

Mr Laurence John Waite

Shottendane Nursing Home

Inspection report

Shottendane Road
Margate
Kent
CT9 4BS

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Date of inspection visit:
26 September 2022

Date of publication:
10 October 2022

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Shottendane Nursing Home supports up to 38 people who have nursing needs, dementia and require end of life care. At the time of our inspection they were supporting 23 people. Shottendane Nursing Home is a large building with care being provided over three floors and sitting in large grounds.

People's experience of using this service and what we found

Since our last inspection, improvements to the service had been made, however there were still some areas where further improvements were needed. Checks and audits implemented needed time to be fully embedded to assess their effectiveness, and there were areas such as feedback from relatives and people where further improvements to feedback were needed. Care plans had improved but needed further development as they were not always accurate or detailed enough. Medicines management had improved however some areas still needed improvement.

People and their relatives gave good feedback about the service. Relatives told us, "We cannot fault the care," and "I have no problems whatsoever, my [loved one] is really happy there. Really happy." We found that systems in place to safeguard people from the risk of abuse had improved; staff had received training and competency checks. People told us they felt safe living at the service and when staff were supporting them.

Infection prevention and control had improved at the service. Staff were observed using personal protective equipment (PPE) and contaminated laundry was being separated from non-contaminated laundry. There were now sufficient staff to meet people's needs, and staff had been recruited safely.

Risks to people and the environment had been assessed, and there was guidance in place to inform staff how best to support people. Staff we spoke with understood people's needs and how best to support them.

People were supported to have maximum choice and control of their lives and staff supported /did them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Relatives told us the communication had improved. One relative told us, "I think the approachability is even better now. We have been given questionnaires about our loved ones to know more about our loved ones. All around its definitely improved." People, relatives and staff told us there has been improvements to the culture. A relative told us, "I can tell a change in atmosphere. Us as visitors we feel more welcome and we now know what's going on. It's been much better." Staff understood their roles and were involved in improving the service. Staff and the manager worked with healthcare professionals to provide joined up care.

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

Rating at last inspection and update:

The last rating for this service was inadequate (published 10 September 2022) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made however there were still areas where improvements were needed.

This service has been in Special Measures since 29 April 2022. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

We carried out an unannounced inspection of this service on 24 February 2022. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment, safeguarding service users from abuse and improper treatment, staffing and good governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the key questions safe and well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last comprehensive inspection on 2 May 2019 to calculate the overall rating. The overall rating for the service has changed from Inadequate to Requires Improvement. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Shottendane Nursing Home on our website at www.cqc.org.uk.

We looked at infection prevention and control measures under the safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always Well-Led.

Details are in our Well-Led findings below.

Requires Improvement ●

Shottendane Nursing Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by two inspectors.

Service and service type

Shottendane Nursing Home is a 'care home'. People in care homes receive accommodation and nursing and personal care as a single package under one contractual agreement dependent on their registration with us. Shottendane Nursing Home is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was not a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We did not ask the provider to submit a provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

During the inspection we spoke with six people that use the service, and eight relatives. We spoke with eight members of staff including the provider, the providers consultant, the manager, nurses and care workers and domestic staff. We reviewed a range of records. This included four people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

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

At our last inspection we rated this key question Inadequate. At this inspection the rating has changed to Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Preventing and controlling infection

At our last inspection the provider had failed to assess the risk of, and preventing, detecting and controlling the spread of infection. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of this part of regulation 12

- At our last inspection, we had concerns regarding the management of the spread of infection at the service. We observed staff not wearing personal protective equipment (PPE) correctly or in line with government guidance. At this inspection, we observed all staff to be wearing and using PPE appropriately in line with guidance.
- At our last inspection we found PPE was not being disposed of correctly. At this inspection we found staff disposed of their PPE in the correct bins. Improvements had also been made in the collection of potentially contaminated laundry, which was stored separately to non-contaminated laundry.
- We found that the manager was aware of the government guidance in relation to admitting people to the service. When concerns relating to COVID-19 had arisen, staff and the manager followed guidance to ensure people were protected from the risk of the spread of infection.
- At our last inspection, the provider was not supporting visiting in line with government guidance. At this inspection, we found improvements. Relatives told us they were able to visit their loved ones whenever they wished. One relative told us, "I used to have to call and book, and now I can just turn up whenever I want." One person told us, "My son is coming to take me out shopping this week, I am looking forward to it."

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to assess the risks to the health and safety of people, doing all that is reasonably practicable to mitigate risks. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12. However, some improvement was still required.

- At our last inspection, risks to people had been identified but the guidance to reduce the risk was not

sufficient. At this inspection improvements had been made, some people had a catheter to drain urine from their bladder. There was now guidance for staff to reduce the risk of infection and how to maintain the catheter to drain. However, records of actions taken were not recorded by staff consistently in the same documents. This was an area for improvement.

