

SBS-Services Limited

Shandon House

Inspection report

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Date of inspection visit:
25 June 2019

Date of publication:
09 July 2019

Ratings

Overall rating for this service

Good ●

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?

Good ●

Summary of findings

Overall summary

About the service

Shandon House is a residential care home providing personal and nursing care to 14 people aged 65 and over at the time of the inspection. The service can support up to 20 people in one adapted building over different floors.

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

We read in one relative's feedback, "The residents and staff are like a family and family visitors seem to be treated just the same." This was echoed by everyone we spoke with during the inspection. Visiting health professionals told us how much they enjoyed coming to Shandon House. They praised the positive, effective relationship they had with the service to look after people's health and wellbeing.

We found issues with regards to health and safety checks and medicines management that needed to be improved to protect people robustly. We made recommendations regarding these matters. However, people told us they felt safe living at Shandon House. People said the staff treated them with respect and kindness and we observed this. We saw that people had developed friendships with others living at the home and cared for each other.

The provider had recognised that the service needed refurbishment and redecorations were ongoing. A variety of activities were still on offer, including regular visits by entertainers, although there had been fewer trips out. People were offered regular drinks throughout the day and a variety of food to choose from. There were enough staff to meet people's needs and staff knew people well. The registered manager was developing person-centred plans and how they involved people and their families. Staff felt supported and involved in the development and delivery of the service. The well-respected registered manager led a service culture that promoted equality and diversity.

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.

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

Rating at last inspection

The last rating for this service was good (published 5 January 2017).

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 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 well-led.

Details are in our well-led findings below.

Good ●

Shandon House

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 one inspector.

Service and service type

Shandon House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with CQC. 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 took place on 25 June 2019 and 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. We used the information the provider sent us in statutory notifications as well as the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection-

We spoke with six people who used the service about their experience of the care provided. We also read feedback given to the service by five relatives. We spoke with six members of staff including care staff, senior

care staff, the maintenance person, the cook and activities coordinator, as well as the registered manager. We met three visiting health professionals during our inspection, who gave us brief feedback about the service.

At this inspection we checked whether the service had sustained its good rating and focused therefore on observations of care and our conversations with people living at the service and staff. We therefore checked a smaller proportion of information in plans and records. This included three people's care records and a few medication records. We looked at two staff files in relation to recruitment and checked information about training and staff supervision. Records relating to the management of the service, including health and safety checks and procedures were reviewed.

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 now deteriorated to requires improvement. This meant some aspects of the service were not always safe.

Assessing risk, safety monitoring and management

- Regular health and safety checks were completed. We saw remedial actions had been taken and recorded for some issues identified, but not for all of them. This included ensuring safe water temperatures and repairs needed. The registered manager confirmed water temperatures were safe and that a plumber had been booked to attend the property within a week of our inspection.
- A fire risk assessment was in place, but this needed to be reviewed. The service had also not carried out a fire drill evacuation in 2019.

We recommend the service review their health and safety checks and fire safety procedures, as well as improve governance arrangements to maintain oversight of this.

- People had assessments of individual risks to their health and safety in place and these were reviewed regularly. We discussed some further information to be considered with the registered manager.

Using medicines safely

- When we checked the stock levels of three controlled drugs, we found issues with one of them, which was in a liquid form. However, the other two were correctly accounted for. Controlled drugs require specific storage and management, as they are vulnerable to misuse.
- Staff giving out medicines had not had a recent assessment of their competencies. However, the registered manager audited Medication Administration Records (MAR) at least monthly to identify any issues and provide additional support.

We recommend that the service review their management and administration of controlled drugs and update staff's medication competency assessments in line with best practice guidance.

- People told us they received their medicines on time and felt staff supported them well with this.

Systems and processes to safeguard people from the risk of abuse

- People felt safe living at the service. One person said, "Yes [I feel safe], definitely. They do look after me well." Other people's comments echoed this.
- Staff had no concerns about the service, were aware of safeguarding procedures and had confidence in the registered manager to address any concerns.

