

Shangri-La Care Services Limited

# Shangri-La Residential Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

This unannounced comprehensive inspection took place on 5 and 6 December 2016. Shangri-La Residential Home provides personal care and accommodation for up to 26 people. On the days of the inspection 24 people were living at the service.

The service had a registered manager. 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 service was last inspected in November 2015 and was rated as requires improvement. Requirement actions were made regarding seven breaches relating to a lack of risk assessments, the deployment of skilled staff, medicine management, the lack of clear personalised records, the lack of staff training and mental capacity assessments. We received an action plan from the provider in December 2015, telling us how they were going to take action to ensure compliance with the breaches.

Staff understood the principle of keeping people safe and were aware of safeguarding protocols. Risk assessments had been completed but had not always been personalised or kept up to date to reflect people's changing risks. Staffing levels met the needs of people, and staff enjoyed the training programme. Recruitment checks had been completed before staff started work to ensure the safety of people. Medicines were administered and stored safely but records needed to improve.

Staff had a basic knowledge of the Mental Capacity Act but people's records did not show people's capacity to make specific decisions had been assessed. This meant people did not have their mental capacity assessed and restrictions may have been placed on people without their agreement or being in their best interests. People enjoyed their meals and were offered a choice at meal times. People were supported to access a range of health professionals.

People's records did not demonstrate people had their needs met in a planned and personalised way. This meant staff may not always have the best information on how to meet an individual's needs and preferences. People felt confident they could make a complaint and it would be responded to. Complaints were logged and there were recordings of investigations into complaints.

People felt the staff were caring, kind and compassionate. The home had an open culture where staff felt if they raised concerns they would be listened to. Staff felt supported by the registered manager and were clear about their roles and the values of the home. Records were not always accurately maintained and this was not an effective part of the quality audit process.

We found breaches in 4 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Three of these are repeated regarding risk assessments, records and personalised care. You can see what

action we told the provider to take at the back of the full version of the report.

## 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.

Staff had a good understanding of keeping people safe and the procedures to follow if they had any concerns.

Risks regarding individuals care had not always been identified and risk assessments were not always in place to mitigate the risk.

Recruitment procedures were in place to ensure staff were suitable to work with people at risk.

Staffing levels were planned to ensure the needs of people could be met.

Medicines were safely stored, administered and recorded.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Staff had received training and felt supported, to ensure they had the knowledge and support to meet people's needs.

Staff had a basic knowledge of the Mental Capacity Act 2005, but records had not been completed regarding peoples mental capacity which meant people were at risk of being restrained inappropriately.

People received support to ensure they ate a balanced diet.

People were supported to access a range of healthcare professionals.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

People were supported by caring staff who respected people's privacy and dignity.

**Good** ●

### Is the service responsive?

The service was not always responsive.

People's care plans did not reflect people receive personalised care, which was in line with their needs or preferences.

People felt they could complain and complaints were investigated.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well led.

The registered manager operated an open door policy.

People's records were not always accurate and well maintained.

The quality assurance process did not identify or address all the issues needed to ensure the service provided was of a good quality.

**Requires Improvement** ●

# Shangri-La Residential Home

## **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 comprehensive inspection took place on 5 and 6 December 2016 and was unannounced. One inspector and a specialist advisor in nursing and the care of frail older people, especially those living with dementia, carried out the inspection.

Before the inspection, we reviewed previous inspection reports, action plans from the provider, any other information we had received and notifications. A notification is information about important events which the provider is required to tell us about by law.

Before the inspection, the provider completed 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.

During the inspection we spent time talking to ten people, four visitors, five members of care staff, the deputy and the registered manager. We looked at the care records of six people and staffing records of four members of staff. We saw minutes of staff meetings, policies and procedures, compliments, complaints log and records and policies were sent to us following the inspection. We were given copies of the duty rota for a month, which included the week of the inspection, and a copy of the training plan.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We observed interactions between people and staff. We received written feedback from two external health and one external social care professional.

# Is the service safe?

## Our findings

People told us they felt safe living at Shangri La. A person told us, "I've always felt safe here". A visitor told us, "My Mother lives in a safe environment".

At the inspection in November 2015 we found the provider was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as we found there was a lack of effective risk assessments in place to ensure the safety and welfare of people. During this inspection we found some action had been taken but the provider was still not compliant with this regulation and the breach will be repeated.

Risk assessments had been completed in people's records, but in some cases these were generic risk assessments. They did not detail personalised information about the specific person and their circumstances. For example risk assessments regarding falls were not specific to the needs of the person and all gave the same information on what to do in the event of a fall for each person. When looking at one person's risk assessment in relation to their support plan for behaviour, the information was specific to the person. However the information then changed to a generic language and talked about "Them" instead of the specific person and their risks. It was also noted where people had been referred to the speech and language therapist their advice and specific risks had not been identified. For example we saw for two people they had been recommended to eat a full fat diet. However this was not recorded in their risk assessment and the information had not been passed onto the cook, who was not aware of this information.

