

Portsmouth City Council Shearwater

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?

Good



Is the service responsive?

Good



Is the service well-led?

Requires improvement



Overall summary

This inspection was unannounced and took place on the 10, 11 and 14 September 2015. Shearwater is registered to provide accommodation and personal care for up to 60 people and specialises in caring for people living with dementia. The home has three floors, with a lift which gives access to all floors. On the day of our inspection 56 people were living at the home.

The home had a registered manager. 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.

People felt safe. Individual’s risk assessments had not always been recorded to ensure staff knew the risk and how the risk could be minimised. Staff were aware of the differing types of abuse and of the policies and procedures to keep people safe. Whilst the service had no tool to link staffing levels to the needs of people, staffing levels were adequate to meet the needs of people.

Recruitment checks were thorough to ensure the safety of people. Medicines were managed well and people received their medication on time.

Staff felt supported in their role but all staff did not receive supervision on a regular basis. People did not always have their capacity assessed to ensure they could or could not consent to decisions which restricted their

Summary of findings

freedom of movement. Staff received a good induction and a training programme was available to staff. People's nutritional needs were met and people had access to a range of professionals, to ensure their needs were met.

Staff had a good relationship with people and knew people's individual needs. Staff treated people with respect and people's dignity was promoted. Whilst care plans were not always reflective of people being involved with the planning of their care, observations showed us people were given choices on all aspects of their daily living.

Assessments and care plans had been completed. Relatives told us they were kept well informed of their relative's changing needs. There were opportunities for people to make comments and raise complaints which had been addressed by the management team.

Staff, professionals and relatives felt the home had improved over the last year. The home had an open and positive culture and all had confidence in the management team. There was a range of quality assurance processes in place to monitor the quality of care provided. Record keeping in the home needed to improve to reflect the care provided.

We found four breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report

Summary of findings

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.

People did not always have risk assessments to identify risks or explain how the risks could be minimised.

Staffing levels were adequate to meet the needs of people. Recruitment procedures were followed to ensure the safety of people.

Staff understood and had access to safeguarding policies and procedures.

Medicines were managed safely.

Requires improvement



Is the service effective?

The service was not always effective.

All staff did not receive adequate supervision.

Staff understood the Mental Capacity Act 2005 but capacity assessments had not always been completed when consent was needed to restrict a person's freedom of movement.

People were supported by staff who had the skills and knowledge to care for them.

People received adequate choices and support with regards to their nutritional needs.

Requires improvement



Is the service caring?

The service was caring.

Staff were caring, patient and treated people with kindness.

People's independence, privacy and dignity was promoted.

Good



Is the service responsive?

The service was responsive.

Assessments were carried out and care plans were developed guiding staff on how to care for people.

People felt able to complain and complaints were investigated.

Good



Is the service well-led?

The service was not always well-led.

Record keeping in the home needed to improve.

Requires improvement



Summary of findings

Staff and visitors told us the home had improved and the home now had a positive and open culture.

A range of quality assurance processes were undertaken to ensure people were receiving safe and effective care.

Shearwater

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 service under the Care Act 2014.

This inspection took place on 10, 11 and 14 September 2015 and was unannounced. The inspection team included 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. They had experience of caring for people living with dementia. They visited the service for one day. Two inspectors were included in the team, one for two days and the lead inspector for three days. A specialist advisor who had specialist knowledge in the care of frail older people visited on all three days.

Before the inspection, we examined previous inspection reports, action plans the provider had sent us, safeguarding

meeting minutes, and other information we had received, along with notifications. A notification is information about important events which the provider is required to tell us about by law.

During the inspection we spent time talking with 24 people, eight relatives, 14 members of staff including the registered manager, deputy manager, a night shift leader, kitchen manager, care staff, activities co-ordinator, a cook and a kitchen assistant. We observed interactions between people and staff. Some people were not able to share their experiences of life at the home with us verbally so 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. We looked at the staffing records of twelve members of staff and records of service quality audits, including minutes of staff and resident meetings. We viewed the master copy of the staffing rota and the duty rotas for the week prior, the week of and the week after the inspection. The medicine records of the majority of people in the home were viewed. We looked at the care records of nine people. Following the inspection we requested information from health and social care professionals who visited the home.

