Shotley Park Homes for the Elderly Limited

Shotley Park Residential Home

Inspection report

Shotley Park
Shotley Bridge
Consett
County Durham
DH8 0TJ

Tel: 01207502052

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26 January 2017
27 January 2017

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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?	Outstanding ☆
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

Shotley Park is a residential care home for up to 43 people who have a range of needs including requiring support for dementia type conditions. The service is based over two floors in a Grade 2 listed building set in its own grounds. At the time of our inspection there were 35 people using the service.

This inspection took place on 26 and 27 January 2017 and was unannounced. At the last inspection, the service was rated overall good. At this inspection we found the service remained good.

The relatives we spoke with were overwhelming complimentary about the care provided by the staff. At our last inspection we rating the domain of caring as "Outstanding". During this inspection we found outstanding care had been sustained and people were supported by staff who delivered care to the same high levels of consistency throughout the home. Relatives reported people were cared for to exceptionally high standards.

We found staff had developed extremely positive relationships with people. They were attentive to people's needs and promoted their dignity and independence. They showed they were very patient with people and had a high level of understanding of their needs achieved through engaging both the person and their relatives in conversations about their care preferences. This ensured people's care needs were met with efficiency and kindness.

We found the home had a warm and friendly atmosphere into which relatives told us they felt highly welcomed and involved in their family members' care.

Copies of resident meetings and newsletters were available in the home so people were kept up to date about where they lived.

We looked at the administration of people's medicines and found staff had been trained and assessed as competent to give people their medicines. We found the records and stocks of medicines to be accurate.

The service had in place risks assessments for people. Where a risk had been identified actions had been put in place to mitigate the risks. Accidents were reviewed by the registered manager to check to see if they could be prevented in the future.

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People were engaged in a range of activities which reflected their preferences. We saw during our inspection people were involved in doing chair exercises. Relatives described to us the activities which had taken place over Christmas 2016 and told us they had watched their family member enjoying themselves.

There was a fire risk assessment in place for the building and fire checks were carried out to ensure people were safe. Other checks to promote people's safety in the home included water checks and window restrictor checks.

We checked staff rotas and spoke to staff to see if there were enough staff on duty during the day. Staff felt there were enough people on duty. We saw the registered manager had recently recruited an extra person to work nights due to the size and layout of the home.

The registered manager had introduced new care documents which promoted people's individuality. The documents were regularly reviewed so staff were given the most up to date guidance on how to care for people.

People told us they enjoyed the food in the home. We saw people were given a choice and special diets were catered for. The staff monitored people's weights and dieticians were contacted if a person was found to be losing weight. The weight of most people in the home had remained stable.

The home had a hospital admissions form in place which meant if a person needed to be transferred to hospital up to date information was provided by the home and medical staff were made aware of the person's conditions.

We found there were good partnership arrangements in place including with other professionals and relatives to drive and support a person centred culture.

Further information is in the detailed findings below

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 remains Good	**Good**
Is the service effective? The service remains Good	**Good**
Is the service caring? The service remains Outstanding	**Outstanding** ☆
Is the service responsive? The service remains Good	**Good**
Is the service well-led? The service remains Good	**Good**

Shotley Park Residential Home

Detailed findings

Background to this inspection

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

This inspection took place on 26 and 27 January 2017 and was unannounced.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. Before we visited the home we checked the information we held about this location and the service provider, for example we looked at the inspection history, safeguarding notifications and complaints. A notification is information about important events which the service is required to send to the Commission by law. We also contacted local authority commissioners and Healthwatch. Healthwatch is the local consumer champion for health and social care services. They gave consumers a voice by collecting their views, concerns and compliments through their engagement work

During our inspection we spoke with 11 staff including the registered manager, the deputy manager, senior carer, carers, activities coordinator and ancillary staff. We looked at four staff files. We spoke with six relatives and three people who used the service. We also carried out observations of people in the communal areas of the home who were unable to understand our role and give us their views.

We looked at three people's care records in depth as well as other care records in the home. These included people's daily records and their activity records. We also spoke with two professionals.

