

Shaw Healthcare (Specialist Services) Limited Sparrowfields

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	Good 
Is the service effective?	Requires Improvement 
Is the service caring?	Good 
Is the service responsive?	Good 
Is the service well-led?	Requires Improvement 

Summary of findings

Overall summary

We carried out this unannounced inspection on the 25 January and 01 February 2017. Sparrowfields provides care and support for a maximum of six people who are living with a learning disability, autism or mental health conditions. There were six people living at the home at the time of the inspection.

The home has been without a registered manager for almost 12 months. This has placed the registered provider in breach of their conditions of registration. The registered provider assured us the new manager was currently applying to the commission to become the registered manager. The new manager has been appointed and was present throughout our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. Feedback we received from people living and working at the home, relatives and health professionals was that this manager was approachable, and was making a positive impact on the running of the home.

People were supported by care staff that had the knowledge they needed to work in line with the principles of the Mental Capacity Act (MCA) 2005. Staff described how they supported people with making choices and gaining consent. However we identified that one person was having their liberty restricted without the necessary authority, documents and processes being in place. We identified that the management team required further support and knowledge to ensure that they fully understood their responsibilities and the actions required to protect this person's legal rights and civil liberties.

People told us that they mainly felt safe living at the home. People also told us about how staff supported them when the impact other people's unsettled behaviour affected them. The registered provider was aware of this and they had taken steps to manage this situation in both the short and longer term. Staff we spoke with had knowledge of possible signs of abuse and could describe the action they would take in reporting any concerns. There were enough staff available to meet people's requests for support.

Risks people faced had been identified and measures had been put in place to minimise the risk for the person. Staff we spoke with were aware of people's risks and could describe how the risks were managed. The systems in place to monitor the risks had been improved since our last inspection and were being effective.

Changes had been made to the management of medicines to ensure people would receive their medicines safely. There were systems in place to monitor medicines administration.

People we met had pride in their bedrooms, and described the help and support they had been given to decorate and furnish their room in a style that suited their tastes and preferences.

People were supported by staff who were positive about the training they had received. Our observations of

staff working with people showed that staff were skilled and knowledgeable in meeting people's needs.

People had access to regular healthcare, and specialist advice was sought from healthcare professionals when needed.

People had been supported to plan, shop for and prepare meals and drinks of their choice.

People were happy with the care and support provided and spoke warmly and with enthusiasm about the staff. People were supported to be involved in planning and reviewing their care to meet their individual needs. Staff we met and spoke with enjoyed working at the home and knew the people they supported well.

People were treated with dignity and respect and were encouraged to remain independent.

There were numerous opportunities for people to undertake interesting activities both inside the home and in the local community. People enthusiastically told us about the activities which they regularly enjoyed.

People were happy with the way the service was managed and there were opportunities for people to feedback their experience of living at the home.

You can see what action we told the provider to take at the back of the full version of the report.

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 ●

People told us they felt safe, and systems were in place to ensure people were protected from the risk of abuse.

Risks to people had been assessed, recorded and well managed.

There were sufficient, suitably recruited staff who were knowledgeable about safeguarding people.

Improvements had been made to ensure medicines were given safely.

Is the service effective?

Requires Improvement ●

The service was not always effective.

People were offered choice in aspects of their care, however the management team had not applied to the supervisory body to authorise deprivations of liberty.

The care staff were knowledgeable about people's needs, and had the skills they required to support people well.

People were able to plan, shop and prepare a wide range of food and drinks that they enjoyed.

People received support to access regular healthcare.

Is the service caring?

Good ●

The service was caring.

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

People had involvement in care planning which reflected individual needs.

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

Is the service responsive?

Good ●

The service was responsive.

People had the opportunity for activities based on their interests.

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

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

Is the service well-led?

The service was not consistently well led.

There was no registered manager in post.

Most quality monitoring systems had been effective and had driven improvement within the service.

People were happy with how the service was managed.

Staff felt supported in their roles.

Requires Improvement 

Sparrowfields

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This unannounced inspection took place on the 25 January and 01 February 2017. The inspection was carried out by one inspector. We returned after the first day as we wanted to ensure we had a further opportunity to speak with more of the people who used the service as well as the staff.

