

Mr Laurence John Waitt

# Shottendane Nursing Home

## Inspection report

Shottendane Road  
Margate  
Kent  
CT9 4BS

Tel: 01843291888

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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

About the service: Shottendane Nursing Home supports up to 38 people who have nursing needs and require end of life care. At the time of the inspection there were 34 people at the service. Shottendane Nursing Home is a large building with care being provided over three floors and sitting in large grounds. Each floor has its own lounge and dining area.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

People's experience of using this service:

People and their loved ones told us they were supported by committed and compassionate staff. One person said, "I have loved every minute of being here, the staff are so lovely."

The visions and values of the service put people at the centre of their care and this was shared by all staff. People were supported by staff who understood how to keep them safe and how to report any concerns. People and their loved ones were involved in planning their care.

End of life care was individualised and based on people's preferences. People were encouraged and supported to stay well and independent for as long as possible. Staff worked closely with health professionals to manage people's health conditions.

People told us the food was good and that they had plenty of choice. All staff knew people well including those who worked in the kitchen or laundry. There were affectionate and humorous interactions throughout the inspection.

The registered manager was approachable and open. People, relatives and loved ones told us they could go to them at any time and that concerns would be resolved. There was a culture of learning from concerns or issues which involved all staff.

Rating at last inspection: The service was rated Good at the last inspection, published in October 2016. At this inspection the service remained Good.

Why we inspected: This was a planned inspection based on the rating at the last inspection.

Follow up: We will continue to monitor the service.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

<b>Is the service safe?</b> The service remains safe	<b>Good</b> ●
<b>Is the service effective?</b> The service remains effective	<b>Good</b> ●
<b>Is the service caring?</b> The service remains caring	<b>Good</b> ●
<b>Is the service responsive?</b> The service remains responsive	<b>Good</b> ●
<b>Is the service well-led?</b> The service remains well-led	<b>Good</b> ●

# Shottendane Nursing Home

## 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.

#### Service and service type:

Shottendane Nursing Home 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 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 the information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as abuse. We reviewed the information we require providers to send us to give key information about the service, what the service does well and improvements they plan to make. We used this information to plan our inspection.

#### During the inspection, we reviewed a range of records including:

Notifications we received from the service, completed surveys from people who used the service, relatives and professionals. Three people's care records, records of accidents, incidents and complaints. Audits and

quality assurance reports.

We spoke with two people who use the service and Nine relatives or friends of people. We spoke with the registered manager, the provider, one nurse, one care supervisor, three carers and a visiting GP.

# Is the service safe?

## Our findings

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

Good:  People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People were supported by staff who understood how to keep people safe. Staff could describe the types of abuse they may encounter and what they would do if they had any concerns.
- People were supported to understand how to stay safe, some people were vulnerable to financial abuse from people who had befriended them. Staff worked with people's loved ones to keep the person safe and help them understand the situation.
- The registered manager understood their responsibilities in relation to safeguarding and worked closely with the local safeguarding team when appropriate.

Assessing risk, safety monitoring and management

- Risks to people and the environment were assessed and clear guidance was in place for staff about how to mitigate the risk.
- Positive risk taking was encouraged and supported. For example, one person had been placed on a soft diet whilst in hospital. They did not enjoy their food this way. The staff worked with them to try eating more solid foods and monitored them for any negative effects. The person was now able to have a regular diet again and their loved one told us, "It has had a huge impact on their quality of life. They look forward to eating again."
- Risks to people were monitored and assessments were updated as people's needs changed.

Staffing and recruitment

- There were enough staff to meet people's needs. People and relatives told us staff came quickly when they called and staff told us they had time to spend with people.
- Staff were recruited safely using robust recruitment procedures. This included references from previous employers, criminal records check and checking that nurses were qualified to work.

Using medicines safely

- People's medicines were managed by the nursing staff.
- People and loved one's told us they had their medicines on time. We heard people being offered pain relief by nurses on their rounds.
- Records were accurate and complete. Regular audits were undertaken and shortfalls addressed.
- Any errors with medicines were taken seriously, with nurses being retrained and monitored until they were deemed competent to give medicines independently.

Preventing and controlling infection

- All staff understood the need for infection control and had completed training.

- Staff used gloves and aprons when appropriate and visitors or staff were asked to leave the room whilst wounds were being dressed to minimise the risk of infection.