Good

Is the service safe?

Our findings

We found staff had been trained in safeguarding. We spoke with staff who told us they felt able to speak with their line manager about any worries or concerns and felt confident they would get an appropriate response.

The registered manager explained that the layout of the building over two floors with stairs and a lift and steps along each corridor meant they needed good levels of staffing to keep people safe. One professional told us due to staff actions people were not unsafe in the building. Staff confirmed they needed sufficient numbers on duty to keep people safe and told us there was enough staff on duty during the day. The registered manager showed us the rotas and told us they felt they needed to increase the staffing at night due to people's increasing dependency needs. They told us the registered provider had agreed to this and they had recruited an additional night shift worker. This meant there was sufficient staffing in the home to keep people safe.

We checked to see if there was safe administration of medicines in the home. We found documents and stocks of medicines were accurate. These included controlled drugs which are drugs open to misuse. Pain patches for people were well documented and additional safeguards had been put in place for one person prone to removing the. People's prescribed topical medicines were applied by the senior on duty and documented on the Medicine's Administration Record (MAR). This meant the service was able to demonstrate the safe administration of medicines.

We found the service had in place risk assessments to mitigate any risks to people. This included a fire risk assessment. We saw the service carried out regular fire alarm tests, fire drills and checks on fire extinguishers, fire exits and emergency lighting. Water temperature checks and checks on window restrictors were carried out. We also saw that where a risk to a person was identified the service had in place actions to mitigate those risks. For example if a person was at risk of falls actions had been taken to reduce those risks. Alarmed mats were provided for people at risk of falls. Each person had a personal emergency evacuation plan completed. Everyone's plan was held in one file and kept in an accessible place for use by emergency services.

Accidents and incidents were reviewed by the registered manager to ensure people could be kept safe and the risks of re-occurrences mitigated.

We looked at staff recruitment and found checks including reference and a Disclosure and Barring Services (DBS) check were carried out before people were employed in the service. This meant people using the service were protected by safe recruitment procedures.

We found the home to be clean and tidy throughout. Systems were in place to prevent cross infection. Relatives repeatedly told us they liked the home because it was odour free.

Good

Is the service effective?

Our findings

One relative told us that their family were reassured their family member was well cared for. One person told us the service was, "On the whole very good."

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

During our inspection we found the staff were engaged in a training session. The registered manager told us this was to update staff knowledge on safeguarding, the Mental Capacity Act, Deprivation of Liberty Safeguards (DoLS). We found the registered manager had in place a training matrix and they monitored the staff training. We checked staff records and found staff had been trained in a range of issues pertinent to their duties. Staff also were provided with supervision meetings and appraisals by the deputy manager. A supervision meeting takes place between a staff member and their supervisor to look at any concerns, their progress and their training needs. Not all of the supervision meetings had been carried out in the year; however the deputy manager had a plan in place to complete these. This meant staff were supported to acquire the knowledge and skills required to carry out their duties.

We observed people's dining experiences over a lunch time period. One person commented to another, "You can't get better food anywhere." Their dining companion agreed. Staff offered people a choice of meals and portion sizes. One staff member told us people's dietary needs were given to catering staff before they were admitted to the home or if their dietary needs changed. We found one person who was visiting the home with a specific dietary need; their menu had been planned in advance by the catering staff. We saw people's dietary needs were accurately listed in the kitchen. Arrangements were in place in the home for people to receive regular hydration. We checked people's weights and found there was no one who was losing excessive amounts of weight. This meant people were receiving sufficient nutrition to maintain their weight.

The registered manager explained they had positive working relationships with local healthcare practitioners from the three GP surgeries used by people in the home. We observed how information was exchanged between the staff a visiting practitioner and noted people's wishes and health care needs were at the forefront of the service. One person complained they had been coughing all night and this was referred to the visiting practitioner as a precautionary measure. People's appointments were recorded in a diary and arrangements had been put in place with staff or family members to ensure people could access their appointments.