As part of the inspection we looked at information we already had about the provider. Providers are required to notify the Care Quality Commission about specific events and incidents that occur including serious injuries to people receiving care. We refer to these as notifications. Before the inspection, the provider had completed a Provider Information Return (PIR) and returned this to us within the timescale requested. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information from notifications and the PIR to plan the areas we wanted to focus our inspection on. We also received feedback from the local councils who purchase this service.

We visited the home and spoke with all six people. We spoke with the home manager, two members of the registered provider's senior management team, four care staff and one senior carer. We spoke by telephone and received email feedback from three regular visitors to the home and four healthcare professionals. We looked at records including parts of three people's care plans and one person's medication administration records. We looked at two staff files including a review of the provider's recruitment process. We sampled records from training plans, incident and accident reports and quality assurance records to see how the provider monitored the quality of the service.

Is the service safe?

Our findings

At our last inspection in January 2016 people could not be confident that they would always be kept safe. The systems that were in place to record risks to people had not been fully utilised to inform the review of care plans and risk assessments. This meant staff were not always aware of the current level of risks people were facing, and had not adjusted the levels of support provided to reflect this. At this inspection, we found that improvements had been made in this area. People could now be more confident that the level of support provided and their care plans and risk assessments would accurately reflect the risks people were facing.

People told us they mainly felt safe living at the home and comments from people included, "Nothing worries or frightens me. I get on well with the other men. If I have a problem with anyone I can go to my room or go out. Staff will help me." Another person told us, "I do feel safe. So much so, I never want to leave here." Another person went on to tell us, "All my possessions are safe here." In addition to these very positive comments five of the people we spoke with described the impact that other people's unsettled behaviour could have on them, and described how they managed this, and the action they took to keep themselves safe. We explored this with the registered provider and felt confident that this matter had already been identified and appropriate action taken to help all of the men in both the short and the longer term.

Relatives we spoke with told us they felt confident that their family member was safe at the home. The comments from one relative were, "I'm very lucky. Sparrowfield's is excellent, the staff all go beyond what you could hope for."

Staff we spoke with described a range of actions they completed each day to ensure that people received the support and care they needed to maintain their safety and well-being, and that the home was safe. One member of staff told us, "We do lots to help the men stay safe. We try and help them to be danger aware and to know what action to take if they are scared when out in the community." During our inspection there was a routine fire evacuation drill, which was a way of ensuring people living and working at Sparrowfields would know how to exit the premises in the event of a fire.

The staff we spoke with had a good knowledge of the signs of abuse and what action they would take should they have concerns. Staff told us they had received safeguarding training and had knowledge of current processes to follow and the signs to be aware of. One member of staff told us, "If I had any concerns I would report it to the manager, the senior or the on-call. I am confident it would be taken seriously and the correct action followed." The manager was aware of their responsibilities to report any safeguarding concerns that may arise, and the notifications we had received showed they had notified the Commission and Local authority when appropriate. This ensured the correct professionals would be alerted and that people would receive the support they required in the event of abuse being reported or alleged.

People were supported by sufficient numbers of staff, and our observations showed staff were available to support people promptly. People were supported by sufficient numbers of staff, and our observations showed staff were available to support people promptly. People told us they were usually happy with the

numbers of staff working at the home and comments from people included, "There are usually enough staff. If there aren't I can't go out. They always write down that I wanted to go out and I usually get the chance the next day." Another person told us, "Occasionally I feel rushed if the home is very busy or we are short staffed, but mainly the staff are all kind and very caring. During our inspection we did not observe people being rushed, or find evidence that people were unable to go out close to the times they had requested. The provider had a robust recruitment process in place and had checked the suitability of staff to work with people prior to them commencing work at the home. These checks included obtaining Disclosure and Barring Service Checks (DBS) before staff worked with people. One member of staff we spoke with had recently started work at the home and told us, "I recall that all the right checks were made." Completing these checks reduces the risk of unsuitable staff being recruited.

When accidents or incidents had occurred the records showed immediate checks were made on the person's well-being. Records had been kept of these individual incidents. Dedicated staff working on behalf of the registered provider reviewed these records looking to identify themes or trends which might reduce the likelihood of a repeat of the incident. Doing this might reduce the risk to people from the same or repeat incidents occurring in the future.

