Bree Associates Limited

Shandon House

Inspection report

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Date of inspection visit:
15 August 2016
16 August 2016

Date of publication:
21 September 2016

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?	Requires Improvement
Is the service well-led?	Good

Summary of findings

Overall summary

Shandon House provides accommodation and personal care for up to 25 older people. There were 20 people living at the home at the time of the inspection. People required a range of care and support related to the frailty of old age. Some people lived relatively independent lives, others required support with personal care or mobilising safely, others had a degree of short term memory loss. People were able to live at the home permanently or for periods of respite care. Staff could provide end of life care with support from the community health care professionals, but usually cared for people who need prompting and minimal personal care support.

Shandon House is a family run home; it is owned by Bree Associates Limited and has one other home within their group. Accommodation was provided over four floors with a passenger lift that provided level access to all parts of the home. People spoke well of the home and visiting relatives confirmed they felt confident leaving their loved ones in the care of staff at Shandon House.

There is a registered manager at the home; however she was on a phased return to work following maternity leave at the time of the inspection. In her absence the home was being managed by an acting manager with oversight from the owner of Bree Associates Limited.

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.

We carried out an inspection of Shandon House on 6 and 8 July 2015 where we found the provider had not met the regulations in relation to the safe management of medicines and people's personal records were not accurate and up to date. The provider did not have an effective system to regularly assess and monitor the quality of service that people received.

An action plan was submitted by the provider that detailed how they would meet the legal requirements by December 2015. At this inspection, on 15 and 16 August 2016 we found the provider was now meeting the legal requirements.

Although people received the care and support they needed we found some of them spent long periods of time with nothing to do and had a lack of stimulation. We made a recommendation about this.

People were looked after by staff who knew them well and had a good understanding of their individual needs. People were able to get up and go to bed when they wanted to. They were able to move freely around the home with support of the staff when needed. Staff were kind and patient, they worked at people's pace and did not hurry them. People were supported to maintain their independence as far as possible.

Where people lacked capacity to make their own decisions there was evidence discussions had taken place with appropriate professionals and people's representatives, to ensure appropriate decisions were made in the person's best interests. People were supported to maintain their own health, they were able to see their own GP or other health professionals. Staff supported people to attend hospital appointments when they needed to.

Risks were safely managed, risk assessments were in place and staff had a good understanding of the risks associated with the people they looked after. Staff knew what actions to take to protect people from the risk of abuse. People were supported to receive their medicines when they needed them. Medicines were stored, administered and disposed of safely by staff.

There were enough staff with the appropriate knowledge and skills working at Shandon House. Areas for improvement in staff knowledge and practice were identified and staff were supported to develop through supervision and training.

People's nutritional needs were met. They had a choice of meals and drinks throughout the day. People were involved in the day to day running of the home. They were regularly asked for feedback about the way the service was run through questionnaires and meetings. There was a complaints policy in place and people said they were able to raise any concerns they had.

The quality assurance systems ensured the home delivered a good level of care. Where shortfalls were identified, systems were put in place to ensure issues were addressed and prevent reoccurrence.

The owner and managers took an active role within the home. They knew people and staff well. They were open and approachable and promoted a positive culture. There were clear lines of responsibility and accountability within the management structure.

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

Shandon House was safe.

Risk assessments were in place and staff had a good understanding of risks for the people they looked after.

Staff understood what to do to protect people from the risk of abuse.

There were enough staff who had been safely recruited working at the home.

Medicines were stored, administered and disposed of safely by staff.

Is the service effective?

Good

Shandon House was effective.

Staff received appropriate training and support to enable them to meet people's needs.

People had access to external healthcare professionals, such as the GP and district nurse, when they needed it.

The registered manager and staff understood their responsibilities in relation to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

People were given choice about what they wanted to eat and drink and received food that they enjoyed.

Is the service caring?

Good

Shandon House was caring.

Staff communicated clearly with people in a caring and supportive manner. They knew people well and had good relationships with them.

