

# Healthcare Homes Group Limited

# Shipdham Manor

## Inspection report

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## 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

### About the service

Shipdham Manor is a residential care home providing personal care and accommodation in an adapted building over two floors. At the time of the inspection there were 41 people living within the home, many of whom were living with dementia.

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

People using the service and their relatives was unanimously complimentary about the care and life within Shipdham Manor. All the people we spoke with felt safe and recommended the service.

Staff were aware of how to safeguard people from potential abuse. Systems were in place to ensure risks were suitably assessed and mitigated for. The provider had robust recruitment procedures and had ample staff to ensure people felt safe and well cared for. The provider was thorough when reviewing incidents to ensure appropriate lessons were learnt.

People's health and well-being were well supported and monitored. People received their medicines when they should and were enabled to access healthcare whenever required. People's nutritional intake was well supported. Staff were well trained and understood the individual care needs and preferences of people living in the service. The home comprised of an old manor house with a purpose-built extension. It was well adapted and dementia friendly, with a variety of accessible communal spaces and garden. There were some aspects of the home that required updating but the home already had an action plan to address these issues.

All the people we spoke with were very complimentary about the kindness of staff. We observed warm and compassionate care which demonstrated strong relationships and understanding of people's needs and preferences. People's privacy and independence were promoted. Staff had time to spend with people and were not rushed when providing support. People were regularly asked for feedback on the care and support they received. 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.

People had individualised care plans which supported greater understanding of the person's life and preferences. There was a wide range of activities which promoted health and well-being. These included regular sessions in exercise, arts and crafts, music, pet therapies and outings. The provider was pro-active in seeking and responding to any concerns or complaints people may have had about the service. The provider was accredited with a nationally recognised scheme which promoted quality end of life care. People had been consulted regarding their end of life care wishes when appropriate.

The feedback from both staff and people using the service regarding the registered manager was unanimously positive. The registered manager was seen to be accessible, compassionate and knowledgeable. There were good quality assurance systems in place and people were regularly consulted

on the quality of care provided. Staff were provided with appropriate support and career progression encouraged. The team spirit was strong and staff retention was consequently high. The provider was proactive in encouraging best practice and considering service development.

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 31 October 2016)

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor information we receive about the service until we 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 safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

# Shipdham Manor

## 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

This inspection was completed by an inspector, an assistant inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Shipdham manor 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.

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 12 people who used the service and four relatives about their experience of the care provided. We spoke with five members of care staff, two domestic staff, the registered manager and the provider's regional director.

We reviewed a range of records. This included three people's care records in depth alongside samples from four additional 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 quality assurance audits, training records, policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

# 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 remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People who used the service all reported they felt safe. It was clear from people's interactions with staff that they trusted them to keep them safe and meet their needs. One person described, "I press [the call bell] and they come [the person demonstrated by pressing the bell and staff came within two minutes], sometimes quicker than that. If you press the emergency [bell], they are here in seconds." Another person described staff's response to an incident involving another resident, "They put a [pressure sensor alarm] mat outside [the other resident's] room as [the other resident] came into my room...they resolved it immediately, it was a one off."
- Policies were in place in relation to safeguarding and whistleblowing and staff had all received safeguarding training. The staff we spoke with had good understanding of how to spot potential signs of abuse and how to report harm to help protect people from the risk of abuse.
- Safeguarding records showed appropriate actions had been taken when concerns came to light and demonstrated that lessons had been learnt where appropriate.

Assessing risk, safety monitoring and management

- Relevant risk assessments and guidance were in place which took a proportionate approach to risk taking. Appropriate measures were in place to reduce individual risk. For example, falls risk assessments were completed, assistive technology and equipment used, and people referred to the falls clinic when appropriate.
- All risk assessments were checked monthly using a 'Resident of the day' system and a full review of care plans and risk assessments were completed every six months or sooner if required.

Staffing and recruitment

- The provider continued to operate a robust and thorough recruitment process to ensure that staff were of appropriate good character to ensure that only staff suitable to work in care were employed.
- There were sufficient staff to ensure people's needs were met quickly throughout the day. We also saw that staff had time to talk and be alongside people during activities. People told us that it was rare to wait more than a few minutes for assistance and that staff and the registered manager often sat down to chat with them.
- The provider advised that currently the care team was deliberately overstaffed. This was to ensure sufficient staff whilst two members of staff were undertaking 'associate nurse' training which would require intermittent training placements away from the home. The provider explained this was part of their commitment to staff career progression and also benefitting the team through increased knowledge and expertise.
- Staff retention was high, and no agency staff were used. Staff were complementary about staffing levels

and the team spirit.

