Care Quality Commission

Shangri-La Care Services Limited

Shangri-La Residential Home

Inspection report

17 Milvil Road
Lee On the Solent
Hampshire
PO13 9LU
Tel: 023 9279 9859
Website: shangrilacare@yahoo.co.uk

Date of inspection visit: 12 November 2015
Date of publication: 12/01/2016

Ratings

Overall rating for this service	Requires improvement
Is the service safe?	Requires improvement
Is the service effective?	Requires improvement
Is the service caring?	Good
Is the service responsive?	Requires improvement
Is the service well-led?	Requires improvement

Overall summary

This unannounced inspection took place on 12 November 2015. Shangri-La Residential Home provides personal care and accommodation for up to 26 people who are living with dementia or other mental health conditions. On the day of our inspection 26 people were living at the home and one person was in the home for day care.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People had risk assessments but these had not always been updated as people's needs changed. Staffing levels were not consistent and at times there was not enough staff on duty to meet people's needs. Staff had undergone recruitment checks but attention was needed to ensure all documentation was available and we have made a recommendation about this. Staff had a good

Summary of findings

understanding of how to keep people safe and what action they should take if they had any concerns. Medicines were not always administered safely but were stored safely.

All staff had not received training to ensure they could meet people's needs. Staff had a good knowledge of the Mental Capacity Act but people's records did not show people's capacity to make specific decisions had been assessed. People enjoyed the meals and were offered a choice at meal times. Records of people's nutritional intake were not adequate to know a person's food and fluid intake. People were supported to access a range of health professionals.

People did not always have their individual needs met in a personalised way. People felt confident they could make a complaint and it would be responded to. Complaints were logged but the recording of the investigation and outcome could have been more detailed in their recording.

The home had an open culture where staff felt if they raised concerns they would be listened to. Staff felt supported by the manager and were clear about their roles and the values of the home and the organisation. Records were not always accurately maintained and this was not an effective part of the quality audit process.

We found breaches in four of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

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 not always safe.

Staffing levels were not always planned to ensure the needs of people could be met.

Some people's risk assessments were not reflective of their current risks and did not guide staff on how to care for people.

Recruitment procedures were in place.

Staff had a good understanding of how to safeguard people and what action to take if they thought people were not safe.

Medicines were not always safely administered.

Requires improvement

Is the service effective?
The service was not always effective.

Not all staff had received training to ensure they could meet people's needs safely.

Staff had a good knowledge of the Mental Capacity Act 2005 and of working in people's best interests. However records were not always reflective of these considerations.

People received support to ensure they ate a balanced diet but records of people's nutritional intake were not adequate.

People were supported to access a range of healthcare professionals.

Requires improvement

Is the service caring?
The service was caring.

People were supported by caring staff who respected people's privacy and dignity.

Good

Is the service responsive?
The service was not always responsive.

People did not always receive personalised care, which was in line with their needs or preference.

People felt they could complain but records held made it difficult to know the full nature of complaints made and how these had been investigated.

Requires improvement

Is the service well-led?
The service was not always well led.

Requires improvement

Summary of findings

The home had a positive open culture with staff who were aware of the homes values.

Quality audits were completed by the manager and provider.

Records were not accurate or well maintained.

Shangri-La 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 comprehensive inspection took place on 12 November 2015 and was unannounced, which meant the staff and provider did not know we would be visiting. One inspector and a specialist advisor in nursing and the care of frail older people, especially those living with dementia, carried out the inspection. We visited the service between the hours of 12.00 midday and 9:00pm.

Before the inspection, we reviewed previous inspection reports, action plans from the provider, any other information we had received and notifications. A notification is information about important events which the provider is required to tell us about by law.

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 the inspection we spent time talking to six people, five members of care staff, and the registered manager. We looked at the care records of eleven people and staffing records of four members of staff. We saw minutes of staff meetings, residents meetings, the policies and procedures file, monthly reports by the provider and the complaints log and records. Certain policies and the training plan were sent to us following the inspection. We took copies of the duty rota for a month, which included the week of the inspection.

We used 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. We observed interactions between people and staff.

Requires improvement

Is the service safe?

