

Bcs Medical (Shackleton) Ltd

Shackleton Medical Centre

Inspection report

Shackleton Road
Southall
Middlesex
UB1 2QH

Tel: 02030061840

Website: www.shackletoncare.co.uk

Date of inspection visit:
02 September 2022

Date of publication:
03 January 2023

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Inadequate 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Shackleton Medical Centre is a care home that can provide accommodation and personal or nursing care for up to 26 people with both nursing and general care needs and end of life care. At the time of the inspection there were 22 people living at the care home.

People's experience of using this service and what we found

The provider had not always developed risk management plans to provide guidance on how identified risks to people could be mitigated. When an incident or accident had occurred, the investigation did not always identify what lessons could be learned to reduce the risk of reoccurrence. The provider had a process for the reporting of safeguarding concerns, but this was not always followed. The provider had not always followed their processes when recruiting staff to work at the home to ensure they were suitable for the role.

The provider had not always ensured the environment was safe and suitable. They had also not always ensured there was sufficient guidance for staff on how to provide care in a person-centred manner. People's communication support needs were not always identified. There was a range of quality assurance processes in place, but these were not always robust enough to indicate to the provider where improvements or action were required. Staff had not always completed the training identified as mandatory by the provider or competency assessments such as those with moving and handling before they could work with people.

There was a process for the administration and management of medicines which was followed, but we identified further training and action was required. We have made a recommendation in relation to the management of medicines.

Relatives were overall happy about the care their family members received and told us they felt their family member was safe when they received care in the home. We saw that individually care workers supported people in a kind, caring and respectful way. People's care needs were assessed before moving into the home. People were supported to assess healthcare when required so they remained as healthy as possible.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff supported people to maintain relationships with people who were important to them. The provider responded to complaints in a timely manner.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 12 August 2021). The provider

completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found the provider remained in breach of regulations. This service has been rated either requires improvement or inadequate for the last five rated inspections.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection. We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We have found evidence that the provider needs to make improvements. Please see the safe, effective, responsive and well led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Shackleton Medical Centre on our website at www.cqc.org.uk.

Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to person centred care, safe care and treatment, safeguarding services users from abuse an improper treatment, staffing, premises and equipment, good governance and fit and proper persons employed at this inspection.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 safe.

Details are in our safe findings below.

Inadequate ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was not always caring.

Details are in our caring findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not well-led.

Details are in our well-led findings below.

Requires Improvement ●

Shackleton Medical Centre

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by two inspectors and a nurse specialist advisor. An Expert by Experience carried out telephone interviews with relatives following the inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Shackleton Medical Centre is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Shackleton Medical Centre is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

At the time of our inspection there was not a registered manager in post. A new manager had been in post for seven months and had submitted an application to register. At the time of the inspection we were assessing this application and the manager was registered following the inspection.

A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with one person who used the service, five relatives and one friend of a person living at the home. We also spoke with nine staff members which included the manager, clinical lead, a nurse and care workers. We reviewed a range of records which included seven people's care plans, various medicines records and the recruitment and supervision records for four staff members. After the visit to the service we continued to seek clarification from the provider to validate the evidence we reviewed.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to inadequate. This meant people were not safe and were at risk of avoidable harm.

Assessing risk, safety monitoring and management; Preventing and controlling infection

At our last inspection the provider had failed to ensure the systems were either not in place or not robust enough to demonstrate safety was effectively managed. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12

