

Mrs Lila Chaudhary

Shamrock House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service: Shamrock House is a care home that was providing personal care to 17 people predominantly living with mental health.

People's experience of using this service: People were at increased risk of harm, because of how the service had been managed. Quality checks, systems and processes to manage the service did not have provider oversight to ensure they were completed or evaluated for their effectiveness. There was a lack of transparency to evidence which actions the provider had completed or planned, to determine how outstanding actions would be met.

Some people's records had not been reviewed or updated to ensure staff had access to person centred information to provide people with safe care and support.

Systems and processes to certify equipment and to check the home environment was safe, failed to highlight the concerns we found during this inspection.

Staff had not received the training and support needed to carry out their roles and provide people with individualised safe care and support.

Accidents and incidents, including safeguarding concerns, were recorded. However, care plans had not always been updated to reduce the events happening again.

The registered manager had failed to notify the CQC of all events they were required to. Opportunities to learn lessons and improve the service were missed.

People were supported to enjoy activities and interests of their choosing.

People received good support to maintain a healthy balanced diet and, where appropriate, the provider worked closely with other health professionals to support people with their health and wellbeing.

The registered provider worked within the principles of the Mental Capacity Act 2005 and was in the process of updating records to ensure people's capacity to consent was clearly recorded.

Staff ensured people received their medicines safely as prescribed.

People were supported by kind and caring staff, but the organisation and leadership of the service adversely effected the overall quality of the care people received.

For more details, please see the full report which is on the Care Quality Commission's (CQC) website at www.cqc.org.uk.

Rating at last inspection: At the last inspection service was rated Requires Improvement (latest report published May 2018).

Why we inspected: This was a planned inspection based on previous rating.

Enforcement: We have identified breaches of regulation in relation to the safety of both the environment and the care provided, the quality of person-centred care, staff training and the governance of the service. Please see the action we have told the provider to take at the end of this report.

Follow up: We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will monitor the progress of the improvements working alongside the provider and local authority. We will return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective

Details are in our Effective findings below.

Requires Improvement ●

Is the service caring?

The service was not always caring

Details are in our Caring findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive

Details are in our Responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led

Details are in our Well-Led findings below.

Requires Improvement ●

Shamrock 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: The inspection team consisted of one inspector, one assistant inspector and a specialist adviser who had experience of working with people who have mental health.

Service and service type: The service is a 'care home'. People in care homes receive accommodation and personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at on 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 inspection was unannounced.

What we did: Before the inspection we reviewed information, we had received about the service since the last inspection. This included an action plan completed by the provider because of the rating of our previous inspection. The provider was asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During inspection: We spoke with five people who used the service about their experience of the care provided. We spoke with five members of staff, the nominated individual, and the registered manager. We reviewed a range of records. This included care records in full for four people and in part for three people. We looked at four staff files in relation to recruitment and staff supervision, and records associated with the management of the service such as policies and procedures, audits and quality assurance checks.

Is the service safe?

Our findings

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

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. Regulations may or may not have been met.

At our last inspection (27 September 2018 and 2 October 2018) we rated this question as requires improvement. We asked the provider to take action to make improvements. This was because risk assessments had not been reviewed and updated where people's needs had changed. Guidance and training for staff to safeguard people from abuse was not up to date. Systems and processes failed to maintain and ensure the home environment remained safe. Staff did not have access to clear information to help people evacuate during an emergency. People were at risk from not receiving their medicines as prescribed. The provider failed to implement a process to adjust staffing dependant on people's changing needs. Staff on duty did not have a clear understanding of their roles and responsibilities.

At this inspection we found that action had been taken to improve staffing and staff on duty understood their roles and responsibilities. People received their medicines as prescribed and information had been updated to support people to evacuate during an emergency. However, concerns in relation to the management of risks for both the environment and people's safety continued to be rated as requires improvement.

Assessing risk, safety monitoring and management; Preventing and controlling infection; Learning lessons when things go wrong.

