Shotley Park Homes for the Elderly Limited

Shotley Park Residential Home

Inspection report

Shotley Bridge
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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?	Outstanding
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

This inspection took place on 22 December 2014 and was unannounced. This meant the staff and provider did not know we would be visiting.

The home provides care and accommodation for up to 43 people. On the day of our inspection there were 39 people using the service.

The home had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 home was last inspected by CQC on 21 October 2013 and was compliant.

Summary of findings

There were sufficient numbers of staff on duty in order to meet the needs of people using the service. The provider had an effective recruitment and selection procedure in place and carried out relevant checks when they employed staff.

We saw evidence that thorough investigations had been carried out in response to safeguarding incidents or allegations.

We saw a copy of the provider's complaints policy and procedure and saw that complaints had been fully investigated.

We saw comprehensive medication audits were carried out regularly by the manager.

Training records were up to date and staff received regular supervisions and appraisals, which meant that staff were properly supported to provide care to people who used the service.

We saw staff supporting people in the dining rooms at lunch and tea time and choices of food and drinks were being offered.

All of the care records we looked at contained care plan agreement forms, which had been signed by the person who used the service or a family member.

The home was exceptionally clean, spacious and suitable for the people who used the service.

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act 2005. They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom. We discussed DoLS with the manager and looked at records. We found the provider was following the requirements in the DoLS.

People who used the service, and family members, were extremely complimentary about the standard of care. They told us, "This is the best place, all the staff are caring it's a bit like a luxury hotel". A relative said, "They're so caring and my relative absolutely loves it here."

We saw staff supporting and helping to maintain people's independence. We saw staff treated people with dignity and respect and people were encouraged to remain as independent where possible.

We saw that the home had a full programme of activities in place for people who used the service.

On the day of our inspection ten people went out for Christmas lunch.

All the care records we looked at showed people's needs were assessed before they moved into the home and we saw care plans were written in a person centred way.

The provider had a robust quality assurance system in place and gathered information about the quality of their service from a variety of sources.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

There were sufficient numbers of staff on duty in order to meet the needs of people using the service.

The provider had an effective recruitment and selection procedure in place.

Thorough investigations had been carried out in response to safeguarding incidents or allegations.

Comprehensive medication audits were carried out regularly by the manager.

The home was exceptionally clean in all areas.

Good

Is the service effective?
The service was effective.

Training records were up to date and staff received regular supervisions and appraisals.

Staff supported people in the dining room at lunch time and choices of food and drinks were being offered.

All of the care records we looked at contained care plan agreement forms, which had been signed by the person who used the service or a family member.

The provider was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS).

Good

Is the service caring?
The service was caring.

Staff treated people with dignity and respect. This was confirmed by people using the service. People were very complimentary about the care they received.

People were encouraged to be independent and care for themselves where possible.

People we saw were well presented and well groomed and we saw staff talking with people in a polite and respectful manner.

People had been involved in writing their care plans and their wishes were taken into consideration.

Outstanding

Is the service responsive?
The service was responsive.

Risk assessments were in place where required and these were linked to people's individual care plans.

The home had a full programme of activities in place for people who used the service.

Good

Summary of findings

The provider had a complaints policy and procedure and we saw that complaints were fully investigated. People we spoke with knew how to make a complaint.

Is the service well-led?

Good

The service was well led.

The provider had a robust quality assurance system in place and gathered information about the quality of their service from a variety of sources.

People who used the service, and their family members, told us the home was well led. They told us, “This is an extremely well run home the management team are excellent”.

Staff we spoke with told us the manager was approachable and they felt supported in their role. They told us, “She and the deputy manager were very good and always approachable.”

Shotley Park Residential Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.'

This inspection took place on 22 December 2014 and was unannounced. This meant the staff and provider did not know we would be visiting. The inspection was led by a single Adult Social Care inspector.