People were encouraged to make their own choices and had their privacy and dignity respected.

Staff supported people to enable them to remain as independent as possible.

Is the service responsive?

Requires Improvement

Shandon House was not consistently responsive.

People received care that was responsive to their needs, however, there was not enough for them to do throughout the day.

People were looked after by staff who had a good understanding of their needs.

There was a complaints policy and people were regularly asked for their feedback about the service.

Is the service well-led?

Good

Shandon House was well-led.

The acting manager took an active role in the running of the home and had good knowledge of the staff and the people who lived there.

There were clear lines of responsibility and accountability within the management structure.

Quality assurance audits were undertaken to ensure the home delivered a good level of care and identified shortfalls were addressed.

Shandon House

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 was an unannounced inspection which took place on 15 and 16 August 2016. An unannounced inspection means the provider and staff did not know we were coming. It was undertaken by an inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information we held about the home, including previous inspection reports. We contacted the local authority to obtain their views about the care provided. We considered the information which had been shared with us by the local authority and other people, looked at safeguarding alerts which had been made and notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law.
During the inspection, we spoke with twelve people who lived at the home, four visiting relatives, and seven staff members including the acting manager and owner. We also spoke with a visiting healthcare professional who was at the home during the inspection.

We met with people who lived at Shandon House; we observed the care which was delivered in communal areas to get a view of care and support provided across all areas. This included the lunchtime meals. We spent time sitting and observing people in areas throughout the home and were able to see the interaction between people and staff. This helped us understand the experience of people who lived at the home.
We looked at six care plans and risk assessments along with other relevant documentation to support our findings. We also 'pathway tracked' people living at the home. This is when we looked at their care documentation in depth and obtained their views on their life at the home. It is an important part of our inspection, as it allowed us to capture information about a sample of people receiving care.

During the inspection we reviewed the records of the home. These included staff training records, staff files including staff recruitment, training and supervision records, medicine records complaint records, accidents and incidents, quality audits and policies and procedures along with information in regards to the upkeep of the premises.

Good

Is the service safe?

Our findings

We carried out an inspection of Shandon House on 6 and 8 July 2015 where we found the provider had not met the regulations in relation to the safe management of medicines. The provider submitted an action plan that showed how they would meet the legal requirements by December 2015. At this inspection we found the provider was now meeting the legal requirements.

People told us they felt safe living at the home. One person told us, "Yes, I feel safe here." A visitor said, "When I'm not around I know (relative) is safe and well-looked after." People were at ease with staff and approached them if they had any concerns.

There was a safe system to order, store, administer and dispose of people's medicines. Some people were able to administer their own medicines. There people had risk assessments and care plans to show they were able to do this safely. There was information in people's care plans about the medicines they were taking. The acting manager had contacted people's GP's to provide her with the reasons each person had been prescribed their medicines. This meant staff had the accurate information about the medicines people were taking. Some people had been were prescribed 'as required' (PRN) medicines. People took these medicines only if they needed them, for example if they were experiencing pain. There were protocols in place for their use. Prior to giving these medicines staff asked people if they needed them. This meant people received medicines only when they needed them.
Medicines were stored in a locked medicine trolley and were given to people individually. Staff signed the Medicines Administration Records (MAR) chart after the medicine had been given. Most medicines were in blister packs, but for those that were not, staff maintained a total of the tablets left. This meant staff could check to ensure the correct amount of tablets had been given. MAR charts were generally well completed. MARs were audited weekly and if they had not been fully completed the acting manager identified who was responsible for medicines that shift and discussed the matter with the staff member. Following this or any other medicine error staff completed a reflective account to demonstrate why they may have made an error, how they will address this in the future and any further training they may require. The acting manager told us she was planning to work with individual staff to show them the whole medicine process including ordering, receiving and auditing. She told us, "If staff are involved in the whole process I hope it will give them a better understanding of the importance of getting things right." Staff who administered medicines had received training and regular updates. They underwent regular competency checks through the supervision process.

