Mr Seamus Patrick Flood

Shannon Court Care Centre

Inspection report

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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

Shannon Court Care Centre provides general nursing, dementia nursing and dementia residential care. The home can accommodate up to 78 people in single rooms, most of which are en-suite. On the day of the inspection there were 63 people currently using the service.

There was a manager at the service who was in the process of registering with the Care Quality Commission. 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.

The unannounced inspection took place on 06 December 2016. At the last inspection on 20 July 2016 the service was rated as inadequate and placed into special measures. This was due to finding multiple breaches of the Health and Social Care Act (Regulated Activities) Regulations 2014 with regard to person centred care, dignity and respect, consent, safe care and treatment, safeguarding, meeting nutritional and hydration needs, good governance and staffing. At this inspection we found significant improvements in all areas.

A new dependency tool was now in use to calculate the level of need for each individual. This was used to inform staffing levels to ensure there were sufficient staff on each shift. There were enough staff on the day of the inspection.

The recruitment process was robust to help ensure suitable staff were employed at the service. Safeguarding protocols had been improved and staff had undertaken refresher training in this area.

A new treatment room had been set up and this was clean, tidy and well ordered. Medication systems were robust and medicines were now being managed safely at the service. Individual and general risk assessments were in place. Equipment was fit for purpose and was regularly serviced and maintained to ensure it was in good working order.

The environment was clean and tidy and a recent infection control audit had been carried out. The service had scored 98% which was a significant improvement on the last audit.

There was a new induction programme which helped ensure new employees were given appropriate training and orientation to work at the home. A programme of training had been commenced and all staff were undertaking training in appropriate subjects.

The service was working within the legal requirements of the Mental Capacity Act (2005) (MCA). Deprivation of Liberty Safeguards (DoLS) authorisations were in place where required and staff were aware of the implications of these.

People's nutritional and hydration needs were assessed and recorded appropriately. The mealtime experience had been improved and new, more appropriate crockery had been purchased.

We saw that staff were kind and caring and there were good interactions between staff and people who used the service throughout the day. People who used the service and their families were involved in discussions about the delivery of their care. Staff respected people's dignity and privacy.

People who were nearing the end of their lives were cared for, as far as possible, in accordance with their wishes.

The new care files we looked at had more information about each individual enabling staff to deliver care in a person centred way, taking into account people's preferences, likes and dislikes.

There was a programme of activities at the home and people were encouraged to participate if they were able to. Some one to one interaction was undertaken with people who were unable to participate in group activities.

There was an appropriate complaints policy and this was displayed throughout the home. Concerns were responded to in a timely and appropriate manner.

Staff told us morale had improved since the new manager had commenced and they said she was supportive towards them. Regular team meetings were held, and a programme of staff supervisions was underway.

We saw evidence of audits and the analysis of information and follow up actions were now being undertaken.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

A new dependency tool was now in use to inform staffing levels to ensure there were sufficient staff on each shift. There were enough staff on the day of the inspection.

The recruitment process was robust and safeguarding protocols had been improved.

Medication systems were robust and medicines were now being managed safely at the service. Individual and general risk assessments were in place.

The environment was clean and tidy and a recent infection control audit had been carried out. The service had scored 98% which was a significant improvement on the last audit.

Is the service effective?

Good

The service was effective.

A new induction programme helped ensure new employees were given appropriate training to work at the home. A programme of training had been commenced and all staff were undertaking training in appropriate subjects.

The service was working within the legal requirements of the Mental Capacity Act (2005) (MCA). Deprivation of Liberty Safeguards (DoLS) authorisations were in place where required and staff were aware of the implications of these.

People's nutritional and hydration needs were assessed and recorded appropriately. The mealtime experience had been improved.

Is the service caring?

Good

The service was caring.

Staff were kind and caring and there were good interactions

between staff and people who used the service throughout the day. People who used the service and their families were involved in discussions about the delivery of their care. Staff respected people's dignity and privacy.

People who were nearing the end of their lives were cared for, as far as possible, in accordance with their wishes.

Is the service responsive?

Good

The service was responsive.

