

***We are the regulator:** Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

Shaldon House

77 Shaldon Road, Bristol, BS7 9NN

Tel: 01179518884

Date of Inspection: 04 April 2014

We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services ✓ Met this standard

Care and welfare of people who use services ✓ Met this standard

Cooperating with other providers ✓ Met this standard

Staffing ✓ Met this standard

Assessing and monitoring the quality of service provision ✓ Met this standard

Details about this location

Registered Provider	Positive Care Ltd
Registered Manager	Ms Sandra Hale
Overview of the service	Shaldon house is registered to provide care for up to ten people with a learning disability or autistic spectrum disorder
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 4 April 2014, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service and talked with staff.

What people told us and what we found

We looked at five standards during this inspection and set out to answer these key questions: Is the service caring? Is the service responsive? Is the service safe? Is the service effective? Is the service well led?

Below is a summary of what we found. This is based on our visit to the home when we met with the people who used the service and with members of the staff and management team. Not everybody who used the service was able to express their views verbally and our observations in the home helped us to make judgements about the support that people received.

Please read the full report if you want to see the evidence supporting our summary.

Is the service caring?

Staff we spoke with had a good awareness of individuals' needs and treated people in a warm and respectful manner. During our observations we saw people were receiving care and support in a sensitive way.

Jovial interactions were observed between staff and people that used the service. Interactions were appropriate and people appeared to enjoy the banter as they were visually animated and relaxed around staff.

Is the service responsive?

People received co-ordinated care. We saw evidence in people's care plans that demonstrated people had been visited by their GP and other health care professionals. For example people's files held information and advice sought from the community learning disability team and joint initial assessments took place before people came into the service.

People's needs had been assessed before they moved into the home. The registered manager told us people met with their key workers monthly to discuss their support plan and things they may wish to achieve.

Records confirmed people's preferences, interests, aspirations and needs had been recorded and care and support had been provided in accordance with people's wishes. People had access to activities that were important and meaningful to them and had been supported to maintain relationships with their friends and relatives. For example, the staff supported one person to 'Skype' their family member on a weekly basis.

Is the service safe?

People we spoke with told us they felt safe with the staff that supported them. Observations that we made also indicated people felt comfortable in the company of staff.

CQC monitors the operation of the Deprivation of Liberty Safeguards which applies to care homes. While no applications have needed to be submitted, policies and procedures were in place to support staff should the need arise. Relevant staff have been trained to understand when an application should be made, and how to submit one.

People were safe from the risks of harm because risk assessments were used to identify the safest and least restrictive ways of supporting people. Risk assessments were reviewed on a monthly basis to ensure they remained up to date.

People's safety was protected and promoted because the service sought expertise and support from other health and social care services that people required in order to meet their needs effectively.

The registered manager sets the staff rotas, they take people's care needs into account when making decisions about the numbers, qualifications, skills and experience required. This helps to ensure that people's needs are always met.

Is the service effective?

We saw that the individual needs of people using the service were met because staff were familiar with their support plans. We saw examples of people receiving support in line with the information recorded about them.

It was clear from our observations and from speaking with staff that they had a good understanding of the people's care and support needs and that they knew them well.

Is the service well led?

People that used the service and their relatives completed a satisfaction survey once a year. The registered manager told us if any concerns were raised these would be addressed promptly. One follow up comment from a relative related to 'terms of endearment' used to their family member. This was followed up immediately by the registered manager, who confirmed the person was happy with the term used and recorded this accordingly.

There was a well-established management team in place. Staff understood the ethos of the home. The registered manager told us "people are asked what they want to do and achieve and we support them to do it".

Some people we spoke with were able to tell us their experience. They confirmed they felt listened to and were involved in resident's meetings called "our voice". We saw records that confirmed this.

Staff told us they were clear about their roles and responsibilities. They said the management team and the provider were supportive. They told us "there is always someone available for support".

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected.

Reasons for our judgement

People who used the service were given appropriate information and support regarding their care or treatment. For example, people were given a service user guide and a contract when they first came into the home. This was in a pictorial form to aid people's involvement and understanding. Contracts were signed by the person if they were able to do so and if they understood what was being asked of them.