The registered manager spoke with us about the challenges of working in a listed building and told us it was about the service adapting to the building and seeking the best option for each person. People had access to comfortable lounges and were able to eat in dining rooms adjacent to their preferred seating area. This meant people were able to have their needs met in a way which did not put them at risk. Plans were also in place to add a new lift to the building which meant additional bedrooms were to be made accessible by

people living in the home. Adaptations to include handrails had been added to the toilets.

Outstanding ☆

Is the service caring?

Our findings

Without exception everyone we spoke to was highly complementary about the caring ways of the staff. One relative said, "We are delighted with the care [person] is receiving." Another relative said, "The staff are fabulous even when they are very busy. They are dedicated to their jobs." The relative told us they were reassured the person using the service was well cared for." One person told us the staff were, "Lovely" and they were thinking about stopping in the home on a permanent basis. The registered manager told us she felt fortunate to have inherited a staff group who were providing excellent care. We found the service had continued to deliver an exceptionally high standard of care.

Staff described their enjoyment in working in the home and spoke fondly of the people who lived there. When we spoke with staff about people they were able to tell us in detail about people's individual needs and the best way to care for them. We observed conversations where staff were able to talk to people about their local home area and have conversations meaningful to the people concerned.

We saw every member of staff approached people with kindness, anticipated their needs and offered their help. People's care plans promoted their independence and guided staff on how to ensure people retained as much independence as possible. We observed staff seek permission from people before they provided help and support. This meant staff listened to people and made them feel valued.

We observed people telling staff they were lost or they, "Felt silly" because they did not know where they were. Without exception staff responded warmly to people offered their help, provided reassurances and gave people options on what they might want to do. People were made to feel respected and listened to. Where people were unable to speak for themselves we carried out observations and saw staff spent time with people chatting or holding their hands. People responded to staff with warm smiles and were receptive to the support on offer.

We found the staff had developed very positive caring relationships with people. This was confirmed by relatives in their observations in the home. One relative told us they had watched their family member joining in with activities encouraged and support by staff. This had made one relative feel they had made the perfect choice of home for their family member. Relatives also described to us finding people in the home happy, contented and smiling. We observed staff laughing and joking with people and their relatives. We found there were significantly positive and caring relationships in the home between the people who used the service, the staff and the relatives. This led to the home having a warm and friendly atmosphere where people were very relaxed and contented, with their relatives trusting the staff to care for their family members.

People were given useful information about the home including a service user guide, minutes of residents meetings and newsletters. Copies of these were put into people's bedrooms for people and their relatives to read at their leisure. This meant people were able to understand what was going on in their home.

Relatives told us they were extremely happy with the laundry service and the care taken to ensure people

had the right clothes returned to them with a high degree of efficiency. We saw people were clean and well presented in coordinated outfits. One relative told us they found their family member, "Nicely dressed, always spotless." Another relative confirmed staff supported their family member to always wear their jewellery. We found people's high standards of self-care continued to be supported by staff once the person moved in the home. People confirmed to us they were treated with the utmost dignity and respect.

The home was planning a Dignity Tea to promote Dignity in Action day on 1 February 2017 and increase awareness of people's need for dignity. We saw staff knocked on people's doors before entering their rooms. We observed staff interactions with people which were held at the pace of the person so their dignity was not compromised and staff demonstrated they respected the people in the home. Staff were able to tell us about people's backgrounds and were enthusiastic about telling us people's histories.

Relative were encouraged by the staff to participate in the home. We saw they were invited to coffee mornings and other such events. They told us they felt extremely welcomed into the home by staff. Relatives described to us the Christmas celebrations in the home and joining in to be entertained by visiting choirs. We found the registered manager held meetings for relatives where they were updated on events in the home and progress made. Relatives confirmed they felt involved in the care of their family member and had answered lots of questions before family members began to live in the home. They told us they felt confident because the service understood their relatives and had worked with them to help that understanding.

Although there was no one in the home at the end of their life during our inspection we saw people had chosen to end their life in the home. We found there were letters and cards from relatives expressing gratitude to the staff on the care they had shown people who passed away. One relative wrote, "We would like to thank you from the bottom of our hearts for all the care and compassion you showed [person]." Another person wrote, "We would like to thank you for the care and kindness." One relative described the, "Wonderful love" shown by staff towards a person at the end of their life. This meant the home enabled people and their relatives to experience exceptional care at a time of sadness.

