

Shelton Care Limited

Cauldon Place

Inspection report

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20 March 2019

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Ratings

Overall rating for this service

Requires Improvement 

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?

Requires Improvement 

Summary of findings

Overall summary

About the service: Cauldon Place is a residential care home that was registered to provide personal care to 25 people that may have a learning disability. The service was also registered to provide support to people living in the community in their own homes. At the time of the inspection 24 people were living in the home and three people were supported in the community. Not everyone using Cauldon Place received a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

Cauldon Place was not originally designed with the principles of Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion, so that people with learning disabilities and autism using the service can live as ordinary life as any citizen. The registered manager ensured that care was responsive to people's needs and people could be assured that they had choice and control over their care.

People's experience of using this service:

Notifications were not always submitted as required. This is a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

Although plans were in place to monitor people's safety, we found that the actions from these plans weren't always documented. We have made a recommendation that the provider strengthen their systems around recording of these checks.

Where people did lack capacity under the Mental Capacity Act 2005, the best interest process was not clearly evidenced. We recommend that the MCA documentation is strengthened to ensure all areas of the process is evidenced.

People told us that they felt safe.

People could be assured they received their medicines as prescribed and there were enough safely recruited staff to meet people's needs.

People's needs were assessed to identify the support they required and people told us that they liked the food.

People were supported to access healthcare services and staff worked with other agencies to provide effective care.

People were able to personalise their rooms as they wished.

People were treated with kindness by staff and were supported to make decisions about the care they received.

People had their privacy protected and independence promoted.

People received personalised care responsive to their needs and knew how to make a complaint if necessary.

The registered manager was approachable.

More information is in the full report.

Rating at last inspection: Requires improvement, report published 12 July 2017

Why we inspected: This was a planned inspection based on previous rating.

Enforcement: We found there was a breach in Regulation 18 of the Care Quality Commission (Registration) Regulations 2009. You can see what action we told the provider to take at the end of the full version of this report.

Follow up: We will continue to monitor the service through the information we receive and schedule our next inspection as appropriate.

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

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?

Requires Improvement ●

The service was not always well-led

Details are in our well-led findings below.

Cauldon Place

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was undertaken by two inspectors and one 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 care service. The expert by experience area of expertise was learning disability.

Service and service type:

Cauldon Place is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided and both were looked at during this inspection. Cauldon Place is also registered to provide support in people's homes however, during this inspection nobody was receiving a regulated activity in this area.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

The inspection was unannounced and took place on the 18 and 20 March 2019.

What we did:

Before the inspection site visit we looked at information we held about the service. This included notifications. A notification tells us information about important events that by law the provider is required to inform us about. For example; safeguarding concerns, serious injuries and deaths that had occurred at the service. We also gathered information about the service from other sources. We contacted the commissioners of the service; commissioners are people who fund placements and packages of care and

have responsibility to monitor the quality of the service provided.

The provider had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service such as what the service does well and any improvements that they plan to make. We used this to help plan our inspection.

During the inspection we spoke to three people who used the service. We spoke with the registered manager, unit coordinator and five care staff. We also spoke to one relative and two professionals. We looked at two peoples care files, medication administration records, recruitment files and quality monitoring audits. We did this to gain people's views about the care they received and to check the standards of care were being met.

After inspection the registered manager sent us additional information that we had requested.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Assessing risk, safety monitoring and management

- People had their risks to safety assessed and plans put in place to meet them.
- Although plans were in place to monitor people's safety, we found that the actions from these plans weren't always documented. For example, staff checking regularly on a person as outlined in their support plan.
- We recommend that the provider strengthen their systems around recording of these checks.
- People told us they felt safe. One person told us, "Yes [I feel safe because of] the staff looking after me and supporting me."
- Where people displayed behaviour which may challenge, we saw plans in place that gave staff guidance on how to support people.