- Staff did not have enough information to provide safe care and support. People remained at risk from receiving inconsistent or unsafe care because care plans and risk assessments had not all been reviewed and updated since our last inspection or after changes in people's needs.
- Accidents and incidents were recorded but people's care records had not always been updated to prevent re-occurrence.
- Checks to assure health and safety at the home failed to record or action all areas of identified risk. For example, where one person choose to smoke, this continued in their room within the home which put themselves and others at associated risk of harm.
- Checks to ensure the environment and equipment was always certified as safe had not always been completed as required. This was because records were kept in an unorganised way. For example, a cooker and boiler had not been serviced despite a service contract in place.
- Emergency plans were in place to ensure people were supported in the event of a fire. Regular checks and tests were made of fire-fighting equipment.
- The home was clean and there were no unpleasant odours.

The failure to identify and manage all known risks was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- The provider had effective systems in place to safeguard people from harm or abuse. All staff had received training in this area (some required refresher training) and were clear about their responsibilities to report any concerns.
- The service had policies and procedure to guide staff and keep people safe.
- The registered manager was aware of their responsibility to report safeguarding concerns to the local safeguarding team but had not always reported incidents as required to the CQC.
- People told us they felt safe living at the home and with the staff who worked there.

Staffing and recruitment.

- Staff files included appropriate checks to ensure safe recruitment.
- There were enough staff to care for people safely. Staff were deployed appropriately and assigned clear roles and responsibilities.
- Staff attended promptly to people when they needed support. Staff told us, 'The staff team has really improved; we all work well together, covering for each other and meeting people's needs.'

Using medicines safely.

- Medication was managed in line with best practice and people received their medicines as prescribed.
- Staff had received medicines training and the registered manager was due to complete observations to ensure they were competent and always followed best practice.

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

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

At our last inspection (27 September 2018 and 2 October 2018) we rated this question as requires improvement. This was because the provider did not always support people with regards to legislation under the Mental Capacity Act 2005 (MCA). Staff training, and supervision was not always up to date or provided for staff to carry out their role and meet people's independent needs. Daily records were not always evaluated with appropriate referrals made to support people to maintain their health and wellbeing. At this inspection we found some improvements had been implemented and the provider was supporting people with regards to the MCA. Daily records were being completed and referrals made where required. However, further improvements were required with regards to staff training, supervision and care records.

Staff support: induction, training, skills and experience.

- People remained at risk because staff had not received all the training they required to meet people's individual needs. All staff required training in managing challenging behaviour, equality and diversity, end of life care and 14 staff required refresher training in safeguarding adults from abuse. The registered manager put together an action plan after the inspection with dates this training would be completed.
- Staff did not receive regular supervision to support them in their role. Some staff had not received a supervision since our last inspection. Where these had been completed, records did not show how staff had contributed as part of their support.
- The registered manager told us they operated an open-door policy and were always available to staff.

The failure to ensure staff had adequate support, training and supervision was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People were at risk of receiving care which did not meet their needs; the registered manager was updating care assessments to include the full range of people's needs to provide guidance to staff on how those needs should be met.
- The registered manager discussed the introduction of a new electronic system for care records and they advised us that they were in the process of updating existing records to include additional information and make them more person centred.
- People were supported equally, according to any diverse needs.

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked and found the service was working within the principles of the MCA.

- People's mental capacity had been assessed, and staff followed best practice guidance to record best interest decisions when needed. The registered manager was in the process of updating care records to ensure clear evidence of consent was robustly recorded including decisions made in people's best interest.
- People told us staff listened to them and respected their right to make decisions; people who could make informed choices had been asked if they consented to the support staff provided.

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

- Where assessed, people received support to maintain a healthy diet and fluid intake.
- People at risk of poor nutrition and dehydration were monitored regularly to ensure their needs continued to be met.
- Staff were knowledgeable about people's individual dietary needs and preferences.
- People commented positively about their meal time arrangements. One person said, "The food here is the best. Always a choice and with fresh fruit, vegetables and a pudding."