Risks relating to the building and environment had been considered. There was a policy which was displayed in the home of what action to take in case of emergency situations, for example a flood or a gas leak. A fire risk assessment had been completed by an external company, which had assessed the risk rating as medium. There was an action plan which the provider was working through to ensure the fire arrangements were safe. We noted the use of pressure mats which alerted staff when people went near certain areas, for example at the top and bottom of the stairs. We did note staff were stepping over these so as not to alert other staff and we were concerned this may cause an accident and people may copy the staff. The registered manager advised she would discuss this issue with staff. We also noted there were two bedrooms on the first floor which had access to a balcony. Both these rooms had patio style doors which required just the turning of the knob to get onto the balcony. We were advised there was a risk assessment in place and the fire officer had said these doors were safe, but we advised further clarification should be sought. During the inspection the registered manager advised actions was being taken to change the doors and or locks.

The lack of effective risk assessments in place to ensure the safety and welfare of people was a repeated breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the inspection in November 2015 we found the provider was in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as we found people's needs were not always

met by consistent numbers of competent, skilled and experienced staff During this inspection we found the provider had taken appropriate action and was now compliant with this regulation.

Staffing levels were planned and sufficient to meet the needs of people. We were given copies of the four weeks rotas including the days of the inspection. The rotas clearly recorded who was on duty, who was on call and who was the lead for the shift. Shifts which were available due to sickness were highlighted and when necessary agency staff were used to fill these gaps. We were advised the same agency staff were used to ensure consistency for people. Staff, people and visitors told us there was enough staff on duty. Relatives told us they were made welcome and knew the staff on duty and could always speak to them about any concerns they had. The duty rota had been amended in the short term due to staff sickness. Staff were aware of this and advised they worked as a team and were happy with the temporary arrangement regarding a buddy system in the early evening. The registered manager advised the duty rota in place before staff went on sick leave would be put back in place once the staff member returned from sick leave.

We looked at the recruitment records of four members of staff. At the last inspection in November 2015 we had recommended photo identification was available for all staff employed and two references were obtained as detailed on staff member's application forms, to ensure the suitability of staff and the safety of people. We found relevant checks had been undertaken to keep people safe. Checks with the Disclosure and Barring Service were made before staff started work. The DBS checks help employers make safer recruitment decisions to minimise the risk of unsuitable people working with people who use care and support services Application forms had been completed and where available staff's qualifications and employment history including their last employer had been recorded. Photographic evidence had been obtained ensuring staff were safe to work with people.

Staff were able to tell us about what constituted abuse and what action they would take if they suspected anyone was not being treated well. They advised they would report their concerns to the registered manager who they believed would take appropriate action. All staff believed people were safe and well looked after. Staff were aware of the whistle blowing policy which was displayed on notice boards in staff areas.

At the inspection in November 2015 we found the provider was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as medicines administration practices were not always safe. During this inspection we found the provider had taken appropriate action and was now compliant with this regulation.

The provider had a policy and procedure for the receipt, storage and administration of medicines. Storage arrangements for medicines were secure. Records showed the amount of medicines received into the home were recorded. People were prescribed medicines to be given when required (PRN) and there were clear protocols in place for their use. All staff involved with medicines completed training in the safe administration of medicines. Staff were required to undertake an annual competency assessment to ensure they were safe to administer medicines. We found some minor errors with the recording of medicines. This had no impact on any person. The poor recording keeping is detailed in the well-led section.



## Is the service effective?

### Our findings

We received mixed feedback regarding people's enjoyment of their meals. Comments included, "The foods not to my liking, to be honest it's pretty ropey". "I'm always asked what I'd like to eat at mealtimes. We have tea and biscuits as well".

At the inspection in November 2015 we found the provider was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 regarding clear records regarding people's nutritional needs and intake. During this inspection we found some action had been taken but the provider was still not compliant with this regulation and the breach will be repeated. The detail of the breach regarding records of nutrition will be detailed in the well-led section.

The home had cooks who covered the seven days working from 8:00am – 5:00pm. They had regular contact with people as the kitchen was next to the dining room. The home used a four week rotating menu; which recorded one main option at lunch time with a vegetarian option and one dessert was listed. Tea/supper was a lighter meal with several alternatives listed. Meal times were relaxed and people could eat their meal where they wanted. In the dining room people were offered a choice of cold drinks; the dining tables were laid with clean cloths. Meals were plated in the kitchen and served through a hatch for individual residents. The room was clean and tidy with a washable floor. One person refused their lunch and was offered alternatives by the care staff. Another person asked for a sandwich, which was provided. One staff member sat with two people who required assistance to eat. In the lounge three people ate their lunch; one person took a very long time to eat, but they were not hurried to finish. Where people had problems with their eating they had been referred to the speech and language therapist appropriately. Whilst the information from professionals had been sought regarding ensuring people received nutrition appropriate to their needs we could not be assured this was followed; as is detailed in the safe section.

