

Positive Care Ltd

Shaldon House

Inspection report

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Date of inspection visit:

12 December 2017

14 December 2017

Date of publication:

09 January 2018

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection was carried out on the 12 and 14 December 2017. Shaldon House provides accommodation and personal care for 10 people. There were nine people living in the home at the time of the inspection. People who live at the Shaldon House have a learning disability. This was an unannounced inspection, which meant the staff and provider did not know we would be visiting.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

There had been a recent change in management. The registered manager had not worked in the home since 3 August 2017. A new manager had been appointed and had started at the end of September 2017. They were in the process of submitting an application to register. 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.

The changes of management have had an impact on the way the service was operating. This was because the previous registered manager had not completed what was expected of them in respect of completing staff supervisions, monitoring staff training and ensuring risk assessments were up to date. The new manager and the provider had devised a robust action plan. The newly appointed manager was committed to implementing the action plan to address these shortfalls to ensure ongoing compliance.

There was sufficient numbers of staff supporting the people living at the service. Systems to support staff such as one to one meetings were not happening at regular intervals and, there were no annual appraisals of staff's performance. Training had lapsed throughout the year for staff and some staff had not completed the care certificate when they had first started working in Shaldon House.

People had access to healthcare professionals when they became unwell or required specialist equipment. Feedback from health and social care professionals was positive in respect of the staff's approach to people and the delivery of care. People were supported with meaningful activities in their home and the community. People were supported to maintain contact with friends and family.

People were protected from the risk of abuse because there were clear procedures in place to recognise and respond to abuse and staff had been trained in how to follow the procedures. Systems were in place to ensure people were safe including risk management, checks on the equipment, fire systems and safe recruitment processes.

People had a care plan that described how they wanted to be supported in an individualised way. The newly

appointed manager was planning to introduce a new planning tool in the new year. The manager had reviewed risk assessments as a matter of priority.

People were treated in a dignified, caring manner, which demonstrated that their rights were protected. Where people lacked the capacity to make choices and decisions, staff ensured people's rights were protected by involving relatives or other professionals in the decision making process. The provider had submitted applications to the appropriate authorities to ensure people were not deprived of their liberty without authorisation.

People's views were sought through house meetings and annual surveys. It was evident that people saw Shaldon House as being their home.

There were systems for checking the quality of the care and service. Shortfalls in the way the service was run had been picked up by recent audits. People and the staff spoke positively about the newly appointed manager and the changes that were being implemented.

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.

There were sufficient staff to support people.

The service provided a safe environment for people and risks to their health and safety were well managed by the staff. People received their medicine safely.

People could be assured where an allegation of abuse was raised the staff would do the right thing. Staff had received training in safeguarding adults enabling them to respond and report any allegations of abuse. Staff felt confident that any concerns raised by themselves or the people would be responded to appropriately.

Is the service effective?

Requires Improvement ●

Some improvements were required to ensure the service was effective. The manager had an action plan to address these areas to ensure staff received training, supervisions and an annual appraisal.

Staff were knowledgeable about the legislation to protect people in relation to making decisions and safeguards in respect of deprivation of liberty.

Other health and social care professionals were involved in the care of people and their advice was acted upon. People's health care needs were being met.

People had access to a healthy and varied diet, which provided them with choice.

Is the service caring?

Good ●

The service was caring.

People received a service that was caring and recognised them as individuals. Positive interactions between people and staff were observed. People were relaxed around staff.

Staff were knowledgeable about people's daily routines and personal preferences. People were encouraged to keep in

contact with family and friends.

Is the service responsive?

The service was responsive.

People received care that was responsive to their needs. Care plans described how people wanted to be supported.

People were supported to take part in regular activities in the home and the community.

People could be confident that if they had any concerns these would be responded to appropriately.

Good ●

Is the service well-led?

Some improvements were needed to ensure the home ran smoothly. This was because there had been a period where there was no registered manager. This had impacted on the monitoring of the service ensuring that the service. The new manager knew what they had to do to improve the service.

Staff felt supported by the new manager and worked well as a team. Staff were clear on their roles and the aims and objectives of the service and supported people in an individualised way.

The quality of the service was reviewed by the provider/registered manager and staff.

Requires Improvement ●

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. 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 and 14 December 2017 and was unannounced. One inspector carried out the inspection. We previously 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 had been unsubstantiated.

