Bcs Medical (Shackleton) Ltd

Shackleton Medical Centre

Inspection report

Shackleton Road
Southall
Middlesex
UB1 2QH

Tel: 02030061840
Website: www.shackletonmedical.co.uk

Date of inspection visit:
06 December 2016
12 December 2016

Date of publication:
12 January 2017

Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 6 and 12 December 2016. The visit on 6 December was unannounced and we told the provider we would return to finish the inspection on 12 December. This was the first inspection after the Care Quality Commission registered the service in October 2016 to reflect the services provided.

Shackleton Medical Centre is a care home providing nursing care for up to 22 people with general nursing needs and end of life care. When we inspected, 20 people were using the service. The provider's nominated individual is also the 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 provider had systems in place to keep people safe and staff had received training to make sure they understood and followed these. There were enough staff to meet people's care needs and the provider carried out checks before new staff started work in the service. The provider assessed possible risks to people using the service and gave staff clear guidance on how to mitigate any risks they identified. People received their medicines safely.

Staff working in the service had the training and support they needed to care for and support people effectively. The provider understood their responsibilities under the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS) and had applied for DoLS authorisations where required. People's care records contained information around mental capacity and clearly outlined where a decision had been made in their best interests. We saw no examples of unlawful restrictions placed on people using the service.

People told us they enjoyed the food provided in the service. At lunchtime we saw staff gave people time to make decisions about what they wanted to eat and drink. Where people needed help with eating their meal, staff did this in a patient and caring way.

People using the service and their relatives told us staff were caring and treated them with respect. Staff spoke fondly about the people they were caring for. They were able to tell us about people's preferences, daily routines and personalities. They knew what made people happy and they wanted to give them good care.

The provider assessed and recorded the care needs of people using the service and involved them in planning the care and support they received.

The provider arranged some activities during the week and supported people to follow their interests and hobbies. People using the service told us they would feel confident making a complaint or raising a concern if they needed to.

The service had a registered manager who told us they were supported by a matron and a team of nurses and care staff.

The provider carried out checks and audits to monitor the service and make improvements.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

The provider had systems in place to keep people safe and staff had received training to make sure they understood and followed these.

There were enough staff to meet people's care needs and the provider carried out checks before new staff started work in the service.

People received their medicines safely.

The provider assessed possible risks to people using the service and gave staff clear guidance on how to mitigate any risks they identified.

Is the service effective?

Good

The service was effective.

Staff working in the service had the training and support they needed to care for and support people effectively.

The provider understood their responsibilities under the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS). People's care records contained information around mental capacity and clearly outlined where a decision had been made in their best interests. We saw no examples of unlawful restrictions placed on people using the service.

People told us they enjoyed the food provided in the service. At lunchtime we saw staff gave people time to make decisions about what they wanted to eat and drink. Where people needed help with eating their meal, staff did this in a patient and caring way.

The provider assessed, recorded and met people's health care needs.

Is the service caring?

Good

The service was caring.

People using the service and their relatives told us staff were caring and treated them with respect.

Staff spoke fondly about the people they were caring for. They were able to tell us about people's preferences, daily routines and personalities. They knew what made people happy and they wanted to give them good care.

Is the service responsive?

Good

The service was responsive.

The provider assessed and recorded the care needs of people using the service and involved them in planning the care and support they received.

The provider arranged some activities during the week and supported people to follow their interests and hobbies.

People using the service told us they would feel confident making a complaint or raising a concern if they needed to.

Is the service well-led?

Good

The service was well led.

The service had a registered manager who told us they were supported by a matron and a team of nurses and care staff.

The provider carried out checks and audits to monitor the service and make improvements.

Shackleton Medical Centre

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 6 and 12 December 2016. The visit on 6 December was unannounced and we told the provider we would return to finish the inspection on 12 December.

The inspection team comprised one inspector and a Specialist Professional Advisor (SPA). The SPA for this inspection had a background in nursing.

Before the inspection we reviewed the information we held about the service. This included notifications the provider sent us about significant events affecting people using the service.

During the inspection visits we spoke with five people using the service, four members of staff, the provider, the clinical lead for the service and the care co-ordinator. We also reviewed the care records for four people using the service, two staff records, medicines management records for six people and audits and checks the provider carried out.

Following the inspection we attempted to speak with the relatives of four people using the service but we only received comments from one family member.

Good

Is the service safe?