New care files had more information about each individual enabling staff to deliver care in a person centred way

There was a programme of activities and one to one interaction at the home and people were encouraged to participate if they were able to.

There was an appropriate complaints policy and this was displayed throughout the home. Concerns were responded to in a timely and appropriate manner.

Is the service well-led?

Good

The service was well-led.

Staff told us morale had improved since the new manager had commenced and they said she was supportive towards them. Regular team meetings were held, and a programme of staff supervisions was underway.

We saw evidence of audits and the analysis of information and follow up actions were now being undertaken.

Shannon Court Care Centre

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.

The unannounced inspection took place on 06 December 2016. The inspection team consisted of two adult social care inspectors from the Care Quality Commission (CQC).

Prior to the inspection we reviewed information we held about the home in the form of notifications received from the service. We contacted Bolton local authority commissioning team, who had been involved in regular service improvement meetings with the home. We also contacted the local Healthwatch to see if they had any information about the service. Healthwatch England is the national consumer champion in health and care.

During the inspection we spoke with six people who used the service, and three members of care staff and the manager. We looked around the home and spent time observing care including the tea time period in one of the houses. We reviewed records at the home including six care files, three staff personnel files, meeting minutes, training matrix and audits held by the service.

Good

Is the service safe?

Our findings

The service had new protocols in place for recording and dealing with safeguarding concerns and alerts. Staff had undertaken safeguarding refresher training and those we spoke with demonstrated an understanding of how to recognise and report concerns. A new audit tool was being devised in conjunction with the local Clinical Commissioning Group (CCG) to ensure safeguardings were addressed appropriately.

There were also new protocols for dealing and following up accidents and incidents. This helped ensure incidents were dealt with efficiently and correctly and we saw evidence that this was now being done.

At the last inspection we looked at six staff files and saw that the home had a robust and safe recruitment system in place. Files included application forms, proof of identity, references and Disclosure and Barring Service (DBS) checks. These checks help ensure potential employees are suitable to work with vulnerable people. Nurses' professional registrations (PIN numbers) were checked and were all up to date. At this inspection we looked at a further three files, two for members of staff who had been in post for some time and the other for a new staff member. We saw that the disciplinary process had been followed appropriately when required. Meetings and actions were recorded and followed up as required.

We saw that there were sufficient staff on duty on the day of the inspection. We looked at how staffing levels were agreed and saw that the service were now using a new dependency tool to help ensure there were sufficient staff to attend to the needs of the people currently using the service. The tool took into account personal care requirements, behaviour, mobility, continence and other areas of need .Staff we spoke with told us they felt the staffing levels had improved since the last inspection.

We looked at six care files and saw that individual risk assessments were in place as required and these had been reviewed and updated on a regular basis. General risk assessments were in place and appropriate.

We had checked all health and safety arrangements at the last inspection and found them to be appropriate. Maintenance and service records were complete and up to date. Gas and electrical safety certificates were in place and equipment such as lifts, hoists, fire equipment and alarms had been serviced as required. Issues such as regular water temperature tests and legionella sample testing had been undertaken regularly. Staff training around health and safety was on-going.

The medicines room had been untidy and messy at the last inspection. We saw that a new, air conditioned treatment room was now being used. All medication was suitably stored and creams were now in bags with 'book marker' body maps showing where creams were to be applied. There were regular stock checks and controlled drugs were securely stored.

People who required thickeners to be added to their drinks, due to the risk of choking, now had their own tins of thickener, clearly labelled. This was now administered and recorded appropriately.

Staff at the home had undertaken refresher training around medicines management and we saw that

medicines were now managed more efficiently, with medicines trolleys being locked between each administration and staff administering medicines one at a time, as per the protocol.

We walked around the building and found that the environment was fresh, clean and tidy. Infection control processes had been improved. A recent infection control audit had been carried out and the home had scored 98%, which was a significant improvement on the score in July 2016 of 51%.

We looked at audits and saw that the service were in the process of improving these to ensure they reflected a true picture and were followed up with actions in a timely manner. Audits we looked at included activities, accidents and incidents, dining room and care plans. These already evidenced better identification of issues and actions to address these.