The previous full inspection was in January 2016 where the service was rated as good overall. However, there were some improvements needed to ensure people were safe. This was because there was a lack of guidance for staff to ensure that medicines procedures were fully safe for the administration of medicines. There was also a lack of up to date current guidance regarding the medicines and what side effects they may cause. Food hygiene systems in the kitchen were not always safe. This meant there were potential risks to peoples' health and safety. We followed this up at this inspection and found this area had improved.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed information we held about the service, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales.

We spoke with five people who used the service and spent time with other people. We spoke with the newly appointed manager, the deputy manager, and three members of staff. We contacted four health and social care professionals and you can see what they told us in the main body of the report.

We looked at the care records for two people who used the service and other associated documentation. We

also looked at records relating to the running of the service. This included staffing rotas, policies and procedures, quality checks that had been completed, supervision and training information for all staff.

After the inspection, we contacted two relatives for their views on how the service was delivered. Their views are included in the main body of the report.

Is the service safe?

Our findings

People told us they felt safe and others we observed were comfortable with the staff that supported them. People actively sought out the staff to tell them about their day and what they would like to do. This showed people were relaxed in the company of the staff. A person told us they felt safe and they could lock their bedroom door if they wanted. They indicated that they had no concerns and people generally got on well. They told us they went out on their own, but they always told staff where they were going and the time they would come back. They told us they did not like to go out at night and usually went out with staff, as they felt safer.

Care records included risk assessments about keeping people safe and these covered all aspects of daily living. The new manager had recently reviewed and updated these to ensure they were current and people were safe. Other professionals such as speech and language therapists and physiotherapists had been involved in advising on safe practices and any equipment required. Staff showed a good awareness of their role in keeping people safe. Staff described to us how they kept people safe in the home and when out in the local community. Staff told us during meal times there was always a member of staff sitting with people. This was because one person was at risk of choking. Staff told us all sharp objects such as knives were locked away but people could still access the kitchen whenever they wanted. Staff were supporting people in the kitchen to ensure they were safe when preparing meals, snacks and drinks.

Medicines policies and procedures were followed and medicines were managed safely. Staff had been trained in the safe handling, storage, administration and disposal of medicines. All staff who gave medicines to people had received training and their competency assessed. Medicines were stored securely in locked cabinets in people's bedrooms. Arrangements were in place for medicines that required cool storage. Temperatures of the medicine cupboard and fridge were monitored and recorded and were within safe levels. There was clear information about people's medicines, how they liked to take them, what they were for and any known side effects. This had improved since the inspection in January 2016.

Staff were confident that the new manager would respond to any concerns raised about poor practice. There was a whistle blowing policy, which enabled staff to raise concerns about poor practice. One member of staff told us, "I would report to the 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". Staff told us safeguarding training was updated annually. Where safeguarding alerts had been raised, the provider had taken appropriate action to minimise the risks to people. Whilst staff were clear on who to contact and their role in reporting safeguarding the policy was not current. The staff were using the previous owner's policy, which was a large corporate company and did not reflect the management in Positive Care Ltd. This was addressed during the inspection with the provider forwarding the new manager an updated policy.

Staff had identified when certain behaviours from people could impact on their safety or, the safety of other people who lived in the service, staff and visitors. Risk assessments provided information about how people should be supported to ensure their safety. Staff considered what triggers might exacerbate certain behaviours so these could be avoided wherever possible. Where this had not been possible, staff knew how

to support people to de-escalate the situation. Positive behaviour support plans were in place, which gave details of activities staff, should do with the person when distressed. This included distraction techniques such as reading the newspaper, listening to some music or going for a walk. Staff had attended training, which had assisted in them protecting people safely without being restrictive.

Staff told us there was always sufficient staff to keep people safe, support them with their daily living and social activities. There was always three care staff working throughout the week during the day and evening. This was increased to four care staff at the weekend when everyone was home. There was one waking and one sleep in member of staff at night. An activity co-ordinator worked Monday to Friday to support people with planned activities. The deputy manager told us they kept the staffing under review to ensure people's needs could be met. People told us there were staff available to help them when needed and support them with their activities. A relative told us there was always four staff when they visited on a weekend.