#### Using medicines safely

- Medicines management systems were well organised, and people were receiving their medicines when they should.
- Staff were trained in the administration of medicines and could describe how to do this safely. Their competency to do so was checked regularly by the provider.
- The provider audited the medicines administration recording and medicine stocks regularly to monitor and respond to any errors found.
- The provider had a policy for the administration of 'as required' (PRN) medicines, and there were separate protocols for each PRN medicine prescribed. PRN protocols are needed to ensure staff have clear guidance on when to support people with medicines that were prescribed to be administered as required.

#### Preventing and controlling infection

- Cleanliness was observed throughout the home with no significant malodours.
- Staff were observed to use appropriate personal protective equipment when completing tasks.
- Systems were in place to help ensure the service was clean and the risk of cross infection was reduced. Staff were trained in infection control so knew what and how to reduce hazards. Regular audits were completed of hand washing and food hygiene.

#### Learning lessons when things go wrong

- Policies helped to determine actions to take if an accident, incident or near miss occurred. Staff understood the importance of record keeping and knew what should be reported.
- The registered manager thoroughly investigated incidents and analysed incidents. We saw that this successfully identified areas for improvement. For example, a pattern was found relating to one person's falls. This led to an agreement for staff to proactively support this person at a set time daily with no further falls experienced.



# 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 remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People received care and treatment in accordance with their assessed needs. People told us that their assessments and care plans were devised with their input and that they reflected their desired outcomes and preferences.
- The service took into account assessments completed by other health and social care professionals when carrying out their own assessments.
- Care and support was provided in a lawful way, taking into account the principles of human rights, equality and diversity.

Staff support: induction, training, skills and experience

- New staff had a comprehensive induction which included training based upon the care certificate, a nationally recognised induction for staff working in social care.
- New staff told us they valued the mentorship provided by experienced staff. New staff did not work unsupervised until they felt confident and had demonstrated they had the necessary understanding of people's needs and their job role.
- Staff received the necessary support and training for their role. Staff told us training was thorough and relevant to the needs of people they were supporting. Training records showed almost 100 per cent compliance and staff spoken with confirmed their training was up to date.
- We noted for one person living with dementia, who presented behaviours that may challenge, a minor form of restraint was used appropriately when required, to ensure the person's well-being. Staff had previously had training, however, no regular training on the use of restraint was scheduled and senior staff were expected to cascade how to use the restraint technique to new staff. Within 24 hours of the inspection visit, the registered manager told us the care plan was improved to include photographs of the techniques required and a training session on restraint was booked for the following month.

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

- People told us the food and drinks provided were of good quality and plentiful. We observed drinks and snacks were available and being offered frequently throughout the day. At mealtimes, people were offered choice and discreetly assisted as required to ensure adequate intake. One person living with dementia had declined to eat at lunchtime. Staff were patient and tried again at regular intervals throughout the afternoon to promote intake.
- Food and fluid charts with desired outcomes were in place when regular assessments indicated increased risk of malnutrition or dehydration.
- We spoke with the chef who showed clear awareness of good nutrition, people's individual dietary needs

and preferences. The stores showed ample supplies, including fresh foods and home baking.

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

- Appropriate support was sought from allied health professionals such as community nurses, occupational therapists, community mental health and dementia support services. Staff were aware of professional recommendations and these had been incorporated where appropriate into people's care plans.
- The provider ensured regular health reviews were provided such as with the GP, chiropodist and optician. Appropriate care plans such as oral hygiene plans were in place for each person.
- The provider used a 'resident of the day' system. This ensured, once a month, each person would have a thorough review of their needs and well-being, with any concerns escalated as appropriate. This included a check for weight changes.
- The provider promoted regular physical activity. This included a communal exercise opportunity once a week and individual support such as escorted walks to the local amenities and within the enclosed garden.

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

- Shipdham Manor was predominantly an old building which has been adapted as much as possible, alongside a purpose-built extension. The building had a significant number of steps within the top floor which meant some rooms were only suitable for people able to manage a few steps. Safety was maintained using stairgates and a lift. Some bedrooms in the extension had direct access to the enclosed garden.
- The flooring in a number of areas within the home was worn or uneven which could present a tripping hazard. The registered manager was aware of most of these, had already budgeted and was awaiting quotes for replacements. The registered manager advised the remaining areas would be added to this work. Other risks we brought to the attention of the registered manager were addressed during our inspection, including a trip hazard near to the front door and low ceiling height which were not marked as a hazard. Rooms were suitably personalised, but some people's rooms décor was tired, particularly where people had been resident a long time.
- Different areas of the home had been decorated to provide interest and stimulation, particularly for people living with dementia. This included an internal garden room with a bench and landscape decoration; a working small shop decorated in a 1950's style, a tearoom again set in 1950's style. There were boxes of objects and props of interest in the communal areas for people living with dementia to consider, enjoy and reminisce about. There was an accessible, secure and well-maintained garden.
- The building made good use of dementia friendly signage and individualised bedroom door signs to promote orientation and independence for those living with dementia.
- Moving and handling equipment and furniture was clean and well maintained.

