

Shannon Court Care Home Limited

Shannon Court Care Centre

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

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

Summary of findings

Overall summary

About the service

Shannon Court Care Centre is a care home which provides long and short-term care for up to 78 people in single rooms, most of which are en-suite. The care is provided over three floors. Shannon Court specialises in dementia care. On the day of the inspection there were 64 people using the service.

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

There had previously been issues with medicines management and governance systems not picking up issues around records. At this inspection there had been improvements in the management of medicines, but there were still some issues with record keeping.

The service had systems in place to ensure people were kept safe. The service assessed and managed risks competently. Staff were recruited safely, and documentation and observations evidenced sufficient staffing levels to meet people's needs. Appropriate measures were in place to ensure the effective prevention and control of infection.

People's needs were fully assessed prior to being admitted to the home. There was information within the care files, about people's health and support needs. However, some care plan information was not complete and up to date. The service worked well with other agencies and professionals. People were supported with all their nutritional and hydration needs. Staff training was thorough and on-going.

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 were well looked after and treated without discrimination. People and their relatives were encouraged to be involved with their care and support. People's dignity and privacy was respected, and independence promoted.

Care was planned in a person-centred way and people's choices and preferences adhered to. People's communication needs were met appropriately. People were supported to maintain relationships and to follow their interests. There was a programme of activities, outings and entertainment. Complaints were dealt with appropriately.

The registered manager had a clear improvement plan for the home and was working through this to achieve better standards of care. We observed staff working together as a team. Learning and improvement was taken from a number of audits relating to all aspects of the running of the home. Issues identified had been addressed with actions.

We identified a breach of the Health and Social Care Act (Regulated Activities) Regulations 2014 relating to

good governance.

We also made a recommendation about to medicines management. Details of action we have asked the provider to take can be found at the end of this report.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 28 November 2018)]. There was also an inspection on 28 May 2019 however, the report following that inspection was withdrawn as there was an issue with some of the information that we gathered.

There had previously been multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider now only had a breach of one regulation relating to governance.

Why we inspected

This is a planned re-inspection because of the issue highlighted above.

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 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 not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Shannon Court Care Centre

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by three inspectors, a specialist advisor with a specialism in medicines, a specialist advisor who was a nurse 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

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

The first day of the inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with six people who used the service and eight relatives about their experience of the care provided. We spoke with the provider, the registered manager, the deputy manager, the clinical lead, the receptionist and five members of care staff.

We reviewed a range of records. This included six people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. We observed the lunchtime meal on two units. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with two professionals who regularly visit the service.

Is the service safe?

Our findings

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

At the inspection on 2 October 2018 (published on 28 November 2018) this key question was rated as requires improvement. At this inspection this key question was rated as 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.

Using medicines safely

At our last inspection the provider had failed to ensure that medicines were properly and safely managed. This was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection there had been some improvement regarding storage of medicines, which was now appropriate. Fridge temperatures were regularly taken and were within manufacturers' recommended levels. There was no overstocking of medicines. However, there were still some minor issues with medicines.

- One person's medicine had not been delivered in a timely way. The clinical manager followed this up to ensure the medicine was received promptly.
- Dates of opening of medicines were not always recorded to ensure they were used before the expiry date. This was addressed immediately following the inspection.

We recommend the provider ensures medicines are managed in line with best practice guidance.

At our last inspection we identified issues with medication record keeping, which constituted a breach of Regulation 17(2)(c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, although some records had improved, there were still issues with medicines records being incomplete or inaccurate.

- Staff were not always completing records accurately. Some signatures were missing and codes were not always used to explain why a medicine had not been administered. Changes to medicines were not always witnessed and dated.
- Stock levels did not always tally with the amount administered and the balance recorded.
- Some records did not have a photo on the front sheet to aid identification and two did not have any information about allergies. Staff were not always ensuring two signatures were on patch record sheets and correct templates were not always being used.

This was a continued breach of Regulation 17(2)(c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse

- The service had systems in place to ensure people were kept safe. People felt safe at the service. One person said, "I've been here a long time. I do feel safe and I haven't come across anything that isn't good."
- Staff completed regular safeguarding training and their knowledge of safeguarding and whistle blowing was good. One staff member said, "We report things to the managers and sometimes we need to write a report about it."

Assessing risk, safety monitoring and management

- The service assessed and managed risks competently. They had a business continuity plan, to ensure people would be kept safe in the event of an emergency.
- All health and safety certificates and maintenance checks were in place and up to date.
- Appropriate individual risk assessments were included in people's care records and included detailed information. Some reviews had not been completed for the last month. This was discussed with the registered manager who agreed to address this immediately.

Staffing and recruitment

- Staff were recruited safely, and documentation and observations evidenced sufficient staffing levels to meet people's needs.
- People's views on staffing levels were mixed. One person said, "The staff are brilliant. Sometimes they have it hard because they're short staffed, but they do really well." A relative told us, "There always seems to be someone bobbing about."
- Observations confirmed staff were better deployed around the home than they had been at previous visits and there were staff in sight wherever people were. A staff member commented, "The new system seems to work better, the [staff] are enjoying that better."

