

Shipston House Ltd

# Shipston Lodge

## Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

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?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Shipston Lodge is a purpose-built nursing home providing accommodation, nursing and personal care to 30 older people including people living with dementia at the time of the inspection visit. The service can support up to 70 people. The home provides living accommodation over two floors with all bedrooms being ensuite. Communal areas are located on each floor which include bathroom facilities, a lounge and a dining room.

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

People had a plan of care that provided guidance to staff in how to support them. Associated health risks were assessed, but these were not always updated and reviewed immediately when a person's needs changed, or where advice was sought to ensure the risks were not increased. Records did not always correspond with a person's specific requirements; however we were assured this would be improved.

People were involved in consenting to day to day life choices, however consent for the provider to use CCTV in communal areas and people's photographs to be used widely on social media, opportunities to review and consider ongoing consent were not always sought. The provider agreed to address this.

The provider completed a range of audits including satisfaction surveys and actions were monitored through an action plan. The registered manager implemented an audit structure to help drive improvements and standards within the home. The improvements found during this inspection had not always been known or considered by the registered manager or provider. We were confident actions would be taken to improve, especially when checks were delegated to others.

People spoke positively about their experiences living at Shipston Lodge and the quality of their care that was provided by a consistent staff team. People's feedback was sought through meetings, surveys and 'resident of the day' with additional meeting opportunities planned.

We looked at infection prevention and control measures under the Safe key question. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively. Infection control systems implemented during a pandemic were in place. Staff told us face masks were worn when providing personal care and staff wore masks when they supported people around the home.

Staffing levels met people's needs. People told us staff supported them in an unrushed manner and staff were able to respond to requests for support without minimal delay. People felt staff were trained because they knew what to do when supporting them.

Medicines were administered safely by staff who were trained and assessed as competent.

People were supported to have maximum choice and control of their lives and staff supported them in the

least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff completed an induction process and were confident in their role. The registered manager promoted staff development and encouraged staff to attend additional training to enhance their skills and knowledge. Staff encouraged people to maintain their interests and hobbies. Improvements to people's known life histories and pastimes was being completed.

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

#### Rating at last inspection

This service was registered with us on 28 August 2019 and this is the first inspection since registration.

#### Why we inspected

This was a planned inspection based on the date the service was first registered with the CQC.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection programme. If we receive any concerning information, we may inspect sooner

Further information is in the detailed findings below.

## 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 effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Requires Improvement ●

The service was not always responsive.

Details are in our responsive findings below.

### Is the service well-led?

Requires Improvement ●

The service was not always well led.

Details are in our well led findings below.

# Shipston Lodge

## 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 Care Act 2014.

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

#### Inspection team

The inspection was carried out by two inspectors who visited Shipston Lodge on the 8 June 2021.

#### Service and service type

Shipston Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with us. They and the provider are legally responsible for how the service is run and for the quality and safety of the care provided

#### Notice of inspection

We gave a short notice period of the inspection because of the risks associated with COVID-19. This meant that we could discuss how to ensure everyone remained safe during the inspection.

#### What we did before inspection

We reviewed information we had received about the service, for example from people and external agencies. The provider completed a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We used all of this information to plan our inspection.

#### During the inspection

We spoke with five people that lived in the service about their experience of the care provided to them. We spoke with the registered manager, a deputy manager, an activity co-ordinator, seven care and nursing staff, two chefs and two hospitality staff. We also spoke with the chief operating officer and the owner who was the provider. Post our inspection visit, we spoke with a healthcare professional involved in people's care.

We reviewed a range of records. This included specific examples of five people's care records and medication records. We looked at three staff files in relation to recruitment. We also looked at records that related to the management and quality assurance of the service.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found and we reviewed additional information the provider had sent to us.

# Is the service safe?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

- People's care records contained individual risk assessments which covered different aspects of their care needs.
- Where health conditions changed quickly, actions were taken but relevant care records were not always reflective of the immediate actions being taken to mitigate risk. In particular for one person, family and GP involvement was being sought but the care record or risk assessments did not show this. Following our visit, the provider confirmed the care plan now fully reflected the actions taken to support this person.
- People were involved in their assessments and identifying their needs. One person was supported to remain as independent as possible, when walking. This person said "I get the help I need to keep me safe. I am happy that they involve me in the decisions around any of my risks."
- Staff told us where people displayed anxiety or behaviours that may place themselves or others at risk, there were de-escalation strategies for staff to follow. What staff told us matched people's care records.
- Environmental risks and risks associated with equipment were checked and managed safely. One member of staff told us, "They [provider] always make sure any equipment is kept in working order, if something goes wrong or breaks it is either fixed or replaced without delay."
- Fire safety, water quality and health and safety checks were completed when required.