Is the service safe?

Our findings

When asked if they felt safe at the home one person told us, “I was not coping at home; but I know I’m safe here.” A relative of another person told us, “His medication is now at a good level.” When we asked this person, “Do you feel safe here”, they replied, “Oh, absolutely safe”.

Environment risk assessments were carried out and there were procedures in place for emergency situations, for example flooding. Risk assessments were included in people’s care folders. However whilst there were clear risk assessments regarding falls other specific information relating to risks for individuals had not always been completed. For example the risk of choking had been identified for one person in their care records but no risk assessment had been completed. In another care plan it had been noted the person had lost weight over a period of months. However no risk assessment had been put in place. This meant staff might not have been aware of the risk or how to care for the person if the situation had arisen. Incidents and accidents were logged and reviewed on a monthly basis. The analysis did not demonstrate particular patterns were looked for or identified, which made it difficult to establish whether appropriate action would have been taken to prevent further incidents if patterns emerged.

The lack of assessing individuals’ risks and not detailing how these could be mitigated was a breach of Regulation 12 of the of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff had an awareness and understanding of the differing types of abuse. Staff understood the principles of keeping people safe and were aware of the safeguarding policies and procedures. Staff ensured people were kept safe when carrying out their responsibilities in a safe and respectful

manner. Where necessary appropriate safeguarding referrals had been made and details of any investigations were recorded. Safeguarding policies and procedures were available to staff.

Whilst no assessment was used to determine staffing levels according to the needs of people, there were sufficient staff to meet the needs of people. Records confirmed stated staffing levels had been consistently maintained whilst some shifts indicated considerable use of agency staff. Staff confirmed there were now sufficient staff to meet people’s needs and that agency staff were routinely provided to cover any vacancies. They also told us additional permanent staff had been and were being recruited, which was confirmed by the registered manager. The use of agency staff at times did have a negative effect on the care of people. One professional told us sometimes the agency staff would not know a person’s name, but agency staff would find permanent staff to ask if specific care was needed.

Staff recruitment processes were thorough to ensure staff were suitable to work in the service and ensure the safety of people. References, criminal record and identification checks were completed before staff were able to start working in the service and they had a detailed interview to show their suitability for the role.

Medicines were administered on time, ensuring where necessary they were given either before or after food. Medication was stored and recorded appropriately. Covert medicines (where medicines are disguised in food or drink) were used but appropriate procedures had been followed to ensure this was a safe practice. Staff administering medicines had undertaken training and competency assessments were seen ensuring staff were skilled to administer medication.

Is the service effective?

Our findings

People were supported by staff who had the skills and knowledge to care for them. Staff had a good induction. Staff who had previously undertaken the old common induction standards had been working on the Care Certificate (an identified set of national standards for staff working in the caring industry) by topping up with 12 modules from the Care Certificate to improve their knowledge within the staff team. New staff undertook the 15 Modules in the Care Certificate with the aim of completing it within the twelve weeks. Staff told us they received all the training they needed to ensure they had the skills to carry out their role. Observations demonstrated the majority of staff had the skills to communicate with and care for people effectively. We were not able to view an analysis of training records. Following the inspection we were sent details of staff training. Whilst it appeared the majority of staff had received a wide range of training, which included training on dementia this information had again not been analysed and there was over 1000 entries. This meant it was not possible to establish which staff members needed which specific training. Staff said they felt supported in their role. Records of supervision demonstrated some staff had not received regular supervision. There was no clear record of who and when staff had received supervision. In the staff records we viewed one member of staff had not received a supervision session for over twelve months and for some others they had received three sessions in a twelve month period which was not in line with the providers Staff Supervision Policy.