Staff were thoroughly checked to ensure they were suitable to work at Shaldon House. These checks included seeking references from previous employers and that a Disclosure and Barring Service (DBS) check had been obtained. The DBS checks people's criminal history and their suitability to work with people who require care and support. The application form that new staff completed did not ask them for their employment history. This meant the provider was unable to check out if there were any gaps in employment.

The newly appointed manager and deputy manager told us they were planning to audit all recruitment files and ensure they were logically filed. This was because there was no logical sequence. New files had been purchased and this formed part of the new manager's action plan.

Environmental risk assessments had been completed, so any hazards were identified and the risk to people removed or reduced. Checks on the fire and electrical equipment were routinely completed. Maintenance was carried out promptly when required. Staff had been received health and safety training. The newly appointed manager had reviewed the fire records and found that staff were not taking part in a fire drill at regular intervals. There was no section to detail who had taken part in a fire drill again this was being addressed by the newly appointed manager.

There were arrangements in place to deal with foreseeable emergencies. Each person had a fire evacuation plan in place, which linked with the overall plan for the whole home. There were also business continuity plans in place for flooding and utility failure. There was a grab bag containing the information staff would need in the event of an emergency including a torch.

The home was clean and free from odour. Cleaning schedules were in place. There was sufficient stock of gloves and aprons to reduce the risks of cross infection. Staff had received training in infection control. Staff and people were observed wearing gloves and hairnets when preparing food. Staff told us this was important especially where people had long hair. We did question why a member of staff was wearing gloves when painting a person's nails. We were told this was not the norm and was probably that the member of staff had recently had their nails painted.

During the inspection in April 2016 we found food hygiene systems in the kitchen were not always safe. This had been addressed with new colour coded chopping boards being purchased. The kitchen was clean and well organised. Food had been dated and there was a rotation of stock. Records were kept of fridge and food temperatures. The kitchen work surface was scratched and the laminate had exposed wood in places. The newly appointed manager told us the provider had authorised for this to be replaced and this would be done on 18 December 2017.

Some staff wore uniform. We were told this was because they were concerned about the wear and tear of their own clothes and some people responded better especially if the member of staff was younger. Staff wearing uniform in this kind of setting where the emphasis was that it was people's home could be perceived as being institutionalised. When people were out with staff who were wearing a uniform this could increase the stigma that people would be labelled as being in receipt of care and support, which would detract from them leading an ordinary life. Staff wearing a uniform could also promote power and place boundaries between staff and the people they were supporting. When we discussed this with the manager, they told us they would ask the people living in Shaldon House for their views and review whether a staff uniform was appropriate.

People told us they felt safe and others we observed were comfortable with the staff that supported them. People actively sought out the staff to tell them about their day and what they would like to do. This showed people were relaxed in the company of the staff. A person told us they felt safe and they could lock their bedroom door if they wanted. They indicated that they had no concerns and people generally got on well. They told us they went out on their own, but they always told staff where they were going and the time they would come back. They told us they did not like to go out at night and usually went out with staff, as they felt safer.

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Is the service effective?

Our findings

Relatives spoke very positively about the care and support people were receiving. Comments included, "My daughter is never ill they look after her very well. She is very happy living in Shaldon House. I cannot fault the home or the staff", and "Absolutely lovely, all the staff are very good and communicate well with me. I have no worries anymore, now X is living in Shaldon House, X is really well looked after". Relatives confirmed there was good communication between themselves and the staff.

Staff completed an in-house induction when they first started working in Shaldon House. This included completing training electronically and working through an induction pack. There was no evidence the staff had completed the care certificate. The new manager told us they had recently met with an external training provider who was supporting them in introducing the Care Certificate and the plan was for four staff to complete this, as they had been new to care. They were planning to introduce this in January 2018. The Care Certificate is aimed at all care staff in residential settings and is a mandatory induction for new staff to complete within 12 weeks of them starting work. The four staff had been working in the home for more than six months.

