

Shannon Court Care Home Limited

# Shannon Court Care Centre

## Inspection report

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## 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

Shannon Court Care Centre is a care home which provides long and short-term care for up to 78 people in single rooms, most of which are en-suite. The care is provided over three floors. Shannon Court specialises in dementia care. On the day of the inspection there were 69 people using the service.

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

There were some issues with medicines management and recording of medicines which meant we were not assured that people were given their medicines safely. Audits had picked up some issues, but these had not been addressed appropriately. The most significant issues were dealt with immediately following the inspection.

Some staff were not wearing their face mask appropriately, i.e. over both their mouth and nose. This was dealt with immediately by the registered manager.

There were robust systems in place to record and follow up safeguarding concerns. Risk assessments were in place and up to date. The service had the appropriate health and safety certificates in place.

Staff were recruited safely and there were enough staff on duty to meet the needs of the people using the service. Staff felt staffing levels were generally good.

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

Audits relating to areas such as health and safety, falls, catering and weight management had identified issues, learning had been taken and these had been addressed.

The service was inclusive, and people's diversity was respected. People we spoke with felt well cared for and told us staff treated them well.

Staff felt well supported by the management team and communication was good with people who used the service and their relatives. The service worked well with partner agencies.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection and update

The last rating for this service was requires improvement (published 2 April 2020) and there was a breach 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 not enough improvement had not been sustained and the provider

was still in breach of regulations.

The service remains rated requires improvement. This service has been rated requires improvement for the last three consecutive inspections.

#### Why we inspected

We received concerns in relation to the governance of the home. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has remained requires improvement. This is based on the findings at this inspection.

We have found evidence that the provider needs to make improvement. Please see the safe and well-led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Shannon Court Care Centre on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

## 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** ●

# Shannon Court Care Centre

## 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 Care Act 2014.

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 three inspectors and a medicines inspector.

#### Service and service type

Shannon Court Care Centre is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. 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.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the 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 used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with six people who used the service about their experience of the care provided. We spoke with ten members of staff including the provider, registered manager, deputy manager, clinical manager, operations manager, a nurse, the activities coordinator and three care workers.

We reviewed a range of records. This included six people's care records and multiple medication records. We looked at two 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.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.



# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. 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.

At the previous inspection we recommended the provider ensured medicines were managed in line with best practice guidance. At this inspection there were still some issues with medicines management.

### Using medicines safely

- Some care plans did not include guidance and information for staff around how to administer certain medicines.
- Body maps to record where a medicine patch had been applied previously showed that staff had not changed the area of skin used as directed by the drug company. Using the same part of the skin again increases the risk of skin irritation and side effects.
- Time specific medicines were not always given at the correct time.
- Topical medicines records were not always signed to say they had been applied.
- Staff had sometimes signed to say medicines were not available despite stock being in the home.
- Fluid thickener to thicken a person's fluid to aid swallowing was not recorded so we could not be sure this was being managed safely.
- Some medicines had not been dated when opened to ensure their continued effectiveness.

We found no evidence that people had been harmed, however, systems were not effective in ensuring medicines were managed safely. This placed people at risk of harm. This was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our last inspection we identified issues with medication record keeping, which constituted a breach of Regulation 17(Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Not enough improvement had been made at this inspection and the provider was still in breach of Regulation 17.

- Medicines given in a covert manner, that is hidden in food or drink, did not always have the best interest paperwork to support this.
- Some allergy information was inaccurate or missing from medicines administration records (MAR).
- The quantity of medicines in the home did not always match what was on the MAR. This made it difficult for staff to audit whether medicines had been given.
- Some medicines given as and when required, such as paracetamol, had been given, but not recorded.
- Although medicines audits had been completed and issues identified, these issues were still in evidence. For example, an audit had picked up the issue about inaccurate counts of tablets, but we found a number of inaccuracies when checking medicines. The audits were clearly not effective in addressing identified issues

with medicines.

We found no evidence that people had been harmed, however, systems were not robust enough to demonstrate records were complete and accurate. This was a continued Breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately during and after the inspection. They confirmed all the actions regarding medicines management and records were now complete.

