

# The Royal Masonic Benevolent Institution Care Company

## Shannon Court

### 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

### About the service

Shannon Court is a care home without nursing for older people some of whom are living with dementia. At the time of the inspection the service was supporting 53 people.

Not everyone who used the service received support with their personal care as they could manage this independently. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

The home was comprised of two wings specialising in providing care to people living with dementia. There was also a main house that was comprised of three floors. Accommodation was provided over these three floors, each providing kitchen and communal areas.

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

Risks to people were not always identified, assessed or documented in people's care files. This led to limited guidance for staff to know how to support people safely.

People with complex needs such as those living with dementia did not always have their needs effectively managed.

The registered manager was working with the provider to develop a person-centred culture within the service. However, the outcomes for people did not fully reflect this and more work was needed to embed this way of thinking within the team. Further improvement was needed to ensure risk assessments and care plans were accurate and sufficiently detailed to ensure people were cared for safely and effectively. We have made a recommendation regarding this.

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.

There had been a lack of managerial oversight in relation to systems in place to identify any issues and monitor the quality of the service. For example, quality checks on care plans had not identified the concerns found at this inspection in respect of people's care.

Staffing levels were seen to be adequate and staff were available to people when they required assistance with standard support, however, we saw that staff did not have time to talk to people in a way that was meaningful to them.

People were supported to have enough to eat and drink. However, some concerns were raised around conflicting information in people's care plans and as to whether people should be on specialised diets, such

as softened diets. As a result a referral to the Speech and Language Therapist (SALT) team was made immediately after the inspection by the management team.

People received their medicines as prescribed. Staff sought assistance from health professionals where people needed this support and routine health appointments were made for people.

There were effective systems in place to safeguard people from abuse. There was a complaints procedure and policy in place to ensure any concerns raised by people or their relatives were addressed as quickly as possible. People told us that they had total faith in the staff that any concerns they raised would be dealt with immediately.

People told us that they were supported by kind and caring staff. Staff had supervisions to discuss their progress and training in subjects considered mandatory by the provider to develop their skills and knowledge. However, it was identified that not all training had appeared effective in preparing staff for all areas of their roles.

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

The last rating for this service was Good (published 7 April 2017).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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 effective?**

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** 

### **Is the service caring?**

The service was caring.

Details are in our caring findings below.

**Good** 

### **Is the service responsive?**

The service was not always responsive.

Details are in our responsive 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

## 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.

#### Inspection team

The inspection was carried out by three inspectors and a nurse specialist.

#### Service and service type

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

#### 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 nine people who used the service about their experience of the care provided. We spoke with seven members of staff including the registered manager, deputy manager, senior care workers, care workers and the chef. 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 also spoke with a visiting healthcare professional during the inspection.

We reviewed a range of records. This include 10 people's care records and multiple medication records. We looked at four 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, supervision data, staff rotas and a business continuity plan. We also spoke with four relatives about their experience of the care provided.

# 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 Good. At this inspection this key question has deteriorated 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.

### Assessing risk, safety monitoring and management

- Not all people were supported safely to eat food that was appropriate to their needs. For example, one person had concerns around their ability to chew food and were seen to eat lunches that had not been modified with this in mind. This person's care plan detailed how they struggled to chew meat or roast vegetables, and would spit them out and leave them on the side of the plate. A Speech and Language Therapist (SALT) referral was made following this information being brought to the attention of the registered manager.
- Other risks to people were not always managed safely. Those with specific health conditions such as Parkinson's disease or those at risk of seizures did not have appropriate risk assessments or guidance in place to help staff support them safely.

Failure to manage risk is a breach of Regulation 12 of The Health and Social Care Act (Regulated Activities) regulations 2014.

- Other risks were managed well such as those that may be at risk of falls. One person had been identified as being at risk of falls. The care plan detailed how staff should support them and had appropriate walking aids to assist them. Staff were seen following this to help reduce the risk. Another person identified as being at risk of falls had been reviewed and it was identified this could have been due to not drinking enough. Action was taken to address this which reduced the number of falls they had.
- Personal emergency evacuation plans were in place to help keep people safe in the event of an emergency. These were accurately completed and detailed how staff should support people should they need to evacuate the building.