The lack of supervision for all staff was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The Mental Capacity Act 2005 (MCA) provides a legal framework for acting and making decisions on behalf of people who lack the mental capacity to make particular decisions for themselves. The Care Quality Commission (CQC) monitors the operation of DoLS which applies to care homes. These safeguards protect the rights of people using services by ensuring if there are any restrictions to their freedom and liberty, these have been authorised by the

local authority as being required to protect the person from harm. People had standard DoLS in place, which mainly related to the locked doors of the home. However there were other restrictions which had been written into people's care plans where the person's capacity had not been assessed, there had been no best interest decisions meeting and no consideration for a DoLS. For example one person had a sensor mat put next to their bed at night to monitor their movement. There had been no consideration as to whether this was a restrictive practice. One authorised DoLS for another person had conditions linked to its authorisation. It was not possible to see how these conditions had been linked to the relevant parts of the care plan and how they had been put into practice.

People's capacity had not always been assessed when decisions had been made which involved the restriction of their movement which they had not consented to. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Meals were served to each floor at lunch time via hot trolleys. At tea time these were not used and it had been accepted the tea time meal needed to improve. Staff working in the kitchen had plans to change their working hours to ensure in the next few weeks the quality of the tea time meal would be improved. People were given a choice and asked on a daily basis what they wanted for the next day's meals. There was evidence at mealtimes people could change their minds and an alternative would be provided. Staff told us there was enough staff at meal times to support people with their food and fluid intake. During one lunch time we observed people being assisted in a leisurely, unrushed way. People could select where they wished to sit. They had time to get settled in and speak to their tablemates and care staff. People ate and drank at their own speed, and courses were served as and when they became ready for them.

Details of people's health assessments and on-going health needs were recorded in separate files. Professionals were called in appropriately and they told us staff were able to follow their care plans and care for people appropriately. Relatives informed us they were kept up to date with people's changing needs.

Is the service caring?

Our findings

People told us staff were kind and caring. One person told us, “They’re very kind. We’ve got a good team here; I like to joke with them – sometimes I think I cheer them up!” A relative told us, “I cannot praise them (staff) enough. Lovely people. They banter with him, and he loves that. He’s quite happy here. The staff here all know them [the residents] really well, and he feels at home with them. His favourite is his key [worker] the banter between them is brilliant.”

The majority of observations demonstrated staff had a caring nature and treated people with kindness and patience. We saw a few observations where staff’s approach lacked the basic skills but these were in the minority. For example on one floor we saw three staff support people to eat their meal by standing behind and over them. They did not explain to people what food they were being served to help people to understand and make sense of the meal experience. However during the same time we observed a staff member support a person leave the dining room table when they became unwell. This was done swiftly and discreetly, not impacting on others’ dining

experience. We saw staff spending quality time with people on a one to one basis, as well as completing the necessary care tasks. Staff knew people and their families well and responded to them in an individualised way.

From records it was difficult to establish people were involved in making decisions as their views in monthly reviews of the care plan were not included. However throughout the inspection it was clear people were encouraged and involved in making decisions about their care and treatment. People’s views were respected and it was clear people had choices about what they wanted to be involved with. The service had links to an advocacy scheme, and the information for this was available to people.

Observations demonstrated people were treated with respect and dignity. People were encouraged to be as independent as possible. One person was encouraged by staff to stand and move independently. However after several attempts the person was then supported to move with the use of a hoist. This was done quietly and in a way which demonstrated respect for the person’s dignity and privacy. Visitors told us they were always made welcome and the staff made efforts to support people visiting. Visitors all advised us they had seen improvements in the last two years, especially with the caring attitude of staff.

Is the service responsive?

Our findings

People had their needs assessed and personalised care plans were developed in a range of areas. Observations showed people received personalised care. Staff had knowledge of people's likes and dislikes. One staff member was handing out the morning teas and coffees, they knew how everybody liked theirs, and they did not need to ask people. There were plenty of surfaces where people could put down their cups of hot beverages. Most care plans detailed people's personal information and looked at people's personal histories and a lot of information was individualised. We saw a few examples of where care plans had not been personalised. In one person's care folder a generic assessment tool had been used. The name of the person had been put on top of another person's name and the document had not been completed. All people's care plans included night care plans which detailed the person's likes/dislikes and choices for the night time. Daily logs were maintained of care delivered by night and day staff, reflecting people's choices were followed.

Relatives felt they could rely on being called at home if anything out of the ordinary happened, and they felt they were kept well informed of their relative's progress. Most had not had reference to their relative's care plans but felt completely up-to-date and included in their relative's care.