Before we visited the home we checked the information we held about this location and the service provider, for example, inspection history, safeguarding notifications and complaints. No concerns had been raised and the service met the regulations we inspected against at their last inspection, which took place on 21 October 2013. We also contacted professionals involved in caring for people who used the service, including; Healthwatch, commissioners of service and safeguarding staff. No concerns were raised by any of these professionals.

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.

During our inspection we spoke with eighteen people who used the service and five family members. We also spoke with the registered manager, the deputy manager, three care workers and two housekeepers, two laundry and two catering staff.

We looked at the personal care or treatment records of four people who used the service and observed how people were being cared for. We also looked at the personnel files for four members of staff.

Good

Is the service safe?

Our findings

People at Shotley Park Care Home were safe. Five family members we spoke with told us they thought their relatives were safe. They told us, "Yes, very safe indeed", and "We can now rest at night knowing they are safe here." Eight people who used the service all said they felt safe. One person said, "When I lived on my own I was very nervous. Since coming here two years ago I feel very safe indeed."

We looked at the recruitment records for four members of staff and saw that appropriate checks had been undertaken before staff began working at the home. We saw that Disclosure and Barring Service (DBS) checks had been carried out and at least two written references were obtained, including one from the staff member's previous employer. Proof of identity was obtained from each person employed, including, driving licences, and birth certificates. We also saw copies of application forms and these were checked to ensure that personal details were correct and that any gaps in employment history had been explored. This meant that the provider had a robust recruitment and selection procedure in place.

Staffing levels were reviewed routinely and in response to the changing needs of people using the service. The Manager told us that the staffing numbers always exceeded what was expected.

For example, in addition to the manager and deputy manager. For 39 people there were five senior carers and seven care staff on duty from 7.30am until 4pm, from 4pm until 10pm there were eight staff and three waking night staff.

Call bells were heard during the visit and we saw these were attended to promptly by staff. For example, the inspector accidently stood on a floor pad alarm, within 20 seconds a member of staff responded to this. This meant there were sufficient numbers of staff on duty in order to meet the needs of people using the service and this was confirmed by people who used the service and their relatives. One person said, "I spend most of my time in my room and the staff are forever popping in and out to check on me and having a bit of natter. I never feel lonely."

We observed plenty of staff on duty throughout the day, regularly going into people's bedrooms asking if they needed anything. We asked staff, including domestic staff, whether there were plenty of staff on duty. They told us, "There's always enough staff on duty, we are never short."

The home is a three storey, detached converted country house set in 18 acres of landscaped grounds. We saw that entry to the premises was via a locked door and all visitors were required to sign in. The home was exceptionally clean, spacious and suitable for the people who used the service. People we spoke with were very complimentary about the home. They told us, "It is such a beautiful place with fantastic views across the Derwent Valley", "I can't fault it", "It's so nice." One person said, "It's like living in the upstairs part of Downton Abbey it's just superb." A relative told us, "I went to have a look at a lot of places before my parents came here. This was certainly the best and I know that they are safe here."

The layout of the building provided adequate space for people with walking aids or wheelchairs to mobilise safely around the home. We saw all radiators had guards, wardrobes were secured to walls in people's bedrooms and windows had restrictors fitted to help prevent accidents.

We saw hot water temperature checks had been carried out for all rooms and bathrooms the records demonstrated the readings were in line with the Health and Safety Executive (HSE) Guidance Health and Safety in Care Homes 2014. We saw portable appliance testing (PAT), gas servicing and lift and equipment servicing records were all up to date. Risks to people's safety in the event of a fire had been identified and managed, for example, fire risk assessments were in place, fire drills took place regularly, fire doors were closed and fire extinguisher checks were up to date. This meant that appropriate checks were carried out to ensure that people who used the service were in a safe environment.

We saw a copy of the provider's safeguarding policy, which defined what abuse was and provided a guide for staff on how to record and report incidents of suspected abuse. We looked at the safeguarding file and saw records of safeguarding incidents, including, those that CQC had been notified of. We saw copies of investigation reports. We saw that all the incidents had been dealt with appropriately. When we spoke with staff they knew what action they needed to take if they suspected a person was at risk of abuse. We spoke with four staff on duty about safeguarding

Good

Is the service safe?

people. They were all aware of the different types of abuse and said they were confident they would be able to identify the signs of abuse. Staff were able to tell us what would constitute an incident of abuse and said they would have no hesitation in 'whistle blowing' (telling someone) if they saw or heard anything inappropriate.