Lifestyle choices were discussed at keyworker and support planning meetings and people were involved in the development of their care plan. We were told that relatives would also be involved should the person so wish, or if the person was unable to fully participate. This meant people were supported to make choices and were involved in their care planning.

We saw evidence in one person's care file of their involvement in a recent best interest meeting as they were unable to make a medical decision due to their lack of capacity. The documentation was in line with the Mental Capacity Act 2005 and clearly identified who was involved.

Some people that we spoke with were able to give examples of how they were involved in or able to influence their care. People also told us they felt respected by the staff team and they felt involved in their care planning. One person told us "I like my keyworker. We go to Weston and have fish and chips".

Evidence found in people's care files demonstrated they had been involved in decisions about their care routines and choices. All were written in the first person and signed by the person in agreement wherever possible. Pictures were used to aid discussion and involve the person. This meant people were involved in decision making around their preferred routines and were supported to understand the care and treatment choices available to them.

Staff throughout our inspection, were heard involving people in their care routines and activities. For example, staff spoke to people in a respectful manner and asked people if

they wanted to go out to the shops and if they needed money to purchase any items.

Staff were also heard advising people of the plans for the activity. For example, one member of staff said "I am almost ready now X I just need to get my coat and get some money". People's needs were respected and staff reduced any anxieties people may have had in relation to the waiting time to leave the home. This was because staff gave people clear explanations of their actions.

The registered manager described how a person wanted to be involved in their daily shaving routine, but when they came to the home they were unable to do this. They told us how staff supported the person in a step by step process and were encouraged to undertake the task at their own pace. This person was now able to shave themselves with staff support. This meant staff promoted people's autonomy and independence.

Regular resident meetings took place called 'Our say' meetings. Recent minutes were viewed of the meetings that demonstrated how people were involved in their home. People were asked for their views and options on a range of topics that included; activities, menus, complaints and website development. Each person was given the opportunity to have their say and the minutes were signed by the people that attended. This demonstrated people were involved and encouraged to give their feedback on the care they received.

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

During our inspection we examined three people's personal care files and associated records. Care and support plans were comprehensive and detailed. Some areas included: placement aims and objectives, personal profile, contacts and important dates, personal development, support needs assessment and individual life plan.

People's personal profiles gave clear instructions to staff to enable them to support the person on individual areas of their support needs. Areas included: communication, behaviour and personal care. All were written in the first person. For example, one person's behaviour plan stated "I need support when I'm having meals as I can spit food out". The plan went on to identify ways staff should support the person. This meant people's support plans were detailed and reflective of their needs.

Care and support plans were reviewed at monthly keyworker meetings and signed by the individual wherever possible. Records seen confirmed this. Discussions took place around each aspect of their care plan and this was reviewed and evaluated. Keyworkers then referred to the original placement aims to see if any changes were to be made. Any changes would be cascaded to staff via handovers and team meetings. People that used the service signed the keyworking documentation where possible. This demonstrated people's involvement in their care plan reviews.

Risk assessments were completed for each individual aspect of people's care and support plan, as and when required. Risk assessments considered the least restrictive options to promote independence. For example, one person's risk assessment stated "staff need to make sure I am not left alone with strangers, as I don't feel comfortable". The management plan clearly identified the actions staff were to follow that effectively supported the person. Risk assessments were regularly reviewed and signed by the person receiving the support. This meant up to date information was available for staff to support people effectively and safely.

At the time of our inspection no one living in the home was subject to a Deprivation of Liberty Safeguards (Dols) application. However systems were in place to support this should the need arise. The registered manager was able to talk us through the process.

We observed staff interactions throughout our inspection. The support observations made were conducive with the assessment detail in the person's care and support plan. This demonstrated people's needs were assessed and care and treatment was planned and delivered in line with their individual care plan.

