific to each person's needs and there was clear guidance for staff to follow when providing support.

People decided how they spent their time; some people were supported to take part in activities, whilst others remained in their rooms.

People were given information how to raise concerns or make a complaint

Is the service well-led?

Good

The service was well-led.

Quality assurance and monitoring systems were in place to identify areas were improvements were needed and action was taken if needed.

There were clear lines of accountability and staff were aware of their roles and responsibilities.

People, relatives, visitors and staff were encouraged to provide feedback about the support and care provided.

Shinewater Court

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 checked 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.'

The inspection took place on the 8 November 2016 and was unannounced. The inspection team consisted of an inspector, an occupational therapist and an expert-by-experience. An expert-by- experience is a person who has personal experience of using or caring for someone who uses this type of service.

Before the inspection we looked at information provided by the local authority, contracts and purchasing (quality monitoring team) and Healthwatch. We also looked at information we hold about the service including previous reports, notifications, complaints and any safeguarding concerns. A notification is information about important events which the service is required to send us by law. We also looked at the provider information return (PIR), which is a form that asks the provider to give some key information about the service, what they do well and any improvements they plan to make.

As part of the inspection we spoke with 12 of the people living in the home, two relatives and two visitors, 10 staff; including support staff, physiotherapist, cook, assistant managers and registered manager. We observed staff supporting people and reviewed documents; we looked at four care plans, medication records, four staff files, training information and some policies and procedures in relation to the running of the home.

Requires Improvement

Is the service safe?

Our findings

At our inspection on 16 June 2015 the provider was not meeting the legal requirements in relation to staffing levels, as there were not enough staff to provide appropriate support and meet some people's needs. The provider sent us an action plan stating improvements would be completed by 1 October 2015. At this inspection we found the provider was meeting the regulation in relation to staffing.

Risk assessments had been completed depending on people's individual needs. These included nutritional risk and risk of choking, skin integrity and pressure area care, mobility and moving and handling, such as which aid was needed to assist people to transfer around the home or access the community. Staff demonstrated an understanding of the risks to people and how people could be supported to remain independent and make choices. However, some risk assessments were not clear and did not have enough information and guidance for staff to ensure people were supported safely. For example, the moving and handling risk assessment in one person's care plan stated, 'To use hoist/sling as per training'. The assessment for bathing did not include details of the hoist that was needed to transfer the person into and out of the bath or which sling or loops were needed when using a hoist. They had a specific type of catheter, but there was no information about this in the risk assessment or how to protect it when fitting or removing the sling. A moving and handling folder was kept in the office and this contained additional information, but this had not been included in the care plans. We discussed this with the registered manager as an area where improvements were needed.

At this inspection there were sufficient staff to ensure people received the support they wanted and needed. People told us they were very happy living in Shinewater Court. They said, "I would not like to live anywhere else, I feel safe here, I feel supported and very safe, my son visits and he is happy that I am here." "Yes, I absolutely feel safe" and, "I feel very safe and my cat is safe." People were positive about the number of staff working in the home. One person told us, "There are more staff working here now and we have the support we need when we need it, which is much better." Another said, "I think there are enough staff here and they have the right skills, the slings are comfortable, I can't think of any improvements." Staff said they had the time to support people and ensure they were independent and able to make choices about the care their received and how they spent their time. Visitors said there had been a number of improvements, including the increase in the number of staff working in the home.

Mealtimes were relaxed and sociable, people chose where they wanted to sit and there were enough staff to assist people individually with their meals, without anyone having to wait for support. One person told us, "It is much more relaxed now, we don't have to wait as long as we did and we are much more involved in what is going on." Staff said they had more time to spend with people to support them to join in activities and go out into the community if they wanted to. People were supported to use the communication systems they preferred, such as word boards, and staff told us, "We are not rushed, we have the time to let people tell us what they want to do and what support they need" and, "There are more staff on at busy times so that everyone has the support they need and there is not as much stress as there was." People said there were always things to do and, "There is enough staff now."