- The provider had not always developed risk management plans in relation to people's health issues and wellbeing. For example, we saw that risk management plans were not always in place if a person was identified as living with a progressive disease which could affect their neurological function or that causes deterioration of their muscles and there was no guidance for care workers as part of people's care plans to help manage the identified risks.
- The care plan for one person indicated they were supported to take part in activities outside the home including going out with family members or visiting the pub but a risk management plan had not been developed to identify possible risks and provide guidance for staff on how to mitigate those risks.
- The care plan for one person stated that they required a soft diet and food in bite sized pieces but there was no risk assessment in relation to the person's issues with swallowing and a possible increased risk of choking.
- This person was identified as at risk of developing a urinary tract infection (UTI) the care plan indicated that staff knew the signs of an UTI but there was no risk management plan to provide staff guidance on the symptoms. Also, the care plan stated that staff should ensure the person drank water throughout the day but there was no direction for staff to record the person's fluid intake and output so these levels could be monitored.
- People had been prescribed emollient creams to use on their skin which had been identified as having an increased risk of becoming flammable. The provider had not developed risk management plans in relation to the use of these creams.
- The provider had developed risk assessments in relation to COVID-19 for people living at the home. The risk assessment focused on the testing process and what actions should be taken if the person was to develop COVID-19 but did not identify possible indicators which could increase the person's risk from COVID-19 which could include ethnic background, current health conditions and age. Therefore, the risk assessments did not always identify risks to people and how these could be mitigated.
- There were 13 bedrooms located on the first-floor unit and there was access to two staircases, one at either end of the unit. These doors were accessible via a keypad system to restrict access to the stairwell but could

be used in the event of an emergency. A fire door on the first floor which led to one of the staircases was locked when we arrived at the home so that a person would not be able to open the door. A care worker explained the door had been damaged and the keypad system was not working so it had been locked. We asked where the keys for the door were kept and the care worker explained they were in the nurses station which was located at the other end of the unit. The care worker located the key and then unlocked the door. This meant that if a fire were to occur in the unit which prevented care workers from accessing the keys to unlock the door people would not have limited access to the remaining evacuation route.

- In communal areas we found the window restrictor on one window on the first floor and another window on the second floor were not connected so the windows could be fully opened which increased the risk of people falling from height. We informed staff of the windows where the restrictors were not in place and the windows were closed and locked. We saw one window in the corridor on the first floor had cracked glass, which had not yet been repaired posing a risk to people using the service.
- The provider had not ensured the environment of the home was free from hazards. We found a used medicine pot which contained the remains of a brown liquid had been left on a box outside a bedroom on the ground floor. We asked the nurse if any of the people with bedrooms on the ground floor received a medicine in a liquid form and they confirmed no one did and they did not know why the medicine pot was there. There was a spray bottle of disinfectant in an unlocked cupboard in a bathroom on the second floor. We found a razor and toiletries had been left in a bathroom on the second floor which were accessible to people on that floor. Risk assessments were not in place as to why these items should have been in the bathrooms

The provider had failed to ensure the systems were robust enough to ensure risks were effectively managed. This was a continued breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Notwithstanding the above a range of risk assessments had been carried out in other areas which included assessment for each person's mobility, the risk of falls, malnutrition and the risk of developing issues with skin condition to help mitigate some of the risks people faced.

Systems and processes to safeguard people from the risk of abuse

- The provider had a process for the reporting and investigation of safeguarding concerns, but this was not always followed. The care plan for one person included information, recorded by the nurse on duty, about three separate incidents that had occurred which would be considered as requiring a safeguarding referral. The care plan included details of what occurred during each of the three incidents, but these had not been recorded as incidents and had not been reported to the local authority as safeguarding concerns. There was no information on what actions had been taken following each incident and any preventative measures that had been put in place.
- We spoke with the manager about the recording of these incidents and they confirmed they had not been made aware of these incidents. This meant staff members did not follow the provider's process for recording and reporting safeguarding concerns to ensure appropriate action can be taken to ensure people involved were safe.

The provider did not ensure their process for reporting and investigating safeguarding concerns was followed to protect people from abuse and improper treatment. This was a breach of regulation 13(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Relatives we spoke with told us they felt their family member was safe living in a home.
- Following the inspection, the manager raised all three concerns with the local authority safeguarding team so these incidents could be reviewed.