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

- People were protected from the risk of abuse and told us they felt safe living in the home. One person said, "I love it here, I feel very safe, the home is secure and the staff are great."
- Staff were trained in safeguarding and knew how to report any concerns. Staff were knowledgeable about the whistleblowing process and could identify different types of abuse and detail how to report any concerns.
- The registered manager was aware of her responsibilities to make the local authority safeguarding team aware of any concerns and followed processes safely. They made appropriate referrals immediately after the inspection to show quick action to all concerns raised by the inspection team.

### Staffing and recruitment

- People told us there were enough staff to meet their needs. One said, "I think there is enough staff. They haven't got an easy job but they get it done." Another person said, "Yes there is enough. They're busy but there's always someone around."
- Safe recruitment processes were followed to ensure new staff were suitable to work with the people living in the home. This included reference checks, interview, copies of identification and a Disclosure and Barring Service (DBS) check. This ensured new members of staff were not known to police for any previous convictions or cautions

#### Using medicines safely

- Medicines were stored, administered and disposed of safely. People told us staff supported them with their medicines appropriately. One person said, "They are good at reminding me to take all of my medicines."
- People received their medicines as prescribed and were supported by staff that had been appropriately trained and had their competency assessed.
- An independent external audit had been completed. They found irregularities in the stock checks and had offered advice on how this could be addressed. As a result appropriate action had been taken to ensure medicines were managed safely.
- Some people were prescribed medicines, such as pain relief, on an 'as required' basis. Records were kept of when these were given to people. There were protocols in place to guide staff about when these should be offered, or how people may express their need for them.

#### Preventing and controlling infection

- People were kept safe from the risk of infection. The service was regularly cleaned and staff regularly used personal protective equipment (PPE) when delivering personal care and preparing food and drinks. One member of staff said, "It's so important to make sure no infection is spread and always wear our PPE."
- Infection control audits were completed and action taken if any concerns were raised as a result of the audit process.
- Policies and procedures on preventing and controlling the spread of infection were in place. Staff were familiar with the policies and procedures and underwent regular training in the prevention and controlling of infection.

#### Learning lessons when things go wrong

- The registered manager was keen to learn lessons as a result of shortfalls identified in the service.
- The registered manager was also responsive to any trends identified. The management team identified a trend in falls and this had resulted in a proactive approach to a new hydration initiative, which included training for staff and new hydration stations had been introduced
- All accidents and incidents were recorded and reviewed. Some incidents were used to improve people's care. For example, each fall experienced by a person was documented and plans put in place to prevent further falls.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Adapting service, design, decoration to meet people's needs

- The service had two 'wings' that were designed for people with dementia, these were called Davis and Alvernia. There was limited adaptation of the environment to keep people engaged or occupied. Signage was not always clear which could be confusing for people living with dementia and would not help them move freely around the service. People were seen walking around the service without appearing to know where to go.
- There were signs identifying bathrooms and toilets, however no signs to support people to identify how to get to areas of interest for them, for example there were no signs to support people to get to the lounges or garden patio areas.
- We were informed that there were iPads for the people living in the home to use. However, there was no interaction with these seen during the inspection.
- There had been recent refurbishment of the kitchen areas in each of the five living areas in the service. The registered manager said, "This means that people can use these areas at any time of the day, store their own food if they wish and it makes the place feel more like a home."

We recommend that the staff build on the items that are currently in the home and encourage people to engage with them. We also recommend for signage to be introduced to identify different areas of the home to assist and support people to move freely around the service.

Ensuring consent to care and treatment in line with law and guidance

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.

In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- For people that lacked capacity there had been appropriate applications for DoLS which had followed the requirements of the MCA.
- Staff knowledge of the MCA was mixed. Some knew about people's individual capacity to make day to day decisions whilst others didn't. We saw staff offer people choices for example as to where they wanted to sit, whether they wanted to join an activity or what they wanted to eat.

#### Staff support: induction, training, skills and experience

- Training had not always ensured staff had the skills and experience to support people effectively. For example, a fire drill the previous week highlighted staff had limited knowledge of what to do in the event of a fire. This was documented in a competency check at the time of the fire drill. The registered manager had identified this and booked a full day of training to be delivered face to face for staff the following week.
- Staff were not always receiving training to ensure they could be effective in delivering care. One member of staff told us their induction had taken a long time to complete and they did not feel supported to complete it more quickly. Different staff members had completed their induction in different time periods, some had been completed sooner than a year.
- One person told us, "Most of the staff have the right skills to support me. I find the permanent staff are very good and some of the agency staff are not so good. This is the minority though, most staff I find to be very good."