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. 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. In care homes, 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.

- People whose mental capacity was impaired, had been suitably assessed in relation to specific decisions

required within the setting. These included evidence of consulting appropriate professionals, any deputies appointed and others that knew the person well to enable the staff to act in the best interests of the person when required.

- People were only deprived of their liberty when it was in their best interest and was done so lawfully. Where appropriate we saw that DOLS applications had been made to ensure safe and appropriate care for someone requiring continuous supervision.
- Peoples' consent was recorded in their care plans and staff gave people choices, communicated in a way which was appropriate to their needs.
- Staff received training and had policies to follow to help them understand the principles of the MCA. Staff also had additional training in dementia care. Staff we spoke to demonstrated a good understanding of this.

# 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

- All the people we spoke with were very complimentary about the kindness of staff. One relative told us, "It is brilliant, the staff are very caring, sympathetic, loving. The carers sit and chat to residents." One person said, "I was sitting one day and thinking about my house and was it the same. Staff came in and said 'What's up [name], you look worried'... two hours later [the staff member] had gotten the answer that it was the same as I left it. That was kind, they sit there on the bed and talk, they are as friendly as you want them to be." Another person told us staff pampered them, "I have my hair and feet done, they put my feet in a bowl of hot water and wash my legs and feet at the [hair]dressers."
- We observed staff knew people well, engaged in meaningful conversations with humour and kindness.
- Staff demonstrated their understanding of people's preferences. One staff member gave a person living with dementia a squeezey bright ball from the box of objects available in one of the lounges. They told us, "[The person] often likes to play with stuff, they like tactile things."

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

- The provider operated a 'resident of the day' system. This involved the head of each area of service (kitchen, domestic, activities, care and management), seeking feedback from the person or their relative each month. One relative told us, "[Family member] has a care plan, they sit with me for 15 minutes and ask me if I have any problems, seems it is like once a month."
- Detailed reviews of each person's care were completed with the person and their family as appropriate every six months or sooner if required.
- We observed staff sought consent prior to giving care and offered people choice such as where to sit, what to eat or whether to join in the activities.

Respecting and promoting people's privacy, dignity and independence

- People told us privacy and dignity was maintained during care-giving. One person said, "They are very good in everything. I shower mostly, most days, not at all rushed, they close the door, use towels [to cover me]. All of them are very good to me."
- We observed staff discretely supported married residents to maintain their relationship. One person told us, "Care is very good, I get myself up, they wash my back, I do the other bits, I choose my clothes and my [spouse's, also resident] too, I can get my socks and shoes on, if I want anything they will do it."
- An exercise session was held weekly and people were encouraged to exercise individually when appropriate. One person said, "I love to walk, I enjoy it."

# 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 remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- We found the provider had recorded each person's personal history, their interests, preferences and dislikes. This lay the foundation for personalised care plans and risk assessments. One risk assessment in place supported positive risk taking where a person chose to not to adhere to medical advice. This acknowledged the individual's right to choose whilst putting in place agreed measures to minimise the risks associated with this choice.
- We were told by people using the service that their preferences, such as frequency and style of washing, or time to get up and go to bed, were always accommodated.
- The provider ensured people's views were sought regularly both individually as 'resident of the day', through regular resident's meetings and through annual surveys.

Meeting people's communication needs

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.

- The provider ensured that information was provided in appropriate formats, including large print and pictorial signs to aid people with visual impairments and people living with dementia.

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

- People were encouraged to participate in regular activities available most days. These included sessions of music, arts and crafts, and pet therapy. During the inspection two planned activities took place. We observed people greatly enjoyed petting eight visiting guinea pigs. One person said, "It's quite comforting, got nice and clean fur," whilst another commented, "It's relaxed so much with my brushing, it's gone to sleep. [It's] been a joy." Later a 'pat dog', who was clearly familiar to many people, visited and gave similar pleasure to several people.
- One person described the provider had facilitated their pleasure in gardening, enabling them to plant and maintain an area outside their bedroom's french-doors.
- We heard from people that regular group outings were arranged. These included trips out on the broads, seaside, local fetes and shops. People were also supported individually to go out, such as to the local shops or post box.
- We observed visitors were made welcome, were offered private space to meet or encouraged to join in with activities. The provider offered support with family events such as birthdays and anniversaries,

including offering the use of the tearoom with refreshments.

