

Mrs Lila Chaudhary

# Shamrock House

## Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

Shamrock House is a residential care home providing accommodation and personal care to up to 17 people predominately living with mental health conditions, in one adapted building. At the time of this inspection, there were 16 people living at the service.

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

A range of audits and checks were completed to maintain and where required, implement any required improvements. Further work was needed to embed these systems to monitor the quality and safety of the service, for example, single pane windows had not been identified in current audits. The registered manager took immediate action to address this during inspection. We have made a recommendation about the management of window safety.

People told us they felt safe. Staff had received training in safeguarding and felt confident in reporting any concerns. Risks to people's health, safety and wellbeing had been assessed and staff understood how to help keep people safe.

Staff responded promptly and were attentive to people's needs. Staffing levels had been increased following our last inspection. Processes in place ensured staff recruitment was appropriate with a range of preemployment checks completed.

Risks to people had been assessed and recorded. Action had been taken to mitigate risks wherever possible.

Medicines were managed and administered safely, with regular checks completed. We were assured by the measures taken to help ensure the prevention and control of infection.

People and staff spoke positively about the management of the service and their openness to feedback. The registered manager was approachable, maintained regular communication and listened to the views of others.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 13 February 2020). 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 improvements had been made and the provider was no longer in breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, but remained in breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

## Why we inspected

This inspection was prompted by a review of the information we held about this service.

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 carried out an unannounced focused inspection of this service on 13 February 2020. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve their risk management and governance systems used to monitor the quality and safety of the service.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has remained requires improvement. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Shamrock House on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

## Follow up

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?

Good 

The service was safe.

Details are in our safe findings below.

### Is the service well-led?

Requires Improvement 

The service was not always well-led.

Details are in our well-led findings below.

# Shamrock House

## 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 completed by one inspector.

#### Service and service type

Shamrock House 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. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced on the first day and announced on the second day.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback

from the local authority and professionals who work with the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We spoke with four people who used the service about their experience of the care provided. We spoke with four members of staff including the registered manager, and a visiting professional. We reviewed a range of records. This included two complete care records, two staff files and records relating to the management of the service. We observed the medicines administration and management process including associated record keeping.

#### Following the inspection

We reviewed completed staff training, staff supervisions and appraisals and documentation related to window safety.

# 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 good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

At our last inspection February 2020 the provider had failed to assess the risks relating to the health and safety of service users. This was a breach of regulation 12 (Safe care and treatment) 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.

- The registered manager had taken some action ensure windows were safe. However, this hadn't been consistently implemented. We highlighted this to the registered manager who took immediate action to mitigate this risk and made arrangements for these windows to be replaced.

We recommend the provider seek advice and guidance from a reputable source, about the management of window safety.

Following our inspection visit, the provider gave us written assurances that professional advice had been sought and plans were in place to ensure window safety guidance was consistently considered and implemented throughout the building.

- Risk assessments included up to date information to explain the risks for people and the actions for staff to take to reduce these. One staff member said, "The risk assessments are accurate and we know them, they are reflective of people's needs."
- Care records included information about people's medical conditions and information was available for staff to ensure they could react quickly where any concerns were evident.
- When accidents or incidents had occurred, action had been taken to minimise the risk of reoccurrence. The registered manager regularly monitored accidents and incidents to identify any themes or trends.
- Equipment had been serviced at regular intervals to ensure it remained safe. Regular checks in relation to fire prevention were also completed.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe and were seen to be relaxed and comfortable with staff present. One person told us, "This is the best place I have ever been. I do feel safe here, I can go to any of the staff or [Name of registered manager]."
- Staff had received safeguarding training and understood how to recognise signs of abuse and what

actions to take to safeguard people from avoidable harm. One staff member said, "I wouldn't hesitate to speak with the manager to ensure any concerns are investigated."

- All accidents and incidents were documented with systems to record outcomes and actions taken to help improve the service and prevent similar events as part of lessons learnt.

#### Staffing and recruitment

- New staff had been recruited safely. The providers recruitment policy had been followed.
- The registered manager had contingency plans to ensure there were enough staff available to provide care and support to meet people's assessed needs.
- Staff told us they benefitted from a small, committed team who worked closely together with senior carers and management to ensure the needs of peoples were met. One staff member said, "Staffing levels are okay, we have plenty of time to spend with people."

#### Using medicines safely

- Where required, people received support from suitably trained and competent staff to take their medicines as prescribed.
- Medicines were stored, administered and recorded appropriately.
- Thorough auditing processes were in place to ensure the providers medication policy was followed at all times

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

#### Visiting in care homes

- The provider followed government guidance and health professional recommendations to support people to enjoy receiving visitors and to visit others. Outside seating was in use in the garden areas which provided a safe alternative to visiting in people's own rooms.

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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal



authorisations were in place to deprive a person of their liberty.

# 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.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection (February 2020) we rated this inspection requires Improvement. This was because there was a lack of oversight at provider level, to support the registered manager to ensure systems and processes to manage and review the service remained effective to implement and drive the required improvements. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 some improvements had been made but further work was required to embed further governance and maintenance systems within the service.

Enough improvement had not been made at this inspection and the provider remains in breach of regulation 17.

- Systems and processes had been further developed but had not been fully embedded to ensure the service was compliant with regulations.
- Governance systems used to monitor the quality of the service had been further developed but had not been fully effective in identifying the single paned glazing, or areas of the service that required refurbishment or redecoration, including where there had been a water leak, which had damaged the décor.
- The provider had not provided effective oversight of the service to provide consistent support to the registered manager. There was no development plan in place which identified key areas for action identified during inspection.
- There was a lack of oversight from the provider to ensure the home remained maintained, and safe from defects.

Following the inspection, the provider sent us evidence to show that action had been taken to improve concerns identified during the inspection process in relation to the living environment.

The failure to assess, monitor and improve the quality and safety of the service was a breach of Regulation 17 (Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Planning and promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Staff described a positive culture within the service. They told us the registered manager was approachable and that they could speak to her in confidence.

- The provider had invested in their staff team by providing training, competency checks, appraisals and supervision. Observations demonstrated a positive culture within the service. People and staff told us they felt listened to.
- A regular program of requesting feedback from people, relatives and staff had been used to continue to improve the service. One person said, " We have regular residents' meetings where we all sit down together and talk about different things and plan things. I feel listened to. The manger is very good, she listens. It's the best place I have been."

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 registered manager understood the requirement to be open and honest when things went wrong. Lessons had been learnt and improvements made following the last inspection.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The registered manager was keen to regularly engage with people, relatives, staff and other professionals. Innovative ways had been used to allow this effective communication to continue during Covid-19 restrictions.
- The registered manager had strong links with other health and social care professionals. Visits from other professionals had continued to take place, in a safe way, during Covid-19 restriction to ensure people had access to the care and support they needed.
- The service worked well with other organisations. They had good relationships with local healthcare services and worked with them to achieve good outcomes for people. One visiting healthcare professional told us, "The registered manager is spot on with any queries and responsive to anything we handover. Their personality is very caring and the staff are very caring and know people well. The environment needs updating in areas, but you cannot fault the care.
- The service worked well with other organisations. They had good relationships with local healthcare services and worked with them to achieve good outcomes for people.

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	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had failed to assess, monitor and improve the quality and safety of the service. Quality assurance systems were not fully effective and failed to identify concerns within the service.</p>