People were protected from risk of abuse because staff had a clear understanding of the safeguarding process. Staff we spoke with told us they received training and regular updates in relation to safeguarding. They were able to recognise different types of abuse and told us what actions they would take if they believed people were at risk. This included informing the most senior person on duty. Staff were aware of their own responsibilities in relation to safeguarding if they felt their concerns were not taking seriously. One staff member said, "I would tell social services or CQC."

There were a range of environmental and individual risk assessments in place. These included mobility, falls

and skin integrity. There was information for staff about what actions to take. For people who were at risk of developing pressure damage, this included ensuring they regularly changed position and had appropriate pressure relieving equipment in place such as mattresses and cushions. There had been a number of falls at the home. The owner and acting manager had reviewed the falls risk assessment tool and considered actions to take when people had been identified as being at risk. Care plans contained clear guidance, for example one care plan informed staff to support the person to stand and then wait to allow their blood pressure to adjust to the change of position before they started to walk. Some people had alarm pads on their chairs. These alerted staff when the person stood up and ensured staff were available to support people promptly. One staff member told us, "We constantly remind people to call us when they want to move but they don't want to bother us or they forget. These pads are really useful." One person had chosen to sit in the garden and staff ensured the alarm pad was in place. Staff knew people well and had a clear understanding of what actions to take to ensure people remained safe.

There were enough staff to look after people and meet their needs. The acting manager told us if people's needs increased then more staff would work on each shift. She told us how staffing levels had recently changed to ensure there were extra staff working at peak times when people got up and at bedtime. During the remainder of the day there were two care staff plus the acting manager with two care staff on duty at night one of who was a 'sleep in'. A 'sleep-in' member of staff is somebody who works for an agreed number of hours at the start and end of a shift and may be called on at any time during the night depending on people's needs. There was a cook, a housekeeper and maintenance staff. Both staff and people told us there were enough staff. We saw people's needs were attended to in a timely way.

Appropriate recruitment checks had taken place prior to staff working at the home. This included references and criminal record checks with the Disclosure and Barring Service (DBS). This ensured, as far as possible, staff were of suitable character to work at the home.

The home was clean and tidy throughout. Regular health and safety risk assessments and checks had been completed, for example a fire safety inspection. There were regular servicing contracts in place, for example for the hoists and passenger lift. There were systems in place to deal with an emergency, including fire which meant people would be protected. There was guidance for staff on what action to take and each person had their own personal evacuation and emergency plan. The home was staffed 24 hours a day and there were local arrangements in the event the home had to be evacuated. There was a maintenance programme in place and we saw work had taken place in accordance with the programme.

Good

Is the service effective?

Our findings

People told us they felt confident in the ability of the staff. One person said, "The staff are very capable and know what to do." Another person told us, "I'd say they're really astute." People told us they were able to see their GP if they needed to. People told us they enjoyed the food, one person said, "It's very good."

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. DoLS applications had been submitted for people who did not have capacity and were under constant supervision by staff.

There was information about people's mental capacity in their care plans. This included information for staff about how people were able to make choices. One person's care plan stated they were able to assess most risks and make informed choices. However, it also stated staff should be aware this could sometimes take the person a while, for example when they were choosing what to wear. Staff sought and obtained people's consent before they helped them. When people had been assessed as not having the mental capacity to make specific decisions, discussions had taken place with people's representatives to decide the way forward in people's best interest. This ensured people's rights to make their own decisions were respected and promoted when applicable.

Staff received regular training and updates to ensure they had the knowledge and skills to support people who lived at Shandon House. This included safeguarding, moving and handling and first aid. During the inspection staff were receiving dementia training. We saw further training had been booked for staff throughout the year. When staff commenced work at the home they underwent a period of induction. This included the day to day running of the home and a period of shadowing where they got to know people. Staff received ongoing training and further development such as the diploma in health and social care. One staff member told us they were completing a management qualification. They told us the owner and acting manager were supportive in helping staff to develop their knowledge and skills.