- Some people had wounds, which staff had nursed and they were healing. However, we found that nurses had not measured the wound to evidence that it was healing and had improved. We discussed this with the manager who confirmed they would ensure this was done.
- There was guidance in place when people were at risk of choking or required assistance from staff to move around the service to reduce risk. However, the guidance required further personalisation, such as specific instructions on how to position the sling hoist. Staff described how they moved people safely and people told us they felt safe when they were being moved by staff in the hoist.
- At our last inspection we found that thickening powder had been left in the reach of people. Thickening powder is used to make fluids thicker so that people with swallowing difficulties can drink safely. If the thickening powder is swallowed without fluid, it can form an obstruction and people would be at risk of choking. At this inspection we observed thickening powder to be kept out of reach of people. The manager completed a weekly walk around which included checking that staff had stored the thickener safely.
- At our last inspection we identified that the provider had not considered the risks of people falling into the pond. At this inspection improvements had been made. The provider had constructed a fence around the pond to reduce the risks to people.
- At our last inspection, we identified that window restrictors were not always in place. At this inspection we found restrictors to be in place, that were checked regularly by the maintenance staff. At our last inspection, we found that a portable heater was being used, and staff had not considered the risk of fire. At this inspection we found a new heater in place which did not pose the same fire risk and was safely stored.

Learning lessons when things go wrong

At our last inspection the provider had failed to assess the risks to the health and safety of people, doing all that is reasonably practicable to mitigate risks. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of this part of regulation 12

- At our last inspection we found not all accidents and incidents were being recorded. At this inspection we found improvements. Staff were aware of how and where to report and document accidents and incidents.
- At our last inspection we found there was no system in place to look for patterns and trends in relation to accidents and incidents. At this inspection we found improvements. A new accident and incident form had been implemented which allowed for the manager to review and make suggestions for any actions needed.
- The manager now completed monthly analysis of accidents and incidents to look for patterns and trends. There was no system to look at accidents and incidents over the year; the manager informed us they would implement this to inform care planning and to make information easier to share with healthcare professionals.

Using medicines safely

At our last inspection the provider had failed to manage medicines safely. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of this part of regulation 12 but some further improvement was required.

- At our last inspection medicines were not managed safely, staff had not recorded the position of pain relief patches accurately. At this inspection, staff accurately recorded the placement of pain relief patches in line with guidance. Staff now recorded when they observed people were in pain and what action had been taken.
- Previously, when people had been prescribed medicines on an 'as and when' basis. There was now guidance in place for staff about when to give the medicine, how much and what to do if it is not effective. One person was prescribed two medicines to help with anxiety, there was guidance for each medicine. However, while the effect of each medicine was the same, how long the effects lasted were different. There was no guidance for staff about the circumstances in which each medicine should be given. This is an area for improvement.
- Staff had completed records accurately. There was a running total for each medicine which was completed by staff to enable any errors to be identified quickly. The medicines storage room had been extended and improved. Staff told us this had helped them to manage medicines and gave them space to work.

Systems and processes to safeguard people from the risk of abuse

At our last inspection the provider had failed to operate effective systems and processes to protect people from abuse and improper treatment. This was a breach of regulation 13(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13

- At our last inspection, we found staff knowledge about safeguarding was inconsistent. At this inspection, we found people were protected from the risk of abuse. Staff knowledge around safeguarding had improved. Staff we spoke with were able to describe the different types of abuse, and how and where they would raise concerns. One staff told us, "I would go to [the manager] straight away with concerns, them or [the provider]."
- Since our last inspection, nearly all staff had completed safeguarding training, and had a competency test.
- Since our last inspection, safeguarding concerns had been raised appropriately by the manager, who worked with the local authority safeguarding team to address any concerns raised.

Staffing and recruitment

At our last inspection the provider failed to maintain accurate records relating to people employed at the service. This was a breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of this part of regulation 17

- At our last inspection, we found that staff were not always recruited safely. Gaps in employment history had not always been explored. At this inspection we found improvements. Full employment histories had

been obtained for staff before they started working at the service.