Staff we spoke with had a good awareness of individuals' needs and treated people in a warm and respectful manner. During our observations we saw people received care and support in a sensitive way during our visit. Jovial interactions were observed between staff and people that used the service. People appeared to enjoy the interactions as they were visually animated and relaxed around staff.

People undertook activities on a daily basis both as small groups and on a one to one basis that included being involved in their local community. An activities calendar was in place however, the registered manager told us it was flexible to meet people's individual needs. Some activities included; baking at home on a Wednesday and a soft play activity which the registered manager explained was a hand to eye coordination activity that involved people in a fun way. People we spoke with told us about some of the activities took place. This included a recent trip to a local seaside resort.

The registered manager told us that when a local daycentre closed, one person had been supported to attend another community group to ensure they could remain in contact with a member of their family who used to attend the previous daycentre. Staff told us they supported people to maintain their family links and would escort them as required. This meant people were encouraged to partake in meaningful activities and maintain their family links.

People were able to follow their chosen spiritual pathway. Some people chose to attend the local church and were supported by staff in line with their assessed needs. We were told one person who attends the local church was baptised there and it was important to them to attend on a regular basis. This meant people were supported to maintain their community links and spiritual identity.

People should get safe and coordinated care when they move between different services

Our judgement

The provider was meeting this standard.

People's health, safety and welfare was protected when more than one provider was involved in their care and treatment, or when they moved between different services. This was because the provider worked in co-operation with others.

Reasons for our judgement

People received co-ordinated care. We saw evidence in people's care plans that demonstrated people had been visited by their GP and other health care professionals. For example people's files held information and advice sought from the community learning disability team and joint initial assessments took place before people came into the service.

There was involvement of a 'multi-disciplinary' team of professionals for people, as and when required. One person's file demonstrated this in relation to a best interest meeting related to a medical condition. Documentation showed the persons family, GP, Social Worker and managers of the service were all actively involved. This ensured the person received a smooth transition of care while the person moved between two care services. Records also demonstrated the involvement of the hospital community learning disability liaison nurse. This meant the service involved all professionals to ensure the person was supported while in the care of another service.

People's health, safety and welfare was protected when more than one provider was involved in their care and treatment, or when they moved between different services. This was because the provider worked in co-operation with others. When a person needed to go into hospital the home supplied the hospital staff with information that they needed to know about the person and how they liked to be supported.

Information relating to people's illnesses and input from their GP or consultant psychiatrist was recorded. One person's file demonstrated advice that was sought regarding the reduction of a person's medication that improved their quality of life. This meant external professional advice was sought to support people's changing support needs.

The home was well supported by the community health services. This included referrals to speech and language therapists and tissue viability nurses. Referrals were made as and when required when people's needs had changed. The community support teams provided advice and information for staff to follow. The registered manager also confirmed that tissue viability training was booked for the 24 April for all staff and this was being facilitated

by the community nurse team. This demonstrated good links with community services had been forged.

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

During our inspection we found that people received the level of support they required to safely meet their needs. We spoke with four members of staff during our inspection. All staff were committed to giving quality care and support to the people that used the service. Staff told us they enjoyed working at Shaldon House and were happy with the care they were able to give to people that used the service.

The registered manager told us that every day there was one senior support worker and two support workers on duty all day and one sleep in member of staff to support people during the night. In addition to this Monday to Friday between the hours of 7.30am to 3.30pm the registered manager and deputy manager were also on duty. They told us they would also be available to provide care and support to people that used the service.

The registered manager told us the management team undertook cooking the breakfast each day. They told us this enabled the support staff to spend time supporting people with their chosen morning routines. The registered manager stated they felt enough staff were on duty to effectively meet the needs of people living in the home during the day and during the night hours.

The provider had a system in place to manage unforeseen emergencies in relation to staffing requirements. We were told that should any staff un-planned absence occur any shifts that required covering were usually covered by their own permanent staff. The registered manager confirmed it was best for people to be cared for by staff they were familiar with. They also confirmed the on call arrangements that were in place to support staff should the need arise and the on call member of staff would attend the home to support if required.