Staff received regular supervision, this was an opportunity to discuss their work and to identify any further training or support they needed. Supervision for one staff member identified all the training they required had been booked in throughout the year. Another staff member had identified a specific training need to help them have a better understanding of people they supported. Records showed that positive feedback was given to staff in supervision along with guidance and support relevant to their role. Staff told us they felt supported, the acting manager and owner were approachable and could discuss any concerns with them. Where areas for improvement in practice or knowledge had been identified action plans were in place to

support staff to develop the appropriate knowledge and skills. For example one staff member and expressed concerns about supporting some people and the acting manager was in the process of sourcing further training for this staff member.

People's nutritional needs had been assessed and reviewed and people were supported to maintain a balanced and nutritious diet. When risks were identified these were reflected within care documentation. For example, the type of diet people required and if they needed support with their meals. People were weighed regularly and where for example they had lost weight they had been referred to the GP for dietician advice. Some people required a specialist diet for example diabetic or low fat. People's care plans reminded staff that they were able to make other choices if they wished. There was information about how people liked their meals served. One person's care plan stated they liked small portions as too much food put them off eating. People's dietary needs and preferences were recorded. The cook and staff had a good understanding of people's likes, dislikes and portion size, and food was offered accordingly. People were able to choose where to eat their meals. Most people sat in the dining room although some remained in their bedrooms. People were offered a choice of meals and alternatives were available.

The dining area was attractively presented, with tablecloths, cutlery, condiments, flowers, glasses, napkins. People were offered a choice of a soft or alcoholic drink with their meal. The meals were served directly from the kitchen, they were nicely presented and served hot. The mealtime was relaxed and unhurried and people were supported to maintain their independence through the use of specialised equipment and cutlery. At the end of the meal people were asked if they'd enjoyed their meal and offered more if they wanted it. Some people required prompting and encouragement. This was provided appropriately and discreetly. People told us, they enjoyed their meals and we observed plates were returned empty.

Although there were choices of meals and hot drinks available throughout the day on occasions we observed staff not informing people of all the choices available. We discussed this with the acting manager and owner. They told us they were aware this happened and were working with staff through supervision and discussions to remind staff of their responsibilities. The daily menu was displayed on the noticeboard. Following our discussion the acting manager told us menus would be made available on each table to ensure people were aware of the choices at each meal.

People were supported to maintain good health and received on-going healthcare support. They told us they could see their GP when they wanted to. Records confirmed that staff liaised with a wide variety of health care professionals, who were accessed regularly. This included the community nurse, continence service, GP and chiropodist. Healthcare professionals told us staff knew people well, they referred people to them appropriately and acted on the advice given. This meant people received care and treatment from the appropriate healthcare professionals.

Good

Is the service caring?

Our findings

People told us staff were caring and looked after them well. Visitors said staff were kind and approachable. One staff member said, "This could be me, I want it to be how I would like it."

There was a calm and relaxed atmosphere at Shandon House. People were supported to spend their day as they chose; they were able to get up when they wished and were free to move around the home. It was clear staff knew people well and people were familiar with staff and happy to approach them if they had concerns or worries.

Staff were aware of the importance of providing the right level of support to ensure that people's needs were met, but also to enable them to do as much for themselves as possible. Staff described how they encouraged people to do as much of their care as they were able to. One staff member said, "I have to make myself stand back and let people do what they want for themselves. It's important to let people remain independent."

We observed staff supporting people in communal areas of the home. They were patient and knowledgeable of people's individual needs and abilities. They worked at people's own pace and did not hurry them. We observed staff being attentive to people's needs. They asked where they wanted to sit, adjusted chairs according to their preference and comfort, ensured they had a call bell, encouraging them to call if they needed anything. They then asked people if they wanted any drinks before finally checking that they didn't need anything else before they left.

We observed staff spending time with people who were anxious or distressed. We observed staff spent time with one person, listening to their concerns and helping them to resolve them. They provided reassurance and comfort. One person said, "If I'm a bit upset they give me time to have a natter. They take an interest in you, you're not just treated like a bit of rag."