Learning lessons when things go wrong

- The provider had a process for the recording and investigation of incidents and safeguarding but the lessons learned had not been identified so preventative measures could be put in place.
- We reviewed the records of four incidents and accidents and we found information on what happened, and the initial actions had been recorded but the root cause for the incidents and what actions could be implemented to prevent a reoccurrence had not been identified.
- The record for one person who had experienced a fall contained information about the fall and monitoring of their wellbeing following this. However, there was no investigation into the cause of the fall and possible actions which could be implemented were not identified to reduce the risk of another fall occurring.
- The records for a second person who had fallen whilst using a walking frame, which resulted in a small skin injury, also provided information about the fall and a post fall assessment had been completed. However, the analysis of the fall had not considered the cause so that appropriate actions could be identified to minimise the risk of further falls.
- The records for two safeguarding concerns were reviewed and these included documents such as referral paperwork to the local authority and copies of the person's care plan but the incidents had not been reviewed to identify learning so that where possible preventative measures were put in place and implemented.

The provider had not always analysed all incidents and concerns so that learning took place and for appropriate measures to be implemented to prevent reoccurrence. This was a breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following the inspection, the registered manager confirmed the forms used for recording incidents and accidents had been updated and additional training had been organised for the nurses in the management of incidents and accidents.

Staffing and recruitment

- The provider had not always ensured their recruitment process was followed robustly. During the inspection there was a volunteer at the home who was working in the home who had previously been called to replace staff who were not able to work.
- When we asked the administrative staff at the home for this person's training and induction records, they confirmed there were no records as this person as they were not employed by the home. The provider was unable to confirm they had followed a robust recruitment process for this person to demonstrate safe recruitment processes were followed.

The provider did not ensure people working at the home had always completed the recruitment process. This was a breach of regulation 19(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We reviewed the recruitment records for four staff members who had started work at the home since the previous inspection. The recruitment records included references from previous employers or from people who knew the applicant, a Disclosure and Barring Service check and the applicants right to work in the UK. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Some relatives we spoke with felt that there was not always enough staff on duty to provide appropriate support. Their comments included "They seem short of staff all the time, but my family member doesn't complain. I want to be sympathetic but there are not enough staff" and "Probably not enough staff, it's every time I'm there, sometimes there are enough, other times not. It may be a rostering problem."

- We received mixed feedback from staff with one staff member explaining, "There are enough staff and if a staff member was off the regular staff would cover" and another staff member said, "Most of the time we have five carers in the morning and four or five in the evening, sometimes feel there is a lack of staff if there is an emergency, it is a problem. Today not enough staff because three in the morning. On the rota was four carers." We reviewed the rotas for the home for September 2022 which indicated that there for five care workers scheduled each day in the morning, four care workers in the afternoon and three at night. There was a nurse on duty during the day and one at night. This reflected the staffing levels identified by the provider based upon people's support needs.

Using medicines safely

- The provider has appropriate processes for the administration and management of medicines, but some issues were identified which could pose a risk to people.
- A glucometer was used to monitor blood sugar levels for people who were living with diabetes. The nurse on duty could not demonstrate how the glucometer was calibrated to ensure the reading was accurate. We discussed this with the manager as the nurse had identified they required additional training on calibrating the piece of equipment.
- The medicines records for one person showed they had been prescribed a medicine to strengthen their bones. The instructions for the administration of this medicine to ensure it is effective were that it should be taken on an empty stomach and the person should stay upright for 30 minutes but this was not recorded in the care plan or on the medicines administration record (MAR) chart. Therefore, the nurses were not provided with guidance to ensure they could administer the medicine to achieve the best outcome.
- We found the recorded stock levels for a medicine prescribed for one person were not always accurate as the records showed there were 36 tablets on the 7 August and 30 on the 8 August 2022. Therefore, the provider could not demonstrate the person had received this medicine as prescribed.

We recommend the provider review medicines' management practices in the home in line with national guidance on the management of medicines in care homes.

- Notwithstanding the issues identified above, we found people's medicines were generally administered safely and as prescribed. A photograph of the person was kept with their MAR chart so nurses could identify the person to minimise administration errors. Any allergies were also identified on the MAR chart.
- There was guidance in place for each person for managing 'when required' medicines and nurses recorded the reason why they had administered the medicine.
- The majority of MAR charts we reviewed had been completed clearly and accurately to show people were receiving their medicines.