Improving care quality in response to complaints or concerns

- There had been no formal complaints to the provider. One instance where a relative had raised concerns at a review had been quickly and appropriately dealt with by the registered manager.
- The registered manager made particular effort to respond to minor issues raised. They maintained a 'grumbles log' noting actions taken to address issues. This was then followed up a month later with the person and their relatives to see if they were happy with the outcome. The registered manager believed being pro-active was effective at maintaining people's well-being and avoided issues escalating to become more serious.
- No-one we spoke with reported they had made complaints. Both staff and people using the service reported to us that the registered manager was both receptive and responsive to concerns and ideas.

End of life care and support

- The provider was accredited to the nationally recognised 'Six steps – end of life' training programme. Staff had thereby been provided with additional training to promote quality end of life care.
- No-one was receiving end of life care at the time of this inspection.
- The provider had encouraged people to complete 'advanced care plans.' Advanced care plans provide both the dying, their families and the staff reassurance that the person's wishes would be respected. For example, one plan detailed the person's preference of music and for religious support.
- Where appropriate, copies of medical orders, 'Do not to attempt resuscitation' were in place.

# 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 remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- All the people using the service and staff we spoke with, were very complimentary about the registered manager's style of management. Everyone felt the registered manager was approachable, visible, compassionate and knew the people using the service. One person told us, "If I want to talk, the [registered] manager is very busy, but will make time, she listens, we have a good relationship, [the registered manager] does a brilliant job." A staff member commented when they raised an issue with the registered manager, "Within a week [the registered manager] called a staff meeting and mentioned a better way of doing it. It made me feel good to know that the manager listened, and things changed for the better."
- Staff commented that there was a strong sense of teamwork and all reported being happy in their work. One told us, "I like the atmosphere here. It's like one big family."

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

- We found the registered manager was open, honest and showed a willingness to learn throughout the inspection. We found this approach was echoed in our findings and the management systems seen in place monitoring the quality of the service.
- The registered manager commitment to addressing and monitoring even minor concerns was evident in our discussions with both people using the service and staff.

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

- The registered manager had comprehensive quality assurance, auditing and governance schemes in place. These included essential safety audits such as checks for water quality and fire safety. Monthly audits of medicines administration and daily care records alongside regular checks of service user and staff records were completed.
- Staff were cross-trained in different areas to ensure continuity of service. The registered manager had worked within the provider for many years in a variety of roles and was reported to be willing to step in when required to assist or guide staff.
- The registered manager showed good awareness of regulatory requirements and had submitted notifications of all significant events appropriately to CQC and the local authority as required. These enable us to monitor the quality of a service and promote good practice.
- Staff received regular supervision and appraisal. Staff were complimentary of the provider's commitment

to career progression with many working towards achieving nationally recognised qualifications.

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

- The provider commissioned independent quality assurance surveys annually for staff and people using the service. They also held regular staff and residents' meetings which were well attended. The registered manager had developed a 'You said... We did' notice board to feedback progress and developments.
- The registered manager told us when their gas supply had been temporarily cut off, they had provided a fish and chip dinner from the local shop. Feedback from people regarding this was so positive that this was now a regular event. This showed the provider was both adaptable in a crisis and open to new ideas.
- The provider had ensured that the facilities and care was appropriate to individual characteristics. They paid particular attention to ensuring the environment was dementia friendly due to the high number of people living with dementia within the service, thereby promoting engagement and activity.

Continuous learning and improving care

- The registered manager had been promoted a year earlier to the post and was positive about the support and mentoring she had received from the provider. The registered manager had been supported to achieve a level five diploma in health and social care leadership. The provider had also recently recruited a deputy manager with the same qualification.
- The provider maintained an 'incidents and accidents log' which the registered manager reviewed regularly to look for patterns and themes. Outcomes from this analysis then went into the home's development plan.
- When themes of concerns had been identified the management had acted to investigate and consider changes in practice. For example, following an increase in pressure ulcers, the registered manager completed detailed root cause analysis for each ulcer, then discussed these and the home's practice with their community nurse. The registered manager implemented additional training and nominated a tissue viability champion within the staff team to promote best practice. This successfully reduced the number of pressure ulcers.
- The provider had a service development which showed a willingness to promote best practice. This included plans to digitalise records and a system which had enabled call bell waiting times to be audited.

Working in partnership with others:

- The registered manager attended regular regional manager meetings within the provider group and externally to support learning and best practice.
- The provider received updates from local commissioners and health bodies.
- The provider had been close working relationships with their GP and community health professionals. This had for example facilitated regular medicines reviews and analysis of recurrent issues to support optimising the care and well-being of people using the service.