Staff supported people to retain their dignity. One person's care plan stated they always liked to look smart and took pride in their feminine appearance. We saw this person was dressed accordingly. People were dressed in clothes of their own choice which were well presented. People told us their privacy was maintained. They were able to spend time in private in their bedrooms as they wished. Bedroom doors and curtains were kept closed when people received support from staff and staff knocked on people's doors before entering. Bedrooms had been personalised with their own belongings which reflected their individual tastes and interests. The hairdresser was visiting the home and we heard staff complimenting people on their appearances after they had their hair done. Staff told us they maintained people's dignity by offering people choices, using their preferred name and asking people's consent before offering care. One staff member said, "We make sure people have what they want, we listen to them."

People and their families where appropriate, were involved in their day to day care. People's care plans and risk assessments showed they had been consulted on their views of their care and asked what was important to them about their daily routines. Relatives told us that they were able to talk with staff about

their care plan at any time one relative said, "I had a meeting with the manager to discuss the care plan, we went through her tablets, how she is, what she feels like."

There was a resident's noticeboard. This contained information about activities at the home, a copy of the menu and minutes from residents' meetings. There was also information about safeguarding and what people should do if they felt they were at risk of abuse or harm. This included appropriate contact telephone numbers for outside of the home.

Visitors were welcomed to the home. We observed people visiting the home throughout the inspection. Visitors told us they could visit whenever they wanted to. We observed there was a relaxed atmosphere between visitors and staff.

Requires Improvement

Is the service responsive?

Our findings

People told us they received the care they needed to meet their needs. They said they were given choices and able to make their own decisions. One person said, "I have a bath once a week which is enough for me but I can have one more often." A visitor said, "(Relative) is well looked after here, if there are any worries they will let me know."

We found aspects of the service were not responsive. Although there was an activities programme in place there was a lack of stimulation and meaningful activities for people throughout the day. On the first day of the inspection according to the activity programme, there should have been bowling in the morning with a quiz in the afternoon. These activities did not take place. Staff told us it had been identified that due to interruptions from the visiting hairdresser the planned activities did not take place. They told us they were looking at ways to address this. . We observed people sat and dozed in their chairs with nothing to do. The television was on, but not everybody was watching it. People's care plans included information about how they liked to spend their day which included what activities they liked to participate in and there was information about people's hobbies and interests. However, this had not been developed into individual activity plans for people. One person said, "I read the papers but there's not much to do otherwise." People told us they enjoyed the activities. One person said, "I quite like the bingo and when someone comes in to play the guitar." There was a visiting entertainer on the second day of the inspection and people who chose to attended the session. We discussed this with the owner and acting manager as an area that needs to be improved. We recommend the provider seek guidance from appropriate professionals about providing person-centred activities for people.

People were asked about activities at resident meetings and their ideas and suggestions were listened to and acted on. One resident had suggested going out and this had been arranged. At a more recent meeting people had requested a selection of CD's which were going to be purchased.
Some people chose to stay in their bedrooms; they told us this was their choice. One person said, "I prefer to stay in my room and they (staff) pop in now and again, I like it that way." One to one activity plans were in place for these people to ensure they did not become socially isolated.

People received care that was responsive to their needs. Before people moved into the home the manager completed an assessment to ensure the person's needs could be met at the home. People then moved into the home for a period of time before they committed to fully moving in. This was to ensure they were happy and their needs were fully met. The assessment took account of people's beliefs and choices and included what was important to people. This was completed in consultation with people, and where appropriate, their representatives and were regularly reviewed. The care plans were person-centred and contained guidance for staff about how people liked their care delivered, what they could do for themselves and where they needed support. Care plans included information about people's personal care needs, communication, continence and mobility. Each person had a named keyworker. A key worker is a named member of staff with special responsibilities for making sure that a person has what they need and their care plans were updated. Staff knew people well and had a good understanding of people's individual need, choices and preferences and how they liked their care delivered. We observed staff responding to people whose needs

had changed during the inspection. For example one person was unwell and the doctor had been contacted. Other people needed to attend health related appointments and they were accompanied by staff.