Preventing and controlling infection

- The service had appropriate measures in place to ensure the effective prevention and control of infection. The environment was clean and fresh and there were no malodours evident. A monthly infection control audit was completed.
- Staff used plastic aprons and gloves, when providing personal care, to help prevent cross infection.

Learning lessons when things go wrong

- The service analysed accidents, incidents, safeguarding concerns and complaints for any patterns or trends. Any trends identified were addressed with actions to inform service improvement.

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 inspection on 2 October 2018 (published on 28 November 2018) this key question was rated as requires improvement. At this inspection this key question was rated as good. 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

- The service fully assessed people's needs prior to them being admitted to the home. There was information within the care files, about people's health and support needs.
- Care plans included advice for staff, including which assessments were needed and which policies and procedures should be adhered to for each of these areas.
- It was noted that some of the care plans were not signed or dated, this would make it more difficult to know when they were due for evaluation. Some care file reviews were a little out of date. The registered manager implemented more robust care plan reviews following the inspection.

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

- People were supported with all their nutritional and hydration needs. People said they enjoyed the food. One person told us, "The food is always good. They're good caterers." A relative said, "They've changed the dining room. It's better now."
- There was information within people's care files about their nutritional needs. Food, fluid and weight records, where required, were kept up to date.
- We observed lunch in two of the units. We did not see any choice of food given to people, but if they refused the meal they were instantly offered an alternative. People were assisted as they required.
- The registered manager explained the dining experience was a work in progress. We saw evidence from relatives' meetings, that they had been asked to participate in evaluating the mealtime experience. Their feedback would be used to improve the dining experience.

Staff support: induction, training, skills and experience

- The service offered a thorough induction and on-going training programme. A new induction had been introduced, which was more comprehensive than the previous programme.
- The training matrix evidenced good compliance with all training needs and there was an on-going programme of training for the future. Staff felt training opportunities were plentiful. One staff member said, "There's quite a lot to do, but it's nice, because you can do it at your own pace now."
- Staff had regular supervisions and records evidenced appropriate discussions with staff around performance and development.

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

- The service worked well with other agencies and professionals. This was evidenced within care files.

Referrals were made as needed.

- The service recorded the need for equipment, such as pressure relieving mattresses and cushions, clearly and the correct equipment was in use within the home.
- Good oral hygiene care plans were in place, but the registered manager was still working to embed good practice in this area. They had implemented measures to monitor and address this with staff.

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

- The design and decoration of the building was appropriate. There was some good signage around the building to help people living with dementia to orientate within the environment.
- Communal areas were warm and spacious and whilst the TV was on this did not dominate the room. Where appropriate people were sat facing each other to encourage interaction.
- People's bedrooms were well personalised and had memory boxes outside their rooms with mementoes and photographs in.

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, 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 authorizations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The service was working within the legal requirements of the MCA and DoLS were in place as required. Assessments and information about best interest decisions was included in people's care files.
- Staff had training in MCA and some new training was being rolled out in the near future. There was a matrix with information on when DoLS needed to be reviewed and possibly reapplied for. Staff demonstrated an understanding of capacity issues and DoLS. One staff member said, "There are DOLs in place for people here, it is used daily, especially for people who are further on with their dementia. I think the older staff, who have been here longer are able to assess capacity well because they know the person and can see any changes in behaviour."

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 inspection on 2 October 2018 (published on 28 November 2018) this key question was rated as requires improvement. At this inspection this key question was rated as good. 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 were well looked after and treated without discrimination. People were happy at the home. One person said, "It's a good place here. Good for getting to meet people." A relative said, "They [staff] are careful how they handle distress, they do it in the most loving way."
- During the inspection we saw one person, who had attended a hospital appointment, return to the home. On their return they were greeted warmly by staff, supported to take their coat off and sit in an armchair and brought a warm drink. A staff member remarked, "I think the staff that we have genuinely care."
- Observations showed people were well dressed and nicely presented. Staff relationships with people were good and we observed many kind and friendly interactions.

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

- People and their relatives were encouraged to be involved with their care and support. One relative said, "They keep us well informed about how [relative] is doing."
- Relatives were encouraged to participate in meetings, events and discussions about the running of the home, such as evaluating the dining experience.
- There was a service user guide and a regular newsletter to keep people informed of what was happening at the home.

Respecting and promoting people's privacy, dignity and independence

- We observed staff respecting people's dignity and privacy. They spoke quietly to people when offering assistance with personal care and covered people appropriately to preserve their dignity.
- Independence was promoted with the use of correct equipment and encouragement for people to do what they could. A relative said, "They did very well with [relative] there, getting them to stand up and use the walker to get in the wheelchair. [Relative] has been refusing to stand up and they've had to use the hoist so that was really good."