People living at the home required support to receive their medicines safely. Information submitted to us by the registered provider in advance of the inspection identified that in the past 12 months the number of medicines errors had been high. The manager and staff we spoke with described the significant improvements and changes that had been made to ensure this situation improved. One of the staff we spoke with told us, "The new system is a lot easier. I can see how it reduces the risk of making mistakes. We have medicines training and a competency check every 12 months." Since the new medicine management system had been introduced there had been no new medicines errors. People we spoke with told us staff helped them with their medicines in the way they needed. One person told us, "Staff have to give me a lot of tablets. They divide them up so I there are not too many at once. They tell me what they are for. I always have water with them." Another person told us, "I pop the tablets [out of the pot] myself, and staff help me." People's medicines were all stored securely in their bedroom. This was a dignified and person centred way of managing medicines. It meant people could have their medicines when they were ready and often as part of their morning support routine.

Is the service effective?

Our findings

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When people lack mental capacity to take particular decisions, any decision made on their behalf must be in their best interests and as least restrictive as possible. We checked whether the service was working within the principles of the MCA. People we spoke with told us they made decisions for themselves and their comments included, "I make all my decisions myself. No one asks or expects me to do things I don't want to do." A member of staff we spoke with told us, "Each of the men is very different and our job is to help them be as independent as they can be in the areas that are important to them." Staff had received training on the MCA and had a working knowledge of how it applied to people living at the home. Staff we spoke with were aware of the restrictions in place and the action they were required to take. Staff explained that they involved people in daily decisions about their care and had knowledge of best interest decisions. During our inspection we observed staff offering people choices and seeking their consent.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service had applied for DoLS appropriately and whether any conditions on authorisations to deprive someone of their liberty were being met. One person's liberty was being restricted and the authorisation for this had expired. The management team were unaware of their responsibility or the actions required to re-apply for this. Once brought to the attention of the management team action was taken during our inspection to progress and improve this situation. The inspection identified other potential restrictions to the person's liberty that had not all been addressed. The restrictions placed on the person were considerable, and there was no evidence that these were the least restrictive measures possible, or that less restrictive measures had been considered or tried. Depriving a person of their liberty for the purpose of receiving care or treatment without lawful authority is a breach of Regulation 13(5) of the Health and Social Care Act 2008. (Regulated Activities) Regulations 2014.

People could be confident that staff had the skills and knowledge required to support people safely. Some of the people we met had needs that meant they did not always co-operate with the staff who were offering them care and support. Our observations identified that staff understood people's complex needs, how to effectively maintain boundaries and how to support people when they were distressed. .

Staff told us they had received sufficient training to carry out their role effectively. New staff recruited to the home had been provided with the Care Certificate as part of their induction. The Care Certificate is a set of nationally recognised standards that provides staff with the skills and knowledge they need to support people safely. One recently recruited staff member told us, "I did the Care Certificate as part of my induction alongside some shadow shifts" [Shadow shifts involve working alongside more experienced members of staff to get to know people and how their care needs should be met.] Staff told us they had been provided with a variety of training that included how to work safely and awareness of the specific needs of the people they were supporting. Staff we spoke with told us, "I feel confident to do my job because training has been

so good." Another member of staff said, "When I started here I had two weeks of training. Most of the courses were exceptional; much of it was very relevant to the men here." We asked staff how the training had impacted on the way they support people. The staff we spoke with were able to give practical examples of the way they had used the learning to improve the way they worked with people. One staff member told us, "I have learnt so much. Not just from courses but from other team members, other staff modelling how best to respond to people." The health professionals we spoke with praised the knowledge and experience within the staff team. They gave us examples of the positive impact this had on the people they supported, which included people not being re-admitted to hospital, or getting into trouble with the police.

Staff told us that they felt supported, and had access to more senior staff for formal supervisions and for reflection and support when they needed it. Staff we spoke with told us about the handover, and described the exchange of communication that ensured staff always had the most up to date information required to support each person. This all provided evidence that people were receiving support from staff with the relevant skills and experience to meet their needs.