There were systems in place to manage prescribed medicines. Risk assessments had been completed to identify people's individual support needs, to ensure that when people wanted to be responsible for their own medicines they were supported to do so. At the time of the inspection staff were responsible for administering and supporting people to take medicines. One person told us, "I can't open them so they do that for me. They are very good." As stated in the PIR two medication champions were responsible for the management of medicines and information about their role had been provided in a pocket sized guide for all staff; which staff said they had been given. Medicines were ordered monthly. They were received and checked in by two staff to ensure they were correct, before being stored in locked cupboards in people's flats or bedsits. If additional medicines were prescribed, such as a short course of anti-biotics, these were faxed from the GP surgery to the pharmacy and then delivered to the home. Daily audits were completed to ensure the medicine administration records (MAR) were completed correctly and, the temperature in each room was appropriate for the medicines stored there. An external audit had been carried out by the pharmacy responsible for the provision of medicines to the home in September 2016. Recommendations had been made in this audit and the registered manager said they had reviewed their practice in line with these. Such as ensuring all medicines were kept in each person's locked cupboard, rather than in their room and we found this had been done.

Guidance for staff with regard to medicines taken as required (PRN) was included in the care plans. The information was clear and included the prescribed medicines and the route they were given, such as topical for creams. The reason the medicines were prescribed, for example paracetamol for pain relief; how often they should be given and the amount prescribed. Staff said they had completed training and had been assessed as competent before they could support people with medicines and this was recorded in the training plan. The registered manager said if there were any issues with staff practice they were no longer able to administer medicines until they were assessed as competent to do so and, staff were aware of this.

As far as possible people were protected from the risk of abuse or harm. Staff had received safeguarding training; they understood different types of abuse and described the action they would take if they had any concerns. A Whistleblowing policy was in place and the PIR stated that a whistleblowing line was available, daily for 24 hours, for staff to call if they had any concerns. Staff said they had read the policy and were confident if they had any worries they could talk to the registered manager or use the whistleblowing line and action would be taken. Staff told us if they felt their concerns had not been dealt with they would contact the local authority or CQC. One member of staff said, "I know what to do, but I haven't seen anything that worries me here." Safeguarding champions had been appointed, 'to support and advise colleagues on safeguarding matters' and, as with medication staff had been given information about the champion's role and their responsibilities. Safeguarding information was on display and the contact details of the safeguarding team were available to staff. Where safeguarding concerns had been identified these had been referred to the local authority, advice had been sought and appropriate action taken.

Recruitment procedures were in place to ensure that only suitable staff worked at the home. We looked at the personnel files for four staff. There were relevant checks on prospective staff's suitability, including completed application forms, two references, interview records, evidence of their residence in the UK. A Disclosure and Barring System (Police) check, which identifies if prospective staff had a criminal record or were barred from working with children or adults, had been completed for all staff. Staff said they went through this recruitment procedure when they applied to work at the home.

There was on going repair and maintenance at the home and two maintenance staff were employed, one full time and one four hours a day. They carried out a walk around to check the building weekly and people were encouraged to be part of the health and safety committee to ensure the home was suitable for people with physical disabilities. The maintenance log showed that staff had logged and dated where repairs were

required and the action and the date they were resolved was recorded by the maintenance staff. Staff also said that often the problem had not been written in the log as they had done small jobs, like replacing light bulbs, and maintenance staff did them straight away.

Relevant checks were carried out, these included a weekly fire alarm test, monthly checks on emergency lighting, call bells and water temperatures and early legionella risk. PAT testing for personal electrical equipment was due December 2016. The building was locked after a certain time at night to stop non-residents from entering without staff knowledge; staff and people were able to do so as they had the key code to get in. There were systems in place to deal with unforeseen emergencies, a 'grab bag' was kept near the exit and contained information about each person, with a photograph and medical history if they had to leave the home. Staff were aware of the evacuation plans and evacuation tests had been carried out in October 2016. Staff told us a senior member of staff was on call if there was an emergency, or if they needed advice.

Accidents and incidents were recorded and the registered manager monitored these and audited them monthly, and said no trends had been found. Staff said if an accident or incident occurred they would inform the registered manager or senior care staff on duty and an accident form would be completed. Information about what happened was recorded, staff discussed what happened and action was taken to reduce the risk of a re-occurrence.

Good

Is the service effective?

Our findings

People said the staff had a clear understanding of their needs and had the skills to look after them. They told us, "Staff do training all the time." "They know exactly what I need" and, "The staff do an excellent job." Staff told us the training was very good. One said, "It means we have the knowledge to understand the resident's needs and are able to provide the support they want."
People were positive about the food provided, one person told us, "The food is alright, much better than the last place I lived" and, it was evident that if people did not like what was offered they could have something different.

