

Healthcare Homes Group Limited

Shipdham Manor

Inspection report

Chapel Street
Shipdham
Norfolk
IP25 7LB

Tel: 01362820939
Website: www.healthcarehomes.co.uk

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection was unannounced and took place on 10 October 2016.

Shipdham Manor is a service that provides accommodation and personal care for up to 42 people. On the day of our inspection, there were 41 people living within the home, most of whom were living with dementia.

There was a registered manager employed at the home. 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 and associated Regulations about how the home is run.

People were cared for by kind and caring staff who listened to people, made them feel valued and treated them as individuals. There were enough well trained staff to provide people with the care they needed.

The equipment that people used had been well maintained and people received their medicines when they needed them. Risks to people's safety had been assessed and actions taken to reduce any risks that had been identified.

People had access to plenty of food and drink to meet their individual needs. Advice from other healthcare professionals was sought and acted upon when any concerns about people's health had been identified.

The staff requested people's consent before they provided them with care. Where people were not able to give consent, the staff made sure that any decisions they made on their behalf were taken in the person's best interests.

There was an open culture where people, relatives and the staff felt able to raise concerns without any hesitation. The registered manager and senior staff demonstrated good leadership and the staff worked well as a team to deliver good quality care.

Systems were in place to make sure that the care being provided was safe and of good quality. The registered manager and the staff were pro-active in trying to improve the quality of care that was being provided to the people who lived at Shipdham Manor.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

The provider had systems in place to reduce the risk of people experiencing abuse and avoidable harm.

There were enough staff available to keep people safe and to meet their needs.

People received their medicines when they needed them.

Is the service effective?

Good ●

The service was effective.

The staff had the skills and knowledge to provide people with effective care.

Staff acted in people's best interests when they could not consent to their own care.

People received enough to eat and drink to meet their needs.

People were supported by the staff to maintain their health.

Is the service caring?

Good ●

The service was caring.

The staff were kind and compassionate and treated people with dignity and respect.

People and their relatives were involved in making decisions about their care.

Is the service responsive?

Good ●

The service was responsive.

People's individual needs had been fully assessed and were being met.

People were supported to access activities to complement their hobbies and interests.

The provider had a system in place to investigate and deal with complaints.

Is the service well-led?

Good ●

The service was well-led.

There was an open culture where people and staff could raise concerns which were listened to and dealt with.

The registered manager demonstrated good leadership.

There were systems in place to assess if the home was operating effectively and to improve the quality and safety of the care that people received.

Shipdham Manor

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 was planned to check 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 home under the Care Act 2014.

This inspection took place on 10 October 2016 and was unannounced. The inspection team consisted of one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

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 home, what the home does well and improvements they plan to make. We also reviewed other information that we held about the home. Providers are required to notify the Care Quality Commission about events and incidents that occur including unexpected deaths, injuries to people receiving care and safeguarding matters. We reviewed the notifications the provider had sent us and additional information we had requested from the local authority safeguarding and quality assurance teams.

Most of the people living at Shipdham Manor were not able to provide us with detailed feedback about the care and support they received. During the inspection visit however, we did gain the views of four people living at Shipdham Manor and three visiting relatives. We also spoke with three care staff, the cook, the activities co-ordinator, the head of care and the registered manager. As most people were not able to communicate their views fully to us, we observed how care and support was provided to some of these people. To do this, we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

The records we looked at included four people's care records, five people's medicine records and other records relating to people's care, two staff recruitment files and staff training records. We also looked at records relating to how the provider monitored the quality of the service.

Is the service safe?

Our findings

Systems were in place to reduce the risk of people experiencing abuse or avoidable harm. Most of the people we spoke with told us they felt safe living in Shipdham Manor. One person told us they now felt safe but had not in the past. This was due to one person regularly entering their room uninvited. They said this had been raised with the registered manager and that the issue had been resolved following the fitting of a gate at the entrance of their room. They told us, "I feel very safe here. The staff respect me and I will speak up if I am worried about anything." Another person told us they were currently experiencing the same issue which made them feel unsafe on occasions. They said, "Some residents have walked into my room. I can sometimes get them to leave but this makes me feel worried and a bit unsafe." We spoke with the registered manager about this who told us they were aware of the person's feelings. They said they were working with them to resolve the issue and support them to feel safer.