Preventing and controlling infection

At our last inspection the provider the provider had failed to ensure that systems were in place or were robust enough to demonstrate infection control was always effectively managed. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12 but some further improvement was required.

- The provider had processes and procedures in place for infection prevention and control, but these were not always followed. We identified one clinical waste bin had been used for general waste including empty drinks bottles.
- Supplies of personal protective equipment (PPE) were not always easily available for staff around the

home. On the ground floor we found there were aprons and gloves available but no masks for staff and we found PPE storage units around the home had not always been stocked.

- In four bathrooms and sink areas we found there were no paper towels available for staff and other people using the sink to dry their hands after washing them.
- The cleaning schedule for the kitchen had been completed on the 30 August 2022 but it had not been recorded on the 31 August and 1 September 2022.

We recommend the provider review their infection control and prevention practices in line with national guidance.

- Notwithstanding the above we found other areas of the home were clean and hygienic.

At our last inspection the provider had failed to develop appropriate plans in relation to visiting and had not always considered the possible impact of visiting restrictions on people using the service. This was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9 in relation to visitors accessing the home.

- At the inspection in January 2022 we identified that the provider had not supported people's relatives and friends to visit the home in line with the Government's visiting guidance. During the inspection in September 2022 we found that processes were in place to support visits from relatives and friends.
- The manager explained visitors to the home were required to sign in, record their temperature and wear a face mask within the home. If a person was being visited in their own bedroom the number of visitors was limited to a maximum of two due to space. There was signage around the home to remind visitors to use hand gel.
- Where relatives and friends might not be able to visit such as in cases where a person might have tested positive for COVID-19, the activity coordinator would organise video calls with relatives and friends.

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.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- The provider did not ensure the environment of the home was always safe or suitable.
- The provider had installed CCTV to record video without sound in communal areas around the home. The signage that had been put in place stated "Smile you're on camera" but did not explain if just visual pictures or if both sound and visual pictures were being recorded. The provider's policy for the use of CCTV gave links to relevant legislation but did not provide any guidance in relation to the storage of retention of the footage obtained through the CCTV and how they should comply with the identified legislation.
- On the first floor we saw a small table and two chairs had been placed at the end of the corridor which restricted the space for people to pass and which could therefore increase the risk of falls. This also restricted access for equipment such as the medicines trolley to be moved around the unit. The risks associated with this had not been identified and a risk assessment had not been completed.
- The provider had located an area for people to smoke in the garden, but it was not easily accessible as the chairs were stacked up and there was no facility to dispose of used cigarettes. People were using another part of the garden as an informal smoking area and we found people had been disposing of their cigarettes in an old container and in a clinical waste bin which was being used for general rubbish and for used cigarettes. This meant the environment was not always pleasant for other people who used the garden as people were not supported to dispose of rubbish and their cigarettes in an appropriate manner.

The provider did not ensure the environment of the home was always appropriate and safe to meet people's care and support needs. This was a breach of regulation 15 (Premises and equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff support: induction, training, skills and experience

- The provider had identified a range of training courses staff were expected to complete but we found this had not always been undertaken. The manager confirmed that staff should complete the mandatory training annually. Nurses had 22 training courses of which 11 were not covered by the care certificate and care workers had eight courses identified as mandatory.
- We reviewed the training records for all staff, and we found that some staff had not completed either their mandatory training or the annual refresher of this training. The nurse on duty on the day of the inspection had only completed the care certificate and had started the courses for fire safety and first aid and had not completed any of the 11 mandatory training courses not covered by the care certificate. The clinical lead had not completed any of the mandatory training identified by the provider or the care certificate. Three care workers had completed the care certificate in 2020 and the training record showed they last completed

their training for food hygiene, health and safety and medication practice in 2020 and have not had refresher training since. One care worker had not completed six of the mandatory training courses including health and safety and fire safety. The person identified as working as one of the kitchen staff last completed food hygiene training in May 2020.