People were supported to plan, shop and prepare for food and drinks that they liked. Each person had a personal shopping budget which meant they could eat foods that were to their specific tastes and which met their cultural needs. One person told us, "I plan my own menus and meals. I go shopping for what I need. I try and eat at least one hot meal every day." Another person told us, "I have the food I like. I chose what I want then go and buy it." People had access to a wide range of food and drinks that met their needs and which they enjoyed.

People told us that they had access to routine healthcare that met their general health needs as well as health needs that were specific to them. People we spoke with commented, "Tomorrow I have to see the Doctor. They regularly check my weight and blood pressure." Another person told us, "Staff help me with my health. I go and see the Dentist; I have a check-up every six months. If I tell them I feel unwell, I can see the Doctor. Once I was very bad [seriously unwell] and they called an ambulance." Records we viewed contained detailed information showing that people had regular access to the healthcare professionals they needed. Healthcare professionals we spoke with confirmed staff quickly identified changes in people's well-being and made appropriate and timely requests for help when people's needs changed. This ensured people received the support they required to maintain good health.

Is the service caring?

Our findings

People we spoke with described the staff with warmth, and described the relationship they had with members of the staff team in positive terms. One person told us, "There have been a lot of changes of staff but they are all nice." Another person told us, "I love all the staff that work here." Throughout the inspection we observed staff speaking with people kindly and offering people support. Some people needed reassurance about events or issues that were of concern to them. We saw staff working patiently and compassionately to provide reassurance to people. Often during the day we heard laughter and saw staff and people using the service enjoying a joke together. The relatives of people living at the home shared with us many positive examples of the compassion they had witnessed staff demonstrate towards their people living in the home. Comments we received included, "They all go above and beyond what you could hope for," and "The staff have become like extended family, certainly many of them I would describe as dear friends."

Staff told us they enjoyed working with the men living at Sparrowfields. All of the staff we met had a relaxed and friendly manner, and we saw people easily approached staff and enjoyed their company.

People told us that if they wished to they were involved in planning their care. People had been able to contribute and state how they wished to be supported. Care plans contained details of people's likes and dislikes and their preferences for care. The records of care and staff knowledge about people ensured that people received care in the ways they preferred.

People told us that staff protected their dignity. During our inspection we observed staff being mindful about sharing personal information with people discreetly. One of the staff we spoke with told us, "People are not always aware of their own dignity issues and it is extra important in these instances we help people. For example [helping them] to cover up if they forget to do this." Another member of staff described to us how they upheld people's rights and continued to value and respect them even if they made a decision the member of staff thought unwise.

During the inspection it came to our attention that one person had no window covering at their bedroom window. This did not protect their dignity. The manager explained the challenges involved in providing a long term safe and effective window covering for the person's room. Evidence was available that advice had been sought from a company able to provide this, and we were later informed that an order had been placed. However in the interim the registered provider had failed to make temporary arrangements to protect the dignity of the person using the room. This situation had gone on for several weeks. Action was taken during the inspection to provide a temporary window cover, following feedback from the inspection team.

People told us that they had the opportunity to practice their faith and to maintain their culture. One person told us they liked to visit a local church. Another person explained they sometimes liked to eat food that reflected their culture. People had been supported to express their gender and sexuality in the ways that they wished and were appropriate. People could be confident they would be valued and supported to

express themselves in ways that reflected their individual and diverse preferences.

When people had no families or friends people had the opportunity to access advocacy services and there were details available in the home should anyone request this service. This demonstrated that people had the opportunity to seek support from people or services that were independent from the home.

Is the service responsive?

Our findings

People had been involved in planning and reviewing their care. One person told us, "My key worker talks with me about my care file. We talk about the things I'd like to do and the areas I have made progress." Another person also told us they looked at their care plan with their keyworker. [A key worker is a named member of staff who has been delegated to undertake certain tasks with a named individual.] They told us, "We look at what I am doing well at, new things I'd like to do, and I sign it." Relatives we spoke with explained how they were kept informed and involved in their family member's care. The care records we viewed were individual to each person and had recorded each person's needs and wishes. One of the staff we spoke with told us, "We try and support each person in a way that is appropriate to them; personalised, individual. The men aren't all the same." Our observations showed staff working consistently in line with people's needs and wishes.

The premises appeared comfortable and were homely. People had been supported to decorate and furnish their bedroom with colours and in a style that suited their tastes and preferences. People described their bedrooms and belongings with pride. Helping people to do this was another way that the registered provider showed they recognised people as individual and unique.