Our findings

People using the service told us they felt safe. Their comments included, "Yes, I feel perfectly safe here," "Everybody is safe here, we are very well looked after," "It's a safe place, I don't worry about safety" and "Nobody has ever hurt me, the staff would ever do anything like that." One person's relative told us, "I'm sure [person's name] is safe, they have made a lot of progress since moving to Shackleton."

The provider had systems in place to keep people safe. They had reviewed their safeguarding policy and procedures and staff had access to training and the local authority's procedures. The training records confirmed all staff had completed safeguarding training. When we asked nurses and care staff working in the service what they would do if they felt someone was being abused, their comments included, "That would not be tolerated, I would tell the manager straight away and if they did not do something I would report to social services" and "We are taught we must report any suspicions immediately to the manager and they will arrange for an investigation."

The provider carried out checks on staff before they started work to make sure they were suitable to work with people using the service. The staff files we checked included application forms, references from previous employers, proof of identity and the right to work in the United Kingdom, Disclosure and Barring Service (DBS) criminal record checks and, where appropriate, confirmation of their professional registration. The staff we spoke with confirmed these checks were completed before they started work.

There were enough staff to meet people's needs. Staff rotas showed there was a minimum of four staff on duty from 08:00 – 20:00 each day. At night there was one nurse and two care staff available to care for people. We saw that staff responded promptly to requests for support and people did not have to wait to receive the care they needed. One person told us, "There are enough staff but they are busy and you may have to wait a couple of minutes but that isn't a problem." Staff also told us there were enough staff on duty to meet people's needs. Their comments included, "We work well as a team and patients shouldn't wait for help when they need it" and "It is busy sometimes but all the staff know what they are doing and we work well together." Another member of staff said, "It's hard work if you don't plan. We plan each shift so we know what we're doing. We work well as a team."

People received the medicines they needed safely. The provider stored medicines securely in a lockable trolley and this was secured to the wall when not in use. When they administered people's medicines, nurses wore a 'Do Not Disturb' tabard to ensure they were able to focus on the task without distractions. Nurses completed a Medicines Administration Record sheet (MAR) each time they gave people their medicines. The MARs we saw were accurate and there were no errors or omissions. Controlled medicines were safely stored and two staff signed the record when they administered these.

The provider assessed risks to people using the service and took action to mitigate any risks they identified. People's care records included assessments of possible risks associated with moving and handling, falls and the use of bed rails. Where the provider identified a possible risk, they gave staff clear guidance on actions they should take to mitigate this. For example, the provider referred people to appropriate healthcare

professionals when they identified possible risks of weight loss or pressure area care.

However we did note that staff had completed an accident report in June 2016 after a person was injured when they pulled the wardrobe in their room down on top of them. On the first day of this inspection we did check the wardrobes in three other rooms and found these were not secured to the wall and could be moved. We discussed this with the provider and they acknowledged this presented a potentially serious risk to people using the service. On the second day of the inspection the provider confirmed the wardrobe in each room had been secured to the wall.

The provider had completed a fire safety risk assessment for the service and they had reviewed this in May 2016. There were regular recorded checks on the fire safety system and equipment. The staff had completed training in fire safety and took part in drills which the provider recorded. People's care records included a Personal Emergency Evacuation Plan (PEEP) that gave staff clear guidance on the support they needed in the event of an emergency. The provider also had an emergency plan that they reviewed in August 2016 that gave staff information on actions to take in an emergency.

There was evidence of regular checks on the environment, equipment, electrical safety and water temperatures. There was information to show that action had been taken to address any faults and repairs. There was also a record of regular cleaning and monitoring of infection control measures that had taken place. Where people used oxygen cylinders, appropriate warning notices were in place and the registered manager confirmed they informed the fire service.

The provider ensured the environment was clean and safely maintained. Staff made sure corridors, communal areas and bedrooms were free from obstructions so that people could move safely around the service. Nurses and care staff wore appropriate protective equipment, such as gloves and aprons when they supported people and they disposed of these immediately after use. Domestic staff attended to spillages and unexpected cleaning duties as well as following a set cleaning schedule that the provider recorded.

Good

Is the service effective?

Our findings

People using the service and their relatives told us staff were well-trained to meet people's care needs. One person told us, "The staff are wonderful, they know what they are doing and always do it properly." A second person said, "I think the staff must be well trained, they do their jobs very well." Comments from one person's relative included, "The staff appear to be well trained, they all know what they are doing" and "I understand from [person's name] that the food is generally very good, they have no complaints."