We recommend the provider reviews the effectiveness of the staff training in practice.

- Staff told us they felt supported and had regular supervision and appraisal meetings with the registered manager. This helped identify any training needs and was an opportunity to discuss any other support they may require. One staff said, "I have regular supervisions and I find you can speak to them about any issues including anything personal. I find this a useful time to have. I usually have them once a month."

#### Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before admission to identify if the service could meet their care needs. However, these assessments failed to identify people's complex needs and we found lacked detail in medical histories as well as people's ongoing medical conditions.
- People's assessments in their care plans were not always accurate or up to date. Assessments appeared to be generic guidance for staff to care for people. There were limited information about people's needs and choices.
- Care plans required more detail to ensure staff delivered person-centred care and people's choices were assessed correctly.

#### Supporting people to eat and drink enough to maintain a balanced diet

- People had enough food and drink available to maintain good health. People spoke positively about the food. One person said, "I like the food here, you get choice and I think it is a good standard."
- People had choice over their food and meals reflected people's dietary preferences. The chef told us that food was homemade wherever possible with fresh ingredients. Seasonal menus were in place and people's views about meals were sought through questionnaires.
- Food and drink was accessible to people and visitors. Staff were seen to regularly offer refreshments throughout the day and staff showed good knowledge of the importance of encouraging people to eat and drink enough. There had been a new hydration initiative introduced at the home. This had been successful and the number of falls had reduced since its introduction.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People had access to appropriate healthcare professionals. If people required GP appointments they were supported to do this in a timely way. District nurses regularly attended the service to provide nursing care.
- There were some examples of good practice within the home and staff working with other agencies to provide effective care. Examples of this were seen through mental health referrals and various appointments made with other health and social care professionals.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us that staff treated them with kindness. One person told us, "Sometimes I feel that staff can be a bit abrupt with me, their attitude can be more like what do you want." Others were positive and said, "The staff are great and kind when they help me." A second person said, "The staff are always respectful towards me."
- Some care plans detailed people's preferences, likes and dislikes and how people liked to receive their care and staff had received equality and diversity training.
- Some staff were seen to interact with people in a caring way. Although staff appeared busy on a lot of occasions, some interactions were seen where staff ensured people were comfortable and asked them if they needed any support with anything. Staff spoke to people in a respectful manner.

Respecting and promoting people's privacy, dignity and independence

- Staff had identified ways in which they could encourage independence. An example of this was seen where staff had sourced a typewriter for a person, which in turn encouraged them to write again.
- Some care plans included guidance for staff on areas of care people could independently attend to, and how to encourage this. However, this was not consistent across all the care plans reviewed. This meant staff were only aware of some people's independent abilities and, this meant staff were limited in some cases as to their knowledge of where they could encourage independence.
- Staff were seen to respect people's privacy by knocking on their doors, and only entering once they had heard a response from the person in their room.

Supporting people to express their views and be involved in making decisions about their care

- People that were able, told us that they were involved in making decisions about their day to day care. One person said, "I get up when I want to get up, if I don't want to eat when everyone else is eating, they accommodate me eating later, I eat when I want. They're good here, they let me decide."
- The home held resident's meetings and the registered manager also confirmed that valuable information was obtained through day to day chats with people. Following feedback changes had been made and the kitchens had been refurbished.
- People's friends and relatives were welcomed at the home and visits encouraged by the staff and management. The welcoming attitude towards friends and family encouraged more regular visits for people to maintain relationships that were important to them.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences, Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them, Meeting people's communication needs