Good

Is the service effective?

Our findings

We spoke with three members of care staff who told us they were much happier with the new firmer structure and guidelines in place at the service. They had a better understanding of their roles and what was expected of them and we observed them working efficiently and effectively throughout the day.

Staff induction had been improved to ensure all relevant training was included and staff had received sufficient instruction and guidance appropriate to their roles prior to commencing work. The first level of induction was to be completed with one month of commencing work, including learning the layout of the building, location of the fire exits, getting to know people who used the service and their rooms. This was then evaluated to see whether any extra support was required by the new staff member. Level two of the induction, which was over a second month, was dedicated to maintaining high standards and looking at any further areas of support required.

A full programme of staff supervisions was now underway to help ensure staff members could discuss their development and training needs. A staff training programme had commenced and all staff were undertaking refresher training in relevant areas, such as dementia, Mental Capacity Act (2005) (MCA) and Deprivation of Liberty Safeguards (DoLS), moving and handling, infection control, person centred care, nutrition, and fire awareness. There was training underway on the day of the inspection and discussions took place between the trainer and the manager about other relevant courses. Communication skills training was arranged for the near future as this was an area that had been highlighted recently as requiring improvement. This demonstrated the service's commitment to improvement.

We looked at six care plans. These were now being changed to help ensure the information included was relevant and clearly presented. The ones we looked at included relevant care plans and risk assessments and they had been reviewed and updated on a monthly basis or when changes occurred. There was information about people's abilities, for example to use the nurse call button, and documentation about how they would summon staff, or whether staff needed to check them regularly, if they were unable to use this. The manager told us that the home were piloting a new 'red bag' which would contain relevant information about each individual. This was to be used to send with them if they were admitted to hospital to help ensure they would receive the relevant care and support.

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 when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. There was an up to date policy and procedure for MCA and DoLS. We saw a significant improvement in the way people's capacity was recorded within the care plans. People who were subject to DoLS authorisations had completed paperwork within their files. Staff were now undertaking training around MCA and DoLS to ensure they had an understanding of the principles and how to apply them.

We saw consent forms for care, sharing of information and the use of photographs. These were signed by the person who used the service, or their relatives. If the person who used the service was unable to sign there was clear documentation about the reasons for this and to what extent they had been involved in discussions and decisions.

We saw that the service had achieved a 5 Star food hygiene rating, which is the highest rating available. Nutritional information within care files had been significantly improved and we saw that people's weights were recorded on a monthly basis and all records we looked at were complete and up to date. We observed the teatime meal and found the meal time experience had improved since the last inspection. There were table cloths and condiments on the tables. Staff were calm and efficient and people were given the choice of whether to sit in the dining room or the lounge for their meal. We observed staff sitting with people to assist them and this was done sensitively and discreetly.

The manager showed us new crockery which had been purchased. This was dementia friendly in that the colour and design was recommended by dementia experts as making food easy to see and to eat. Some of the plates had raised sides so that the use of plate guards would not be required. Drinks were served in mugs, rather than plastic cups and new easy sip mugs had also been purchased. We saw that people who used the service were calmer and no one was left without assistance or with uneaten food in front of them.

The environment had been improved with clear, uncluttered corridors. Corridors were brighter and a significant amount of decorating had taken place. We saw that plastic sheets had been removed from the walls and if the sheeting was being refitted, this was only on narrow corridors at the bottom of the wall to protect woodwork from being scratched by wheelchairs. There were no malodours detected in any areas of the home and bathrooms were clean and tidy. We saw that the small dining room on the nursing unit was now being used as such, rather than being used as a storage space.

We noted that the temperature in the conservatory was cool, but action was being taken to address this and, in the meantime, blankets were available for people to put around them.

Good

Is the service caring?

Our findings

People who used the service, who were able to, told us they were happy and content at the home. We observed staff interactions with people who used the service and saw that these were friendly and respectful. We witnessed people being cared for with dignity, staff ensuring people were appropriately covered and offering support with personal care tasks in a discreet and polite way. Staff told us morale was much improved and this was reflected in the way they cared for people.