Our findings

People told us they felt safe in the home. One person said, "I am happy here, the staff are very good and they look after us very well. The only thing I would say is that there are times when it is hard to get to staff, for example at the weekends, there don't seem to be quite enough staff around and we have to wait quite a bit for them, but I know it's not their fault." People told us they received their medicines on time. A relative said they had no concerns about their relative's safety; however they felt on occasions when they had visited there was not enough staff to meet the needs of everyone in the home.

People had risk assessments in their care records. However some had not been updated and reviewed as people's needs had changed. For example we were advised by a staff member and saw in the person's records there had been an increase in their distressed behaviour. However the risk assessment did not reflect the change in the person's behaviour and did not give specific information on how staff should support the person to minimise the risk. In another person's care plan it recorded the person had nine falls in the last twelve months, however the person's risk assessment for falls identified this risk as 'Low'. The person told us about a recent fall and how it had shattered their confidence. This information was not detailed in the person's risk assessment. The lack of informative and up to date risk assessments meant staff may not be aware of how to care for people safely.

The lack of effective risk assessments in place to ensure the safety and welfare of people was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There was a policy in place for dealing with emergency situations. This included information on what action to take in the event of an emergency with the water, gas, electronics and fire. The fire risk assessment had been completed in May 2015. This gave a list of additional control measures which were needed for safety. We were sent written confirmation from the registered manager, that these had all been put in place and were safe.

The registered manager used a tool to assess and show how staffing levels were sufficient to meet the needs of people. However this had not been used since June 2015. They advised us they would increase staff on duty if this was required to meet people's needs. A relative found staff to be helpful but felt at times they were concerned as there was not enough staff on duty to meet people's needs. The registered manager said the usual duty pattern was to have five care staff on duty in the morning and three care staff between 2 - 8 pm. If no outside entertainers were booked the activities co-ordinator worked between 2 – 4 pm. In addition there would be a cook and domestic staff and the registered manager on duty. Two waking staff worked a night duty. The duty rotas for five weeks showed these patterns were not always maintained. The duty rotas recorded where agency staff were required, but names had not been added so it was not possible to establish if all these shifts had been covered. On one day the duty rota recorded the same three members of care staff had worked from 8:00am until 8:00pm, which was not what we had been told was the regular level of staffing. Domestic staff and the registered manager had also been on duty during this time. The duty rota did not record the need for any agency staff on that particular day. There were also regular dates where only three staff had been on duty from 2 – 8 pm, which meant there had not been the identified levels of staff on duty between the hours of 2 - 4 pm. With the irregularities regarding the staffing levels we could not be assured people's needs were met at all times.

People's needs were not always met by consistent numbers of competent, skilled and experienced staff. This was a breach of Regulation 18 of the Health and Social Care 2008 (Regulated Activities) Regulations 2014.

Recruitment records showed relevant checks had been followed to keep people safe. Checks with the Disclosure and Barring Service were made before staff started work. Application forms had been completed and where available staff's qualifications and employment history including their last employer had been recorded. It was noted for one staff member no reference and no photo identification was available. The registered manager advised us this staff member did not have photographic identification. For a second member of staff two references were available but it was not possible to establish where one of these references had come from, as it was not listed on the staff members application form.

We recommend that photo identification is available for all staff employed and two references are obtained as detailed on staff member's application forms, to ensure the suitability of staff and the safety of people.

Requires improvement

Is the service safe?

Staff had a good knowledge of the meaning of safeguarding and explained what they would do if they were concerned about someone's safety. Staff were clear in their descriptions of whistle blowing and told us they would not hesitate in reporting matters of concern inside or externally to the organisation. They were confident the manager would listen to any concerns they had about people and would report all issues to external organisations without hesitation. Policies regarding safeguarding and whistleblowing were available to staff. Appropriate referrals had been made to the local authority when there had been safeguarding concerns for people.