Good

Is the service responsive?

Our findings

Each person had recorded in their care documents what they liked to do. People told us what they liked to do and we found the home had ensured their preferred activities were included in the programme. During our inspection we observed chair exercises taking place in the home. People were invited to join in and we found they were enjoying the activity. We also observed if a person wanted to go for a walk in the grounds they were wrapped up in warm clothing and taken outside for walks. We looked at the activity records for the home and found there were two activity coordinators who had been brought together with different skills and interests to support people. An activities board in the entrance way reminded people of what was happening in the home. We found people were engaged in the activities and pointed out to the registered manager when a member of the local clergy had not arrived for a service.

We looked at four people's records and found before people began living in the home a comprehensive assessment of their needs had been carried out. During our inspection we found people who may wish to use the service in the future were given the opportunity to have day care or visit for meals. This meant people were able to acclimatise to the home and were able to make informed choices with their relatives about their future accommodation needs.

The registered manager told us they were introducing new care documentation into the home as they felt improvements could be made to ensure people's care needs were documented in a manner which was more personalised. We reviewed these records and found the registered manager had begun to write these plans. They explained to us staff had been used to the old style plan for a number of years and they wished to support staff to roll out the new documents.

We looked at people's care plans, risk assessments and other documents including We found the care plans were person centred. This meant they focused on the individual person's needs. The care plans were comprehensive. Staff told us they were able to access people's care documents to read new information or check what the plans said if they were in any doubt. We found people's plans had continued to be reviewed on a regular basis to check if they were accurate and the correct guidance had been given to staff.

The home had in place a Hospital Admission Information form. When a person needed to go to hospital the staff documented their care needs. The registered manager told us they also send a copy of the person's MAR so medical staff have a complete up to date history of the person.

Complaints made about the home had been thoroughly investigated by the manager and people had been given an outcome of their complaint. Apologies and explanations had been given where appropriate. This meant the service took complaints seriously.

Good

Is the service well-led?

Our findings

Staff described to us how they enjoyed working in the home. One member of staff said the home was, "Brilliant." The same word was used to describe the registered manager by a relative during a period of adjustment when a person had moved into the service.

There was a registered manager in the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. When we spoke to the registered manager and the deputy manager they demonstrated a good knowledge of people in the home and were able to convey information to visiting practitioners.

We found there was good partnership working by staff in the home. There were contacts with opticians, chiropodists, GP's, district nursing services, the results of which led to people having improved lives. We also found there was good partnership working with relatives to support people living in the home and manage their care. This meant there were relationships in place to manage people's holistic needs and drive a person centred culture.

Surveys to monitor the quality of the service had been carried out. The staff satisfaction surveys revealed a high level of satisfaction. Relatives were complimentary about the service.

The registered manager held staff meetings to keep people informed. We saw the registered manager had introduced a new nightshift checklist; however the nightshift staff had wanted a more detailed checklist to measure and monitor their work. This had been accepted by the registered manager and meant staff had been listened to about their work.

We saw the registered manager had in place a system of audits to manage and monitor the quality of the service. They scored each area on the audits so they could monitor progress and listed actions which required attention. We found the scoring was honest and reflected the registered manager's findings. Actions were then put in place, carried out and reviewed. The registered manager also carried out a daily walk around the home to note cleanliness and if any actions needed to be taken to improve the environment. This meant the service had a culture of continuous improvement.

The registered manager told us staff had worked with existing systems for years and they needed to be mindful of not introducing too many improvements at once. The registered manager had prioritised the improvements. This meant staff were not overwhelmed with changes which impeded on their ability to care for people.

At the time of our inspection the service was preparing for a contracts review by Durham County Council. The registered manager had received a list of documents required by the council through which the council would give them a rating score. We found the registered manager and the staff had the required information

to hand and were putting together all the information required by the local authority. This meant the service was able to demonstrate accountability to commissioners and to CQC.