#### Learning lessons when things go wrong

- There was a culture of learning from mistakes or concerns.
- The registered manager regularly reviewed incidents and accidents for learning. Any changes made as a result were shared with staff via meetings or supervisions.

# 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

Good:  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

- People's needs were assessed by the registered manager before being offered a place at the service. The registered manager told us, "The assessment is detailed, covers people's needs, capacity assessments and what is important to them. We only take on people if we can meet their needs. I am willing to say no, if we are not the right place for someone."
- Assessments were comprehensive, they used recognised tools to assess people's risks to skin integrity and food and hydration needs. They also took into account people's lifestyle choices and covered protected characteristics as identified under the Equality Act (2010).

Staff support: induction, training, skills and experience

- Staff told us they had lots of training and could always request training in any area they felt would improve their skills. Training was provided by the service and staff regularly attended training provided by the community nursing team.
- A relative told us, "The staff know what they are doing, I used to work in nursing, so it is great to see people who know how to do it well."
- New staff had an induction which included training and shadowing experienced staff.
- Staff had regular supervisions which they told us were supportive and helped them to develop.

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

- People and their loved ones told us that they had a great choice of food and that it was of a high standard. One person said, "The food is excellent since the new chef arrived it has been fantastic. You don't even need to season it as it is perfect already."
- People's food was tailored to their needs and the kitchen staff knew who needed a soft or pureed diet.
- People's relatives or friends could join them for a meal. Some people chose to eat in their rooms. For those who chose to go to the dining room lunch was a social event with lots of chatting and laughing between people and staff.
- One relative told us, "My loved one isn't a big eater, so we have lots of snacks, the staff encourage them to have snacks on a regular basis. As a result, they have gained weight and now need new clothes. They are looking much healthier."

Staff working with other agencies to provide consistent, effective, timely care

- Staff used communication books and handovers to share information about people and any changes in their needs.
- Clear notes were taken of any visits by health professionals such as the GP and changes made to care



plans as required.

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

- The service was adapted to meet people's needs, there was a lift for people to access different floors. Corridors were wide, enabling staff and people to move wheelchairs or hoists easily.
- People's rooms were personalised and contained pictures of loved ones. One person said, "It's my room, I can be a bit messy, but they know that is just me and leave me be. I have my own duvet and blankets, so it feels like home."

Supporting people to live healthier lives, access healthcare services and support

- People's health needs were monitored closely, and referrals were made to other health professionals as needed such as the speech and language therapy team or physiotherapists.
- Staff encouraged people to stay active and healthy.
- Where people had wounds, these were managed by the nursing staff. One person told us, "I was a district nurse, so I know how it should be done and they do a great job."
- A visiting GP told us, "Staff always listen to my instructions, they know when to call me and what can wait for my next planned visit."
- When people were admitted to hospital, they were reassessed before returning to the service to ensure their needs could still be met and update their care plans and risk assessments.

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 whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- Staff understood the MCA and encouraged people to make choices for themselves where possible. When people lacked capacity to make a specific decision, this had been made for them in their best interests.
- When appropriate, DoLS had been applied for and any conditions followed.

## 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

Good:  People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and their loved ones told us that the staff were caring and compassionate. One relative said, "They know my loved one so well, at night they tell her the cat is in and the doors are locked. They know that was what they worried about at home and it reassures them."
- Staff told us, "We treat everyone as an individual, but they are part of our family. It is all about what they want, if they want a cuddle we will give them one, or a chat or to sing a song. Whatever makes them happy and comfortable."
- People's culture and lifestyle choices were included in their care plans and staff knew them well. Staff knew people's life histories and what was important to them.
- All the staff at the service no matter what their role had built relationships with people. People laughed and joked with the kitchen staff at lunch time and a relative told us the laundry person had found them to let them know their loved one needed larger clothing.

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

- People and their loved ones were involved in planning their care.
- People were encouraged and supported to make decisions about what they would do with their days, whether to stay in their room or go to communal areas. Their choices were respected by staff.
- People could have visitors at any time and they were supported to maintain relationships with loved ones who lived far away. For example, one person had loved ones from another country who were visiting. Staff had spoken to them about how they could maintain contact once they went home. It was agreed that the loved ones would send a weekly email which staff would read to the person and send a reply for them.
- A relative told us, "It's the little things that make a difference, my loved one's clothes always smell lovely and are beautifully ironed."