Medicines were secured safely. They were stored appropriately in the refrigerator and temperatures were recorded daily and were within acceptable limits. The provider's controlled medicines record book and storage and monitoring systems met legislative and regulatory requirements. The administration of medicines were generally safe but one person did have their medication left next to them rather than given to them directly. We observed a staff member administering medicines in the dining room. They approached people with the medicine but they did not specifically seek consent. Instead they said, "Here is your medicine", in a polite and kind manner, but this was not the same as obtaining people's consent. We noticed in the dining room there was a white tablet under a person's seat which we observed for 15 minutes, which had been unnoticed by staff. We pointed this out to the staff member who was administrating the medicines. They told us, "It's not theirs its [name] he's always doing that". We asked for clarification and they said, "He chucks them around like that". We asked if they thought they should stay with him to ensure he had taken them to which they replied, "We don't need to." It is an essential part of safe medicines administration that the person who is undertaking the medicines round ensures the person has swallowed the medicine; this did not happen on two occasions we observed.

People had been prescribed paracetamol on an 'as and when necessary' (prn) basis and other people had been prescribed stronger analgesics while others had been prescribed benzodiazepines (medicines with a broad sedative effect) on a prn basis. However there were no care plans or protocols to tell staff how to determine what prn medicines the person should receive. Pain assessments and associated care plans were not used which meant there was no objective way staff could understand if people had pain and what the frequency and severity of it is.

The lack of safe medicines administration practices was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Requires improvement

Is the service effective?

Our findings

We received positive reviews about the food. One person told us, "The food is very good here and there is plenty of it". However another person told us "The food is enjoyable but there is not enough of it". A relative told us whilst the meals looked appetising, enough attention had not been given to ensuring their relative did not receive food they did not like.

People had nutritional care plans in their care records. Whilst for most people these were accurate, we noted for some people these had not always been updated to reflect people's changing needs. For example, for one person the records identified they had lost weight and had been referred to a dietician. However the care plan did not make specific reference to this or the advice of the dietician regarding what action staff should take to ensure the person ate regularly the food advised by the dietician. People had fluid and food charts where necessary. However we found there were no fluid targets for each person and the totals were not added up. This meant people's fluid intake could not be accurately monitored. Food charts were also poorly maintained making it difficult to assess the dietary intake of the person, with records showing "ate half, ate a quarter".

The lack of clear records regarding people's nutritional needs and intake was a breach of Regulation 17 of the Health and Social Care 2008 (Regulated Activities) Regulations 2014.

The registered manager sent us the training matrix which listed all training the provider had identified as being mandatory to ensure staff could meet the needs of people; additional training was also listed. . Staff enjoyed training and felt it equipped them to carry out their roles. Mandatory training was listed as safeguarding, health and safety, moving and handling, nutrition, food hygiene, medicines, Mental Capacity Act and Deprivation of Liberty, fire safety and first aid. Extra training was listed as dementia, mental health, catheter, record keeping, dignity and respect, Control of Substances Harmful to Health (COSHH), activities, restraint, diabetes, risk assessment and National Vocational Qualifications level 2 and 3.

From the information recorded on the training matrix we could not be assured all staff had the necessary and up to date training required to meet the needs of people. One member of care staff did not have in-date training in nearly all mandatory areas. Records for the training of the five 'Carers in Charge' (which were described as seniors) showed a mixed picture. They identified two of these had in date training in medicines. One had not completed any training in this area and for the other two members of staff training was not in date. The extra training recorded fifteen members of staff completed training in the area of 'dementia'. One member of staff had completed training in 'mental health'. No staff had in date training in 'activities' or 'record keeping'. Six members of staff had completed training in 'control and restraint'. We could not be assured staff had received adequate training to be able to meet the needs of people at all times.

The lack of staff training to ensure they could meet people's needs was a breach of Regulation 18 of the Health and Social Care 2008 (Regulated Activities) Regulations 2014.

Staff had a good knowledge about mental capacity and how it affected people who lived at the home. They explained why the Mental Capacity Act (2005) was in place which was to ensure people were supported to make their own decisions for as long as possible. 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. Whilst we found staff had a good knowledge of the Mental Capacity Act records did not always reflect this consideration.

For example, in eight records we found a Do Not Resuscitate (DNCPR) form, which had all been signed by medical practitioners and six had been signed by family members. However there was no evidence these relatives had the legal authority to sign these documents. The DNCPRs stated the person did not have capacity. However when we looked in people's care records we found four of these people were able to decide what they wore, what they ate and the time they wanted to go to bed. This reflected these people had capacity for some decisions but their care plan did not reflect this. Capacity assessments for

Requires improvement

Is the service effective?

specific decisions had been completed for some people but not all. However this was a lack of recording as it did not impact on people as staff were aware of the need to work in people's best interests.