We observed the deputy manager on the medicines round and saw she spoke to people clearly, explaining what she was doing, and asked people if they were in any pain. We looked in the treatment/drugs room and saw that the controlled drugs cabinet was locked and securely fastened. We saw the medication fridge daily temperature record. All temperatures recorded were within the 2-6 degrees guidelines. We saw a copy of the latest medication audit, carried out by the deputy manager in November 2014. We saw the medication records, which identified the medication type, dose, route e.g. oral and frequency and saw they were reviewed monthly and were up to date. We audited the controlled drugs prescribed for two people; we found both records to be accurate.

We saw very robust and effective systems in place to reduce the risk and spread of infection. We found all areas including the laundry, kitchen, bathrooms, sluice areas, lounges and bedrooms were exceptionally clean, pleasant and odour-free. Staff confirmed they had received training in infection control.

Good

Is the service effective?

Our findings

People's feedback about the effectiveness of the service describes it as consistently good.

This service had a diverse staff team that had a good balance of skills, knowledge, and experience to meet the needs of people who used the service. We saw the manager prioritised training and facilitated staff members to undertake external qualifications beyond the basic statutory requirements. We saw the provider carried out internal developmental training, to compliment formal training as part of their ongoing training plan. For example, end of life care, and health and safety in the work place.

The staff team supported each other and shared their skills and knowledge with their colleagues. Two laundry staff members said, "We learn from each other which is a good thing." We saw that all staff employed including laundry, catering and housekeeping staff had all achieved a level three diploma in care.

The roles and responsibilities of staff were clearly defined and understood. Each member of staff had an accurate job description with clear specifications. When we spoke with two professionals associated with the home, they described staff as 'skilled' and 'caring'.

People who used the service were relaxed in the company of the staff; we saw they were able to communicate with them freely and easily. People who used the service consistently told us that they were having their needs met by staff that supported them well and in their preferred way.

We saw that the premises had been sensitively adapted to meet people's varying health and physical conditions.

We saw staff communicating effectively with people. We saw they had time to sit and talk with people as well as assisting people with their personal care needs without people having to wait.

The content of the staff induction and probationary period were seen to be robust, detailed and service specific. The service only confirmed permanent employment when they were satisfied with staff competence to do the job properly This meant that people had their needs met by appropriately trained and skilled staff that contributed to people experiencing a good quality of life. We saw that the majority of staff had worked here for over 10 years.

We saw the service kept up to date with new research, guidance and developments and had links with organisations that promoted and guided best practice and used this to train staff and helped them to drive improvement. The manager was a member of the Tyne & Wear Care Alliance and this is linked to the Prime Minister's Challenge on dementia. Shotley Park is one of the 20 care homes in the North East who is participating in this programme. The home also had links with the bio-medical research team for aging and vitality and senior staff had attended the first workshop that was held on 5th November 2014.

Individual supervision sessions took place regularly and staff told us they found these useful for their personal development. Appraisals were also used to develop and motivate staff and review their practice and behaviours.

We saw that people were always asked to give their consent to their care, before any treatment and support was provided by staff. Staff considered people's capacity to make decisions and they knew what they needed to do to make sure decisions were taken in people's best interests and where necessary involved the right professionals. Where people did not have the capacity to make decisions, their friends and family were also involved. This process helped and supported people to make informed decisions where they were unable to do this by themselves. We saw that people who used the service and their relatives and friends were informed of how to contact external advocates who could act in their best interests.

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act 2005. They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom. We discussed DoLS with the manager, who told us she had considered the impact of the recent Supreme Court decision about how to judge whether a person might be deprived of their liberty and had attended training arranged by the local authority. The manager told us she had prioritised which people to apply for DoLS based on risk. She showed us the DoLS file and we saw that five applications had been assessed by the local authority. We also saw copies of relevant mental capacity assessments and best interest's decision forms in people's care records.