- People's needs and preferences were not always being met. This was partly due to care plans not always being reviewed in a timely way, and partly due to the lack of meaningful activity for those living with dementia. Some care plans were not always reviewed following a significant change. One person was mourning a recent loss of a loved one, but their care plan still detailed they liked to visit them and talk about them. Following the inspection this care plan was reviewed and essential information changed to better describe the person's circumstance.
- On the day of inspection two activities co-ordinators were working in the home, and they were seen to engage people in a music session in the main lounge. However for people on the two dementia wings there were no meaningful activities or positive interactions between staff and people for long periods of time. Some people walked around the dementia units with nothing to occupy or stimulate them.
- On the day of the inspection a planned activity was cancelled. There were two activities co-ordinators employed however, the activity observed seemed disorganised. There was a plan for a nativity play. One person said, "I don't want to be involved, I wasn't interested when I was at school, why would I be interested now?" The staff member responded by asking them to get involved. They had not asked why they did not want to engage with the activity or respect their wishes.
- Despite people's positive feedback about staff, people were not always supported in line with their needs. Although we saw staff were kind when they provided care to people, engagement between them was limited and was mostly restricted to exchanges about a task being carried out. There were few meaningful conversations between staff and people as staff were focused on completing tasks and did not always have time to spend having meaningful conversations.

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- There were pictorial aids in relation to food menus and the registered manager told us about 'show plates' to people who had communication needs.
- The service did not provide any further format for accessible information for people with communication needs. For example there were limited options for people who had later stages of dementia and limited communication needs.

We recommend care plans are updated in a timely way.

Improving care quality in response to complaints or concerns

- People's concerns and complaints were dealt with in a timely manner. The provider had a complaints policy and procedure that was followed within the home. The registered manager explained how they analyse any concerns raised to ensure any possible action is taken to improve the service.
- People and relatives told us they knew how to complain. One relative said, "If I ever had any concerns I know I can go to any of the staff and it would get sorted so quickly."

End of life care and support

- At the time of the inspection there was nobody receiving end of life care. People had advanced care plans in their care files. However, these lacked detail about people's specific wishes at the end of their life.

Advanced care plans were generic and had similar details in.

- Following the inspection we were provided with information detailing a future piece of work that was going to be completed. We were sent the following assurances, "The RMBI is looking strategically at end of life care and each Home (if not already holding this award) will be supported to complete the Gold Standards Framework for end of life care in order to enhance the service we provide across all RMBI Homes. This is part of our strategic plan for development and is currently being scoped so will commence as soon 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 the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated 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

- There was a system of audits in place however they had not always been effective in identifying the issues found at the inspection. Audits covered all areas of the service and included health and safety, food hygiene, infection control and medicines. For example, risks to people's safety had not always been identified and mitigated. Effective quality assurance should have identified this. The most recent provider audit had been completed in March 2019.
- The provider regularly audited the quality and safety of the service but again the issues we found had not been identified.
- The provider information return stated that 'care plans are evaluated monthly and changes are made as when required.' We found occasions where this had not happened. It added 'We are able to provide documents in large print format, we can translate policies and documents into other languages and would seek support or refer to appropriate communication specialists as required. Care plans include a domain specifically for communication needs so this is always a part of the care planning process and is documented for all staff to be aware.' Again we found instances when this was not happening.

We recommend that the provider re-evaluates their auditing processes and improves them where necessary.

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

- Despite the management team not independently identifying all of the areas that required improvement we found during the inspection, they demonstrated a responsive approach and a commitment to address any shortfalls to ensure improvements were made in a timely manner.
- The registered manager was open and honest about where they needed to improve the service. They welcomed feedback from the inspection team.
- The registered manager promoted an open and transparent working environment. Staff told us they felt comfortable with the manager's approach, and said she was supportive to them in their role and as an employee.

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

characteristics

- People's views and those of family members were sought through surveys and comments gathered were used to make changes.
- Staff attended regular meetings where discussions took place around training and the provider's expectations regarding supporting people.
- There were regular staff supervisions and daily handovers to update staff with any new changes and to discuss any concerns or share any new ideas.
- People were encouraged to complete annual surveys to make the registered manager aware of any changes they thought needed to be made or voice any concerns they had with the home .
- The registered manager confirmed they analysed reviews of the service to establish whether any changes or suggestions could be identified and acted upon these to improve the service provided. The registered manager also shared positive comments and feedback with staff to ensure they were thanked for their efforts.

Continuous learning and improving care; Working in partnership with others

- The manager worked with health and social care professionals to help improve the quality of care at the service, for example local authority commissioners, the district nursing team and community mental health teams.
- Staff had access to general operating policies and procedures on areas of practise such as safeguarding and safe handling of medicines. These provided staff with up to date guidance.

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Risks to people were not always being identified and managed correctly.</p>