Shaftesbury Care GRP Limited

Allan Court

Inspection report

Benwell Lane
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Tyne and Wear
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22 November 2018

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 20 and 22 November 2018 and was unannounced. This meant the staff and provider did not know we would be visiting.

Allan Court is registered as a 'care home'. People in care homes receive accommodation and nursing or personal care as single packages under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection. The service is registered to provide care for up to 60 people, some of which are living with dementia or have other mental health needs. At the time of the inspection, 57 people were living at the service.

We completed a full comprehensive inspection in April 2016 and rated the service 'good' overall.

At this inspection we found the service remained 'good' and met all the fundamental standards we inspected against. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection. Full detailed findings can be found in the last inspection report.

The service had a registered manager in place. A registered manager is a person who has registered with CQC to manage the service. Like 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 registered manager understood their responsibilities with regard to safeguarding and staff had been trained in safeguarding vulnerable adults.

Accidents and incidents were recorded, risk assessments were in place and appropriate health and safety checks were carried out.

Medicines were managed safely. Including arrangements for the safe administration, storage and disposal of medicines.

Enough staff were on duty to meet the needs of people who used the service. The provider continued to have a robust recruitment procedure in place and carried out suitable employment checks on the staff they employed. Staff were trained to meet people's needs and received regular supervisions and appraisals.

People were supported to have maximum choice and control of their lives, and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice.

People's dietary and hydration needs were met with a range of foods for people to choose from.

Discussions with people and staff confirmed that external health care professionals were involved should this be required.

Staff at the service ensured people were at the heart of their care and support. Staff and the management team were reported to be kind, caring and considerate. Staff treated people with dignity and respect and helped to maintain people's independence where possible.

People's needs were assessed before they came to live at the service and care plans were put in place to address individual needs.

Although we were not made aware of anyone who had reached the end of their life stage of care, staff told us they would work with healthcare providers to ensure people were well looked after.

People were protected from social isolation with various activities taking place, including trips out.

The service sought feedback on a regular basis and had received numerous positive comments and compliments. People told us they knew how to make a complaint if they needed to and a clear process was in place.

The provider had an effective quality assurance process in place which they were reviewing. Staff said they felt supported by the management team. We made one recommendation in relation to recording of provider visits.

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 remained Good	**Good**
Is the service effective? The service remained Good	**Good**
Is the service caring? The service remained Good	**Good**
Is the service responsive? The service remained Good	**Good**
Is the service well-led? The service remained Good	**Good**

Allan Court

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.

Inspection site visit activity took place on 20 and 22 November 2018 and was unannounced. One adult social care inspector, a specialist advisor and an expert by experience undertook the inspection. A specialist advisor is a member of the inspection team with specialist skills and usually focusses on their speciality. This specialist advisor was a nutrition nurse consultant. 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 we visited the service, we checked the information we held about this location and the service provider, for example, inspection history, and statutory notifications. A notification is information about an incident or event which the service is required to send to the Care Quality Commission by law, for example, deaths or allegations of abuse.

We contacted professionals involved in caring for people who used the service, including local authority commissioners and safeguarding staff. We also contacted the local fire authority, a specialist nurse in the nursing home support team, a community nurse, one care manager, a social worker and Healthwatch to gather their views. Healthwatch is the local consumer champion for health and social care services. Information provided by these professionals was used to inform the inspection and our judgements.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During this inspection we carried out observations using the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

During our inspection we spoke with 19 people who used the service and seven relatives. In addition to the registered manager, we also spoke with the regional manager, acting deputy manager, the clinical lead, one nurse, nine members of care staff (including senior care), one activity coordinator, the administrator and the maintenance person. We looked at the care records of six people who used the service and the personnel files for five members of staff. We also reviewed other information about the service, including health and safety information and records relating to the management and quality of the service.

Good

Is the service safe?

Our findings

People told us they felt safe and secure. They said, ""I feel very safe yes, lots of people around"; "I feel safe yes not had any reason not to" and "I feel really safe and happy in here -it has really helped me being here having so much support."

Relatives told us their family members were kept safe. Comments included, "I feel it is safe here. I feel happy my family member is secure here and happy here" and "I have no reservations about the safety here, the staff are excellent at keeping (person's name) safe and sound."

The provider had systems and processes in place such as safeguarding policies to guide staff. The registered manager was aware of their responsibilities. Staff received training in safeguarding and knew how to report any concerns they had.

Regular checks were carried out to keep people safe. For example, health and safety and fire safety. We noted that hoists were on occasions stored inappropriately in passage ways. This was brought to the attention of the registered manager who addressed this with staff.

The service was found to be clean and tidy and staff followed infection control procedures.

Accidents and incidents were recorded and analysed/ Any lessons learned were identified and discussed with staff to reduce the risk of a recurrence. Risk assessments were in place for people who used the service. These described potential risks and the measures in place to reduce the risk. For example, in relation to self harm, falls and moving and handling.