Good

Is the service effective?

The provider promoted and maintained people's health and this ensured people had access to health and social care services to meet their personal assessed needs. For example, all people had access to specialist medical, nursing, dental, pharmaceutical, chiropody, therapeutic services and care from hospitals and community health services including, hearing and sight tests, and appropriate aids according to their need. This contributed to people experiencing positive outcomes regarding their health.

At lunch and tea time we saw staff provided people with the support they needed offering choices throughout. We saw staff had enough time to provide people with the support they needed. We saw staff encouraging and assisting one person to eat. This was done in a very discreet and sensitive way. We also saw people were allowed the time they needed to finish their meal comfortably. Everyone we spoke with complimented the food. One person said, "The food is very good, there is always an excellent choice available and a glass of wine if we want one." People confirmed there was a different menu every day. We spoke with two catering staff. They had very good knowledge of people's preferences and special diets.

We looked at the care records for four people. Each file contained a nutritional assessment called 'malnutrition universal screening tool' (MUST). We saw people's nutritional needs were regularly monitored and reviewed. The assessment included risk factors associated with low weight, obesity, and any other eating and drinking disorders.

Outstanding ☆

Is the service caring?

Our findings

People who used the service, those that mattered to them and other people who had contact with the service, were consistently positive about the caring attitude of the staff. One person said, "The staff really care and they treat my mother with the utmost respect. My mother receives excellent care. I visit often and at different times of the day. My mother is always happy and content and she is always beautifully dressed."

Another relative told us, "Both my parents are here. I cannot fault the care and support they both receive. The manager and staff do a tremendous job, the care is first class." Another told us, "This home has been a God send to us. My Mother receives the best care possible and I no longer have to worry about her, I think the staff are doing a great job."

A resident told us, "I have lived here for the last 26 years, it's been a very long time but I have never regretted coming here. They look after me extremely well. I have a very good quality of life. I have no complaints at all. All the staff have become my extended family."

A daughter who was visiting her father said, "The staff treat him very well indeed. He came here for respite care and refused to leave." He told us, "This is a great place, I like to spend a lot of my time on my own, and the staff respect my wishes."

We spoke with 18 people who used the service all were highly complimentary about the care, treatment and support they received, comments included; "This is a great place." "The staff are just wonderful." "If you need anything, you only have to ask," and "I think this home should be given an award because it is exceptional."

We saw there was a core team of staff who had worked at the home for many years, some for over 20 years and they knew the people they supported very well.

Staff spoke fondly and had a lot of knowledge about people. For example, they knew and understood their life history, likes, preferences, needs, hopes and goals. The relationships between staff and people receiving support consistently demonstrated dignity and respect at all times. We saw staff knew, understood and responded to each person's diverse cultural, gender and spiritual needs in a caring and compassionate way. People described their care as, "First class." "Exceptional." and "Wonderful caring staff." People valued their relationships with the staff team and said they always go 'that extra mile' for them.

People were proactively supported to express their views and staff were skilled at giving people the information and explanations they needed and the time to make decisions. We saw how staff communicated effectively with people using the service, no matter how complex their needs.

All the 18 people we spoke with, told us they were always treated with respect and their dignity was always preserved. They told us they were able to express their views as to what was important to them in relation to their care and treatment. They said they were fully involved in making decisions about their support needs, and were encouraged by staff to remain as independent as possible. One person said, "When I first came here my mobility wasn't good but with all the support I have had, I am now back on my feet and it's good to have some of my independence back."

People told us their rights as citizens were recognised and promoted, including fairness, equality, dignity, respect and autonomy over their chosen way of life. One person told us, "I get up and go to bed when I wish and I see my friends and family whenever I like and they are always made to feel welcome. When they visit which is quite often, we always have tea and homemade cakes or scones served in my room. Nothing is ever a bother."