People said the staff had training to make sure they provided the right support. "There is always some training going on and they definitely know how to look after everyone" and, "The staff know what I need and how to care for me, in the main it's pretty good." Staff said the training was very good. "We have to attend the training otherwise we would not be up to date with how to look after the residents" and, "We are given a print out when we need to do updates, so there is no excuse not to do it." Records showed staff had attended relevant training including moving and handling, infection control, safeguarding, fire safety and health and safety, as well as specific training to meet people's individual needs. For example, assisting people whose nutritional support was provided through a percutaneous endoscopic gastrostomy (PEG) tube directly into their abdomen as they were unable to or had difficulty swallowing and, supporting people to use communication aids, such as word boards or iPad. Staff said they were sure if they requested specialist training in any area that would improve their ability to support people then it would be provided.

New staff were required to complete induction training in line with skills for care. One member of staff said they worked with more experienced staff on a supernumery basis; observing the support provided and were in turn observed and assessed as part of the induction. "To make sure I was supporting residents safely and understood their needs." This was recorded in their induction book and was signed off and dated when they had completed each aspect of the training by the member of staff and their mentor. Another member of staff told us, "It takes some time to get to know everyone's needs and I have been supporting the same people so that I have got to know them very well."

All of the staff said they enjoyed working at Shinewater Court and felt they could support people to be independent and make decisions about all aspects of the support they received. Staff also said they could work towards professional qualifications if they wanted to. 14 staff had completed NVQ level 2 and three staff were working towards it; eight had completed level 3 and five were working towards it and one staff had completed level 5. The registered manager had NVQ level 3 and 4 and had completed the registered managers award. Staff said they knew what their responsibilities were and felt supported by the management to provide good care and support for people.

A supervision programme was in place and staff said this was a good chance to talk about the support provided, if they needed to do any training or if they had any suggestions to make about improving the services provided. They also told us they could talk to the registered manager, senior staff or any colleagues at any time. Staff felt they worked very well together as a team, "To ensure residents have the support they

want" and, a team leader was on each shift to oversee the support provided to ensure people made decisions about their day to day lives.

The registered manager and staff had completed training on the Mental Capacity Act 2015 (MCA). They demonstrated a clear understanding that the MCA aims to protect people who lack capacity, and that it enabled people to make decisions or participate in decisions about the support they received. Staff said people living in the home were able to make decisions about all aspects of the support provided. Staff told us they always gained people's consent before supporting them. "We ask everyone if they are ready to have a wash, get up or have something to eat and if they are not we wait until they tell us they are ready" and, "We never make decisions for the residents, they tell us what they want and we support them." We saw staff involved people at all times in decisions about their support needs, where they wanted to spend their time and what they wanted to eat.

People told us the food was good. When people needed assistance they chose what they wanted at the kitchen serving station and staff carried it back to their table for them. Staff supported people with their meals where appropriate, on a one to one basis. One member of staff told us, "I enjoy the interaction with the residents" and, as they assisted one person to eat they chatted with the other three people sitting at the table; everyone enjoyed the conversation which was lively with lots of laughter. Condiments, napkins and a choice of juices were available, and people could have hot and cold drinks at any time via drinks machines or on request.

The cook said people could have what they wanted and snacks and drinks were available at any time. There was a folder with information on people's specific dietary needs and the menu was displayed clearly on the wall near the kitchen, which was adjacent to the dining area. People were encouraged to have a nutritious diet and they told us, "We can have drinks whenever." "There are always at least two choices and if we don't want what is offered we can have something else" and, "They always ask us what we want." There were monthly food meetings and a survey had been used to obtain people's views and enable them to make suggestions on how to improve the food provided. Changes had been made following the survey, for example, staff had their meals outside the usual mealtimes, which meant more staff were available to provide support; mealtimes had been staggered and people chose when to have their main meal, at lunchtime or in the evening. Themed meals had been introduced, for example, a French day, take away day and curry day, which people said they enjoyed very much. One said, "The lighter evening meals are better and a little more variety is good." People were encouraged to do their own cooking in the communal kitchen and those that had flats were able to use their own kitchens if they chose to do so.