At the inspection in November 2015 we found the provider was in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 regarding the lack of staff training to ensure staff could meet people's needs. During this inspection we found action had been taken and the provider was compliant with this regulation.

A training matrix was used to record the training staff had undertaken, when the training was due for renewal and when it had expired. This recorded training was in-date for nearly all staff. A range of training methods were used, from on-line to more practical face to face training. Staff told us they found the training to be enjoyable and equipped them to do their job safely and effectively. New staff underwent an induction programme, which worked towards the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. It aims to ensure that workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. We did not see new staff's work books but were advised the staff kept these in order for them to work through them. There was a record of when supervisions were due. Staff had copies of their supervision sessions in their individual staff files. All staff spoken with felt supported in their role by the deputy and registered manager.

At the inspection in November 2015 we found the provider was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 regarding the lack of clear records regarding assessing people's capacity. During this inspection we found the provider was still not compliant with the regulation, but this did not just relate to records, so will be a breach of Regulation 11 which relates to the Mental Capacity Act.

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 had a basic knowledge of the Mental Capacity Act but did not relate it to practices within the home. When asked staff told us restraint was not used in the home. However when we looked at people's records, we saw people had pressure mats placed by their bed to alert staff to when they moved. These had also been placed at the top and bottom of the stairs. These had not been considered a restraint. The care plans mentioned the pressure mats but these talked about safety rather than restraint. There was no evidence people had been asked for their consent to use bed rails and no mental capacity assessments had taken place with people. This reflected people had restraints without it being considered and there had been no assessment to test people's capacity. No consideration had been given to a best interests meeting, involving others in these decisions where appropriate.

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 2005. The application procedures for this in care homes and hospitals 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. When asked the registered manager thought the information regarding Applications for Deprivation Of Liberty were in people's records, however when she looked, this information was not available in people's records. Whilst we could be assured applications had been made appropriately for people who had been in the home for a longer period of time, we could not for people who had been there for a shorter period of time. The care records of a person who had recently been admitted to the home had no details of an application to deprive them of their liberty, which would have been appropriate.

The lack of assessing people's capacity and having regard of the Mental Capacity Act was a breach of Regulation 11 of the Health and Social Care 2008 (Regulated Activities) Regulations 2014.

People were supported to have their health needs assessed by relevant professionals. People reported if they wanted visits from the local GP appointments would be made. From records we could see referrals and appointments had been made with the speech and language therapy service, community psychiatric nurse, tissue viability nurse and social services.

## Is the service caring?

### Our findings

A relative told us "The quality of life of my relative is so much better here, than at home. I have noticed a difference in their dementia, it's stabilised since they came here". Another person told us, "Some of the staff go beyond the bounds of duty". Another told us, "They are really lovely here" about the care staff. With regards to choice a person told us, "Oh yes, they (the staff) come in and see me, but I like it in here (their own room)."

Staff were knowledgeable and understood people's needs. Staff explained what they were doing when they supported people and gave them time to decide if they wanted staff involvement or support. Staff spoke clearly and repeated things so people understood what was being said to them. Staff had a good knowledge of people and knew how to care for them. For example one person could become distressed quickly, but staff knew the distraction techniques to use and activities the person enjoyed to try and change their behaviour. The staff were cheerful and the atmosphere at the home was relaxed and people seemed contented and happy.

People were able to express their views and be involved in making decisions regarding their care, including the clothes and jewellery they chose to wear, activities they took part in and in respect of food. People's cultural and spiritual needs were taken into consideration and accommodated. Resident and relatives meetings had taken place at regular intervals to try and gain the view of people living at the home.

People's privacy and dignity was respected. Records for people were stored confidentially and only staff who needed these had access. Staff knocked on people's doors and waited for a response before entering. Staff used people's preferred form of address, showing them kindness, patience and respect. A relative told us, "Staff have told me sometimes Mum has refused a shower, so she had choice." Another relative told us, "Mother is able to go to her room when she wants to; she's made friends here and is happy."

## Is the service responsive?

### Our findings

At the inspection in November 2015 we found the provider was in breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as the care and treatment of people was not always person centred and did not always meet people's needs in an appropriate way. During this inspection we found the provider had not taken appropriate action and there was a repeated breach of this regulation.

Relatives told us they felt kept informed of their relatives care and progress. People and relatives told us they had no major complaints. A relative told us, "I've no complaints except a few niggles about the laundry. Some clothes in her room are not hers but staff have been helpful in trying to find the missing clothes".