- Other checks completed on staff before they worked at the service included receiving references from former employers and obtaining a Disclosure and Barring Service (DBS) check. This provides information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

At our last inspection the provider had failed to deploy enough trained and competent staff. This was a breach of regulation 18(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18

- At our last inspection we found there was not always sufficient nurses and carers on shift every day. At this inspection we found there were sufficient staff to keep people safe and meet their needs. The assessed number of carers and nurses were on duty each day.
- All staff members told us there were enough staff to meet people's needs. Staff told us, "We always have two nurses now. Staffing is now fine. It's all ok," and, "For the number of residents we have, we have enough staff yeah. It's been so nice to have the time to spend with people and not be rushing as much."
- At our last inspection, we found all people to be in their rooms with their doors shut, and a lack of activities. At this inspection we found improvements. There was an activities coordinator who organised group or 1:1 activity for people to take part in. Relatives had been invited into the service to have dinner with their loved ones, which people really enjoyed. One relative said, "Having lunch with dad and bringing him downstairs has been a revelation. Dad is talking in sentences and asking questions. He seems happy and smiley which of course means the world to us."
- The manager told us they would be implementing a new dependency tool to support the decision making around staffing numbers. The new tool would be implemented at the same time as a new electronic care planning system. We will check on the effectiveness of this during our next inspection.

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. When people had been assessed as not having capacity to make complex decisions, staff completed best interest decisions. Staff included people who knew the person well such as relatives and healthcare professionals to make decisions in the person's best interest.
- People's capacity to make decisions had been assessed for specific decisions such as medicines and personal care. When people were able to make decisions, staff respected people's decisions. When people had made unwise decisions, staff supported them to be as safe as possible.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question Inadequate. At this inspection the rating has changed to Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection the provider failed to assess, monitor and improve the quality and safety of the service. This was a breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Although some improvement has been made, at this inspection and the provider remains in breach of regulation 17

- Although we found improvements at this inspection, there are areas where checks and audits needed to be fully embedded to enable us to assess their effectiveness. We also found some areas where improvements were still needed. For example, care plans did not always contain accurate information in relation to each person. In one person's care plan their date of birth was wrong. Another person's care plan had conflicting information in relation to the texture of their food. Care plans needed to be further reviewed to ensure they were person centred.
- Some systems needed further development. For example, systems to feedback on actions taken to improve the service needed to be clearer. When the manager had identified shortfalls during audits, they had not developed an action plans and had not always recorded action taken. Systems to review accidents and incidents only reviewed incidents on a monthly basis, not yearly, which could benefit people when looking at patterns and trends.
- The oversight of the service had improved, however, there continued to be no registered manager in post at the time of the inspection. The previous compliance manager was now the manager and had started their registration with the Care Quality Commission. The provider was in the process of sourcing a clinical lead for the service to support the manager. The provider had recognised for improvements to continue there needed to be a strong clinical team.

The provider failed to assess, monitor and improve the quality and safety of the service. This was a continued breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The oversight of the service by the provider had improved. The provider and manager met weekly to discuss the service and issues. The manager told us they had been supported by the provider who had

employed an outside consultant to support to the manager.

- Each staff member had been given an area of practice to improve since our last inspection. Staff told us this gave them pride in their work and made them feel they were contributing to the improvements at the service. One staff told us they were responsible for updating care plans and sharing these with staff, whilst another was responsible for creating more person-centred information.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and relatives were able to tell us about the change in the service. A relative said, "There has been a vast improvement in the last few months." Another relative told us, "I am also very impressed with the caring nature of all staff I have meet at the home on my visits. The medical staff have done a brilliant job with treating my Dad's hand injury."

- Staff told us there had been improvements since our last inspection. One staff member told us, "There are lots of changes. At the moment we really feel we are working in a good way. We thought we were working in a good way before but now we really see we are."

- Staff told us there was improved morale at the service. Staff told us, "The morale has perked up a lot since [manager] has taken over. I feel they are a lot more approachable. We are all eager to make changes and make the home better."

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

- Since our last inspection, a request for feedback from people and their relatives had been sent out to all people. Whilst specific issues had been addressed and responded to, it was not clear what action had been taken to address other concerns. For example, most people felt satisfied with the response to their queries, however a small portion of people answered 'sometimes.' It was unclear what action had been taken to address this.

- Since our last inspection, a meeting with residents and relatives had occurred where people were updated on all areas of the home including proposed improvements to phone lines and internet access, food menus and activities for people.

- Staff told us they felt engaged in the service and were able to go to the manager to suggest improvements for the service. One staff member told us, "[The manager] asks us at every handover if there's anything we can do to improve."

Working in partnership with others

- Staff and the manager continued to work closely with local health team including the GP and the local clinical nurse advisor to achieve good outcomes for people.

- The manager had visited other local homes to liaise with them about electronic care planning systems with a view to improving the care plans at the service. Staff told us the improved care plans helped them spend more time with people, which was what was important to them and people.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider and manager understood their responsibilities under 'duty of candour' to be open and honest when things went wrong, for example, notifying relatives if their family member had an accident or became unwell.

- The provider and manager had kept staff and relatives informed following the previous inspection rating. They had acknowledged the service had needed to change and improve.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	The provider failed to assess, monitor and improve the quality and safety of the service.