Is the service responsive?

Our findings

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

At the inspection on 2 October 2018 (published on 28 November 2018) this key question was rated as requires improvement. At this inspection this key question was rated as good. 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

- Care was planned in a person-centred way and people's choices and preferences recorded within their care plans. Staff knew people well and understood their needs. A relative said, "The reason my [relative] thrives is they know her. They are in the present with her. [Relative] stays up at night at times and this is OK."
- We observed people being given choices about where to sit or what they wanted to do.
- Choices were not always given with regard to food and drink, but this was because staff knew people's likes and dislikes well. However, we discussed the need to keep offering choices even when preferences may not change much over time. "

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.

- People's communication needs were met appropriately and were recorded within the care files. The home had some pictorial representations of meals and further work was underway to produce pictorial menus for the tables. Picture cards were used to aid some people's communication.
- The service could produce information in several different formats and languages if this was required.

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 supported to maintain relationships and to follow their interests. Visitors to the service were made welcome. One relative said, "There are no visiting restrictions and we're always made to feel welcome."
- There was a programme of activities, outings and entertainment. We saw some one-to-one activities taking place during the inspection days. For example, one staff member was doing a crossword with a person, another was doing a question and answer session a third person was playing dominoes. One person said, "I don't do anything in particular but my friend here, she's lovely." A relative said, "They have a great entertainment programme."
- There was a shop and café which was used regularly by people and relatives.

Improving care quality in response to complaints or concerns

- Complaints were dealt with appropriately. There was a complaints log with actions recorded and signed off when completed. Relatives commented, "I've no complaints. I know who the manager is and I would complain if I had to", and, "I'd know what to do to complain and they'd sort it or do what they could as long as it was within their means."
- Complaints themes of the month were discussed and analysed to look at any learning that could be gained.

End of life care and support

- People were supported to be looked after according to their wishes when nearing the end of their lives. Some people had completed advance care plans with their wishes recorded. Work was on-going with people and relatives to encourage everyone to discuss their wishes.
- Some staff had completed six steps training, an end of life training programme.

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 inspection on 2 October 2018 (published on 28 November 2018) this key question was rated as requires improvement. At this inspection this key question was rated as 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.

At our last inspection the service had failed to keep accurate records. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection not enough improvement had been made, due to medicines records being poorly completed. Therefore, the provider was still in breach of regulation 17.

Continuous learning and improving care

- The service took learning and improvement from several audits relating to all aspects of the running of the home. Issues identified had been addressed with actions. However, although medicines audits had identified the issues we found, some medicines records were still incomplete and/or inaccurate.
- A 'you said, we did' feedback had resulted in the service responding to suggestions made. For example, they had re-evaluated changes made to the dining room layout and put back as it was as per people's wishes. They had also supplied more plate guards to aid people to eat more independently in response to people's requests.

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

- The culture of the home was person-centred and inclusive. Care plans included individualised information and staff knew people well.
- People's diversity was respected, and we saw no evidence of any discriminatory practice. A relative said, "They know how to deal with [relative] and know their food likes and dislikes. They can read [relative], can get them in the shower."

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

- The management team demonstrated an understanding of the duty of candour. Other professionals they worked with reported open, honest cooperation with advice and guidance offered.
- The statement of purpose included information about the service and outlined the use of CCTV to ensure people were aware of it.
- The previous CQC ratings were displayed as required.
- Notifications about significant incidents, such as serious injuries, deaths and suspected abuse, were submitted to CQC as required.

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

- The registered manager had a clear improvement plan for the home and was working through this to achieve better standards of care.
- We observed staff working together as a team. They were prepared to ask each other for help if necessary and also offer advice when needed.
- Staff felt there was now a good standard of care. One staff member said, "It didn't help that there wasn't a manager for a while. Management has changed a lot." They said the new registered manager had made a positive contribution to the home.

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

- The service considered equality and diversity characteristics. Discussions with staff evidenced a good understanding of non-discriminatory practice.
- The rainbow flag, a symbol of the lesbian, gay, bisexual and transgender community, had been placed in the front door to make people from the community aware they the home was inclusive. Staff meetings were held regularly and there were daily flash meetings. The minutes evidenced appropriate discussions around people's needs.
- Residents' and relatives' meetings were held monthly, and we saw people had discussed the recent improvements to the home, quality of life, activities and meal times.

Working in partnership with others

- The service had been working closely with the local authority quality monitoring team and the clinical commissioning group to complete an improvement plan. Both agencies reported good working relationships and excellent progress with the plan.
- The home worked well with other agencies, such as the local safeguarding team.
- As part of the red bag initiative, which aims to improve the experience of people being admitted to hospital, the home had completed comprehensive hospital passports for people. These included all relevant information needed to make their stay less stressful.

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 17 HSCA RA Regulations 2014 Good governance</p> <p>The service had failed to maintain accurate, complete and contemporaneous records in respect of each service user.</p>