#### Preventing and controlling infection

- Although appropriate training had been given to all staff and there was ample guidance within the home, we saw some staff who were not wearing their masks correctly, i.e. over both nose and mouth. The registered manager dealt with this issue immediately and provided assurances that any further breaches would result in disciplinary action for the staff.
- Most of the home looked clean and hygienic. However, some areas, including one lounge, did not look as clean as the rest of the home.
- When agency staff were used the service were not ensuring they were tested for Covid-19. They were not always aware of whether agency workers had recently worked in another facility and could be spreading infection whilst on the premises. The registered manager addressed this following the inspection. Agency protocols were checked, and discussions held with the local infection control team. The registered manager agreed to ensure any agency staff would join in with the whole home testing and a lateral flow test would be carried out prior to them starting any shift at the home.
- There were good systems in place to help prevent visitors from catching and spreading infections. The provider's infection prevention and control policy was up to date. People were admitted safely to the home and shielding, and social distancing rules were adhered to.
- The home was carrying out whole home testing for people who used the service and staff.

#### Systems and processes to safeguard people from the risk of abuse

- There were robust systems in place to record and follow up safeguarding concerns.
- Staff had completed safeguarding training and were aware of how to recognize and raise a concern.
- Recent safeguarding concerns were being dealt with appropriately, in line with the home's own policy and the local authority processes.

#### Assessing risk, safety monitoring and management

- General and individual risk assessments were in place and updated as required.
- All health and safety certificates were current, and systems were in place to ensure these were renewed when necessary.

#### Staffing and recruitment

- The recruitment procedures were safe and staff files included all relevant information. This ensured people employed were suitable to work with vulnerable people
- There were sufficient staff on duty and rotas indicated staffing levels were consistently appropriate.
- Staff we spoke with said staffing levels were always appropriate.

#### Learning lessons when things go wrong

- Accidents, incidents and falls were recorded appropriately and followed up with actions. Analysis of these incidents was in place to give the management an overview of any trends or patterns.
- Complaints were responded to appropriately.



# 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 the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. 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.

### Continuous learning and improving care

- There had been a lack of oversight by the management team with regard to ensuring agency staff were not at risk of spreading infection within the home. This had been addressed following the inspection.
- The service had recently employed a new operations manager who had devised an electronic system to provide an overview of all audits, outline issues and inform improvement.
- Medicines audits had identified areas of concern, such as inaccurate counts of tablets, and reported that these had been addressed. However, our findings evidenced this was incorrect. A failure by the management team to ensure issues had actually been addressed had resulted in a continued breach of regulations with regard to good governance.
- We saw a number of audits relating to areas such as health and safety, falls, catering and weight management. These audits had identified issues, learning had been taken and these had been addressed.
- Similarly, falls audits had identified and addressed issues.

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

- Through discussions with the management team we were assured the service was inclusive and people's diversity was respected. People's diversity was respected, and we saw no evidence of any discriminatory practice within the home.
- Care plans evidenced person-centred care, with people's preferences and interests fully recorded.
- People we spoke with were happy with the interactions and activities on offer at the home. One person told us, "They are very nice staff. They keep everybody happy. They really work hard; I have no complaints".

### 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

- Notifications were completed and submitted to CQC as required. Follow up information was supplied when requested.
- We saw evidence of complaints being followed up with people and apologies made, where appropriate.
- Safeguarding issues were reported appropriately and followed up as required.

### Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Staff felt well supported by the management team. One staff member said, "Everyone has been really

supportive". Another staff member told us "If there was a problem, I would feel quite comfortable about talking to the management". A third staff member felt it was a 'worthwhile job'.

- All appropriate training was in place and staff reported regular supervisions and support from the management.

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

- People who used the service felt included in the daily life within the home. One person told us, "I have been here six years and I like it. I am looked after well. Everybody looks after you here."
- The home had regular communication with relatives of people who used the service. People were kept up to date with all current guidance with regard to Covid-19.
- Visits between people who used the service and their relatives were facilitated via a visiting pod. Others used face time and video calls to ensure they kept in touch with loved ones.
- Regular communication between staff and the management team took place. All appropriate guidance was disseminated to staff to ensure they were up to date.

Working in partnership with others

- The service worked well with the local authority and CCG and attended zoom meetings when required.

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 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	The service was not managing medicines safely.

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 service did not always keep accurate and contemporaneous records.