- The manager confirmed staff had not completed practical moving and handling training and competency assessments had not been completed to ensure staff were competent to use equipment to support people with moving and handling safely. The manager confirmed the training had been booked for shortly after the inspection. This meant the provider could not ensure care workers were supporting people with moving and handling appropriately.
- The care plans of some of the people living at the home indicated they could become aggressive or agitated. The training records we reviewed showed that not all of the staff had completed training on how to support a person who became aggressive or agitated.

The provider did not ensure staff had always completed the training they had identified as mandatory so that staff had information on current best practice. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Notwithstanding the indication that some staff had not always completed either the training identified as mandatory by the provider or their annual refresher training, we saw the training records showed care workers and nurses had completed the care certificate as part of the mandatory training. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Staff had completed regular supervision meetings with their line manager. The supervision records included a list of subjects to be discussed during the meeting with the member of staff.
- During the inspection the provider was unable to demonstrate nurses had their competency assessed for the administration of medicines. Following the inspection evidence that competency assessments had been completed for nurses at the home was provided. The competency assessments included checks on the nurses' knowledge of the medicines prescribed to people at the home and an observation of them administering medicines. There were also assessments of the nurses' use of PPE.

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

- People's care and support needs were assessed before they moved into the home to ensure their needs could be met. Where possible the service also sought the needs assessments carried out by the relevant commissioning agency so they had all the necessary information about a person's needs.
- In general people's needs assessments were reviewed when there were changes.

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

- People were supported to eat food which met their dietary requirements. One person we spoke with told us they enjoyed the food provided and a relative said, "My relative enjoys the food." Another relative explained they brought food into the home for their family member.
- People's care plans identified their food preferences as well as any specific diets they required and any allergies.

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

- People were supported to meet their healthcare needs and to access healthcare professionals and other services when required. We saw evidence of the involvement of healthcare and other professionals in providing care for people living at the home. There were records detailing consultations with the GP and the

outcomes.

- We saw records indicated staff had worked with the GP to review people's medicines to identify any which were no longer required. The records showed any changes to a person's prescribed medicines were discussed with the person and their relatives.
- Staff we spoke with demonstrated a clear understanding of what action they should take in the event of a medical emergency and they confirmed they had received training and felt able to respond.
- People's care plans included information on their oral health and if the person required support from care workers to maintain their oral health.

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 MCA 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 when this is in their best interests and legally authorised under the MCA. 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 appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The provider was working in line with the principles of the MCA.
- The provider had a process for the assessment of a person's ability to make decisions about their care and how support should be provided. Where it had been identified that the person could not consent to their care a best interest decision was recorded to demonstrate how the specific aspect of their support would be provided to meet their care needs.
- The provider had made applications for DoLS to the local authorising local authority and these were recorded on a DoLS tracker to show when the application had been made and when it had been approved.

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.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

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

- The service was not always caring because the provider had not always ensured people received the care they needed in a way that was safe and showed respect for them.
- Shackleton Medical Centre has been rated as requires improvement or inadequate at a number of inspections, including at the last inspection. This meant the provider had not always acted in a compassionate and kind way and demonstrated enough concern for people's wellbeing as issues and shortfalls identified following previous inspections had not been addressed so that people always received good quality care.
- At this inspection we found a range of issues including concerns about the management of risks and staff not always fully vetted before they worked at the home. This demonstrated that the provider had not shown enough respect for people's wellbeing and safety as they were not always following robust and effective processes to ensure people were well cared for.

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

- We received a range of feedback from relatives when we asked them if they and their family member were involved or if their views were sought in the development of the care plan. Some relatives confirmed they had been contacted about the care plans whilst others could not recall a discussion about their family member's care needs. One relative told us they had not been asked about their family member's support needs and they were concerned as their family member was not always able to communicate their care needs accurately. This meant that staff had not always recognised when people needed or wanted help and support from family, friends or others. As a result people's preferences and wishes might not have been recognised and respected as part of the delivery of care.
- Notwithstanding the above, we noted that when we observed staff interactions and engagement with people, that they were treated and supported in a kind, caring and respectful manner.
- People's care plans identified their religious beliefs and contained information about how they should be supported to meet their cultural and religious beliefs. Various cultural events were celebrated in the home appropriate to people's needs. Staff in the home were also from a diverse background and therefore understood people's cultural needs and could communicate in people's first languages with them.