Using medicines safely

- At the last inspection report published on 12 July 2017 we reported people were not always receiving their medicines as prescribed. At this inspection we found the provider had made the required improvements.
- People could be assured they received their medicines as prescribed and records confirmed this.
- People told us they received their medicines on time and when they needed it. One person told us, "Yeah I do [get my medicine] and they give me pain relief if needed."
- Guidance was in place for staff to administer medication. For example, protocols were in place for people who required medication on an as and when required basis.
- Medicines were stored safely and stock levels correct.
- Medicine administration records were accurately completed to record the medicine people received.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of potential abuse.
- Staff told us they had received safeguarding training and knew what action to take if they suspected a person was being abused.
- One staff member told us they would report their concerns to, "The senior or management." Another staff member told us as well as reporting it to management they could report it to, "CQC or the police."
- Staff could recognise the signs of potential abuse. One staff member told us signs they would look out for would include, "withdrawn and not engaging as they normally would."

Staffing and recruitment

- There were enough safely recruited staff to meet people's needs.
- We saw that references had been sought and Disclosure and Barring (DBS) checks had been completed to ensure that potential staff were of good character to be able to work with people who use the service. The DBS helps employers make safer recruitment decisions.
- During the inspection, we saw that people had support from staff to do the things they wanted to do. For

example, we saw that people went out with staff to complete an activity in the community.

Preventing and controlling infection

- Infection control measures were in place within the home so that people were prevented from the risk of cross infection.
- Staff told us they received health and safety training.
- The home environment was clean and we saw staff wearing personal protective equipment.

Learning lessons when things go wrong

- Lessons were learned when things had gone wrong. For example, where medication errors had been made these had been investigated and appropriate action taken.

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

People's outcomes were consistently good, and people's feedback confirmed this.

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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- We found that where people did lack capacity, the best interest process was not clearly evidenced.
- We recommend that the MCA documentation is strengthened to ensure all areas of the process is evidenced.
- People told us that staff sought permission from them before supporting them with their care needs.
- Staff told us that they had received training about the MCA and could tell us what capacity meant. One staff member told us it is, "Whether you deem somebody to have capacity to make decisions for themselves."
- DoLS had been applied for where necessary and the registered manager was aware when they expired and when to request renewals, so that people's rights would still be protected.

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

- People's needs were assessed to identify the support they required. This included support around managing their health needs, mobility and behavioural needs.
- People's protected characteristics were considered during the assessment process including their religious needs. We saw plans in place to support these needs including celebrating religious holidays.
- One health care professional told us that a pre-admission assessment was completed by the registered manager and unit co-ordinator and they felt, "It was comprehensive and very confident" in the questions they were asking in order to meet the person's care and support needs.
- Some people had health conditions which required specialist intervention such as epilepsy. The care plan detailed information that staff needed to take to support the person.

Staff support: induction, training, skills and experience

- Staff received an induction on starting at Cauldon Place and this equipped them with the skills they needed to provide consistently effective care. This included both classroom based learning and shadowing shifts.

- One staff member told us they felt that the, "Induction was enough and the trainers were very good."
- Staff told us their training was kept up to date.

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

- People told us they liked the food, with one person telling us, "Yeah the food is good."
- Where people could not verbally communicate their food choices, pictorial cards were used so that people could express their choice.
- Where people were at risk nutritionally, screening tools were in place and care plans detailing the support needed and what actions to take. For example, one person received supplements and required to be weighed monthly.

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

- People had personalised bedrooms and where people had their own lounge, they had been supported to decorate it as they wished.
- There were pictorial boards in the kitchen showing people what was for lunch and dinner.
- The building is split into flats, some of these flats were communal with everyone having their own bedroom but sharing a bathroom, lounge and kitchen. Other flats are single occupancy due to the range of people's care and support needs.
- The registered manager informed us that the building would be undergoing a refurbishment this year with new kitchens, bathrooms and internal and external doors.

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

- People were supported to access healthcare services when they needed to.
- We saw records that showed referrals to health professionals, such as the epilepsy nurse and ophthalmology had been made when staff were concerned about a person's health condition.
- One healthcare professional told us that staff had worked with them to move a person into Cauldon Place swiftly and, "Within the first 24 hours there had been a significant improvement in [person's name] wellbeing due to the support and approach of staff."