The manager told us they had reviewed staff supervisions and had found that not all staff had received regular supervision. Supervision is dedicated time for staff to discuss their role and personal development needs with a senior member of staff. The staff told us their supervisions had fallen behind because there was a period where the registered manager was absent and the new manager had not yet commenced in post. The deputy manager told us there was an expectation that staff would receive supervision on a two monthly basis and have an annual appraisal. We were told annual appraisals had not been completed. This meant the support mechanisms for staff were not in place to ensure they had the skills and knowledge and support to fulfil their roles. The new manager had devised an action plan to address these shortfalls. A copy was sent to us electronically the day after the inspection. The plan included all staff to have an appraisal in January 2018, which would be reviewed in March 2018. There was also a plan for regular supervisions in December 2017 and February 2018 with dates diarised. The new manager told us they were also planning to introduce an observation checklist where staff were observed supporting people to ensure they were working to an agreed standard. This showed the manager had a good awareness of what was expected of her in relation to supporting staff and ensuring ongoing compliance.

There were gaps in training for staff completing their mandatory training such as fire, first aid, food hygiene, moving and handling, equalities and diversity and health and safety. Three staff had not completed this training at the required within the agreed timescales. The deputy manager told us they were addressing this with staff individually through supervisions and team meetings.

Much of the training was done electronically, which staff could complete during their working day. By the second day of the inspection, two out of the three staff had completed some of this training. The new manager told us they were reviewing the training to ensure staff had the skills to support people effectively through the annual appraisals, supervisions and the observation checklist. The manager told us they were planning training on safeguarding for all staff in January 2018 to be delivered by an external trainer, which

would be face to face and compliment the electronic training staff had already completed.

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.

Staff also told us they had recently attended training on the Mental Capacity Act and Deprivation of Liberty Safeguards with an external trainer in November 2017. Staff were aware of their responsibilities in respect of consent and involving people as much as possible in day-to-day decisions. Where people lacked capacity and decisions were complex such as medical interventions, other professionals and their relatives had been involved, with best interest meetings being held. A relative confirmed they had been included in discussions about keeping their relative safe when out in the community as at times they could become disorientated. This person had a tracking device, which enabled the staff to know the whereabouts of the person when they were out in the community. This decision had been made with health and social care professionals, the person and their representative.

Staff were aware of those decisions that people could and could not make for themselves. For example, staff had sought advice when a person was unwell and was refusing their medication. This put them at risk and it was decided that as it was in their best interest to take their medicine this could be given covertly. The person's GP and relative had been involved in the decision process. The staff told us this was used for a short period until the person was well. This showed that staff reviewed their approach to ensure people's rights were protected.

The newly appointed manager told us they were reviewing the tool that was used to ascertain if a person had capacity and whether a Deprivation of Liberty Safeguard was required. They were planning to use the tools that were provided by the local authority. This was because they felt the present documentation could be improved.

People can only be deprived of their liberty to receive care and treatment when this is in their best interest and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

The newly appointed manager was aware of who had a DoLS authorisation in place and when this required resubmission or where an application had been submitted, and any special conditions that were in place. Two people had applications made on their behalf in respect of a DoLS, one had been authorised and the other was waiting for the local authority to assess and make their decision. We were told the applications had been made because people lacked the capacity to make a decision on whether they wanted to live in a residential care home and they required constant supervision to make sure they were safe when in the home and the community. A relative told us they were aware an application had been made and were involved in the process.

Staff told us the least restrictive approaches were used to support people and restraint was never used. We observed people moving freely around their home. Staff told us the kitchen was always open so people could make drinks or snacks during the day but locked at night. The new manager told us they were reviewing this, as there was a waking night staff who could ensure people were safe when accessing the

kitchen. Staff told us the knives and chemicals hazardous to health were locked away and this was the only restriction that was in place. This was to keep people safe. People told us there was always enough staff working to enable them to go out with support if they needed it.

People had access to health and social care professionals. Records confirmed people attended regular appointments with a GP, dentist and opticians. Staff told us they had a good relationship with the GP clinic. People had a health action plan, which described what support they needed to stay healthy. We saw from one person's records that they were meant to be weighed regularly. We were unable to find any records of weights. The manager told us the family had taken on the responsibility for this. For another person this had stopped in June 2016. There was no explanation on why this had stopped. The deputy manager told us people were weighed monthly but was unable to locate the records. A member of staff confirmed people were weighed monthly as this was seen as a means to check on a person's wellbeing and was very surprised there was no record.