Respecting and promoting people's privacy, dignity and independence

- People's independence was respected and their privacy and dignity was maintained. Those who had been assessed, could go out of the home with support of a care worker if required or engaged in their own activities.

- People's confidentiality was appropriately maintained. Records were kept securely in the office and through the use of computer-based care plan system and only staff had access to these.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- The provider had not always ensured that people had comprehensive care plans that contained clear information on how each person should be supported. Also, we found that staff did not always follow the care plan to ensure the support they provided was person centred.
- The care plans for people living with mental health needs did not always provide enough information on what support could be provided to assist them. In one case the care plan did not include specific advice on how to support the person living with a psychotic illness. For example, care workers were not always provided with information relating to relapse indicators, the severity of the condition and what could trigger the person to require additional support.
- The care plan for one person stated they had a medical illness and were sometimes aggressive or agitated. The care plan advised staff to use techniques learnt in their training to support the person to calm down but it did not identify what these techniques were. This meant staff were not provided with guidance to enable them to meet the person's individual support needs.
- The eating and drinking section in one person's care plan stated that care workers needed to ensure the person was sitting in the correct position when eating to reduce their risk of choking. There was no guidance in the care plan to describe what the correct seated position was to ensure care workers supported the person appropriately.

The provider had not always ensured the information provided in care plans for care workers reflected the current care needs and the wishes of the person so that staff had all the necessary information to care for people safely. This was a continued breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities).

- Notwithstanding the issues identified above, other people's care plans included information on people's wishes in relation to their care and how staff should provide support to meet their needs.
- The provider had introduced an electronic care planning system which included risk assessments. Staff completed the electronic system to record of the care they have provided for each person during each shift.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were identified as part of the care plan. There was a section of the care plan identifying if the person had communication issues. These could include if the person had any visual or hearing impairments, their preferred language
- Relatives we spoke with identified issues with some staff, who did not have English as their first language, also had strong accents which they struggled to understand. One relative commented that their family member was sometimes confused as they did not understand what was being said to them.
- One person's care plan indicated there should be one or two staff on duty every shift who spoke the person's first spoken language as the person did not speak English. The care plan stated these staff members should communicate with the person daily to ensure they were kept up to date with relevant information. There was no guidance on how staff should communicate with the person if they did not speak their first spoken language and the provider was unable to ensure a member of staff who could translate was available to be allocated on the rota each day. Therefore, care workers were not provided with guidance on how to communicate with the person to ensure they received their care in a safe and appropriate manner.

We recommend the provider review and update their practices around supporting people with their communication care needs in line with the Accessible Information Standard

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to maintain relationships with people who were important to them. Relatives and friends were supported to visit the home and if they were unable to visit in person video calls were arranged.
- Relatives told us their family member was involved in activities in the home. Two other relatives commented that their family members did not want to take part in activities preferring to spend time in their bedrooms and staff supported them to do this.
- During the inspection we found there was no schedule of planned activities on display but an activity coordinator was employed to support people with activities. We observed the activities coordinator playing cards with some people in the activity room during the day.
- Relatives confirmed they were supported to keep in touch with their family members who were living in the home. A friend of a person living at the home told us they found the staff helpful when they contacted the home by telephone to speak with the person they knew, they would call the home two or three times a week and staff would help set up video calls.

Improving care quality in response to complaints or concerns

- The provider had a process for reviewing and responding to complaints. We reviewed the record of one complaint that had been received since the last inspection and we saw the provider had taken action to respond to the issue raised in the complaint and the person was happy with the outcome.
- Relatives confirmed they knew how to raise a complaint and their comments included, "If there's any problem I can speak to the manager over the phone, they are alright" and "I have not made a complaint but I have asked questions and staff have answered my questions satisfactorily."