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

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 kindness by staff. One person told us, "Yeah, I like living here all the staff are brilliant to me."
- Another person told us that staff were, "Very thoughtful and polite."
- One relative told us that, "[Person's name] never has asked to come home and I think that speaks volumes and they do look at that place as their home. I like the fact the carers know [person's name] very well."
- Whilst at the service we witnessed caring interactions between people and staff.

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

- People were involved in making decisions about their care. One person told us, "Yeah, staff sort my care plan out with me."
- One relative we spoke to told us they were involved in their family member's review and an issue they had was resolved with two days.
- The service invited people to take part in customer satisfaction services, to give feedback about their care.
- We saw staff photos were displayed stuck to kitchen doors in the flats encouraging residents to talk to staff and managers and a phone number for an advocacy service.

Respecting and promoting people's privacy, dignity and independence

- People had their privacy respected and their independence promoted.
- One person told us, "Yes I do my own things, I do jobs."
- Staff could tell us how they respected a person's dignity and gave us examples of how they would do this such as, closing doors and curtains.
- Staff understood the importance of encouraging independence and could give us examples of how they do this.
- One staff member told us how they encourage a person to choose their own clothes to wear for that day, with another telling us they encourage people to dress themselves by giving them the, "Time, patience and direction to do it themselves no matter how long it takes."

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People received personalised care responsive to their needs.
- One person told us that they had a job in the local community and had attended work that day.
- Where people could not verbally communicate their preferences, activity planners were used which supported them to choose what activities they wanted to do using pictures.

Improving care quality in response to complaints or concerns

- People knew how to make a complaint. One person told us they would make a complaint, "By talking to the staff, senior members of staff. Sometimes when people upset me I have made a complaint and managers have sorted it." Another person told us, "Yes I would talk to [the registered managers name] who works downstairs."
- The provider had a complaints policy in place, with people receiving a service user guide, which detailed how to complain using pictures as well as words.
- There had been no complaints this year from people who received a regulated activity, however there was an appropriate system in place to deal with complaints should one occur.

End of life care and support

- The provider had considered end of life in their care plans; however, this information was limited due to nobody receiving a regulated activity required end of life care and support at the time of our inspection.

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

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred. Some regulations have not been met.

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

- Notifications were not always submitted as required. A notification tells us information about important events that by law the provider is required to inform us about. For example; safeguarding concerns, serious injuries and deaths that had occurred at the service.

This is a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

- We discussed this with the registered manager who stated they would implement a system to ensure they sent CQC notifications.
- The last inspection report was displayed in the home and on the providers website.
- Quality audits were completed by the provider. For example, we saw records of questions asked about person centred care to people and staff, to ensure that this was being delivered and received effectively within the home.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- There were no systems in place to ensure risk management plans were followed.
- The registered manager was available to both people and staff.
- Staff told us that the registered manager was approachable and people knew who the registered manager was by name.

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

- People were actively encouraged to complete surveys about the service, which were presented in picture format and detailed if anybody had supported them to complete it. There was an overall positive response from the survey.
- People told us that they had resident meetings. One person told us, "Yes [we have them] in the living room, we talk about if we're happy." Another resident told us, "Yeah regularly, [I] say if I'm happy and like living here."
- The latest staff survey, indicated that there was a low staff morale and staff felt criticised at times. Since this was completed the registered manager has worked to address these issues.

Continuous learning and improving care

- A comments box was situated in reception, where anonymous comments could be left. However, the registered manager informed us that none had been left recently.
- Staff informed us that they had regular supervisions and appraisals. One staff member told us, "They can be helpful but if I had issue I would bring it up sooner."

Working in partnership with others

- The provider worked in partnership with other professionals. One health care professional told us, "Any communication [with the provider] is quite easy, there is someone there to speak to, they give us updates and are accommodating about arranging contact [with the person] within the week."