

Positive Care Ltd

Shaldon House

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Requires Improvement 

Is the service caring?

Good 

Is the service well-led?

Good 

Summary of findings

Overall summary

We carried out a focused inspection of Shaldon House on 8 November 2016. Prior to this inspection we had received a safeguarding concern from a third party relating to the health, safety and welfare of a person living at the service. Additional agencies, including the local safeguarding authority and the police were also involved in responding to this information. The safeguarding concerns were unsubstantiated.

We undertook this focused inspection to ensure that people living at the service were safe, that they were well cared for and that the leadership of the service ensured people's care provision needs were met. This report only covers our findings in relation to these areas. You can read the report from our last comprehensive inspection, by selecting the 'All reports' link for Shaldon House on our website at www.cqc.org.uk

The service is registered to provide accommodation and personal care for up to 11 people. People who use the service live with a learning disability and/or have mental health needs. At the time of our inspection there were eight people living at the home.

There was a registered manager in post. 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 at the service told us they felt safe. Within people's care records we saw there was risk management guidance where necessary and staff were observed following this guidance. Accidents and incidents were recorded and where necessary action was taken that aimed to reduce the risk or reoccurrence. People told us staff were caring and we made observations that supported this. Feedback about the management of the service was positive from both people and staff. There were systems that monitored the quality of service provision.

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 not consistently safe.

People at the service felt safe.

Accidents and incidents were reported and action taken.

Risk management guidance helped keep people safe.

We could not improve the rating for this key question from requires improvement. During our last inspection we made recommendations to the provider about certain areas of care provision in the safe domain. These were not reviewed during this focused inspection. We will review our rating for safe at the next planned inspection.

Requires Improvement ●

Is the service caring?

The service was caring.

People at the service told us the staff were caring.

Staff understood the people they cared for.

Care was delivered in line with people's preferences.

Good ●

Is the service well-led?

The service was well led.

People knew the registered manager and spoke positively about them.

Staff said they felt valued and supported in their roles.

There were governance systems that monitored service quality.

Good ●

Shaldon House

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. The inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

We carried out a focused inspection of Shaldon House on 8 November 2016 following a safeguarding concern being raised by a third party. This concern related to the health, safety and welfare of a person living at the service. The safeguarding concern has subsequently been unsubstantiated.

The inspection was unannounced and undertaken by two inspectors. The inspection involved inspecting the service against three of the five questions we ask about services which were, 'Is the service safe,' 'Is the service caring' and 'Is the service well led.'

During our inspection we spoke with seven people living at the service. We also spoke with the registered manager, the deputy manager and four members of the care and support staff. We looked at people's individual care records relating to accident and incident management and governance systems in operation.

Is the service safe?

Our findings

Six of the seven people we spoke with were able to tell us they felt safe. One person told us, "I'm never worried here." We asked one person, who spent most of their time in bed, how they called for help when they needed it. They told us, "I shout and they [the staff] come really quickly." The person laughed and said, "They're always coming in." We spoke with staff who told us they checked the person every 10 minutes or so during the day to make sure they were safe. During our visit we saw the person was checked regularly throughout the day. Staff told us the person was also checked regularly at night.

We undertook observations for one person who was not able to verbally communicate to establish if they felt safe. We observed that this person spent the day in the main communal room of the service. The person appeared comfortable in the presence of the staff on duty. They walked around and occasionally sat down where staff were sitting and showed staff pictures in a magazine. The person responded to staff with simple, 'Yeah' and 'No' answers. We spoke with staff who told us when the person first moved into the home they shouted and screamed out a lot. One member of staff told us, "It's so nice to see [service user details] looking settled and as happy as [service user details] can be."

The staff we spoke with had a good awareness and understood their responsibilities with regard to safeguarding. They were all able to explain how they would recognise different types of abuse and the actions they would take if they suspected a person was being abused. All of the staff we spoke with told us they would not tolerate abuse and they would be confident to report any concerns they had. One member of staff told us, "I would report to [name of registered manager] straight away. If she wasn't here and I needed to go higher we've got [name of Nominated Individual's] number and I would ring him." The staff we spoke with also told us they would be confident to report any concerns to the local safeguarding team or to the Commission.

We found that actions had been taken following the recent incident that led to us to undertake our focused inspection. However, the provider had not reported the matter to the local safeguarding team or to the Care Quality Commission.

We spoke with staff about the staffing levels in the service. Staff told us there was sufficient staff to meet the needs of the people in the home. One member of staff commented, "We have plenty of staff here." Another member of staff told us, "I've changed shifts to help out today." During our inspection we made observations that supported these statements by staff.

We spoke with staff about their responsibilities with regard to reporting and recording accidents and incidents. Staff told us they reported any falls or incidents between people straight away. Staff told us they wrote details in the communication book and then completed the accident forms. We reviewed the accident and incident management systems in operation. We saw that staff recorded an overview of all accidents and incidents in the service for the registered manager and deputy manager to review. This record showed the person involved, the nature of the incident, if relevant paperwork was completed following the incident and if the matter was reported to the relevant authorities. It also recorded where the supporting records of the

incident were located and if any follow up action was required.