In September 2016 the provider had changed the recording of assessments and care plans from paperwork to electronic records. This was still in its infancy which explained why some of the records were still quite basic in their nature. For example care plans around people's nutrition, mental capacity and falls were generic and not specific to people's individualised needs. When care plans had been reviewed on a monthly basis these were short and reviewed all parts of the care plans with the one short review. They did not address the changes to the differing sections of the care plans. For example where it had been identified the person was losing weight the monthly review did not address this in that section of the care plan. In another example the review detailed information about the person's community psychiatric nurse, but the information leading to this was missing in the person's care plan. When we discussed this, the registered manager stated she was aware and viewed the records as work in progress. Fortunately the static staff team knew people well and did not rely on care plans to ensure people's needs were met. Staff told us they had a good handover at each shift and we were shown copies of these handovers which gave an up to date account of people's needs. However it is important care plans are in place to reflect people's needs and their changing needs, especially when there are new people accommodated at the home.

The care and treatment of people was not always person centred. This was a repeated breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The activities calendar was displayed around the home, which demonstrated there was a good range of both in-house and external activities in the home. On one day the deputy manager announced it was one person's birthday. Staff, visitors and people sang Happy Birthday and cards and a gift from the home were handed over and a cake was baked for tea.

The Home's complaint procedure was displayed in the reception area. Resident meetings encouraged people to provide feedback and reinforced they could raise concerns with staff at any time. People knew how to raise a complaint but said they had not needed to. We reviewed the complaints records where complaints had been raised. These had been dealt with in line with the provider policy. People were encouraged to share their feedback through resident meetings.

## Is the service well-led?

### Our findings

Two people told us, "It's (the home) is well run" and a relative told us "I can ring the deputy when I want to."

At the inspection in November 2015 we found the provider was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 regarding the lack of well-maintained records. During this inspection we found insufficient action had been undertaken and the breach will be repeated regarding records. The home also has a new breach of Regulation 17 regarding quality assurance processes.

The home had a positive and open culture. People told us they could talk to staff who would listen to them. Staff and visitors all told us they found the staff and the management team approachable and easy to talk to. The registered manager told us the nominated individual of the provider visited the home on a regular basis and was supportive in their role. Staff were aware of the whistle blowing policy and had confidence they would be listened to in confidence. We were shown the results of a survey where staff had been asked if they thought the home was well run and if the conduct of all staff was good, which demonstrated the staff thought the home was providing good care for people. The home had links with the local community and on one of the evenings of the inspection the local school was going into the home to provide a carol service. Two people told us how they had enjoyed a local outing with staff to the seaside.

The service was managed by the registered manager who was supported by a deputy manager and a head of care. The registered manager took an active role in the daily running of the service and had a 'hands on' approach to supporting people who used the service and the staff. Staff told us the management team were always available if they needed to speak to them. Staff were aware of the homes values and were clear people were at the heart of all decisions.

There were various audits which were completed regularly which were designed to ensure the service delivered was of a high quality. There was consultation with people, family, and staff on a regular basis. However despite these systems of quality assurance there were still areas which needed to be improved which had not been picked up by the provider's quality assurance systems. For example we found risk assessments had not always been completed and information in people's care plans and reviews was missing. For example people's nutritional risk assessments and care plans missed important information for example if the person was on a food supplement. They would identify where people were on a food and fluid chart but these records were not adequately or accurately completed. There were no targets for fluid intake and the intake was not always totalled. No action was taken when the person's fluid was recorded as very low, for example 290ml on one day and then 760ml the next. It was also noted on two occasions the records for two people were duplicated but with different information, which questioned the validity of the records. People did not have mental capacity assessments within their care plans which had been overlooked and not picked up by quality assurance systems.

Records were maintained of incidents and accidents and these were totalled on an individual basis at the end of each month. However there was no overall analysis, for example to give information on how many falls had happened in the home each month. The analysis did not include the time of the fall or incident or

the staff on duty, so this made it difficult to establish how there was any learning from this analysis.

There were a few gaps in the medicines administration records and it was noted by us there had been no audit of controlled medicines and there were issues with these records. For example when there was a need to record on a new page in the record, the person's name had not been recorded only the medicines.

This failure to ensure accurate records was a repeated breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations. The lack of an effective system to monitor the service and to drive improvement was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations.

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 9 HSCA RA Regulations 2014 Person-centred care  The care and treatment of people was not always person centred.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent  People's capacity had not always being assessed and the Mental Capacity Act was not always considered.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  Risk assessments in place were not effective o ensure the safety and welfare of people.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Accurate records were not maintained and there was not an effective system to monitor the service and to drive improvement.