End of life care and support

- People's wishes in relation to how they would like their care provided when they reach the end of their life were identified and addressed in their care records, so staff had information to support them appropriately.
- We saw most people's care plans identified if the person wanted to be hospitalised if they developed any serious medical conditions and who they wanted to be contacted if they became ill.

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.

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Continuous learning and improving care

At our last inspection the provider had not ensured all the quality assurance processes that were in place were always robust or effective enough to ensure checks were monitored and risk were managed. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- The provider did not always have effective systems in place to monitor and improve the quality of the care provided and mitigate risks.
- The provider did not have effective systems and processes to identify and mitigate risks to people's health and wellbeing. This meant risks to people were not always identified or where these were identified staff had not always received clear guidance on how identified risks could be managed.
- While many care plans were well written and clear, the provider did not have a robust system in place to monitor people's care plans to ensure they always contained appropriate guidance for staff and the information on how care should be provided safely.
- The manager explained they had identified shortly before the inspection that staff were unable to access the care plans using the electronic system. The manager told us they were not aware how long the lack of access to the electronic care plan had been an issue, but they had contacted the electronic care plan company to resolve this. This meant staff were not always able to access people's care plans and information about how to care for them safely and appropriately.
- The provider had a system to record and monitor the training completed by staff and a report was produced to show what percentage of the training identified by the provider as mandatory had been completed. We saw the report indicated some staff had completed 100% of their mandatory training but when the training records were reviewed, they showed that some of these staff members had not completed their annual training refreshers so were not up to date with their training. This meant the provider's systems were not effective in monitoring the training staff received.
- The provider had developed personal emergency evacuation plans (PEEPs) for people living at the home which included the equipment to use to aid the evacuation in an emergency and how the person should be supported. The PEEPs in the fire safety folder stated they should be reviewed every six months or if there are any changes in the person's support needs but the documents were not dated so it was unclear when they

had been developed and when the update was due. This meant the provider could not demonstrate that PEEPS were up to date or that these had been updated in line with their procedure.

- The audits the provider had put in place in relation to infection control did not always identify what actions were required to resolve any issues which had been identified through the audit process. We reviewed the August 2022 infection control audit which indicated where an issue had been identified and it stated that the issue had been reported to the manager. The action plan section of the audit did not identify an issue had been noted in the audit, the action required to reduce the risk of reoccurrence of the issue and if it had been completed.
- The provider did not ensure contemporaneous and accurate records were maintained about the care people received. One person's care plan indicated that the person needed to be repositioned in bed every two hours to reduce the risk of skin issues developing. The repositioning records were usually completed once by either a nurse or care worker for each day and night shift. The records of care provided records referred to the person's "position being changed regularly" but did not indicate if this was done every two hours as directed in the care plan and which position, they were moved to. This meant the provider did not maintain appropriate records to confirm people were appropriately supported in line with their care plans.

The provider had not ensured their quality assurance processes were always robust or effective enough to assess, monitor and improve the quality of the service and to assess and mitigate risks to service users. This was a continued breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider had a process to respond to complaints and concerns and they responded in a timely manner identifying outcomes and actions taken.
- The manager demonstrated they had a good understanding of the role duty of candour has within providing care in the home. They told us, "I need to be open and honest at all times with people and their relatives. Sort issues out and put it right if you have done something wrong."
- One relative told us they felt the manager had responded to a complaint appropriately and they said, "When I made a complaint I was impressed with the frankness of the manager. I found them professionally open and that was courageous."
- The provider had a range of policies and procedures in place that were regularly reviewed to ensure they reflected any updates in relation to good practice or legislation.