We noted that staff had a good understanding of the people they were caring for and their personal requirements. There was much more detail recorded within people's care plans to help guide staff in how to administer care. Staff we spoke with were able to explain people's particular care requirements and how they were supported.

We saw that the people who used the service were presented well and looked clean and well cared for. People were all wearing either slippers or socks to help ensure they were warm and comfortable.

The care plans we looked at evidenced a significant amount of involvement of people who used the service and their relatives in the care planning process. Relatives were encouraged to contribute to life stories and background information for inclusion in care plans, which helped staff understand each person better as an individual.

There were no restrictions of visiting times and visitors were made welcome whenever they visited. The service were planning a Christmas dinner to which relatives had been invited. This had taken place in previous years and had been a resounding success. We were told that all places for this event had now been filled.

Care plans we looked at evidenced discussions about advance care planning to outline people's preferences as they neared the end of their lives. People were involved in discussions about their preferences in this area, if they were able to express themselves. Relatives were involved where appropriate. We saw that, if people did not wish to discuss this, their decision was respected.

Good

Is the service responsive?

Our findings

The care plans we looked at were being transferred to a new format, which included a significant amount of information about people's individual preferences, likes and dislikes. We saw there was a support plan 'at a glance' which included background history, care needs, likes and dislikes. Each care plan included a lot of detail about each individual. Preferences, such as whether people liked to have a light on at night, how many pillows they preferred and what time they liked to rise and retire were being included in the information within the care plans. We saw that care files now included a section on oral hygiene. These sections were complete and up to date in the files we looked at. All care plans were in the process of being upgraded to the new format.

The manager told us that a 'My Buddy' programme was being rolled out. This was looking at compatibility between people who used the service and staff members. Staff who had similar interests as individuals who used the service, such as reading, jigsaws, following a football team or exercise were buddied up so that they could enjoy some meaningful interaction together.

The service had begun to look at how to use the environment in the best way to help stimulate people's interest. They had purchased some pictures relating to past times in the local area. This would help aid reminiscence with people who used the service.

Activities, such as armchair exercises, communion, coffee afternoon, summer fair, sensory garden and entertainment were offered on a regular basis. The Shannon newsletter provided an overview of events that had occurred at the home. We saw that activities had been audited recently and one of the actions was for staff to try to ensure that activities were person centred and relevant for each individual.

The home had an appropriate, up to date complaints policy that was displayed in various areas around the home. We saw evidence that complaints were dealt with appropriately and the new manager had undertaken face to face or telephone discussions with people to help reassure those who had concerns about their relative's care following the previous inspection.

Good

Is the service well-led?

Our findings

There was a manager at the home who was in the process of registering with the Care Quality Commission. She had managed the home previously and, although she had been in post only a short time, had implemented a number of improvements to the service. She had the full support of the provider who had also demonstrated a commitment to improving the service provision and sustaining the improvement.

Staff we spoke with told us they felt supported by the management team and were more motivated to providing a good standard of care. Comments included, "Much better since [new manager] came back. Staff morale is much better"; "We have done loads of training"; "We are working well as a team. We now have some management structure which is what was needed".

We saw that audits were being undertaken, for areas such as dining room, activities, falls, accidents, therapy, and care planning. Shortfalls were being identified and actions put in place to address the shortfalls. The audits were a work in progress but demonstrated a significant improvement from the last inspection, with meaningful data being collected to inform actions and improvements to service delivery.

Accidents and incidents were being monitored more closely and audited to look for any patterns or trends. We saw that appropriate referrals were being made to other agencies, such as the falls team, and equipment put in place where relevant, to address any issues highlighted through these audits.

We saw minutes of a number of staff meetings which had taken place recently. Issues discussed included the last inspection and improvements to be made, medication issues, falls, incidents, accidents, care plans, nutrition and menus. These meetings were to be a regular occurrence in the future to help ensure there was a forum to discuss general issues and concerns.

There was an on-going programme of staff supervisions and appraisals. These had not been undertaken for some time, but staff now had a forum to look at their individual training and development and discuss any work issues in a one to one setting.