People told us there was always enough to eat and drink. Some people independently accessed the kitchen to make drinks, snacks and help with meal preparation others needed support. There was a four weekly menu. Staff told us they had a summer and winter menu and people were asked what they wanted at house meetings. If people did not like what was on offer then alternatives were available. Records were kept of what people had eaten and drank to ensure their nutritional needs were being met.

Shaldon House was situated in Lockleaze close to local amenities and public transport links. The home was comfortably furnished and homely in appearance. Each person had their own bedroom, which they could personalise to their own taste. One person told us they had chosen the colour of their bedroom. It was evident they were proud of their bedroom and their belongings.

There was a large communal lounge and dining room. Staff told us this had recently been decorated. There was a redecoration program in place with a maintenance person being employed three days a week who completed minor repairs and decorating. They were in the process of decorating a room on the first floor. Staff told us the plan was to make this into a small sitting room where people could see their relatives in private or have quiet time if that was what they wanted.

There were sufficient bathrooms and toilet facilities. There were two walk in shower rooms and a bathroom. The bathroom in the attic was out of action. Staff told us they were obtaining quotes to replace the plumbing to this area. A person confirmed the bathroom was not to be used telling us they were happy to use the facilities on the first floor. Two people had an ensuite facility on the ground floor.

The home was accessible for people that used a wheelchair. There was a stair lift to the first floor. People were able to access their home from a side gate leading to the back of the property. However, the front of the property was not accessible with steep steps leading to the front door. The provider told us in the provider information return that there was a plan to make the area to the front of the property more accessible and provide off road parking. This would enable people to get out of the house vehicles more safely.

Is the service caring?

Our findings

The relationships between people at the home and the staff were friendly and informal. People looked comfortable in the presence of staff and sought out their company. The atmosphere was calm and relaxed. It was evident people got on well with each other and the staff that supported them. This had been home to some people for 19 years when the home first opened. Relatives said the staff were caring and approachable. A health professional told us, "I have observed the staff to be kind, caring and respectful towards the residents".

People showed in many ways they liked the staff that supported them. This included seeking staff out, sitting with them and talking about them. One person told us all the staff were lovely. Staff spoke about people in a positive and caring manner.

There were nine people living at Shaldon House at the time of the inspection. The manager told us there was one vacancy, which they were looking to fill. They told us there was no pressure to fill the vacancy from the provider. They viewed this as being positive, as they wanted to ensure that the new person was compatible with the people living at Shaldon House. They understood that it was people's home and the importance of everyone getting on well.

People told us they all got on well and had lived with some people for many years. It was evident people viewed Shaldon House as their home. Where there had been minor conflicts between people, they had been supported to try to resolve these enabling them to express their feelings and resolve any concerns.

One person told us they had a named member of staff called a key worker who helped them. They told us they spent time regularly with their key worker discussing what they wanted to do. Although it was clear they felt happy to talk with all the staff that worked at Shaldon House. People had an identified key worker, a named member of staff. They were responsible for ensuring information in the person's care plan was current and up to date. They also spent time with people individually. The key worker met with each person on a monthly basis to discuss and explore whether they were happy with the care, what changes could be made and what they would like to do over the forthcoming weeks.

Staff were aware of people's routines and how they liked to be supported. People were supported in a dignified and respectful manner. People were asked how they wanted to be supported, where they would like to sit and what activities they would like to participate in. Staff were aware of who liked to remain in bed and who liked to get up early and this was respected. Staff were observed knocking before entering a person's bedroom. People were asked if they were happy for the inspector to view their bedroom. This showed staff respected people's right to privacy.

Staff evidently knew people well and how they communicated. Conversations were inclusive of people and staff were engaged with people throughout the inspection completing arts and crafts, doing nails and listening to festive music. People were given choices on what to do, what to eat and drink. Staff described people in a very individualised way in respect of their personalities, likes and dislikes.

Everyone had their own bedroom, which they could access whenever they wanted. Some people had a key to their bedroom and the patio door. Affording them privacy and ownership of their home. People were supported to decorate their bedrooms to suit their own personal taste.

People were involved in household chores such as cleaning, doing their own laundry and preparing their own meals. What people could do was recorded in their plan of care. We observed staff supporting people in these areas at different times of the day.