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

- People had access to health care professionals and received regular assessments with their doctor when needed.
- Staff sought support when required and assisted people to access other healthcare services.

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

- The lay out of the home did not always promote people's choice. Where people had reduced mobility, they were located on the ground floor where they had access to a shower room. People with reduced mobility did not have access to take a bath in one of the bathrooms on the first or second floors because the registered manager told us the home was not suitable for a stair or passenger lift.
- The home had an accessible entrance and outside space for people with reduced mobility who required wheelchairs to mobilise.
- The environment of the home had improved due to re-decoration and areas of new flooring.

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

People did not always feel well-supported, cared for or treated with dignity and respect.

At our last inspection (27 September 2018 and 2 October 2018) we rated this question as requires improvement. This was because the provider and registered manager had failed to record people's input into their care and support or complete regular reviews to support people's independence and promote positive outcomes. People's records were not always stored securely.

At this inspection we checked and found improvements in the records which had been reviewed by the registered manager, but a continued process of reviews remained outstanding. People's records were not robustly stored securely, and some were accessible in public areas.

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence.

- People's preferences for a male or female care worker could not always be met because no male care staff had been employed. A staff member said, "People would sometimes benefit from male staff on duty; some respond better and open up more in male company. It's about providing choice for people." The registered manager confirmed they were an equal opportunities employer and considered all applications based on the ability to meet people's needs.
- People's personal information was not always treated in a confidential manner. We found people's daily notes were accessible to people who did not require access in an unlocked cabinet in the dining area. The registered manager was aware of this and staff removed the information into a secure office room during the inspection.
- Staff treated people with kindness and were caring.
- We observed staff treating people respectfully providing them with dignified care and support.
- People spoke positively about the service they received. Comments included. "The staff work hard; I don't know where I would be without them" and "We are very well supported; nothing is too much trouble."

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

- People were supported to remain independent and make choices about their daily living. For example, what they wanted to eat and what they wanted to do each day.
- People gave us mixed feedback when we asked them if they were involved in their care and support plans but confirmed they were supported to express their views. One person said, "I am not interested in any written plans for my care; I am well looked after and can come and go as I like." Another person said, "Staff talk to me sometimes; I can make changes if I want to."
- Where care plans had been updated they included guidance for staff on how to communicate with people and share information in an accessible way.
- People were supported to maintain their independence; staff prompted people to complete tasks and

were patient and unrushed in their approach.

Is the service responsive?

Our findings

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

People's needs were not always met. Regulations may or may not have been met.

At our last inspection (27 September 2018 and 2 October 2018) we rated this question as requires improvement. This was because the provider had failed to ensure all care records were consistently evaluated to ensure staff had up to date information to provide people with person centred care.

At this inspection we checked and found the registered manager had started to update some care plans, but others had not been evaluated for their effectiveness or updated since 2018

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.

- Staff did not have access to clear guidance to provide people with person centred support because care plans did not always reflect people's current needs.
- The service was not always responsive to people's on-going care needs because care plans had not always been reviewed and updated with people or their relatives as a result of incidents or accidents.
- Information was not available for staff to help them improve people's lives. The provider did not evaluate care records to ensure corrective actions and amendments could be implemented where people failed to achieve positive outcomes and goals.
- Life histories were recorded in detail to support staff to provide non-discriminatory care and support to people.
- Where people had any religious preferences, the provider told us they were supported to follow their faith. A staff member said, "Two people are supported to go to church each Sunday. One is collected by their pastor."
- People were supported to enjoy their interests, hobbies and attend a variety of events and activities in their local communities.
- Staff ensured where people choose to remain in their rooms they remained free from social isolation. A staff member told us, "Not everybody likes to socialise. One person joined in the bingo from their room. We sat with them and they won a prize."
- People were encouraged and supported to maintain meaningful relationships.
- The service identified people's information and communication needs by assessing them and this was recorded for staff to follow in care plans. Staff understood the Accessible Information Standard.