A member of the service's nursing staff was clear about the requirements of their clinical role and made very positive comments about the service. They told us, "The work is interesting, though challenging in an enjoyable atmosphere. All the users have great personalities". People who use the service always come first, I am happy here."

The provider ensured staff received the training and support they needed to work with people using the service. The service's training records showed all nurses and care staff were up to date with training the provider considered mandatory. This included refresher training for health and safety, fire safety, moving and handling, basic life support and infection control. Staff told us they found the training useful. Their comments included, "The training is good and [the provider] tells us when we are due to refresh each course" and "The training helps me to do my job well, it is important and if something is not available I will ask and [the provider] will arrange it." Records also showed that the provider provided staff with regular supervision and an annual appraisal. This gave staff the opportunity to discuss their work and personal development with a senior member of staff and they told us they found this helpful.

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. 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 MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether staff were working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met, and found that they were. The provider understood their responsibilities under the MCA and DoLS and ensured they applied to the local authority or the Court of Protection if necessary. Where people could not leave the home without support, we found that the provider had applied for DoLS authorisations, their care records contained information around mental capacity and clearly outlined where a decision had been made in their best interests.

Most staff had some understanding of the principles of the MCA and the provider's procedures. One member of staff told us, "We must assume a person has mental capacity and not make decisions for people." Another told us, "People should make their own decisions, wherever possible and we must respect that."

People told us they enjoyed the food and drinks provided in the service. Their comments included, "There is a choice and they will prepare anything I ask for," "The food is good, very tasty," "I enjoy the meals, if I don't like the meal, they make me a sandwich" and "I do enjoy the food, especially the cooked breakfast on Sundays." Staff told us, "We refer to the nutritionist and the SALT (Speech and Language Therapist) if necessary. We have a care plan for eating and drinking and a nutritional risk assessment. We give a balanced diet and offer lots of fruit and water. We record anything of concern on food and fluid charts." Where people's care records included a nutrition risk assessment we saw staff reviewed this monthly to make sure they had up to date information about the person's care needs. One person's nutrition care plan also included a record of their weight each month.

At lunchtime we saw staff gave people time to make decisions about what they wanted to eat and drink. Where people needed help with eating their meal, staff did this in a patient and caring way, ensuring they had conversations with people while they supported them. The atmosphere in the dining room was relaxed, people enjoyed the food they chose and spent time talking with staff and other people while they waited for and ate their meal.

The provider arranged for and supported people to access the healthcare services they needed. People's care records included their health care needs and details of how staff met these in the service. We saw staff supported people to attend appointments with their GP, dentist, chiropodist and hospital appointments. People's comments included, "They are very good. I can see the GP when he comes," "The staff are very good, I see the GP and the optician" and "I am well looked after when I'm not well. The staff would do anything to help."

Staff had the information they needed to meet people's health care needs. Health action plans were in place for people's medical reviews, dietary requirements, speech therapy, district nursing support and end of life care support.

Good

Is the service caring?

Our findings

People using the service and their relatives told us staff were caring and treated them with respect. People's comments included, "I think the staff are very caring. I couldn't ask for better people to look after me," "The staff do seem to care, they look after me very well," "The staff are all very respectful, they always ask how I am and if there is anything they can do for me" and "I wouldn't stay here is I wasn't happy. The staff are lovely and help me to stay independent." Another person added, "I'm quite happy here, I'm well looked after, the staff are very good."

One person's relative told us, "I think the staff are very caring, [person's name] speaks very highly of them."

Staff spoke fondly about the people they were caring for. They were able to tell us about people's preferences, daily routines and personalities. They knew what made people happy and they wanted to give them good care. They told us they would be happy if their relatives lived in the home and one member of staff said, ''I treat them like they are my family.'' Another member of staff commented, ''Caring for people is the most important job and I am proud of the work I do.'' A third member of staff told us, ''We know people here very well and do our best to look after them.''

We saw the staff caring for people were polite and kind. They smiled when they approached people. They made eye contact and held people's hands. People were happy to see them and smiled back at them. They spoke kindly and calmly. They knocked on doors and used people's preferred names.

When one person was confused and becoming agitated, staff spent time with them, providing reassurance. The staff knew people well and spoke about them with genuine affection. They also spoke positively about the relatives and knew how important they were. We also saw staff supported one person to walk with a frame. They did this in a patient and supportive way, praising the person for the progress they had made and reassuring them when they became anxious.

Good

Is the service responsive?