The lack of clear records regarding assessing people's capacity was a breach of Regulation 17 of the Health and Social Care 2008 (Regulated Activities) Regulations 2014.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The registered manager understood Deprivation of Liberty Safeguards (DoLS) and staff received training to support their understanding. Applications to deprive people of their liberty had been made to the local authority responsible for making these decisions and these decisions were recorded in people's care records.

People were referred to health professionals as necessary. Details of the referrals and appointments were maintained in people's records. A health professional advised us staff were able to follow their advice and they felt they were called into the home appropriately.

Good

Is the service caring?

Our findings

Staff demonstrated they knew people and their preferences well. Staff had good knowledge of individuals and knew what their likes and dislikes were. Staff knew what people's preferences were when they offered drinks throughout the day. Staff used people's chosen names when they spoke with them and in addition used terms such as "dear", "darling" and sweetheart which people seemed to like. Staff were patient when talking to people and would make sure the person understood what they meant when explaining something to them.

Whilst we saw people being supported to make choices throughout the day we were concerned people may not always be given a choice. We noted in the minutes of the October 2015 staff meeting it recorded "Ideally night's staff should attempt to get up 12+ residents. Residents below have agreed to early morning start or require early morning starts due to physical health". There was a list of 13 people. When we checked the records of these people we found for three people there was no record of this choice. Two people had recorded they wished to be up at 5:00am, one at 6:30am, two between 6:00am – 8:00 am and five between 6:00am – 9:00am. The registered manager assured us people would not be got up in the morning for the convenience of staff. However the time frame of between 6:00 – 9:00 was a very broad time scale and we were unsure how staff would know who to get up. We did note in one of the staff surveys carried out in June 2015 one staff member when asked how things could improve had recorded; "6am start is hard to wake some residents, they are falling asleep in the lounge". However, observations we made during the inspection did not give us any cause for concern about this issue.

Staff responded quickly to people when they asked for assistance and staff were friendly and respectful when they spoke with people. Staff ensured people's privacy was protected as all aspects of personal care were provided to people within their own rooms. People's records included information on how to support people's privacy dignity in all aspects of care. Relatives were welcome at any time and they said they were always made welcome.

Staff were cheerful and the atmosphere at the home was relaxed and people seemed calm and contented. People who needed support at meal times were supported to eat by individual members of staff. These interactions were kind and unhurried. Staff spoke to people describing the food and asking people if they were enjoying their meal. At lunchtime people were sat in small groups in the dining room, which seemed to work well. We did note two people spent long periods in wheelchairs at two separate dining tables. Their care records did not give the detail for this. People felt they could comment on their care and would be listened to. Some people preferred to eat in their rooms and a few people remained in the lounge to eat their lunch.

Requires improvement

Is the service responsive?

Our findings

People and relatives told us they would be confident making a complaint

People had assessments before they moved into the home. From these care plans were developed, which were reviewed on a monthly basis. Care plans were written in the first person, for example "(Name) likes to choose what they wear in the morning". This demonstrated staff had tried to include people in the development of care plans; however we could not determine they had been included in on-going reviews of their care.

Care plans had not always been updated as people's needs had changed. We could see from the incident book, and staff told us, about people's needs changing quickly. We observed one person who spent the day in bed. We observed they did not eat their lunch which stayed covered in their room for over an hour. There was also a very strong smell of urine in the person's room. From records we could not establish when the person had last been supported with their continence needs. Whilst the care plan detailed some of the behaviours we saw, it did not detail how care staff should support this person at this time. We were concerned the person may not have received adequate support to keep them safe in the long term.