People were supported to keep in contact with friends and family. The deputy manager said it was important for people to maintain contact with family. One person told us how their relatives visited them every week and they looked forward to this, another person regularly stayed with family. Another person told us their close friend regularly visited and stayed for Sunday lunch. Staff supported people to keep in contact by telephone and in the past using skype because family were overseas. One person was supported to go to Canada with a relative. Staff supported the person to obtain a passport, arrange the flights and provided the transport to the airport. They said this had been really important to the person and a memorable experience.

One person told us they liked to go to the football with a friend. This person was a volunteer and shared the same interest and regularly went to the football with them. It was evident the person valued the relationship and enjoyed the company of the volunteer. Staff told us this was a relative of a member of staff and had supported this person for many years.

Is the service responsive?

Our findings

Staff were responding to people's care needs throughout the inspection. This included assisting with personal care, and supporting people with activities both in the home and the community.

People undertook different activities of their choice in the home and community. Some people went out and some people took part in activities such as arts and crafts, reading, listening to music and watching television in the home. Staff knew people's different needs and supported them with care that was flexible and based on how they preferred to spend their day. Two people attended a drop in social club on a daily basis. They told us they enjoyed going there and spending time with friends doing various activities. They went together without staff. Another person told us they attended another day centre and the staff supported them to go there twice a week.

An activity co-ordinator worked in the home supporting people with activities of their choice. They planned with each person what they wanted to do. People told us that every Friday they went out for a meal. It was evident from talking with people they really enjoyed Fridays. People told us they had recently been to the Zoo with staff and had been on various trips throughout the year. External entertainers also visited every six weeks. Staff told us they were arranging an experience where owls would visit the home in the new year. This had been discussed at a recent house meeting as something people would like to do. It was evident that if people were interested in any activities or wanted to go to a place of interest the staff would support them to do this.

People told us they could go to church if they wanted. One person was regularly supported to attend the church was situated across the road from Shaldon House. They had been going there for many years. People's cultural and religious needs were recorded in their plan of care. This included their preferences in respect of who supported them with personal care. One person had clearly stated they preferred female staff to support them in this area.

From reviewing the care records and talking with staff, it was evident some people's care needs were complex and in the past they had been challenging. A member of staff said with time the staff had gained their trust and episodes of challenging behaviour had been greatly reduced. At times, these people had hit out at staff. From reviewing the records and notifications sent to us it was evident, these episodes had reduced. Staff had worked closely with health and social care professionals in supporting these people. A social care professional told us, "The care is very person centred and they do the best for the person". Staff spoke about people in a positive way, with empathy and focussed on the positives of a person's personality. What they could do rather than what people could not.

A health and social care professional commended the home on the support that had been in place for one person. They said, "Good communication and a tight knit team. They could have served notice but they didn't". The staff showed real empathy and have worked incredibly well to support a person". Another health professional told us, "The staff are responsive and work with other professionals".

Staff provided one to one, 24 hours a day for one person. Staff were engaged throughout the inspection with this person. They supported them with nail care, doing activities in the home and supported them to go to the shops. Staff told us they took it in turns throughout the day to spend time with the person. They told us this was so the person would not be bored with the member of staff and assisted in reducing the person's anxieties. It was evident the staff had worked incredibly hard to build a relationship that was built on trust with this person.

Staff described how they supported people in a very individualised way. People were assessed before they moved to the Shaldon House. The manager told us they were reviewing the care plans and were planning to introduce a new format in the New Year. There were care plans to guide staff on how each person would like to be supported. These had been kept under review. Care plans were written in plain English and included photographs making these accessible to people living in Shaldon Road. The manager told us they wanted to introduce a more accessible format so that people could be fully involved in the planning of their care.

Staff knew people well and it was evident that they recognised when people's needs had changed. One person was prone to infections, which would affect their mental health. A relative commended the home on the support that was in place and how vigilant the staff were in recognising the signs of ill health early. A member of staff said, "Because we know people and there is good communication in the team we notice if someone is not their usual self". A health care professional told us, "I have been impressed on how well the staff know people, their changes in behaviour and how they advocate for people". Staff have been proactive in working with professionals in respect of a person with early onset of dementia. They have worked with the local community learning disability team and the person's GP in getting a diagnosis and putting suitable support in place. This showed the staff were responsive to people's changing needs.

Daily handovers were taking place between staff. This was important to ensure all staff were aware of any changes to people's care needs and to ensure a consistent approach. For example, if a person declined personal care this was shared with other colleagues so this could be offered at a more convenient time to the person or if a person was unwell staff could be more vigilant.