People had access to healthcare professionals including opticians, district nurses, speech and language team and GPs as required. GPs visited the home if necessary although most people attended appointments at the surgery or hospital. An occupational therapist and physiotherapist provided support at the home. The physiotherapist completed 10 hours a week and had prepared individual plans for people. They had started an exercise group once a week for 45 minutes, which had been very well received and the physiotherapist was going to evaluate the increased mobility/range of motion of the people attending the classes. They told us, "This is the nicest place that I can work and if I need anything for the physiotherapy room I ask and it is provided." People were very positive about the support they received from the healthcare professionals.

Good

Is the service caring?

Our findings

People were very positive about the support they received. They said, "I am treated with dignity and respect, if a support worker enters my room without knocking they only do it the once." "I feel that all my needs are met here." "Family visit regularly." "I'm fully engaged in the community" and, "I feel happy and respected." Visitors told us the staff treated people with respect, they were made to feel very welcome and staff were approachable and friendly.

Staff responded promptly to people when they needed support and it was clear from the interaction between them that they knew each other very well. For example, one person's wheelchair had moved away from the table in the activity room. They made a small hand movement of frustration; staff quickly noticed and moved the person back to their desired position with a smile, which was returned. People told us, "Its good here, it's a pretty good place. I have been here for two years it's the same as always. I don't do the activities, but there is a meeting you can go too if you want to talk about the home, but I don't go. I like sitting in my room with my computer." "I would not live anywhere else" and, "They accept me for who I am. I like to be called (X) in here, and they call me that, but not outside. I want to change my name officially." Staff respected their wishes and said they all called the person by their preferred name and it was up to people in the home what name they used; although we found they also used the preferred name. People were supported to wear clothing of their choice and staff assisted them with shopping when required and also helped people to style their hair.

The atmosphere in the home was relaxed and comfortable. People and staff discussed what they were going to do and two people had decided to go out to a local pub for lunch with staff. People felt that their privacy and dignity was respected. Staff said they always knocked on people's bedroom doors before they entered, and all but one confirmed this. One person said, "Some knock and come in before I have said anything, but usually they are ok." Staff said they asked people if they needed assistance, they never made decisions for them and they respected people's choices. We saw staff treated people with respect and asked permission to assist them to move around the home and were very discrete when they asked if they needed support with personal care. One staff member said, "We make sure they make the decisions about what they do and we arrange the support around that."

The home was purpose built in the 1980's with wide corridors and doors that opened automatically to accommodate people with physical disabilities who used wheelchairs. One person told us that the home was cramped and they needed more space for the wheelchairs and action was being taken to address this. The maintenance staff said the standard doors were too narrow for the larger wheelchairs people currently use and it had been agreed that they would be widened to give people better access to all parts of the building. Other improvements included the installation of more electrical sockets throughout the home to meet the increased use of technology and, an activity room was being cleared during the inspection for the installation of a Connectability hub. For use by people in the home and outside groups who needed access to communication aids. Staff said all the planned changes were to improve the lives of people living in Shinewater Court and people said the changes had made their lives more comfortable. One person told us, "We are involved in talks about what is happening here, they listen and a lot of things have been changing.

Which is very good."

Staff regarded information about people as confidential, care plans were kept in people's bedsits or flats and additional information was kept secure in the offices. Staff told us, "Information about resident's is strictly confidential, we don't talk about their needs with anyone else and if a visitor wants to know anything we ask them to talk to the senior carer or the manager" and, "We have a clear policy about confidentiality, we don't discuss anything even with relatives unless we have permission to do so, like from the resident."

Relatives and friends were welcomed into the home and people were encouraged to maintain relationships with people close to them. One person's family said they were very happy with the support provided, as was the person, who had lived at the home for several years. People said their relatives could visit when they wanted and visitors told us the staff were always pleased to see them, and they were made to feel very welcome.

Good

Is the service responsive?

Our findings

At our inspection on 16 June 2015 the provider was not meeting the legal requirements in relation to accurate and up to date records. The provider sent us an action plan stating improvements would be completed by 1 October 2015. At this inspection we found the provider met the regulation regarding record keeping.