Improving care quality in response to complaints or concerns.

- The provider had a complaints policy and procedure and staff understood how to support people to raise any concerns or complaints.
- People told us they did not have cause for complaint but knew how to raise a concern. They said any concerns or complaints would be responded to appropriately. A member of staff said, "Nobody who lives here really grumbles. People come to us with anything and everything. If we can't resolve it the [registered]

manager will."

End of life care and support.

- There was no body living at the home who required end of life care and support.
- The provider had a policy and procedure for staff to follow if people required care and support at the end of their lives.

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

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met. At our last inspection (27 September 2018 and 2 October 2018) we rated this question as inadequate. This was because there was a lack of oversight at provider level, to support the registered manager to ensure systems and processes to manage and review the service remained effective to implement and drive the required improvements. Policies and procedures were not up to date or inclusive of best practice guidance for staff to follow. There was a lack of oversight to ensure the home remained clean, safe and free from defects. The registered manager was not aware of their responsibility to notify the CQC of all-important events they are required to.

The registered manager submitted an action plan which recorded some improvements which the provider was required to make. Policies and procedures were up to date, and improvements had been made to the environment. However, we found not all required actions had been completed. There was no clear plan with oversight in place to drive the improvements forward. The registered manager had not submitted all CQC notifications of important events as they are required to.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care.

- People were at risk from not receiving high-quality person-centred care and support because the provider did not have a robust system to involve people in their care planning and failed to maintain accurate and person-centred records for staff to follow.
- People received inconsistent care, because management missed opportunities to learn lessons and make improvements; accidents and incidents had been reviewed but care plans had not been adequately updated to prevent them happening again.
- An action plan was in place which identified key areas for action and development. However, it was not clear what remained outstanding or how changes implemented had been reviewed for their effectiveness. There was no evidence of oversight at provider level to drive forward the required improvements detailed in the action plan.
- There was a lack of oversight to ensure the home remained maintained, and safe from defects.
- Staff spoke highly of the registered manager but told us they would like them to delegate responsibility to other senior staff. One staff member said, "We have a great manager, but they take on everything. It would be empowering if some of this work could be given to senior staff to complete and would provide them with additional responsibility to keep the records up to date."
- The registered manager failed to implement a robust system to monitor and plan staff training and support to carry out their role and meet people's individual needs.

The failure to maintain accurate and comprehensive records and to implement robust systems to monitor and improve the service is a breach of Regulation 17 HSCA RA Regulations 2014 Good governance.

- We were unable to check appropriate actions had always been taken after accidents and incidents at the home because the provider had failed to notify the CQC of all the important events at the time that they were required to.

The failure to ensure that the Care Quality Commission had been notified without delay of all accidents, and incidents is a breach of the Regulation 18 of the Care Quality Commission (Registration) Regulations 2009

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

- The service worked well with other organisations. They had good relationships with local healthcare services and worked with them to achieve good outcomes for people.
- People had been assessed for The Herbert Protocol; a national scheme introduced by the police in partnership with other agencies which encourages staff to compile useful information which could be used in the event of a vulnerable person going missing.
- The service had links with the local community including local churches. People were supported to attend community events where possible.
- The registered manager held monthly team meetings and meetings with residents. Topics and themes were discussed, and people were able to contribute their views to help improve the service they received.

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	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider failed to ensure risk assessments relating to the health, safety and welfare of people using the service were updated and reviewed regularly or use the information to make required adjustments. The providers failed to ensure the safety of their premises and the equipment within it.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance There was a lack of monitoring information for peoples care and support needs. Quality assurance systems were ineffective and failed to identify concerns within the service.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The provider failed to make sure staff had adequate support, training and supervision.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents The provider failed to notify the CQC of all events they are required to.

The enforcement action we took:

Not yet known