The service had a strong, visible person centred culture at helping people to express their views so they understood things from their points of view. Staff and management were fully committed to this approach and found innovative ways to make it a reality for each person using the service. For example, we saw that every month each person's key worker recorded people's views, thoughts and ideas about their care and how the service could be improved. We saw that one person had asked for a sweet shop to be established and this had happened. Another person requested an exercise class. Twice weekly sessions now take place. Two people who used the service were assisted to use Skype to enable them to keep in contact with their family who lived abroad.

We observed the interactions and relationships between staff and people who used the service in the communal areas. We saw staff consistently treated people with

Outstanding ☆

Is the service caring?

compassion, dignity and respect at all times. They spoke with people kindly and with consideration and were very caring in their attitude. During our tour of the home, we saw staff knocked on bedroom doors before they entered. When they spoke with people they addressed them by their preferred name.

Professionals we spoke with during and before the inspection were all positive about the home.

Two visiting doctors were very complimentary about the home. One said, "They are very caring and always treat people as individuals." The other said, "I have been coming here for a number of years, the care is always very good."

People were given support when making decisions about their preferences for end of life care. When people were nearing the end of their life they received compassionate and supportive care. These people, those who mattered to them and appropriate professionals contributed to their plan of care so that staff knew their wishes and to make sure the person had their dignity, comfort and respect at the end of their life. Staff also cared for and supported the people that mattered to the person who was dying, with empathy and understanding. In two people's care records we saw they had made advanced decisions about their care regarding their preference for before, during and following their death. We saw that the provider was following the NHS deciding right document 'Your life, Your Choice' guidance. This meant people's physical and emotional needs were being met, their comfort and well-being attended to and their wishes respected.

Good

Is the service responsive?

Our findings

People's feedback about the responsiveness of the service described it as consistently good.

We found people received consistent, care, treatment and support that was person centred. People told us they were involved in making their needs, choices and preferences known and how they wanted these to be met. We looked at four people's care records. We found each person's care, treatment and support was written in a plan that described the interactions staff needed to do to make sure people's care was provided in the way they wanted.

We saw people were involved in developing their support plans. We also saw that other people that mattered to them, were where necessary, involved. We saw each person had a key worker and they spent time with people to review their plans on a monthly basis. All of these measures helped people to be in control of their lives and lead purposeful and fulfilling lives as independently as possible. We found that people made their own informed decisions that included the right to take risks in their daily lives. For example, one male resident has his own garden patch where he grows vegetables. He prefers not to use his walking frame when working in the garden. He and his family accept there are risks involved. His daughter told us, "Gardening has always been his passion and he is determined to keep this up regardless of any risks involved."

We found the service had a 'can do' attitude, risks were managed positively to help people to lead the life they wanted. Any limitations on freedom and choice were always in the person's best interests.

We found the service protected people from the risks of social isolation and loneliness and recognised the importance of social contact and friendships. The service enabled people to carry out person-centred activities within the home and in the community and actively encouraged people to maintain hobbies and interests. We saw that the provider enabled people to achieve their goals, follow their interests and be fully integrated into the community life and leisure activities. On the day of our inspection, ten people went out for Christmas lunch and an afternoon of entertainment at a local venue. Three people who used the service frequently organised musical repertoires by playing the homes grand piano. We found staff were proactive, and made sure that people were able to maintain relationships that mattered to them, such as family, community and other social links. We saw there was a social calendar displayed for forthcoming events such as, aromatherapy, reflexology, carol service, and organised outings. The home also employed a full time event's organiser. A hairdresser also visited the home three times a week.

When we spoke with staff they told us they made every effort to make sure people were in control and empowered to make decisions and express their choices about their care needs. The manager said they always involved relatives or advocates in decisions about the care provided; this was important as it helped to make sure that the views of people receiving care were known by all concerned, respected and acted on. This was confirmed when we spoke with people's relatives.