People told us they had been involved in writing and reviewing their care plans with staff and felt, "In control" of the support provided. One person said, "It clearly states what I need, how much I can do for myself and how staff can help me. It is very good." Another person told us, "I am very independent; all I need is someone to give me meals, medication, laundry and cleaning." People said they could spend their time as their wished, some used the activity centre and others preferred to spend time in their rooms or go into the community. One person told us, "I sometimes complete surveys and attend the meetings. I go to the activity centre, they listen to me and I have ideas about activities."

People were encouraged to visit the home to meet people and staff and have a meal; so that they had a clear understanding of the services offered before they agreed to move in. One person said, "I knew this was the place for me as soon as I came in, I knew I would be safe here and I would be able to do what I want." A pre admission assessment was completed by senior staff with the person, and their relatives if appropriate. This was to ensure the support provided could meet their individual needs, before they were offered a place and, this information was used as the basis of the care plans.

The care plans had been reviewed since the last inspection and those we examined were legible, person centred and up to date. They contained information about people's support needs and guidance for staff to follow to ensure these were met. For example, we found that action had been taken to minimise the risks to people when they accessed the community using wheelchairs. Staff checked the wheelchairs were safe to use with no faulty parts and that they had been regularly serviced. When required straps were used to protect people from harm such as falling out of the wheelchair, not to restrict their freedom or movement, so that they could mobilise safely outside the home. People told us if there were any problems with their wheelchair, "Staff sorted it out." People said they had been involved in writing and reviewing their care plans with staff and these had been signed to evidence this. One person said, "It clearly states the support I need and how much I can do for myself and how staff can help me. It is very good."

People felt their support was personalised to meet their needs. One person told us, "Yes it is much better now, we are involved in everything that goes on and we are consulted before any decisions are made about anything." We found support and care was based on people's individual needs. For example, one person's communication system had been reviewed and an iPad had been adapted to enable them to communicate with staff more effectively. They said they now participated in more activities and went out into the community much more than they had in the past. Another person communicated using a word board; this was kept in their bag on the back of their wheelchair and we discussed this with the person and their support worker. The person used head gestures that all the staff understood, to indicate that they wanted to use the word board for more in depth communication as they used facial expressions to communicate their

basic needs. They did not like using an iPad and indicated using facial expression that they were very happy with this arrangement.

Support was offered in such a way that people's choices were not restricted on how they spent their time. The home was a non-smoking environment. Staff said a covered seated area had been obtained and volunteers would be joining staff to put it up in the near future. Staff said this meant people could sit outside comfortably, but far enough away from the home so that the smoke did not go into people's rooms or communal areas.

People's profiles, with information about how they liked to spend their time, their interests and what was important to them such as friends and family, was included in the care plan. There was information about people's support needs, including their preferred time to get up and go to bed and have their meals. People who preferred to stay in their rooms or spend time on their own were supported to do so. Staff had a good understanding of people's needs and were aware of how people liked to spend their time. "Some people like to spend time on their own, while others join in most things" and, "X doesn't like too much noise so they won't be joining in the singing this afternoon." We asked the person if they would be singing and they told us, "No it is too loud for me, I don't like it."

Staff told us they read the care plans and demonstrated a good understanding of people's individual needs. They said, "We keep up to date with people's support needs. We read the care plans and we have handovers so that we know if anything has changed when we start each shift" and, "We write what people do and how we support them in the daily records and we are going to have more training about this." The registered manager said some staff were more comfortable writing the daily records than others and additional training had been arranged to support all staff with these.

People said the activities were very good and they had improved very much in recent months. They chose what they wanted to do and although there was a programme of activities this was usually flexible and depended on what people wanted to do each day. The activities provided had been reviewed since the last inspection; an activity co-ordinator had been appointed and with the increased staffing numbers people were supported to take part in activities of their choice in Shinewater Court and go out into the community. The activity co-ordinator chaired the monthly residents meeting so that people could decide what activities they wanted and they were encouraged to attend to have input into the running of the home and discuss their ideas. For example, people had decided what they wanted to have at Christmas, a quiz, a band for a disco and a film night, and this year all but two people were planning to stay at the home for Christmas.

A monthly newsletter was delivered to each bedsit and flat to provide news and updates about what was going on over the next month. The one for November listed a range of different trips out including a Remembrance trip, pub lunch, shopping trip to a local supermarket and another one to the shopping centre. As well as external entertainers visiting the home for music and movement and carol singing at the beginning of December. There was also information about new staff working in the home, the collection box for unwanted toiletries in the entrance for people to donate for the homeless of Eastbourne and photos of people who dressed up and attended the Halloween disco.