### Staffing and recruitment

- There were enough staff on duty to meet people's needs.
- The registered manager completed a dependency tool to calculate the amount of staff needed to safely cover shifts in the service. We found that the amount of staff was flexible according to the current needs of the people living there.
- The registered manager told us if staff levels needed to be increased due to a change in people's needs, extra staff were allocated on shift.
- People received assistance when they asked for it and staff were around to respond when needed. One staff member said, "Staff levels are okay, busy but we can get to people when they need us."
- Recruitment processes were safe. We reviewed staff files and records demonstrated that there was a system to ensure that references, employment history and criminal background checks were in place to ensure staff were of a suitable character.

### Using medicines safely

- People received their medicines safely.
- Medicines were stored and administered and records we checked, showed staff had correctly signed medicines administration records when medicines had been given. However, we found one person's

prescribed thickener had not been locked away securely and had been left in their room. When we raised this with the registered manager, they took steps to ensure that this was rectified.

- As and when required medicines were administered in conjunction with safe protocols that explained when to give these medicines, why and maximum dosages.
- Staff had become used to the EMAR system (electronic recording of medicines) which was introduced a few months ago.
- Some people received their medicines via a patch. Medicines patch records were completed which showed the location and frequency of when and where the patch was applied. This helped ensure people received these medicines safely.

#### Learning lessons when things go wrong

- Accidents and incidents were recorded and monitored. They were reviewed regularly by the registered manager and provider to identify any themes or trends. We saw, monitoring of falls was considered in the planning for numbers of staff required for each shift.

#### 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 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.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.
- An Infection control audit completed by the local authority in April 2021, gave an audit score of 99%. The provider was proud of staff's achievement whilst managing through a pandemic.

#### Systems and processes to safeguard people from the risk of abuse

- Staff knew how to recognise the signs of abuse and what action they needed to take to protect people from risk of abuse.
- Staff knew about whistleblowing processes and felt confident any concerns would be dealt with. One person told us "There are no issues with safety here."
- There were policies and procedures to ensure that any safeguarding concerns were shared with relevant authorities in a timely manner.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People received the support identified in their care records to eat and drink and maintain a healthy diet. Both chefs were knowledgeable about people's special dietary needs. Information the chefs' used to prepare people's meals corresponded to people's support plans and risk assessments.
- People told us the food was good and if they wanted something which was not on the menu, alternative choices were offered.
- Where people needed modifications to their food due to swallowing difficulties, involvement of the Speech and Language Team (SALT) had been sought and guidance followed.

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

- Care plans contained information about people's support needs. Staff told us that care plans accurately reflected the needs of people.
- Assessments of people's needs were recorded, and people's support needs were reviewed regularly.

Staff support: induction, training, skills and experience

- Staff were trained to meet people's needs. Staff were able to access training in areas which they had an interest or to ensure they had more awareness about aspects of people's needs. One member of staff said "I asked to do further continence training so that I could better understand a person's needs. There was no problem and I got this training."
- Another member of staff told us how they were focussing on obtaining their NVQ in care which is a national qualification.
- Staff received regular supervision and appraisals and felt supported to develop in their roles.

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

- People were referred to other health professionals when needed. One person told us how they had been feeling unwell. They told a staff member and a doctor was contacted. Another person said, "No problem at all with getting to see doctors or the hospital. They [staff] are very quick at picking up if you need help."
- Some people had a range of different health professionals involved in their care including occupational therapists, speech and language therapists and psychiatrists.
- A previous chef had been creative with menu ideas for people with swallowing difficulties and had developed a modified ice cream, which had slow melting properties meaning it could be eaten safely. Following our visit, we spoke with the SALT team about the ice cream. They said, "The provider is proactive in seeking further training around swallowing and dysphagia to provide good outcomes for people. When

they make a referral – it's at the right time."