When people used or moved between different services this was properly planned. For example each person had a detailed personal health profile completed. We saw people were involved in these decisions and their preferences and choices were recorded. This contributed to ensure people maintained continuity of care in the way that people wanted and preferred. For example, if a person was admitted to hospital, it ensured that all relevant information was shared.

We saw the provider used a range of ways for people and their representatives to feedback their experience of the care they received and raise any issues or concerns they may have. We saw lots of information was displayed and surveys and regular meetings were ways that helped people to express their feeling to raise concerns or issues. The registered manager told us that every month the key worker sat down with people to discuss not only their care and support needs but also any ideas they might have about the management of the home. The manager said even the slightest niggles raised were always taken seriously, thoroughly investigated and responded to in good time. The service learned from mistakes and used complaints and concerns as an opportunity for learning about the care provided. The manager told us, "This was important as it helped to make sure that the views of people receiving care were known by all concerned, respected and acted on quickly as this helped to reduce people's anxieties."

Good

Is the service responsive?

When we spoke with people, they told us they knew how the complaints process worked. One person said, "I once raised a concern about a missing skirt. It was never found but it was replaced with a new one that was almost identical." Another said, "I thought the custard was too thick, since I mentioned this, it has never happened again."

Good

Is the service well-led?

Our findings

At the time of our inspection visit, the home had a registered manager in place. A registered manager is a person who has registered with CQC to manage the service. The manager at Shotley Park had been in post for 27 years.

People who used the service, and their family members, told us the home was well led. They told us, "It definitely is, the management team are great." People commented on how approachable the manager and deputy manager were

We looked at what the provider did to check the quality of the service, and to seek people's views about it. We saw the quality audit file, which included an annual timetable for key audits of the home. These included, care documentation, medication, safeguarding, training, falls and mobility and infection control. We checked documentation to see whether these audits were up to date. We looked at copies of the care documentation, medication and infection control audits. All of these were up to date and had been completed in line with the timetable. We saw where issues had been identified from the audits, action plans had been put in place.

Staff we spoke with told us the manager was approachable and they felt supported in their role. They told us, "She's great" and "She leads by example, she has very high standards." Staff told us that one of the positives about working at Shotley Park was team work and peer support.

One staff told us, "We support each other in every aspect. This is important because we want to make sure that people get the best possible care that they deserve." Another said, "We discuss all issues thoroughly to make sure we find the right way of doing things for people."

The manager showed how she adhered to company policy, risk assessments and general issues such as trips and falls, incidents, moving and handling and fire risk. We saw analysis of incidents that had resulted in, or had the potential to result in harm were in place. This was used to avoid any further incidents happening. This meant that the service identified, assessed and monitored risks relating to people's health, welfare, and safety.

We saw that the provider had a statement of purpose that clearly explained the range of services available and how they would meet service users needs. We saw this was kept under review.

We saw records of residents' and family open forum meetings, which took place every month. Subjects discussed at these meetings included food, activities, laundry and staffing. We saw that where specific questions had been asked, the manager had provided a response. For example, a person had asked for a sweet shop and this was provided. Two people had asked if they could have a patch of garden to grow vegetables. They now had their own vegetable patch.

We saw an annual customer satisfaction survey took place and saw the results for 2014. This survey asked people who used the service, and their family members, questions about the quality of the service provided. For example, how they rated the care, the staff and the premises, and whether they felt involved in decisions about their or their relatives care. We saw the results were very positive about the home and the care that people received. Comments included, "All round care here is second to none." "Very good home in a lovely setting with very high standards of cleanliness."

The service worked in partnership with other organisations to make sure they were following current practice and providing a quality service. This was done through consultation, research and reflective practice. We saw policies, procedures and practice were regularly reviewed in light of changing legislation and of good practice and advice. The service worked in partnership with key organisations to support care provision, service development and joined-up care. Legal obligations, including conditions of registration from CQC, and those placed on them by other external organisations were understood and met such as, Department of Health, local health authorities, specialist professional organisations and other professionals. This showed us how the service sustained improvements over time.

We saw all records were kept secure, up to date and in good order, and maintained and used in accordance with the Data Protection Act.