Staff told us they were well supported by the management team and the provider. Staff comments included: "there is always someone available for support". "We have enough time to do what we need to do". "X and X are great I love working here".

People who used the service had positive views to share with us about the staff that supported them with their needs. Comments people made included; "I like the staff they are nice". "Yes I am happy". "They take us out".

We saw all of the staff on duty were polite and attentive to people who used the service .We saw there were enough support staff on duty. For example, some staff took people out shopping and enough staff were available in the home to support the people that remained. This meant that during our inspection there were sufficient staff to meet the needs of the individuals that used the service.

Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

We reviewed the systems in place for assessing and monitoring the quality of the service. Various audits were undertaken by the registered manager and the provider. The provider visited the home on a monthly basis to examine areas of the home and spend time sitting and speaking with people that used the service to gain their views and feelings on the service they received in a more informal way.

The registered manager told us they undertook various audits that included; medication, care planning, fire safety and a full audit took place at least yearly. Minutes were viewed that confirmed this and the documentation clearly showed any actions the service had to take.

The registered manager told us that ad hoc audits were also undertaken as and when things may be identified as requiring action. For example, if a cupboard was found open that should have been locked, then a full audit would take place. Following this a staff meeting would take place to reinforce the safety issues presented. This meant systems were in place to reinforce the health and safety responsibilities of staff.

Minutes were viewed of a six monthly provider review visit, this was dated February 2014. This was a six monthly review that took place between the registered manager and the provider. The minutes included discussions around resident wellbeing, key achievements of the service, staff retention, training and future developments.

The recent minutes we saw demonstrated the involvement of people to devise a new slogan as part of the website development. The minutes also highlighted that the registered manager felt the website would involve people that used the service and give them ownership of its development. The documentation highlighted the registered manager would like a 'news' section on the website. The registered manager stated this section would help to keep relatives up to date with what is happening at the Home, particularly for those relatives that were unable to visit the home regularly. This meant the service looked at creative ways to involve and inform people in the way the service was delivered.

The registered manager told us that staff meetings were held at the home every couple of days. We were told this was to ensure all the staff got together during the course of the week for an extended handover. We were told that in turn this avoided people having to come into work on their days off. Minutes were viewed that detailed discussions and any follow up actions.

Resident meeting minutes viewed confirmed people were asked their opinion on things relating to the service, including complaints. Actions required were recorded and followed up. Minutes were also signed by people that used the service to demonstrate their attendance and involvement.

The provider had a system in place that took account of complaints and comments to improve the service. People were made aware of the complaints system via 'Our say' meetings and the policy was provided in a format that met people's needs. Records of minutes confirmed this. People we spoke with during our inspection knew who to contact to make a complaint. We were told by the registered manager one formal complaint had been received since our last inspection and had been investigated and resolved in line with the organisation policy and procedure. Records viewed confirmed this.

The registered manager felt there was an 'open door' policy in the home. For example, we were told the home had good communication systems with both people living in the home and their relatives. Therefore if a concern did arise, it would be dealt with immediately and informally. The registered manager told us "oh yes if they are not happy about anything at all they just come and tell us. We have a very able vocal group of people here". One person we spoke with told us they would tell the staff if they weren't happy.

Any incidents and accidents were recorded and followed up by the manager. Records viewed showed recent incidents on file that were followed up appropriately. There was evidence that learning from incidents / investigations took place and appropriate changes were implemented. The registered manager told us this would be communicated at staff meetings or during the handover period.

People who used the service, their representatives and staff were asked for their views about their care and treatment and they were acted on. A satisfaction survey was sent to people that used the service and their relatives on a yearly basis. The most recent survey had a 100% response rate and a score of 9.1 out of 10.

Overall comments were positive and any actions required were followed up by the registered manager on a one to one basis. One follow up action was related to 'terms of endearment' used to one individual. The registered manager followed this up and confirmed the person was happy to be referred to in this way. Other comments included; "the entire team have one goal to make sure X life and wellbeing was catered for" and "all the staff have done their utmost to help X".

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ Met this standard This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ Enforcement action taken If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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