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

- People were involved in decisions about their personal environment. People were able to furnish their rooms with personal items and possessions.
- The home environment was easily accessible for people whose mobility was restricted and equipment was available and maintained to assist with moving and handling, for example hoists and wheelchairs.
- There was space and areas where people could choose to sit alone or to be with larger groups. We observed some people sat reading newspapers, other people listening alone to music and some people having conversations with staff.

#### Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether any deprivations of liberty had the appropriate legal authority and whether any conditions on authorisations were being met.

- People's records contained examples of how people were supported within MCA requirements and how they were involved in day to day decisions about their support.
- The provider followed the requirements in people's DoLS authorisations. People living on the first floor were living with dementia. People's movements were restricted by a key coded door. We saw the provider had applied for DOLS reflective of this restriction. For other people assessed as having capacity, they were given the codes to the doors and were able to move freely around all accessible areas of the home.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People's equality needs were respected. For example, in the provider information sent to us, the provider had introduced 'Sexuality' care plans for people. These plans highlighted the importance of individual sexuality and how this may be expressed. Information would be used to personalise people's individual plans. The provider said they had introduced training on this subject to inform staff.
- Throughout the day, we saw staff were respectful which showed in their interactions with people. For example, one person was getting anxious, staff knelt down and spoke with them, quietly and confidently saying they were okay.
- Staff supported people who were walking around the home, making sure they were okay. Staff put an 'arm around the person to coax them back to their table for their meal. All interactions were at the person's own pace.

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

- People had opportunities at planned meetings to provide feedback and care reviews made sure they were included in how their care was delivered. Resident of the day focussed on the person and conversations were held with heads of department to ensure the support and choices people received continued to meet their expectations.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. Staff explained how they respected people's privacy by knocking on doors before entering. Staff gave people choice and respected their decisions.
- Our observations and people's comments showed they were encouraged to be as independent as possible. Staff prompted people to do things for themselves – for example reminding to use both hands to hold a cup or to use any mobility aids.
- Restrictions on visiting had impacted on the service because of the COVID-19 pandemic. COVID-19 plans were in place which meant they, and their visitors, needed to follow the same national restrictions as other members of the public, including following each step in the government's roadmap around social contact.

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant people's needs were not always met.

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

- People had care plans and risks assessments that guided staff in how to provide a person's care. However, some examples of care records we saw needed to reflect people's current health conditions, such as information related to changes to aid mobility or how people requested support from staff.
- People's changing needs were discussed at handover, however staff said, "Care staff are not told enough about health concerns by nurses and issues raised are not always shared with carers by the nurses." They also said, "Communication could be better."
- We asked care staff about people's individual care needs and how they were to be supported. Care staff we spoke with were inconsistent with each other for some of those care records we reviewed. However, a lack of consistency could impact on a person's health.
- Following our visit, we requested clarification about a person's care needs because their care records were conflicting. The registered manager said unexpected changes in their IT system were not known so staff were not trained in what to correctly document. The registered manager assured us this had now been addressed.

Improving care quality in response to complaints or concerns

- Complaints had been made and records of the complaint and responses showed the actions taken. However, some of the individual complaints were what we found during our visit.
- For example, a complaint received in August 2020 was a person's relative not being given a choice of meal. They were also given opened condiments.
- During our visit, we found similar concerns remained. People living on the first floor were not supported in making a visual choice at mealtime. People's meal choices were requested 24 hours prior. We asked staff why, but they did not know. This could limit people in making alternative choices or changing their mind, particularly for people whose communication may be impaired.
- The provider and registered manager explained this was not usual practice and periodically observed mealtimes to ensure this was done. The provider agreed to increase observation checks and to remind staff of the continued importance of promoting choice through visual stimulation.
- A complaint received in February 2021 raised concerns about how their family member appeared on a video, on social media. We asked the registered manager about complaints around privacy and the use of images on social media posts. The registered manager said this was another member of staff's responsibility.
- The provider told us families welcomed the use of social media, especially during the pandemic, to keep engaged with their family member and the home. Comments sent to us by the provider confirmed this. However, we reminded the provider and registered manager about reminding people or family members of

their consent to the ongoing use of photographic and video content before its placed on social media.