Staffing and recruitment

- People using the service and staff told us there were enough staff to meet people's needs. There were no

vacancies and the service used agency staff only on rare occasions.

- The service continued to use appropriate checks when recruiting new staff.

Preventing and controlling infection

- The service was clean and hygienic and received the highest possible food hygiene rating at the most recent inspection.
- Personal protective equipment, such as gloves and aprons, was available and worn by staff.

Learning lessons when things go wrong

- Staff completed accident reports and made appropriate referrals, such as to the falls team, when they had concerns. We heard examples of how the service had learned from certain events.
- The registered manager currently did not keep an overview or analysis of accidents or incidents, to identify possible patterns. We discussed how this could be beneficial to prevent reoccurrence.

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; 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 with people, relatives and a variety of health and social care professionals to assess needs and provide relevant support. This included reassessment if people's needs changed significantly and they required a different kind of support.
- Visiting healthcare professionals were complimentary about the service. They told us how much they enjoyed coming to Shandon House. Professionals praised the positive and supportive relationship the service had developed with them to help promote people's health and wellbeing.
- People's assessments and health care plans included basic personalised information and this was kept up to date.
- People told us staff ensured people saw a doctor when they needed to.
- The registered manager kept a referrals folder, to keep track of support requests and follow them up if they had not been responded to.

Staff support: induction, training, skills and experience

- Staff felt well supported and received regular supervision. A variety of training was on offer and staff had mostly completed this, but some yearly refreshers were due.
- Staff enrolled onto national vocational qualifications in Health and Social Care within the first few months of their employment. We saw that most staff had either completed this or were in the process of doing so.

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

- People told us there was enough to eat and drink. One person said, "The food is ok. It is not always to my liking, but you can really have whatever you want. You always get a choice." We saw that people's food choices had been recorded daily.
- Food continued to be prepared by a long-standing staff member who was very knowledgeable about people's dietary needs.
- Staff sought input from health professionals when people were at risk of malnutrition.

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

- The provider had started renovations to update and refresh the service's environment. Lift access to most floors was available, with chair lifts installed for mezzanine levels. Ramps and rails had been installed for

accessibility.

- We discussed with the registered manager how refurbishment provided opportunities to develop the service's design in line with best practice guidance.

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

- We saw in people's care plans that their consent, or where appropriate the consent of a legal representative, had been sought regarding different decisions.
- The registered manager consulted with other professionals regarding consent, best interest and required applications. We saw one relevant application had been made.
- We discussed that mental capacity assessments, which were completed at people's initial admission assessment, needed to be decision-specific. For the application we saw, a social worker had completed the assessment and we asked the service to obtain this assessment and include it in the person's file for evidence.

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 commented positively and warmly about the staff. Everyone told us that staff treated them with kindness, dignity and respect. One person told us, "Staff are kind to me. All of the staff, no one is out of place." Another person said, "Staff are nice to us and that is the main thing."
- In relatives' comments we read that staff were described as helpful, caring and professional. Relatives commented remarkably positively about the way they were welcomed and made to feel at home within the service's family like atmosphere.
- Other of the many positive relatives' comments we read included, "I cannot praise the staff enough for their kindness and attitude, always approachable. It has been so reassuring to know that [relative] is in such a happy homely environment" and "Nothing is too much trouble for the staff."
- We observed warm, caring and familiar interactions. People appeared relaxed around staff. The way in which people and staff engaged with each other showed us that they knew each other well.
- There was a relaxed, unrushed and unhurried atmosphere within the service throughout our inspection.
- The registered manager gave us examples of how they had also provided support to family member when they needed it.

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

- People told us they felt listened to by staff. We heard examples of how the service helped people to maintain their independence and respected their decisions.
- The registered manager explained how they planned to further develop the involvement of people and their relatives in the planning and review of person-centred care.
- The registered manager gave us an example of a person using an independent advocate to speak up on their behalf. They had details to signpost others to this service should they need it.