All of the relatives we spoke with told us they felt their family members were safe living at Shipdham Manor. One relative said, "I don't worry about [family member]. They are very safe here." Another relative told us how in the past, some of their family member's personal items had gone missing from their room. They said they had spoken to the registered manager about this and their family member had been given a key so they could lock their door when they wanted to. This had stopped the issue from re-occurring.

Staff had received training in safeguarding adults and were able to demonstrate to us that they understood what constituted abuse. They were clear on the correct reporting procedures if they suspected that any abuse had taken place. This included who to report concerns to outside of the home if this was needed. We saw that any safeguarding concerns had been reported to the relevant authorities by the registered manager and fully investigated by them, with action taken as appropriate.

Risks relating to people's safety had been assessed. These were in areas such as eating and drinking enough, assisting people to move, falls and people developing a pressure ulcer. Actions were documented within people's care records to guide staff on how to reduce any identified risks from occurring. The staff we spoke with were clear what they needed to do to reduce risks. For example, one staff member told us how they needed to thicken a person's drink to reduce the risk of them choking. We saw that another person who had been assessed as being at high risk of falls from their bed, had a bed that was low to the floor and a crash mat in place next to the bed. This was to reduce the risk of the person sustaining an injury should they fall from the bed. Risk assessments had been reviewed regularly to make sure that the staff had up to date information on how to reduce risks to people's safety.

Any incidents or accidents that occurred were recorded and the potential causes investigated by the registered manager. Trends were identified and actions taken to reduce the risk of the person experiencing a similar accident again.

Risks in relation to the premises had been assessed and actions taken to reduce any identified risks. We saw that fire doors were kept closed and that the emergency exits were well sign posted and kept clear. The registered manager and staff confirmed that testing of the fire alarm had taken place to make sure it worked

correctly. The registered manager added that fire drills had also taken place so the staff knew what they needed to do if the fire alarm went off. Staff demonstrated to us that they knew what action to take in the event of an emergency such as a fire or finding someone unresponsive within their room. Lifting equipment used to assist people to move such as hoists, had been regularly serviced to make sure they were safe to use.

There were sufficient numbers of staff on duty to keep people safe and to meet their needs. Most people told us there were enough staff available to meet their needs. One person did say that on occasions they had to wait for assistance but they did not feel that this adversely affected them. We saw that people had access to a call bell so they could alert staff when they wanted some support.

We observed that there were enough staff to provide people with support when they needed it. When people requested assistance, the staff helped them promptly. The staff were not rushed and had time to spend with people. The staff we spoke with confirmed our observations.

The registered manager explained that staffing levels were based on the individual needs of the people who lived at Shipdham Manor. They told us they were kept under constant review and changed in unison with changes in people's needs. Where staff called in sick or were on holiday, cover was provided by existing staff, the registered manager or the head of care.

The required checks had been completed when recruiting new staff to the home. These included obtaining references about the staff member's character and checking with the Disclosure and Barring Service that the staff member was safe to work with people living in the home. This reduced the risk of employing staff who were unsuitable to work within care.

People's medicines were managed safely. People told us that they received their medicines when they needed them. One person said, "I can take my medication on my own but they check to make sure I have taken it. They keep it all and tick it off a chart."

All of the medicine records that we checked indicated that people had received their medicines as requested by the person who had prescribed them. Medicines were stored securely so that they could not be tampered with or removed. The staff had received training in how to give people their medicines and they told us that their competency to do this safely had been regularly assessed. We observed a staff member giving some people their medicines. This was completed correctly and followed best practice guidance.

There was clear guidance in place for staff to help them give people their medicines safely. This included information about allergies people had, a photograph of them to help staff make sure they were giving the correct person their medicines and also on how and when to give people 'as and when required' medication.

During our walk around the home, we noticed that the majority of the home was clean. However, in one particular area there was an unpleasant odour within the corridor. We checked two people's rooms along this corridor and found the odour was also present. When we checked one person's mattress on their bed, we found that this had not been cleaned sufficiently to decrease the odour. This bed had been made and we found that their pillowcase was also unclean. We brought this to the registered manager's attention. They immediately replaced the mattress on the person's bed to rectify the issue. They said they would remind staff to ensure that people's bedding and mattresses were clean before making people's beds and would monitor the situation closely.

Is the service effective?

Our findings

The staff had the knowledge and skills to provide people with effective care. People told us they felt the staff were well trained. One person told us, "The staff are good they do everything for me." Another person said, "The staff are lovely, they know what to do." A relative told us, "The staff seem to know what they are doing. I do not have any worries."

