Shaw Healthcare (Specialist Services) Limited

Springbank

Inspection report

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Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

This inspection took place on 12 August 2015 and was unannounced. The last inspection took place in April 2014 and no breaches of legal requirements were found at this time.

The home provides care and accommodation for 11 people with a learning disability.

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

People in the home were supported by safe numbers of staff who were able to meet their needs and support their social activities. Staffing levels were flexible to accommodate the needs of people.

Summary of findings

There were risk assessments in place to ensure that staff received guidance in how to support people safely. These were reviewed and updated accordingly when necessary. This included assessing people's ability to manage their own medicines.

People received effective care that met their health needs. Staff worked with healthcare professionals to ensure that professional guidelines were followed and advice sought when necessary. Staff were aware of people's nutritional needs and received specialist training to support those who had a PEG (Percutaneous Endoscopic Gastrostomy).

People's rights were protected in line with the Mental Capacity Act 2005. This is legislation that protects the rights of people's who are unable to make decisions about their own care and treatment. Where appropriate, applications to deprive a person of their liberty were made to the relevant authority.

People were supported by staff who were kind and caring and treated people with respect. People were encouraged to maintain relationships with people that were important to them.

People were involved in planning their own care where possible and the registered manager reported that they would be looking further at how they could achieve this. The services of an advocate were sought when necessary to ensure that people's views were listened to and considered.

Staff understood and were responsive to people's individual needs and preferences. People were able to follow their own preferred routines during the day, for example by getting up and going to bed when they wished. People were supported to follow their particular interests and to find employment if they wished to.

The service was well led by the registered manager. Staff reported feeling well supported and able to raise any concerns or issues.

There were systems in place to monitor the quality and safety of the service. This included a programme of audit that looked at medicines, the environment and people's care plans.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

There were sufficient numbers of staff to ensure that people were cared for in a safe way that met their needs.

People's medicines were managed safely.

There were risk assessments in place to guide staff in supporting people safely.

Staff were trained in and felt confident about safeguarding people from abuse.

Good

Is the service effective?
The service was effective.

People's rights were protected in line with the Mental Capacity Act.

People's health and nutritional needs were met.

Staff received supervision and training to support them in carrying out their roles effectively.

Good

Is the service caring?
The service was caring.

Staff were kind and treated people with dignity and respect.

People were involved in planning their own care and support where able.

Good

Is the service responsive?
The service was responsive.

Staff understood people individual needs and preferences.

People were supported in activities they were interested in.

There was a system in place to respond to complaints.

Good

Is the service well-led?
The service was well-led.

There was an open and transparent culture in the home. Staff were confident about raising issues and concerns.

There were systems in place to monitor the quality and safety of the service provided.

Good

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Detailed findings

Background to this inspection

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

This inspection took place on 12 August 2015 and was unannounced.

The inspection was undertaken by one inspector. Prior to the inspection we looked at all information available to us. This included the Provider Information Return (PIR). The PIR is a form that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make. We also looked at any notifications submitted by the service. Notifications are information about specific events that the provider is required to tell us about.

As part of our inspection, we reviewed the care records for three people in the home. We made observations of the care people received and spoke with three members of care staff. We also spoke with the registered manager. We looked at other records relating to the running of the home included audits, staff supervision and training records and meeting minutes.

Good

Is the service safe?

Our findings

We didn't speak with people in the home directly about how safe they felt; however we observed that people were content and settled and interacted confidently with staff. One person was given a hot drink and we saw that staff watched the person to ensure their safety and courage them to drink slowly.

The service was safe. There were sufficient numbers of staff to ensure that people's needs were met. The registered manager told us that during the morning shift, staffing levels had recently increased from three members of care staff to four in addition to the team leader. This was in response to changes in people's needs. In the afternoon there were three members of care staff and a team leader. The registered manager and deputy manager were also available and supported staff in carrying out care tasks when necessary. Staff told us that these staffing levels worked well and meant that people's needs were met. Staff told us that staffing levels were sufficient to be able to support people to go out regularly. We observed that this was the case during our inspection.

There were recruitment procedures in place to help ensure that staff were suitable for their role. This included gathering information through references and a Disclosure and Barring Service check (DBS). The DBS provides information about any criminal convictions a person many have and whether they have been barred from working with vulnerable adults.

People received the support they required with their medicines. The level of support that people required had been assessed and their ability to manage their own medicines had been considered. Where a person was not able to manage their own medicines, consent had been sought for them to be managed by staff.

Medicines were stored safely and securely so that only those authorised to do so were able to access them. A record of room and fridge temperatures was kept to ensure that medicines were stored within the recommended temperature range.

The administration of medicines was recorded on a Medicine Administration Chart (MAR) chart provided by the dispensing pharmacy. We found no omissions or errors in the charts that we viewed. Stock levels were checked on a monthly basis when new supplies were delivered from the pharmacy. Between these times, the registered manager told us that they carried out informal monitoring through daily checks of MAR sheets.