We reviewed records relating to some significant incidents in the service since our last inspection. These showed a description of the relevant information before, during and after the incident. It clarified who had been involved in the incident, for example the person involved and any staff present. It recorded the level of harm suffered by the person and the immediate outcome of this incident. This included the immediate actions following the incident, for example if an ambulance or the non-emergency 111 number was called, and if the person was admitted to hospital. These significant incidents were also recorded within the person's daily records, and where relevant additional information relating to the incident was also recorded. We also saw records that evidenced the service had contacted the relevant funding authority to request an increased level of care for people where it was assessed as needed.

Staff told us how risks were assessed and managed in the home. For example, one person smoked cigarettes. A risk management plan was in place. This included an agreement with the person as to where they would keep their cigarettes for the day and where their supply was kept. The records showed that risks associated with the cold weather had been considered. The person's care records stated, "I like to continue smoking during the cold weather. Therefore staff make sure I am protected from the environment." When this person went outdoors for a cigarette during our inspection, staff reminded the person to keep warm and we saw they were supported to put on warm outdoor clothes and a scarf. This demonstrated that staff were knowledgeable of people's identified risk and the practice taken to reduce those risks.

People's records showed how people were advised to raise any matters of concern in a way they felt comfortable doing. For example, a section within people's care files included a record of how the person kept safe. For one person the records stated, "I will alert staff if I feel unsafe or worried about something and I will also tell my staff if I see something wrong." We spoke with this person who was able to tell us they would report any concerns to the deputy or registered manager. This demonstrated that the service had discussed the reporting of concerns with people and ensured people understood who to approach should the need arise.

Is the service caring?

Our findings

We observed and heard kind, caring and respectful interactions between staff and people living in the service. People we spoke with told us staff were kind to them. One person told us, "Everything's good here." Another person commented, "I'm happy, they [staff] are nice and I can see my boyfriend." "One member of staff told us, "I'm happy. I really believe we give good care." Another member of staff said, "I've never seen anything that worries me I think staff are all really good and caring."

Staff told us how they were caring and we made observations that supported this. One member of staff sat with a person at lunch time and they ate lunch together. The member of staff told us how this encouraged the person, who had a recognised weight loss, to eat more of their meal. The member of staff spoke with the person whilst they were eating with encouraging comments such as, "This is so yummy isn't it." We observed the person appeared happy and contented in the presence of staff.

People were cared for by staff who knew and understood them well. One member of staff told us, "People deserve to be treated with respect." Staff knew how to communicate with each person and took time to sit and chat with all of them. Staff were able to describe what people liked to do and how people preferred to spend their day. One person told us they helped staff with the laundry on one day and with the cooking on another day.

People were encouraged to do things that made them happy. For example, one person sometimes liked visitors to make an entry in their own notebook. They asked a member of our inspection team to write in their book. They were obviously pleased and showed our comment to staff. We saw later they were copying the entry we had made, which they had also done with other entries. They proudly showed us their writing which was evidently a personal achievement for them.

People's independence was encouraged. We spoke with one person who told us they were going out to the local 'drop-in' centre that morning with another person. They went out on their own and returned at lunchtime. One person went out to a local centre for people with head injuries during the day. Another person went to the local shops with a member of staff. When they returned they were pleased with their purchase of a colouring book. The person showed their purchase to the staff in the room and they all made positive comments about how useful the book would be. Later in the day, the person and three other people in the home were colouring and making cards.

People's bedrooms were personalised. People told us they had chosen their furniture and room decoration. People had their own keys which they were encouraged to leave in the office when they went out of the service. Two people requested the inspectors to visit their room to look at the décor and the furnishings. They each had many personal items which were important to them.

Care records provided clear detail about people's likes, dislikes, preferences and choices. They included details about people's families and what was important to them. This demonstrated the service had ensured care and supported was provided in accordance with people's preferences.

Is the service well-led?

Our findings

People we spoke with knew the registered manager and spoke positively about them. They told us they could speak with the registered manager if they had concerns. One person commented, "Talk to [registered manager's name] or [name of deputy manager] if I get worried." Observations we made during the inspection supported this, with both the registered manager and the deputy manager being actively involved with people at the service.

Staff told us they felt well-supported. One member of staff told us, "She's [the registered manager] great and she tells us if we haven't done something." We spoke with staff and the registered manager about the visions of the service. Staff discussed with us the vision of the service in relation to promoting independence and also the vision of enabling people. The registered manager informed us about the current plans to provide additional bungalows in the garden area that was currently a forecast from the provider.

The registered manager told us they checked the care plans and the medicine records and they told us how they had made improvements following the last inspection. They told us they had not recorded monitoring checks or their improvement actions since January 2016. Although this did not have any evident risk or impact on people at the service, we discussed the importance of record keeping with the registered manager to demonstrate management activities undertaken. They told us they made comments in the communication book if they found shortfalls that needed addressing. They did not show us specific entries they had made.

We discussed the recent safeguarding matter with the registered manager during their inspection. They were fully aware of the incident and could detail the actions taken in response to the incident to date. They gave detail and explanation on how the matter was going to be progressed in accordance with the relevant policies and in communication with the provider.

The registered manager told us they felt supported by the provider. Following the inspection we spoke with the provider about the service and the level of quality assurance they provided. The provider explained how they and other senior representatives were actively involved at the service. Following the inspection, we were sent examples of the audits undertaken by the provider. These were based around the five key questions the Commission ask during our comprehensive inspections. In addition to this, observations of care provision by staff were completed using nationally recognised methods.