- No concerns had been brought to our attention by people or families about the use of CCTV throughout communal areas, however we recommended the provider considered people's ongoing consent and review to ensure people's human rights continued to be respected.
- Following our visit, information sent to us by the provider explained how people's images and photographs would be used. Upon reviewing these, this placed the responsibility on people to tell staff, not the other way around. As a person's health or cognition deteriorated this would not always be possible.

#### Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication and sensory needs were identified, recorded and highlighted in care plans and shared with staff. Most people were able to understand the literature in its written form, but staff said they could adapt any literature if anyone needed access to it. Translation apps were available if needed.

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

- The staff and registered manager explained the impact of COVID-19 had on relative visits and external visitors to the home.
- There was photographic evidence, activities, important celebrations and involving people with their interests and hobbies continued. Some people pursued their own personal interests. During the day, we saw one person completing a jigsaw, another person listened to music.
- From people's involvement in meetings, we could see people had requested additional activities, such as a jigsaw board. This had been provided and was being used.
- Group and individual activities were supported and encouraged.
- Personal profiles continued to be updated to ensure staff knew important personal information, such as people's lives and interests before moving to Shipston Lodge. Staff said this would help them get to know the person more.

#### End of life care and support

- No one received end of life during our visit. Clinical staff felt confident they could support people and families wishes at this time. Anticipatory medicines were arranged to help support the person at the end stages of life. Written compliments from relatives expressed their gratitude to staff who provided such care and compassion.

# 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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; and how the provider understands and acts on duty of candour responsibility

- The registered manager was registered with us in October 2020. They told us they had to implement a system of audits, processes and checks because there was no way evidence of improvements could be recorded.
- The registered manager completed a programme of audits. Some of these quality assurance audits included health and safety checks, care records and clinical checks which formed a monthly 'KPI' audit for the provider to review.
- Audits highlighted actions to drive improvement, but some of the quality issues we found at this visit had not been identified.
- For example, we found a first-floor food fridge contained food items that were undated, no date of opening and no date for disposal. We found almost all food fridge temperatures recorded in June 2021, exceeded safe temperature ranges.
- An infection and prevention control audit completed April 2021 by the local authority, identified food labelling and storage practices were not complaint. An action plan showed food labels were to be used, but only on the ground floor. There was no improvement action to address the fridge on the first floor or the issues we found.
- We found a prescribed thickener had not been stored securely. Information about how long and why this was not stored securely, was inconsistent. Without us raising this, this may have gone unnoticed. This had potential to put people at risk of choking.
- Where care records showed inconsistencies, recent IT changes had not identified this or were known. Where some checks or practices had been delegated to others, closer scrutiny was needed to ensure improvements were made in a timely way and that the provider had oversight of staff practice.
- We acknowledge systems of audits had been a focus for the registered manager, but increased monitoring and oversight would help embed those into day to day practice. For example, checks to ensure material posted on social media protected people's privacy and dignity, ensuring people's care information is not left out in a communal room. The registered manager could not give us a reason why this went unchecked.
- Staff were clear of their responsibilities and others. Overall, staff said communication was improved but some staff wanted better communication from nurses about how to manage people's changing needs.
- The registered manager and provider understood their responsibilities to us. They understood when to send us statutory notifications for notifiable incidents.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good

outcomes for people

- Staff told us they felt valued.
- The registered manager told us the provider had organised a counselling service to support the staff, whether COVID-19 pressure related or for staff to seek support for personal concerns. This was a confidential service, supported by the provider who wanted to invest in its staff welfare.
- Overall, people and staff said the registered manager was available and welcoming to hear their feedback. The registered manager said they had an open door for anyone to see them.

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

- People's views and feedback was sought through planned meetings and surveys. The chief of operations said people wanted a 'residents' group' who could discuss topics with the provider. The group choose their own name, 'The Librarians' and the first meeting was planned soon.
- Incident and accident analysis included a 'root cause analysis' to identify any patterns or emerging trends.
- Following our inspection visit, the provider welcomed our feedback and findings. The provider said, "We welcome comments, we are genuinely a feedback focussed provider." The provider said over the last 12 months, "We feel we have managed a care home through a truly traumatic year in which our priorities have been preservation of life." The provider said practices and processes would be reviewed and changed to drive improvements.