The staff told us they had received enough training to provide people with effective care. Training had been completed within a number of areas such as infection control, first aid, dementia, the Mental Capacity Act 2005 and assisting people to move. The staff advised us that the registered manager and provider were both supportive when they requested further training to develop their knowledge and skills.

The training that was provided was delivered in both an e-learning and classroom format. The registered manager monitored the completion of staff training to make sure that it was up to date. The staff told us they regularly had their competency assessed to make sure they had understood the training they had received.

The registered manager told us they had recognised that some people within the home required high levels of support to meet their needs. They were therefore arranging for staff to complete further training in relation to supporting people with these needs. Further training was being arranged in dementia care and also in the subjects of nutrition, hydration and pressure care to ensure staff had the most up to date skills to enable them to provide people with good quality care.

We spoke with a new member of staff. They told us they felt very supported by the staff within the home and that they were able to work at their own pace which helped with their confidence. There was induction training for new staff where they spent time with an experienced member of staff. The registered manager made sure that new staff were competent to work with people on their own before they were allowed to do this. They confirmed to us that any new staff employed by the home would be completing the Care Certificate. This is a recognised training certificate that has been designed to provide staff working within health and social care with the skills and knowledge they need to provide a good standard of care.

People's consent was sought in line with the relevant legislation and guidance. The staff told us that there were some people who lived at the home who lacked capacity to consent to their care and treatment. This means that the provider has to comply with the principles of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). The 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 make 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. The application procedures for this in care homes are called the

Deprivation of Liberty Safeguards. We checked whether the home was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

The registered manager and the staff we spoke with had a good understanding of the MCA and DoLS. They were able to tell us how they supported people to make their own decisions and when they made decisions for people in their best interests. People's care records contained information about what decisions people could make and those that required support from the staff. Where there was doubt that the person could make a specific decision themselves, an assessment of their capacity had been made. For example, regarding whether people were able to understand why it was important for them to take their medicines regularly. Where people had been assessed as lacking capacity to make certain decisions, records were in place to show that the relevant healthcare professionals and those close to the person had been consulted. This was so their views could be sought so the staff could ensure any decision they made on behalf of the person was in their best interests.

The registered manager had assessed people living at Shipdham Manor individually to see if the provider was depriving them of the liberty. Where it was felt they were, applications had been made to the local authority for authorisation to deprive some people of their liberty in their best interests. The registered manager advised that these were kept under regular review and that the least restrictive options were being taken when depriving people of their liberty in their best interests. Therefore, the provider had acted in accordance with relevant legal requirements.

People were supported to eat and drink enough to meet their needs. All of the people we spoke with were satisfied with the quality of the food provided. One person told us, "The food is very good." Another person said, "The food is alright."

We observed the lunchtime meal. There were two different meals available. The people we spoke with told us that if they did not like either meals on offer, then an alternative was made for them. We observed this to be the case. However, we saw that some people were not offered a choice of meal at lunchtime. The staff told us this was because some people could not make this decision and therefore, they chose what the person had based on their likes and dislikes. We also saw that some people were not offered a choice of drink. People were not shown the meals or different drinks to help facilitate them making their own choice. We spoke to the registered manager about this. They told us they had identified this as an area for improvement and that the kitchen staff were in the process of taking pictures of the meals. This was so that in the future, they could show them to people to help them make their own decision.

The food was freshly prepared by the cook who had a good understanding of people's individual likes and dislikes. They were aware of those people who required a specialised diet. People who required assistance to eat their meals and to drink received this promptly from the staff. There were snacks available such as fruit and cake for people throughout the day if they required them.

Where there were concerns about a person not eating or drinking enough, they were monitored closely and actions were taken to improve their calorific and liquid intake. This included people who had their food fortified with extra calories such as adding butter or cream to their meals. The staff we spoke with had a good understanding about people's food and drink requirements and the importance of monitoring those who were at risk of not eating or drinking enough. Other healthcare professionals were also consulted for advice such as a GP, speech and language therapist and dieticians. When advice had been given by a healthcare professional on how to help the person with their eating and drinking, we saw that this had been followed by the staff.

People were supported with their healthcare needs. One person said, "I can see a doctor or optician if I need to." We saw that the GP visited people regularly to reassess people's needs and worked with the staff to implement any changes that were required. People also had access to other healthcare professionals such as occupational therapists, dentists, opticians and chiropodists. We were therefore satisfied that the staff supported people with their healthcare needs.