Staff were currently creating an indoor garden, a bar and a sweet shop within the home to improve activities for people. The activities co-ordinator demonstrated people had been involved in these developments and with the on-going development of these areas. Whilst it was acknowledged this had made the process take longer it was reported people had really enjoyed taking part. Activities were taking place with people on a regular basis and were tailored to meeting people's individual needs.

Details of the complaints procedure were displayed around the home. In the main reception there was a comments book, where visitors were free to make any comments they wanted. Visitors told us they felt comfortable making complaints and had confidence they would be listened to. All complaints were logged and appropriate action had been taken to ensure complaints were dealt with inside the agreed timescale within the provider's policy.

Is the service well-led?

Our findings

Records were not always well maintained. Care records in certain areas of the home were not kept in a locked area to ensure people's right to privacy was maintained. In a few care plans we found important information had not been updated in the care plan. For example in one person's care folder a generic assessment tool had been used. The name of the person had been put on top of another person's name and the document had not been completed. We observed where people had changing needs the care plans were not always updated effectively to ensure staff had the correct information to care for people. For one person this related to their nutritional needs and their continence needs. For another person this related to their changing mobility needs not being reflected in the care plan. Where care plans identified people needed regular re-positioning or were on food and fluid charts we found these records were inconsistently completed. This made it difficult to evidence people were receiving the care they needed. The recording of activities was not accurately reflecting the number of activities people undertook. The temperatures of the fridges in the medical rooms were not being consistently recorded.

The lack of maintaining secure, accurate and complete records was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff were keen to emphasise to us they felt the service had much improved over the last two years. They felt the culture of the home had improved and there was now a much more open and positive culture. Staff told us the morale of staff had improved and staff felt more valued. Regular staff meetings took place where staff told us they could raise any concerns and could introduce ideas of where they felt things could be improved. Visitors also told us they felt the home had a much improved atmosphere. Whilst people were unable to express this verbally we could see they appeared relaxed and enjoyed the increased activities within the home.

The home had a registered manager and a deputy manager who worked as a team. Staff and visitors knew who the management team were and told us they were approachable and they had confidence in them. The deputy manager spent time observing interactions on all floors between staff and people with the aim of where possible improving interactions. The management team were aware of their responsibilities and had sent us notifications (a notification is sent to inform us of a significant event in the home) appropriately. They were both aware of the progress the home had made but were also aware of the areas needed to improve. They had introduced a more permanent staff group and the introduction of a more organised supervisions process was intended to improve the service further.

Regular meetings were held between management and staff and with relatives with the aim of improving communication and ensuring all were working towards the aims and objectives of the home. A newsletter had been introduced for those who were unable to attend the meetings.

A schedule of quality audits was in place, and an action plan was in place if any areas were identified as needed improving. For example on the third day of our inspection the stairwells in the home were being redecorated. The environment had been improved to try and ensure it reflected the home cared for people with dementia. The evening meals were about to be improved as this had been identified as an area needed to improve. The home had a quality assurance officer who visited on a monthly basis and produced a report on their findings. The last few months had not identified any areas for improvements, like the ones we have identified during this inspection. The service had carried out questionnaires in March 2015 and the results had been collated. The registered manager told us they had not had time to create actions plans on the findings but they were aware of the picture they presented.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

The lack of assessing individual's risks and not detailing how these could be mitigated was a breach of Regulation 12 (a) (b) of the Health and Social Care 2008 (Regulated Activities) Regulations 2014.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

The lack of supervision for all staff was a breach of Regulation 18 (2) (a) of the Health and Social Care 2008 (Regulated Activities) Regulations 2014.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 11 HSCA (RA) Regulations 2014 Need for consent

People's capacity had not always been assessed when decisions had been made which involved the restriction of people's movement which they had not consented to. This was a breach of Regulation 11 (1) (3) of the Health and Social Care 2008 (Regulated Activities) Regulations 2014.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

The lack of maintaining secure, accurate and complete records was a breach of Regulation 17 (2) (C) of the Health and Social Care 2008 (Regulated Activities) Regulations 2014.

This section is primarily information for the provider

Action we have told the provider to take

This section is primarily information for the provider

Enforcement actions

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