At the time of our inspection, the manager informed us that there were no ongoing complaints. The records seen indicated that this was the case. Staff told us they were confident that any concerns or complaints raised by people using the service would be dealt with appropriately and in a timely manner. People told us they were asked at the house meeting if they had any concerns and were confident these would be addressed. People told us they were happy with the care and support they received from the staff. Relatives told us they had no concerns, but would speak with the staff if they had any and were confident these would be resolved.

Is the service well-led?

Our findings

There had been a change of manager since the last inspection. The registered manager had not worked in the service since August 2017. We had been notified of a period of absence but not that the registered manager had resigned. Since the inspection, we had received an application to cancel the registered manager. A new manager started working in the home from the end of September 2017 initially on a consultancy basis and then as the manager. They were in the process of completing the application to be registered with the Care Quality Commission.

The manager told us when they took up post they had reviewed all the systems in the service to ensure ongoing compliance. They had developed an action plan to address these shortfalls such as the lack of supervisions, to ensure staff had completed training and the care certificate and that many of the risk assessments required updating. They were also aware that they needed to review the policies and procedures to make sure they were appropriate to Shaldon House. We saw that some of the policies and procedures were from the previous provider. This was addressed with updated policies and procedures being sent to us by the manager after the inspection.

The manager had developed a training, an annual appraisal and supervision matrix. This clearly detailed the timescales for completion for example staff to complete first part of care certificate by the end of January 2018. They had also reviewed and updated environmental risk assessments and personal evacuation plans. One health and social care professional told, "The manager has hit the ground running". They told us they had noticed a difference and staff were much happier. The manager told us they did not want to implement too many changes, as they wanted to include the staff in the process.

Observations of how staff interacted with each other and the management of the service showed there was a positive and open culture. Staff were clear about their roles and responsibilities as well as the organisational structure and who they would go to for support if needed. Staff told us the management team were supportive and approachable should they have any concerns. The manager was supported by a deputy manager and a senior support worker. Staff spoke positively about the new manager telling us, "She is lovely". People were observed seeking out the manager and the deputy manager throughout the inspection. The manager and the staff told us the providers regularly visit the home and were contactable by telephone at any time of the day.

Relatives spoke highly about the service. Comments included, "All the staff are absolutely lovely, X (name of manager), X the deputy all the carers cannot fault them", "It's really family orientated" and "I am always made to feel welcome".

The manager told us they were planning to keep their knowledge up to date about matters that relating to caring for people with learning disabilities and mental health needs by attending the local authority's provider forums. They said they were planning to attend these in the New Year to meet with other professionals.

Staff told us staff meetings had not been as frequent as they should have been but this was being addressed by the new manager. The new manager told us they were planning to hold meetings every six to eight weeks. Staff were able to participate in discussions about the running of the service and the care and welfare of people living at Shaldon House. Staff told us any changes to the care practice, the running of the home and key policies were usually discussed at these meetings and during handovers. This ensured staff were kept informed about the service and their individual responsibilities.

Staff were invited to complete a staff survey, which asked for their views about the organisation and about working at the home. They were also asked if they had suggestions for improving the way the home was run. Staff told us they felt their views were heard and they were listened to. Feedback from the recent survey in November 2017 was positive. One member of staff had recorded, 'I have worked in the home for many years. Always enjoyed working at Shaldon House, especially now with the new management' and another had written, 'It is a happy environment and everyone works as a team'.

People at the home and those who represented them were asked to take part in a survey at least once a year to find out their views of the service. Feedback from relatives was positive with the three responses scoring the service a 10 out of 10 in relation to staff being caring and compassionate.

The provider and the manager carried out checks on the service to assess the quality of service people experienced. The service was assessed in line with our key questions and audits focused on actions for improvement in line with these. These checks covered key aspects of the service such as the care and support people received, accuracy of people's care plans, management of medicines, cleanliness and hygiene, the environment, health and safety, and staffing arrangements, recruitment procedures and staff training and support. Where there were shortfalls action plans had been developed and were followed up at subsequent visits.

From looking at the accident and incident reports, we found the provider was reporting to us appropriately. The provider has a legal duty to report certain events that affect the well-being of the person or affects the whole service.