There was a complaints policy and this was on display in the reception area. Staff told us concerns were addressed as they arose and this prevented them becoming official complaints. One person said, "There's not a bad word to say and no complaints." We observed people and visitors approached the manager and staff when they had concerns. People and visitors told us they had no complaints but would be happy to talk to the manager or owner if they had any concerns.

There were regular resident meetings where people were able to feedback information and discuss concerns with the manager in a variety of ways. We saw people had recently discussed the food and comments had been made about the pies, and as a result different pies had been purchased.

Good

Is the service well-led?

Our findings

We carried out an inspection of Shandon House on 6 and 8 July 2015 where we found the provider had not met the regulations in relation to the quality assurance systems and people's records. The provider submitted an action plan which showed how they would meet the legal requirements by December 2015. At this inspection we found the provider was now meeting the legal requirements.

People spoke highly of the home and were positive about the good culture and atmosphere. One person said, "It's a good atmosphere and homely." Other comments included, "They're all very nice ladies and you can have a laugh with them," "They always seem happy and they're all smiley in their work," and "I couldn't speak more highly of them, it's marvellous." One visitor said, "I always get a welcome hug from the staff and a drink. I can go and see (the manager) anytime. I feel we've fell on our feet." Staff told us they felt supported by the management at the home. One staff member said, "I can talk to (the owner), the acting manager whenever I want to. I could also speak to the registered manager, she's always popping in to see us."

There was an effective quality assurance system to drive continuous improvement within the service. Audits were carried out in line with policies and procedures. Areas of concern had been identified and changes made. For example the acting manager had undertaken a robust and detailed audit of the care plans which showed improvements were needed to ensure care plans were consistent and reflected people's current needs. The manager had informed staff improvements were required and was planning to work with each key worker to ensure they understood the importance of ensuring records were up to date.

The management at the home was open and transparent. Although she had been on leave the registered manager regularly visited the home. She was aware of the day to day issues and was involved in making decisions about future plans about the home. The management consistently notified the Care Quality Commission of any significant events that affected people or the service. They showed us actions they had devised to respond to the recommendations made in response to the analysis of people's falls. They had employed an external consultant to undertake regular audits and observations of the service. Where areas for improvement were identified, for example in relation to staff offering people choices, action plans were in place to address this. Where appropriate issues about staff performance, knowledge and skills were addressed during supervision, action plans were in place to promote staff development and prevent poor practice.

The acting manager demonstrated strong values and a desire to implement best practice throughout the service. The owner told us the acting manager had worked hard to develop a positive culture at the home and had worked with the owners support during the registered manager's absence. Staff we spoke with told us they felt well supported by the acting manager. One staff member said, "I didn't notice any difference when she took over, it runs just the same." There were clear lines of responsibility and accountability within the management structure and staff knew what their individual roles and responsibilities were.

The acting manager and owner were both visible in the service and we saw people, staff and relatives approached them with questions or just to chat. They knew people well and understood their needs. There

was a staff code of conduct which stated staff were to ensure people were able to make independent choices, their privacy and dignity should be respected and people should be made to feel at home. This is what we observed and people told us during our inspection.

Staff were encouraged to give feedback about the home. There were regular staff meetings and staff had completed feedback surveys. There had been one survey which asked staff for their opinion of the management, which included the owner and the acting manager. There had been a further survey for staff to feedback about the acting manager to identify to the owner if there were any areas of concern or improvement. Staff told us they were happy working at the home. They felt well supported and could discuss any concerns freely. One staff member said, "It's a family run home, there's a lot of family working here but we are all treated the same." The acting manager told us she was well supported by the owner and was able to discuss any issues with her. She said she had received supervision from an external consultant, which she had found supportive.