Staff were aware of and confident in their responsibilities to safeguard people in the home. All staff confirmed they had received training in this area and felt confident in reporting issues to senior staff. One member of staff told us of a particular incident they'd been concerned about, which they had reported. The member of staff told us the concerns had been responded to immediately and that they had been reassured and put at ease about having taking the action to report their concern.

There were individual risk assessments in place to guide staff in providing safe support for people in the home. This included for example, assessing the risks associated with the use of bedrails to minimise the risks of entrapment. Risk assessments also included financial management to ensure that people were protected against the risk of financial abuse. Measures included obtaining two staff signatures when purchases were made and ensuring that monies were carried securely when outside of the home.

Good

Is the service effective?

Our findings

People received effective care. Support was in place to ensure that people's health needs were met. Staff worked with healthcare professionals where necessary and followed their advice to ensure that the risks to people's health were minimised. For example one person had been identified as being at risk of skin breakdown. Staff had liaised with the district nursing team and followed their advice regarding monitoring of the skin. We saw that a specialist chart was in place and this had been completed daily to ensure that any concerns about the person's skin would be identified.

The risks associated with people's skin were assessed using a recognised assessment tool. These were reviewed monthly to ensure that any changes in a person's needs would be identified.

In another case there were concerns about a person's nutrition. A dietician had been involved in this person's support and their guidelines followed. People's weight was monitored on a monthly basis as part of an assessment tool to assess whether a person was at risk nutritionally.

We spoke with the member of staff responsible for food preparation and they were aware of people's dietary requirements. They had information available to refer to in relation to professional guidance that needed to be followed. This ensured for example, that where people required soft diets to ensure they could eat safely, this guidance was followed. People were given options at meals times and alternatives were provided if neither of the options suited a person. One visitor in the home told us they regularly had meals in the home and enjoyed the food provided.

People's rights were protected in line with Mental Capacity Act 2005. This is legislation that protects the rights of people who are unable to make decisions about their own care or treatment. We saw examples of best interests decisions being taken on behalf of people where it had been assessed that they did not have the capacity to consent. In one case, significant decisions about the person's health had been made. Decision making had involved the input of an Independent Mental Capacity Advocate (IMCA). The input of an IMCA is sought when a person has no other person that is able to represent the person's views in the decision making process.

Staff confirmed they had received training in the Mental Capacity Act 2005 and were able to tell us about key aspects of the legislation.

Where it was felt that person needed to be deprived of their liberty in order to keep them safe and it was in their best interests to do so, applications were made to relevant authority for DoLS authorisation. For three people in the home, their applications had been authorised and for others applications had been made. The registered manager told us that the impact on people's liberty of requiring a high level of support from staff to ensure their safety, was minimised by wherever possible ensuring that people were able to go out when necessary. This was evident on the day of our inspection. We observed that a person was supported to go out and collect a personal belonging that they had left at their place of work and was causing them some anxiety.

Staff were positive about the support and training they received. We viewed the overall training record which showed when all mandatory training topics had been completed. These included safeguarding adults, moving and handling and health and safety. This recorded showed most training was up to date. Training relevant to the needs of the individuals in the home was also provided in addition to the mandatory training topics. For example we saw that staff received training in autism, learning difficulties and equality and diversity. Where people had particular needs associated with their health staff told us they had received training to support them in these. This included for example, catheter care and supporting a person with a Percutaneous Endoscopic Gastrostomy (PEG). This is a procedure performed when a person is unable to safely receive nutrition orally.

We saw from the record of supervision and appraisal, that a number of staff did not have an up to date annual appraisal. The registered manager was aware of this and had a plan in place to address the issue. We saw evidence that dates had been booked for the staff concerned. Not all supervision sessions had taken place within the expected timescale of every 6-8 weeks; however staff confirmed that they felt very well supported and could approach the registered manager or deputy manager at any time.

Good

Is the service caring?

Our findings

People were supported by staff who were kind and caring in their approach. Staff spoke to people in a considerate and respectful manner. We observed pleasant interaction throughout our inspection. For example, one person returned from attending an appointment outside the home, a member of staff acknowledged them when they came in and asked how their appointment had gone. People were regularly asked if they wished to have a drink and given choices. On one occasion we observed staff using visual cues to support a person in communicating what choice of drink they'd like to make. The registered manager spent time explaining to people that an inspection was taking place and what this would involve. This was an example of people being treated with respect

People were supported to maintain relationships with important people in their lives. One visitor told us that they came to the home twice a week and were able to have their meal there. This person told us that staff were "very nice" and they were always made to feel welcome. Staff told us that another person was supported to visit a family member on a weekly basis. Where people had relatives and representatives, their views were sought in relation to people's care and taken in to consideration. This was evident in the communication logs we viewed in people's support files.

People were involved and included in planning their care where possible. For example, in one person's file, there was information about how a person had been supported to make choices about the decoration in their room. In another case, we read how a person had been included in discussion about their behaviour following a particular incident that had occurred. Following feedback from our inspection findings, the registered manager told us they would look further at the ways in which they could include people in the care planning process.