Our findings

The provider assessed and recorded the care needs of people using the service and involved them in planning the care and support they received. Care plans described the ways in which people preferred to be cared for and supported. However, the staff wrote care plans in the third person and records were not written in a person centred way. Care records also focussed on people's health care needs and there was little information about their social care or their life history before they came to the nursing home.

We recommend that the provider should review their care planning systems to ensure they include people's social care needs, as well as their health care needs.

Information about some things that were important to the person were recorded. Staff we spoke with knew about people's preferences, they also knew about people's cultural and religious needs and respected these. For example, one person's plan included waking at 5.00 am on the days they went to work and the night staff supported them with their personal care and dressing. On the days they were not working, the person preferred to sleep later and the day staff supported them with their personal care. The person told us this worked well and staff understood that this was how they chose to be supported.

People's care plans covered communication, healthcare, personal care, dying and religion, working and socialising and nutrition. Staff reviewed each care plan area monthly so that they had up to date information and guidance about how to meet people's care needs. We saw that staff recorded the care they gave each person every day and this was in line with their care plan. We noted from one person's care records that when they were admitted to the service, they were bed-bound but they now spent time in a chair and visited their family once each week.

A relative told us they had been involved and consulted about the care plan. They said "I am kept me informed and the staff consult me about the care plan."

The provider arranged some activities during the week and supported people to follow their interests and hobbies. Records showed that staff supported some people to follow their hobbies and interests. One person told us, "I only agreed to come here if they supported me to stay in employment and they have always done this." This person taught a musical instrument and as well as working outside the home, they told us they had given lessons to other people using the service and staff.

People were encouraged and supported to maintain relationships. One person said "The door is open and I can come and go as I like. I have visitors, I join in with activities and have friends here." A relative said "My [family member] does mix with people there. Friends come and see them in their room. I can visit anytime."

The provider reviewed their complaints policy in November 2016. People said they would feel confident making a complaint or raising a concern if they needed to. One person said "If I am unhappy about anything I can talk to any of the staff or the manager". We saw the provider recorded complaints they received and the actions they took in response. However, it was not always clear what the outcome of the complaint was.

For example, one complaint may have involved safeguarding concerns. We asked the provider if they had reported this to the local authority and they explained the person involved had the capacity to make their own decisions and was very clear they did not want this to happen. This was not clear from the record of complaints and the provider should ensure an outcome is always recorded, in line with their own procedures.

Good

Is the service well-led?

Our findings

People using the service, their relatives and visitors told us they thought the service was well-led. Their comments included, "[The provider] and senior staff are very good, very visible, friendly and easy to talk to" and "The matron is very good, she knows everybody and what's going on."

Staff working in the service told us, "[The matron] is very good, she leads by example and doesn't expect you to do anything she wouldn't do herself," "[The provider] and senior staff are all good, you can go to them for advice and they help whenever they can" and "We can go to [the matron] for anything, she always helps and doesn't just sit in the office."

The service was reregistered as a care home by the Care Quality Commission (CQC) in October 2016. Prior to this it had been incorrectly registered as an independent hospital. The provider's nominated individual is registered with CQC as the manager of the service. The provider told us they were supported by a matron and a team of nurses and care staff.

Throughout the inspection, the atmosphere in the service was open, welcoming and inclusive. Managers, nurses and care staff spoke to people in a kind and friendly way and we saw many positive interactions between staff and people who used the service.

The provider arranged general staff meetings and encouraged staff to give their views and contribute to the development of the service. The meetings had opportunities for all staff to contribute and the staff confirmed this, saying they could always give ideas and suggestions for improvements. Meetings also included discussion of care practices and lessons learnt from incidents. For example, a person left the building without staff knowing and they reflected on this and put together a risk management plan for the future.

The provider had systems to monitor quality in the service and to make improvements. They recorded accidents and incidents involving people using the service and the matron saw and signed these off. Where they needed to take action, the provider addressed the issues and recorded these. For example, they reviewed people's care plans and risk assessments, referred people to specialist healthcare services, reviewed care practices with staff and discussed issues and solutions with people's relatives.

We also saw the provider, registered manager and staff carried out a number of audits and checks to monitor the day to day running of the service. These included care plan and medicines records audits, infection control audits, kitchen safety audits, an audit of people's experiences at mealtimes and food safety audits. We also saw records of monthly reviews of manual handling equipment, staff training and people's risk assessments. Where the audits identified areas that the provider needed to address, they took action. For example, audits had identified the need to improve catering facilities on one floor and the provider was carrying out refurbishment works during our inspection.