A notice board also displayed information on events and people could add their name to sign up to any of the activities. The co-ordinator spoke to each person daily and asked them if they wanted to attend the activity of the day or if they had any ideas for activities they would like to do. People told us they were kept up to date with what was going on and were asked if they wanted to join in. One person was looking forward to the music session on the afternoon of the inspection and we saw a group singing along to songs of their choice with a visiting entertainer playing the guitar. They were very relaxed and clearly enjoying themselves.

Risk assessments were completed by the activity co-ordinator for all outdoor and indoor activities and the people who participated. These were reviewed every six months or if there has been a change. For example, a resident liked to go swimming and had used their electric wheelchair to access the swimming pool. This had been reviewed and it had been agreed that the person would use a manual wheelchair instead.

A complaints procedure was in place; a copy of this was displayed in the entrance hall, and given to people and their relatives. People told us if they had any complaints they talked to the staff or the manager and they were confident they would be listened to. One person said, "There isn't much to complaint about really, we usually just talk to someone and it is sorted out." Staff felt they could deal with every day niggles at the time and if there were other problems the manager or senior staff would address them. Relatives said they did not have any complaints, but if they did would talk to the manager.

Good

Is the service well-led?

Our findings

At our inspection on 16 June 2015 the provider was not meeting the legal requirements in relation to quality assurance and monitoring of the services provided. The provider sent us an action plan stating improvements would be completed by 1 October 2015. At this inspection we found the provider met the regulation regarding quality assurance and the services provided were monitored.

Shinewater Court is part of The Disabilities Trust, a charity set up to provide support for people with disabilities. The registered manager, who has been registered with the commission since April 2016, said a number of changes had occurred since the last inspection. These included a new operations manager and chief executive, who had different views on how the service should be managed from those previously involved. The registered manager and staff were encouraged to look at changes in a positive way and to develop the services provided for the benefit of people who lived in the home. The quality assurance and monitoring system had been reviewed and action had clearly been taken to address the concerns identified at the last inspection and, where improvements were still needed we were confident that the registered manager would address them. For example, the registered manager stated the risk assessments would be reviewed and updated to ensure there was sufficient information for staff to provide safe support for people.

The ethos of the home was to involve people, relatives and friends and staff in contributing to bringing about improvements. People and staff said the home was relaxed and comfortable, we saw conversations between them were friendly and they chatted together on first name terms. The atmosphere was one of a community that people enjoyed being part of.

People were complementary when asked about the registered manager and staff. They felt the home was well led and that the staff were supportive and friendly. They said the manager, "Is lovely she let me have a cat." "The manager is very personable, she never says come back later or I have no time if I go to see her" and, "We are lucky, we have an excellent manager." Staff were equally positive, "The manager is very supportive and the management team all listen to me." "Yes the manager knows what is happening here, we asked for more staff and we got more staff" and, "I am a lot happier now than I used to be, it's a lot better for me now."

People were very positive about the residents meetings, they were well attended and four people said they had joined different committees, so they could have a say in how the home was managed. One told us, "I like being involved in what is going on, if we don't get involved then we can't really complain can we." Another said, "A lot has changed since you were last here, it is all good. I haven't read your report before, but I will read this one."

Staff meetings were held monthly and were also well attended; they were arranged so that day and night staff could attend. From the records we saw they discussed a range of issues including changes in people's needs and how these were to be addressed, staffing levels, record keeping, food, meals and Christmas leave. Staff said the meetings provided them with an opportunity to be involved in decisions about the services

provided.

Questionnaires had been used in February 2016 to obtain feedback from people and their relatives, staff and health and social care professionals. There were some suggestions for improvements, but the overall the response was very positive. The registered manager said they had used the feedback from these to plan improvements to the services provided, including increased staffing numbers and activities at weekends and evenings.

Links with the local community had been actively promoted and contacts had been developed with local businesses; with volunteers working with the staff to improve the services provided at Shinewater Court. The staff had been successful in obtained a grant from Tesco's and the registered manager said this money would be spent on the garden, to ensure people could access it safely and, if they chose grow their own plants using raised beds.