Respecting and promoting people's privacy, dignity and independence

- People's dignity and privacy were respected by staff; room doors were closed when people were being supported.
- When people had visitors, they could spend time alone in people's rooms or communal areas.
- People were encouraged to remain as independent as possible. Staff supported people to maintain their skills and when possible relearn or gain new ones.

# Is the service responsive?

## Our findings

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

Good:  People's needs were met through good organisation and delivery.

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

- People care was developed with them and around their needs. People's care plans gave clear guidance to staff about how to meet people's needs in the way they preferred.
- People were encouraged to continue enjoying activities they had done before moving into the service. Pet therapy dogs visited the service and loved ones often brought their pets in to visit.
- People enjoyed completing puzzles and watching their favourite show or films.
- One person who was living with dementia had a baby doll which they cuddled and enjoyed showing their peers. People also had sensory items which they could hold or stroke.
- Staff told us, "It's all about the people we support, it matters what they want. They have to be the centre of all we do."
- People and loved ones told us the staff focussed on each person and what they wanted. One relative said, "The activity co-ordinator is great, they spend time with my loved one, sometimes just for a good chat."

End of life care and support

- Many people at the service were being supported at the end of their life. The service was working towards the Gold standard framework. This is a nationally recognised model focussing on excellent end of life care for all.
- When people came to the service for end of life care, staff continued to support them to improve their health and independence. As a result, many people who came to the service with a prognosis of a few months to live, have exceeded this expectation. With some people moving to a residential service or back to their own home.
- One relative told us, "My loved one came here, and we expected them to pass away in weeks. However, we are two years down the line and they are thriving."
- Each person had an advanced care plan, this detailed where they wanted to die, what medical intervention they wanted and who they wanted to be with them at the end of their life.
- One person told us, "It looks like this is where I am going to be for the rest of my life and I couldn't be anywhere better. They know what I want, and I know they will be there for me at the end."

Improving care quality in response to complaints or concerns

- People and their loved ones told us they knew how to complain and that complaints were taken very seriously by the registered manager.
- One relative said, "We had a few concerns and we spoke to the (registered) manager, there have been no issues since. Things get sorted quickly."
- The registered manager regularly spoke to people, relatives and visitors to ask if there were any concerns. All complaints received had been dealt with appropriately and used as opportunities to improve the service.

## 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

Good: □ The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- There was a clear vision and set of values which was shared by all staff at the service. This focussed on people being at the centre of their care and having a good quality of life.
- The registered manager and provider were open and transparent. Sharing any learning from incidents or complaints with the staff team.
- Staff told us they could make suggestions about improvements and that these would be listened to.
- The registered manager and several care staff had been nominated for national awards for high quality care.

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

- The registered manager had knowledge of regulatory requirements. They were knowledgeable about individual regulations and focussed improvements based on these.
- Policies and procedures were regularly reviewed and updated, these were now written in line with CQCs key questions. For example, how does this relate to being safe or effective.
- Staff understood their roles and told us they knew who to speak to about any concerns or to get support. They all told us the registered manager was approachable and open.
- Registered managers are required to inform CQC about certain events such as a serious injury. The registered manager understood his responsibilities and had notified CQC as necessary.
- It is a requirement for services to display their rating. The service rating was displayed in the entrance hall and on the provider's website.

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

- People and their loved ones completed regular surveys about their views of the care received. Any identified issues were addressed by the registered manager and shared with the staff for learning.
- The registered manager met with people on a regular basis, to 'check in' and ensure they were happy with their care and support.

Continuous learning and improving care

- Regular audits were completed of all areas of the service, including medicines, care plans and the environment. Any shortfalls were addressed and shared.

- The registered manager was working towards accreditation for the Gold Standard Framework for end of life care. Information about the framework was displayed in the service and staff were encouraged to be involved in the process.

#### Working in partnership with others

- The registered manager worked with other agencies such as the local hospital, and other health professionals to update their knowledge and meet people's needs.
- Staff also worked closely with the local day service and hospice to ensure people's care was consistent.
- The registered manager and staff attended training with local community nurses which gave them a chance to network with staff from other services and share learning.