Respecting and promoting people's privacy, dignity and independence

- People's confidential records were kept in the registered managers lockable office.
- We discussed some small areas for further consideration regarding privacy under the General Data Protection Regulations (GDPR). The registered manager was arranging training for all staff to attend to help further with this.
- When staff entered people's bedrooms, they did so by knocking or announcing themselves respectfully if people's bedroom doors were open.

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

- People had a variety of person-centred plans in place. These were based on a standard set of plans that were reviewed regularly and included basic information about personalised needs.
- The registered manager was developing plans to include people's life stories and backgrounds in more detail. Some basic information about this was included in initial assessments and staff found out more about people by speaking with them.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them; Meeting people's communication needs

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.

- We saw that people had developed friendships with others living at the service.
- Activities continued to be offered every afternoon for people to take part in. Entertainers from outside of the service visited regularly and people told us they enjoyed this.
- Trips out were still taking place but less often due to funds. People we spoke with did not raise this as a concern and one told us, "To be honest, I do not actually want to go out, I would rather stay here." Staff explained that more staff support required for outings, as well as vehicle and driver hire, which made the trips more expensive, but plans were in place to help with this.
- A weekly activity plan had been replaced with a yearly calendar. We discussed that while this was helpful, the service needed to ensure information was made available in a way that was easy to read or understand for people.
- People's care plans included information about their communication needs. The registered manager explained that information such as the complaints procedure or service user handbook could be made available in large print. We discussed other areas for consideration, for example if people were not able to read at all.

Improving care quality in response to complaints or concerns

- The complaints procedure was displayed in the reception area of the service. People knew who to speak to if they had a complaint but told us they had had no reason to.
- There had been no recorded complaints in 2019. The registered manager had responded to a suggestion received in relatives' feedback about the service.

End of life care and support

- The service was working with a local hospice to develop their end of life care plans. The registered manager was also seeking advice from practitioners on how to approach this at times difficult subject with people and relatives.
- Although care plans were being developed, we saw a good example that clearly described the person's wishes and needs, as well as those of their family.

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 overall managed and well-led. Leaders and the culture they created promoted quality, person-centred care.

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

- The registered manager was well-respected and led an open and diverse culture that promoted equality. We heard positive examples of this.
- People spoke well of the registered manager and relatives comments echoed this, stating for example, "[Registered manager] is a superb manager who places the residents' welfare as a firm priority. She leads a team of caring and dedicated staff who look after their residents with compassion and respect."
- In our conversations, observations and in feedback we found a service that had created a family-like atmosphere and culture that welcomed people.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager gave us examples of how they always kept relatives up to date and informed and we saw this confirmed in feedback.
- This included meeting with people and relatives when things had happened, to have a conversation, give an explanation and make plans together to change things going forward.

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

- Ratings from our last inspection were displayed on the provider's website and within the service. The registered manager had notified CQC of certain events in line with legal obligations.
- Some updated to the Statement of Purpose were required and the registered manager sent these on the day after our inspection.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Feedback questionnaires had very recently been sent out to relatives. In those the service had received back at the time of inspection we saw very positive comments. The registered manager has addressed the one small issue raised.
- Compliments we read included, "As it stands we would highly recommend Shandon House" and "The home is well managed and staff turnover is minimal, that alone speaks volumes."
- Staff told us everyone worked together as a team well and regular staff meetings took place. Staff comments included, "This is the best job I ever had" and "It is homely and friendly, not clinical – that is what

people like about it."

- We received positive feedback from visiting professional on how the service worked together with others.

Continuous learning and improving care

- Audits were completed that identified improvement needs. We considered although there was evidence of steps taken for some issues, other checks needed to lead to actions more quickly and show that these had been completed. This was for example with regards to water temperatures or repair needs.
- We discussed with the registered manager how quality assurance processes could be developed to evidence actions taken and oversight more robustly. This included ensuring fire safety procedures were up to date, as we have noted within our recommendation under 'safe.'