Is the service caring?

Our findings

Positive and caring relationships had been developed with people who lived in the home. All of the people and visiting relatives we spoke with told us the staff were kind and caring. They said that the staff were patient, calm and supportive. One person told us, "They are very kind and gentle." Another person said, "The staff treat me well."

All of the staff were observed to support people in a kind and compassionate manner. Staff addressed people in an affectionate tone and displayed warmth towards people when they engaged with them.

During the lunchtime meal, staff assisted some people with their meals. This was done in an unrushed manner. People ate and drank at their own pace whilst the staff member sat next to them, telling them about their meal and engaging with the person. Gentle and friendly encouragement was given to people whilst they were eating their meals. When staff assisted people to move with equipment such as a hoist or stand aide, we saw that they fully explained to people what they were doing. They also encouraged people to do as much as they could for themselves and gave people reassurance throughout.

The relatives we spoke with told us the staff knew their family member's well. They said they understood their family member and knew their individual likes and dislikes so they could tailor the care provided to their individual needs. The staff we spoke with demonstrated they knew people well. People's life history had been explored and a scrap book put together of pictures that were meaningful to them. Staff told us this helped them facilitate conversations with people and helped them get to know them as a person.

People's birthdays were celebrated if they wished for this to happen. Outside entertainers were often booked so the staff and other people living in the home could join in the celebration. One person told us how the staff had arranged for them to have fish and chips from the local shop on their birthday which they enjoyed in the garden with their family.

People and/or their family were involved in making decisions about the care that was received. Relatives told us how they were consulted about their family member's care where the person were not able to make their own decisions and were asked for their opinion on how the care should be provided. One relative told us the staff always kept them up to date with the health and welfare of their family member which was important to them. We also saw evidence that the people living at Shipdham Manor and their relatives had been asked to participate in reviews of the care that was received.

The people we spoke with told us they were able to make decisions about how they wanted to spend their time. One person told us how they preferred to stay in their room and that this was respected. Another person said they liked to go outside and walk around the grounds which we saw them doing during the afternoon of the inspection.

Meetings had been held with the people who lived at the home and their relatives in the past to gain their feedback on the care received. The registered manager told us these were not always very well attended and

that they had tried to encourage relatives to attend to provide feedback and made decisions about the care being provided.

The people we spoke with told us they were treated with dignity and respect. One person told us how the staff always closed the door when they supported them with personal care. Another person said that the staff always knocked on their door before entering their room. The relatives we spoke with agreed with this. One relative told us, "They always shut the door when moving [family member] on a hoist." We observed this to be the case.

However, we did observe one occasion during the inspection where staff compromised a person's privacy. Two staff member's were seen talking about a person's nutritional needs in front of them and other people living in the home. The staff had not attempted to hold the conversation privately. We spoke to the registered manager about this who agreed to remind staff of the importance of having conversations confidentially when discussing people's individual care needs.

Is the service responsive?

Our findings

People received care that was responsive to their individual needs. The majority of the people we spoke with and their visiting relatives told us that individual preferences were met and were respected. Most people said they were supported to get up in the morning and go to bed when they wanted to. One person told us, "I can choose when I get up and I like to stay in my room." People also said they had a preference in relation to the gender of the staff member who supported them. One relative told us how the staff had supported their family member to become more mobile following an accident. They said the input from the staff had really helped improve their family members condition and therefore, improved their quality of life.

Staff also told us that they were able to meet people's individual preferences in respect of how they wanted to receive their care. They understood the importance of providing people with care that was based on individual preferences and we observed this type of care being delivered to people.

Before people went to live at Shipdham Manor, the registered manager carried out an assessment of their individual needs to make sure that these could be met. The information took into account the care that people wanted to receive and some preferences about how they wanted their care to be given. There was information documented within people's care records about what actions staff needed to take to meet people's needs and preferences. This information was clear and regularly reviewed. The staff told us that the care records provided them with sufficient information to help them get to know people and how they liked to be cared for.

People's care needs were reviewed regularly by the staff and the information was communicated during staff handover meetings. During the inspection, we saw that the registered manager was quickly informed by the staff about any concerns in relation to people's needs. This was so they could take immediate action as necessary. An example of this was for one person who had not eaten or drank much during their lunch. When we spoke to the registered manager about this concern at the end of the inspection, this information had already been communicated to them by the staff. Plans had been put in place to closely monitor the person's eating and drinking over the next few days so they could support the person with this.