Medicines were generally well managed. One person said, "I get medication usually in the morning and at night. I have no problems with it." One relative told us, "My family member receives their medication morning and evening and everything seems to be working…no complaints." People received medicines in a timely manner, with medicines being stored and disposed of correctly. We noted that the medicines room was accessible by staff other than those in charge. We also found a few recording issues with medicines, including 'as required' (intermittent medicines used for pain relief for example) protocols and topical (creams and ointments) application charts not all in place. We brought our findings to the registered manager who immediately addressed these issues.

From observations, there were enough staff on duty to keep people safe. We also confirmed staffing levels were appropriate by reference to rotas and staff dependency tools which remained consistent. Call bells were answered in a timely manner, although we did observe two occasions where there was a slight delay. People told us that staff answered their call bells quickly. One relative said, "They come straight away but ask if (person's name) can wait a little until they finish seeing to someone else. That is understandable and I am okay with that."

The provider had robust recruitment procedures in place and carried out checks when they employed new

staff to ensure they were suitable to work with vulnerable people. Nurse registration details were checked to ensure they were valid.

People's personal monies were checked which were supported by the provider. We found excess money in the providers bank account from previous residents which had been transferred from the last provider when the registration changed. However, it was not clear who this belonged to. The provider was in the process of investigating this.

Good

Is the service effective?

Our findings

Staff were supported in their roles to deliver effective care. They received an induction, supervisions and an annual appraisal. Training was appropriate to their role, including manual handling of people and dementia awareness. One person commented, "The staff are lovely but I feel they perhaps do not understand my mental health issues." The registered manager was considering additional training in this area.

People's records confirmed that an assessment of their needs, before they moved into the service had been completed to ensure their needs could be met.

People were supported to maintain a balanced diet. People had meals tailored to their particular needs. For example, one person had chosen a different meal to that offered to others, including desserts bought in especially for them. Meals were made to look appetising, including pureed food. People who required additional support to eat their meals were served earlier than others and given uninterrupted individual help. People were happy with the food and refreshments. There was a good selection and choice available, including water dispensers. Comments included, "The food is fine. I eat whatever I am given" and "I have no complaints. The girls (staff) will bring me all sorts of things to eat and they have all been lovely." One relative told us, "They get a good selection and although it's not their own home cooking which they liked to do, it's pretty good." We did, however, receive a few mixed views, including that the food can sometimes be "bland" or "boring". The registered manager was given this information and was going to look into our comments.

People's weight was monitored and we saw people had gained or maintained their weight. A dietitian had advised one person to have daily mid-morning milk shakes but this did not always occur. We spoke with the registered manager about this who said this would be addressed.

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 with appropriate legal authority. 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 and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met and we found they were.

People had access to a range of healthcare professionals when the need arose for further care intervention. For example, one person had been referred to a dietitian and we confirmed staff had followed their advice and the person had gained weight. Other referrals included, GP's, specialist nurses and hospital consultants.

Communication was good. One relative said, "Staff are great and they always call and let us know if there are any changes to discuss." A staff handover process was in place, however, we noticed it was undertaken

in the dining room where one person was sitting and could possibly overhear. We spoke with the registered manager about this and they said they would review this immediately.

The service was adapted to meet people's overall needs for example, adapted baths including a new one on order to replace a damaged model. The service was also wheelchair friendly and had call bells to provide additional support.

Good

Is the service caring?

Our findings

The service employed staff who maintained positive, kind and considerate relationships with the people they supported and their relatives.

People told us, "They are always very kind and do what they can to help you"; "The staff are lovely…they know me better than I know myself sometimes. They are wonderful"; "The staff are just first class. They really are"; "The staff here are lovely, always happy to help and like to have a joke as well" and "The staff are fab they always chat to me." It was noted though that three people had less positive comments including, "Staff are ok, some are better than others" and "Some of the staff are nice, some not so much…but I guess you get that everywhere."

Relatives were positive about the care provided. They commented, "The staff all do a great job here. I feel they get the TLC (tender loving care) that they need and I can't ask for any more than that really" and "I have full praise for the staff here, they are very good. It's a hard job and they do well."
One community nurse told us the service was one of their better ones and "Staff really care." A specialist nurse said, "The residents appear clean and well cared for, no residents or family members have raised any concerns with me."

The registered manager provided us with a compliment that a relative had sent and with their permission to use, it stated, "I truly can't thank your staff enough on this occasion. My dad is unwell and had to go to hospital. (Staff name), I believe, took him, stayed with him, even over his hours of duty, I was told" and "I am so grateful for all they are doing for my dad and especially the time taken to put my mind at ease while I am away."

People told us their privacy and dignity was always respected. People we spoke with advised us that if they needed any support with personal care or other assistance curtains were always pulled across, doors were closed and staff knocked before entering their bedrooms.