Staff supported people to be actively involved in their local community. The registered manager told us about how they were supporting one person to find employment opportunities. Other people enjoyed going out to play bingo or go to the pub. Some people had a newspaper delivered daily and staff told us they supported these people to go to the shops to pay for their deliveries. Staff confirmed that everyone in the home had opportunity to go out on a regular basis.

People's independence was promoted. It was clear in people's support plans, the aspects of their care routine they were able to manage for themselves. For example, we read one person was able to manage aspects of their personal care with verbal prompting. During the lunchtime meal we saw that people were given equipment, such as specialised cutlery where necessary to ensure they were able to eat independently.

Good

Is the service responsive?

Our findings

The service was responsive. People were supported by staff who understood their individual needs and preferences. For example people were able to follow their own preferred routines, getting up and going to bed at a time of their choosing. We observed that people were able to have their breakfast when they wished to.

Support plans were clearly written and gave a good picture of people's individual needs. This ensured there was consistent guidance in place for staff to follow. Support plans were evaluated on a regular basis to ensure they were current and reflected any changes in the type of support that people required. There was information available in people's support files describing their lives prior to coming to the home, including important events in their lives and relationships that were important to them. This helped staff understand people as individuals.

Where people may present with behaviours that could potentially affect others, there were individual plans in place to guide staff in managing this. These plans described the situations that may trigger these behaviours and how staff could support the person at these times. We read that a person could sometimes become anxious in relation to their cigarettes. During our inspection, the registered manager showed this person how many cigarettes they had left as a way of responding to their anxiety. This demonstrated how the person's needs were understood.

In response to one person's change in health, steps had been taken to consider how the person would wish to be supported at the end of their life. An IMCA had been involved in making decisions in the best interests of the person. It was clear from the records relating to this, that the person's needs and wishes had been fully taken in to consideration. Links had also been made with the local hospice so that preparations were in place at the time when their support would be required.

There was a member of staff employed by the service to provide opportunities for people to take part in activities if they wished to. One person told us about the trips they'd enjoyed going to local areas. We observed another person had their own bag of items that they enjoyed using. Staff ensured that the person had access to these items. Another person requested to have their nails varnished and clearly took pleasure in this activity when staff supported them.

Records of compliments and complaints were kept and this helped the registered manager know what was going well in the service and any areas that required improvement. We read a number of positive comments from other professionals, praising the standard of care in the home. There was also a comment from a member of the public who had contacted the registered manager to report how impressed they'd been with how staff supported a person at a local café.

There had been no formal complaints about the home since 2010; however there was a procedure in place to follow should a person wish to raise concerns. Information was available in a format suited to the needs of people in the home. This identified the people within the organisation that could be approached if a person wished to complain.

Not all of the people in the home were able to explain verbally if they were upset or wanted to raise concerns. However staff told us about the ways in which they would be able to identify if a person was upset, through their behaviours and vocalisations. We also noted that one person had been supported to make a complaint in relation to the treatment they'd received by another organisation.

Good

Is the service well-led?

Our findings

The service was well led. There was a registered manager in place, with support from a deputy manager and team leaders. Staff were positive about the management arrangements and told us they were very well supported. Staff felt very confident about raising concerns with the manager and this created and open and transparent culture within the staff team.

Senior staff were involved in the day to day running of the home, and took an active role in the support of people living there. The registered manager reported that at times of unexpected staff absence, senior staff would support the care staff in carrying out their duties. During our inspection we saw that the registered manager and deputy were involved in supporting people in the home as well as carrying out their management duties. This helped ensure they monitored the service effectively and understood the needs of people in the home.

Staff reported they worked well together as a team and supported each other. We observed during the day that staff communicated well with each other to ensure that people's needs were met. For example by ensuring there was someone present to ensure people's safety when they had to leave a particular area.

Monthly team meetings took place as way of communicating important information to the team and as an opportunity for staff to highlight any issues or concerns. We also saw from reviewing minutes that these meetings were used to discuss important policies such as safeguarding and the Mental Capacity Act 2005. This helped ensure staff were familiar with key policies even if it was not necessary to refer to them as part of their daily work.

Care staff identified positive qualities that were important in their role. Staff told us it was important to be "patient", "caring" and "person centred". These qualities were evident in the observations we made throughout the inspection.

There were systems in place to monitor the quality and safety of the service provided. There was a programme of audit in place. This included regular checks of support plans, the environment of the home, catering and medicines. Action plans were generated according to findings of these audits and this helped promote continual improvement in the standards, safety and performance of the home. Action plans were monitored and a date added when actions had been completed.

Quality monitoring processes included visits from staff within the wider organisation. We viewed a copy of an audit carried out by a member of the provider's quality team looking at aspects of the service aligned with the five key questions that the Commission inspect against. The registered manager was particularly pleased to have scored 96% on this audit, reflecting the high standard of care provided.

Accidents and incidents were monitored on a monthly basis as a means of identifying any particular trends or patterns in the types of incidents occurring.

The registered manager was aware of the responsibilities associated with their role, for example, the need to notify the Commission of particular situations and events, in line with legislation.