There were a number of different activities that people could participate in to enhance their wellbeing. We spoke with the activities co-ordinator who worked at Shipdham Manor. They told us activities included things such as arts and crafts, board games, films, quizzes and reminiscence. Outside companies and individuals also provided entertainment such as singing, playing musical instruments and various animals were brought into the home for people to pet and touch. Other events such as Halloween and Christmas were celebrated. There was a mini bus available that took some people out on trips within the local area.

There were a number of sensory items that people who were living with dementia could touch, look at and feel. This included different types of materials, dolls and toys. We observed people walking around communal areas accessing some of these items which gave them comfort. There were also items around the home that could stimulate memories of the past. The activities co-ordinator told us that an old fashion sweet shop was being developed in response to people's interests. We saw that this was in the final stages of

being put together. The registered manager told us it was hoped this would stimulate fond memories for people and enable them to go to the shop to purchase sweets as they may have done when they were younger.

Throughout the inspection we observed some people being involved in activities such as gentle games being played with hoops or the hitting of a balloon. After lunch some people watched a film on the television. In another area of the home, an outside entertainer played music which several people were seen to enjoy. The entertainer interacted with people and asked them if they recognised the tunes and encouraged them to identify which film it was from. The activities co-ordinator was seen sitting with one person, laminating some photos from an outing that had happened recently. We also saw one staff member filing people's nails and removing nail varnish in preparation for a visit later in the week from a beautician.

People and relatives told us they could not recall whether there was a formal complaints process to follow should they wish to make a complaint. However, they said they did not have any complaints but felt confident to raise any issues with the staff if they were unhappy about anything. They also told us that they were confident that their complaints would be acted on.

The registered manager had received one written complaint within the last 12 months. Verbal complaints were also recorded when received. Records showed that these had been fully investigated and that feedback had been given to the person who raised the concern. We were therefore satisfied that people's complaints were investigated and responded to effectively.

Is the service well-led?

Our findings

All of the people we spoke with on the day of our inspection were happy living at Shipdham Manor and told us that they would recommend it to others. The visiting relatives we spoke with echoed this. All of the staff we spoke with said they would be happy for a relative of theirs to be cared for in the home.

The people and relatives we spoke with told us that the staff and registered manager were approachable and that they felt the home was managed well. They added that they regularly saw the registered manager around the home and could speak to them if they wanted to. One person told us, "I would speak to [registered manager] if I wasn't happy." A relative told us, "I think the home is well run."

People, their relatives and the staff told us that they could raise any issues or suggestions on how to improve the care being given with the registered manager without hesitation. They added that action was always taken in response to any concerns they raised. We observed that the registered manager's office door was always open. Staff were regularly seen speaking with the registered manager about the care of people. The registered manager also invited people living in the home into the office to talk with them if they wanted to have a chat.

The registered manager demonstrated good leadership. They had worked at Shipdham Manor for a number of years as had a number of the senior staff. The registered manager was observed to regularly walk around the home, speaking to staff, the people who lived in the home and their relatives in a professional, kind and caring manner. The ethos of teamwork had been instilled within the staff. We observed that the staff all worked well as a team to provide people with good care. The staff team were well organised and the staff demonstrated that they were aware of their individual roles and responsibilities. They told us that their morale was good and that they felt supported in their role. They said they respected the leadership within the home and felt happy working at Shipdham Manor.

The registered manager was keen to improve the quality of care people received. They advised us they had identified that more staffing hours were required to provide people with activities that were of interest to them and that enhanced their wellbeing, particularly at weekends. They had therefore made a request to the provider for this and were awaiting their decision. They had also identified that the staff required further training in certain subjects to ensure they had up to date knowledge and skills to provide people with good quality care. The registered manager was also looking to make improvements to the building and a refurbishment plan was in place to do this.

The registered manager and provider completed a number of regular audits to monitor the quality and safety of care that was provided. These were in areas such as medicines management, falls, pressure care, infection control, people's care records, people's risk of not eating or drinking and health and safety. Spot checks of staff care practice also took place both during the day and night. Where any concerns had been found, we saw that the registered manager had taken action to correct them to improve the quality of care people received.

A survey had recently been sent to people's relatives for their feedback on the care provided. Two of the relatives we spoke with confirmed this. The registered manager advised that once the questionnaires had been returned, the information would be analysed and an action plan put in place to make any necessary improvements.