People were supported to remain as independent as possible. One person was soon to return home. We overheard a staff member saying to them, "You'll be fine (person's name), you can do it, you have shown us you can." Advocates had been involved with people when needed. An advocate is someone who represents and acts as the voice for a person, while supporting them to make informed decisions.

People's care and support needs were discussed with them before and during their stay at the service. All relatives told us that they felt happy and involved in making choices and decisions about their family member's care.

Views were able to be expressed by people and their relatives and listened to by the management team. Meetings were held for people and relatives. The meetings minutes we viewed and from information gathered, we saw that changes had taken place, for example, to meals prepared within the service.

Good

Is the service responsive?

Our findings

Care plans were developed from assessments that outlined how people's needs were to be met. For example, regarding nutrition, personal care, behaviour support, mobility and communication needs. Plans were detailed and provided guidance for staff to assist people to retain their independence as much as possible. Daily records of people's care and support, and monitoring charts were maintained by care staff, for example food and fluid records (if necessary) and re-positioning charts. We found a small number of care plans which were either not in place or lacked detail. The registered manager addressed this straight away and confirmed the actions they had taken via email.

Records were generally person-centred, which meant the person was at the centre of any care or support plans. Their individual wishes, needs and choices were considered, although some records were more detailed than others. Records included important information about the person, such as contact details, medical history, mobility issues and allergies or special dietary needs. We saw these had been written in consultation with the person who used the service and their family members.

The service continued to support people with life limiting care needs. Staff told us they worked with healthcare professionals when a person reached this stage of their life. Some people had Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) orders in place. A DNACPR is a decision made when it is not in a person's best interest to resuscitate them if their heart should stop beating suddenly. Other people had emergency health care plans (EHCP) in place. An EHCP is a document that is planned and completed in collaboration with people and their GP to anticipate any emergency health problems. This meant that staff could respond to people's individual wishes or planned arrangements.

We found the provider protected people from social isolation with various activities in place and the use of a mini bus twice per week. During the inspection we observed pamper sessions taking place, people drawing and singing with staff. Christmas decorations were also being made by staff and people living at the service as there was a competition within the organisation for the best decorated home. One person had designed swans swimming for one of the 'days of Christmas' to be displayed within the service. Most people said there was enough activities to participate in. However, we did receive some mixed views. Comments included, "I sometimes join in. I like it when there are singers in or any kind of entertainment"; "Always something going on"; "It does not really bother me too much as I like to watch TV or read in my room" and "I think there could be more but I think the staff try their best." The younger people living in the service said they would like to go out as a group.

The provider had a complaints policy and procedure in place that was made available to people and visitors. The two complaints registered since the last inspection continued to be handled appropriately. One person said, "If I ever needed to speak to the manager here about anything, I would feel comfortable doing so. I have never had any complaints."

Good

Is the service well-led?

Our findings

A registered manager was in place who had many years' experience of this type of service. Everyone we spoke with were positive about the management team and the work they undertook for the people who came to live at the service. People said, "The manager seems nice I see her around sometimes" and "The Manager is nice yes…very approachable and easy to talk to." Relatives told us, "I am happy with the staff here and the manager. I feel my family member is in a great place and they are well looked after" and "The manager is nice and is always friendly. You can go and speak to her any time."

One community nurse said, "I really like coming here and disappointed when it's not on my allocation sheet. Miffed in fact!" A specialist nurse commented, "I find the homes manager approachable, knowledgeable about her residents and appreciative of my input."

Staff meetings took place regularly and staff we spoke with felt supported. Records showed a range of topics were discussed and staff told us they could speak about issues which mattered to them at any time.

The provider had a quality assurance process in place. The registered manager conducted a variety of checks and monitoring procedures, including competency checks of staff, audits of medicines and infection control checks. The registered manager updated the medicines policy during our inspection to ensure it was up to date.

Policies and procedures were in place for staff to follow. During the inspection we noted that the medicines policy needed further review and this was updated before the inspection process was fully completed.

The registered manager and staff confirmed that the provider's representative also visited and undertook a range of checks which included speaking to people using the service. However, the record of these visits was not available. We spoke with the providers representative who later sent us evidence of visits and work undertaken during visits to the service; they confirmed in future they would keep a formal document to record this.

We recommend copies of provider visits are recorded and maintained at the service in line with best practice.

Surveys with people, relatives and staff had been completed regarding the quality of the service provided. We reviewed survey analysis. The sample of comments we saw were all positive.

The service continued to work in partnership with other agencies. One specialist nurse commented, "We attend a team meeting on Wednesday at 11am where the manager, nurses, senior carers, domestic staff, handyman and a member of the kitchen staff give an update on the home. The none clinical staff leave once they have given their input. We then discuss issues around care etc. I find this very useful in identifying chances for future care planning etc." A social worker said, "The manager here is brilliant. Works with you."

The provider was meeting the conditions of their registration.