Systems had been developed to ensure staff were kept up to date about changes in people's care and support needs. Staff we spoke with told us how staff handovers and team meetings were used to ensure effective communication between the team. Staff told us that daily handovers occurred, and that detailed notes were passed on about each day in the communication book. This ensured staff always had up to date knowledge about people's needs and were able to plan and provide support when people had appointments.

People had numerous opportunities to take part in activities in the home and both the local and wider community. People told us, "I do all the things I want to do, when I want to do them." The person went on to tell us that these activities had included travelling internationally, days out, staying with family, as well as visits to libraries, shops and markets. They told us, "There are no rules. I tell people where I am going and when I will be back, but that is my choice and really just to keep me safe." Another person described the many activities that were important to them, and the support they had from staff to help plan and undertake these safely. The person had made many local friends and acquaintances while following their interests and told us, "I have friends in this area, on the road, the shops and staff at the petrol station." Another person we talked with spoke enthusiastically about the support they had to attend football matches of their favourite team. One of the care staff we spoke with told us, "The people living here have a wide range of interests and hobbies. They are all supported to make plans, budget and have the staff support to do whatever they would like to do." People benefitted from the provision of activities which were based on their interests and needs and that encouraged stimulation and participation.

People told us they were usually happy with the service provided and had not used the official complaints process. The registered provider had recorded two concerns in the past year and our inspection identified these had been robustly investigated and any necessary actions taken as a result. One person we spoke with

told us, "We have residents meetings. These are a place to talk about any problems. There isn't much." Another person told us, "We have chat times here. This is individual time with staff to see how I'm feeling. There's no set times. I can have one when I want. They have listened to me and are helping me." People could be confident their concerns and complaints would be recognised, investigated and responded to.

Is the service well-led?

Our findings

It is a legal requirement that all registered services have a registered manager in place. Although a manager has been appointed and was in position at Sparrowfields there had been no registered manager for almost twelve months. This had placed the registered provider in breach of their conditions of registration. We spoke with the registered provider and manager about this, and were assured that an application would be made.

The registered provider had a wide range of audits and checks to monitor the quality and safety of the service. Regular checks were made of the home to ensure they remained safe, and that any defects were acted upon quickly to ensure people lived in a safe, comfortable and homely environment. The audits addressed all of the key areas of the operation of the home, as well as people's satisfaction with the service they were receiving. There were audits to help the registered provider confirm they were meeting the requirements of the law and to identify where any improvements or actions were needed. The audits had failed to identify that action was required to meet the requirements of the Mental Capacity Act (2005) and to uphold one person's human rights. However, overall these checks had been effective at monitoring the running of the service and driving forward improvements.

People were happy with how the service was managed and felt involved in the running of the home. People told us, "[Name of new manager] is getting on well." Staff we spoke with told us, "All the managers are great; approachable. The new manager is fantastic, she always has time for you", and "I feel this is a healthy environment. We can solve things and move on." The manager demonstrated a good understanding of the needs of the people they were supporting, and in discussion with us they demonstrated that they had the skills and knowledge required to manage the home.

The manager understood their responsibility to inform the Commission of specific events that had occurred in the home. We had received the notifications required and been informed about significant events since our last inspection. This ensured that the Commission was kept up to date with significant events that occurred at the home.

Registered providers are required by law to display the ratings awarded to each service on their website and in the home. We confirmed that the rating for Sparrowfields was on display in both of these places. Showing this rating demonstrates an open and transparent culture and helps people to know the rating of the service they are using. We looked at the opportunities people, staff and relatives had to provide feedback or to whistle blow in the event that they were concerned about any aspect of the service. [Whistle blowing is a term given to raising the alarm on abusive or neglectful care practices] Staff we spoke with were aware of how to whistle blow and could describe the registered providers hotline and other avenues open to them in the event they felt unable to approach their line manager. One of the relatives we spoke with told us, "I am confident that there is nothing underhand. Nothing that goes on that they won't tell you about." Staff we spoke with described positive changes in the culture of the home. This all provided evidence that the service was an open and transparent place to live and work.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment The registered provider had deprived a person of their liberty without lawful authority.