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

- At the time of the inspection there was a manager in post who had applied to become registered. They were registered shortly after the inspection.
- Handover meetings were held at the end of every shift so staff could discuss any service or care issues to ensure their needs were met.
- There were a number of staff roles within the home including a clinical lead, senior care workers and administration staff with staff we spoke with understanding their roles and responsibilities within the home. Staff were allocated to specific areas of the home each day.
- The ratings of the last rated inspection were displayed at the home so visitors could see the current rating.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Relatives we spoke with told us they felt that the manager was responsive, but they did not all feel the

home was always well run and well organised. From the relatives and one family friend we spoke with, all six responded when asked if the home was well led. From the six responses, three of them felt the service was well run, one relative felt it was adequate and two felt it was not well run. Their comments included, "I spoke to the manager over the phone, she's alright. You can have a meeting or phone the manager. It seems ok and organised", "My relative is safe there, but my general impression is that it's not well organised", "My relative said the manager is very helpful" and "The manager is there when I need to speak to her and gives satisfactory answers. I would give them an adequate on well run."

- Relatives we spoke with provided mixed feedback about relatives' meetings with some confirming they had received invitations whilst other stating there had not been any meetings held at the home. Their comments included, "There was a relatives' meeting around Christmas but the Zoom waiting room didn't work and the meeting was cancelled. There should be a regular invitation to give our views" and "I get email information about relatives' meetings about every three months."
- The manager told us they had monthly meetings with each team within the home and more frequent meetings were held if required. They said the aim of having regular meetings was to be open and honest with staff. Staff members we spoke with confirmed they had regular meetings which included, "We have staff meetings every 10 to 15 days. We get updated knowledge and if residents have updated assessments. The staff can tell their problems and the manager will tell the possible solution."
- People and their relatives/representatives were involved in the development and review of their care plan.
- Despite our findings above about service, care workers told us they felt supported and they thought the service was well led. Their comments included, "The manager helps everyone. Everyone is the same. Whenever you go to her and she is always there for us. I would say if she is there for the patients. She's fantastic", "The manager and the clinical lead are really nice and are improving the home day by day. Really amazing. Every direction people are professional and personal" and "The manager is very good and cooperative with the staff and residents. She tries to supply every requirement for the staff and residents."

Working in partnership with others

- The manager explained that, at the time of the inspection, they were learning about the local partners with whom they needed to work, so they could be contacted when required to support with people's care. • Healthcare professionals visited the home when referrals were made to review people's healthcare needs. In the past the home had been visited by a local church and the manager told us they were looking to develop relationships with local schools to hold joint activities.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 9 HSCA RA Regulations 2014 Person-centred care The provider had not always ensured care plans provided information on how the person should be supported so care was provided in a person-centred manner. Regulation 9 (1)
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment The provider did not ensure service users were protected from abuse as their process for reporting and investigating safeguarding concerns was not effective. Regulation 13 (1)(2)(3)
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 15 HSCA RA Regulations 2014 Premises and equipment The provider did not ensure the environment of the home was always safe or suitable. Regulation 15 (1)
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed

Treatment of disease, disorder or injury

The provider did not ensure the recruitment process was operated effectively.

Regulation 19(2)

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 18 HSCA RA Regulations 2014 Staffing

The registered person had not ensured that staff always received the training as was necessary to enable them to safely and competently carry out the duties they were employed to perform.

Regulation18(2)

This section is primarily information for the provider

Enforcement actions

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	<p>The risks to health and safety of service users of receiving care and treatment were not assessed and the provider did not do all that was reasonably practicable to mitigate any such risks.</p> <p>The provider did not ensure appropriate infection control procedures were in place.</p> <p>Regulation 12 (1) (2)</p>

The enforcement action we took:

We issued a Warning Notice to the provider requiring them to comply with the Regulation by 31 December 2022.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	<p>The provider did not have a system in place to assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity</p> <p>The provider did not have appropriate checks in place to assess, monitor and mitigate the risks relating health, safety and welfare of services.</p> <p>The provider did not ensure learning took place following an incident or safeguarding concern so that preventative measures could be put in place.</p> <p>Regulation 17 (1)(2)</p>

The enforcement action we took:

We issued a Warning Notice to the provider requiring them to comply with the Regulation by 31 December 2022.