Several people had cognitive impairment caused by dementia. One of the main features of dementia is behaviour changes which are a form of communication and can be an indication of a form of distress, including pain. Staff should monitor the preceding factors or the triggers to the behaviour so that strategies can be implemented to, where possible, help avoid these. The provider did not use behaviour monitoring in ways that were useful in the support of people's behaviour. For example, on the form used by staff to monitor people's behaviour, the staff had recorded that what happened before the behaviour "was wandering". This was an activity but not the trigger behaviour. The trigger would have been what caused the "wandering". These records did not allow for the identifications of behaviours that could be subsequently supported. During the inspection we observed the behaviour of one person who wanted to leave the home. We spent time talking to the person who explained why they felt like they did. Their records gave a clear account of what they had told us and explained why the person wanted to leave. However the persons care plan did not give clear guidance on how to support the person. It described such interventions such as, "Give her 1-1 and talk to her". It did not state what the staff could speak with her about. "To pacify (name) it is acceptable to tell a white lie as it is in her best interest". The records did not state what a 'white lie' might be. We noted the person's change in behaviour had led to a change in their medication. However this was not being reviewed to see if it was effective to change the person's behaviour.

At lunch time a staff member responsible for administering medication approached a person who was in the middle of their cooked main meal. The staff member put a tablet on a dessert spoon and gave it to the person after explaining what it was. They then gave the person a drink of squash. Afterwards the person returned to eating their main meal. This was not individualised care as it did not take into the account the person's main meal was interrupted by medication and by a sweet drink.

The home had a range of activities and these included a range of outside activities coming into the home. The list of activities was displayed around the home. However these did not appear to be catered for meeting people's individual needs. Activities were group based and not focused on meeting the recorded individual activities of people. When speaking to one person they told us they liked to watch certain programmes on television. They explained however they did not know how to work the television in their room and often could not get a seat in the lounge where they could see the television. This demonstrated a lack of personalised care for this person.

The care and treatment of people was not always person centred and did not always meet people's needs in an appropriate way. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager had a list of complaints that had been made. However the log did not include details of the investigation or the outcome of the complaint. We were told about the complaints verbally and the outcomes by the registered manager. It was agreed the recording of complaints needed to be improved to ensure all the details were recorded as we could not be assured there had been any learning from the complaints made.

Requires improvement

Is the service well-led?

Our findings

The home had a positive and open culture. People and relatives felt they could make comments to the registered manager and staff regarding any concerns or compliments they had. Service user, staff and family questionnaires had been carried out in June 2015. The analysis recorded how many surveys had been sent out and how many had been received. The results had been collated and it was clear the majority of the responses were of a positive nature. A letter had been sent out to relatives with the results of the surveys. Staff were aware of the whistle-blowing policy and we could see this was discussed during staff meetings. Staff meetings took place on a regular basis and the minutes demonstrated staff could raise any issues or concerns they had.

The home had a registered manager in post. In the staff survey in June 2015 it was recorded that 100% of respondents stated they were "Happy" with the management of the home. Staff had confidence in the registered manager and believed she shared the views and values of the home. The registered manager was aware of her responsibilities and sent notifications to us appropriately and had also in the past made appropriate safeguarding referrals to the local authority. The registered manager was visible around the home and provided direct care to a number of people. They had a good knowledge and rapport with people and they often interacted with staff in a fairly direct manner to which the staff responded promptly. The provider visited the home regularly and there was a monthly report made of these visits.

The registered manager was temporarily without a deputy and this had meant they had to cover additional duties. They said that as a consequence of this some aspects of their work may have fallen behind, which they were aware of. For example, we looked at the provider's medicines policy and found it was not sufficiently up to date to include the 2014 NICE Guidelines and was also brief. The registered manager told us that the policies were "next on her list". The registered manager undertook a range of quality audits to try and ensure the service being provided was of a good quality. One of these was a spot check, which was carried out at various times and was unannounced. This looked at various areas of care including paperwork and the environment. The reports made included information on the overall appearance, various bedrooms and whether the home was clean and tidy. As a result of general feedback the home is being redecorated and bed room doors are being painted white to make the home brighter.

A record was made of all incidents and accidents in the home. However there was no overall analysis of this information so there was no learning possible without the analysis of the information. Details of records of complaints made were not part of the overall analysis. The registered manager did not do an analysis of people's records and felt this was covered in people's monthly reviews. However we did find concerns and errors in people's records. Health and safety checks were made and reports were made on for the environment. An action plan was made of anything which needed attention and this was reported on, once the improvements had been made. We noted there were no reports on infection control and the home did not have a lead for infection control.

The lack of well maintained records was a breach of Regulation 17 of the Health and Social Care 2008 (Regulated Activities) Regulations 2014.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA (RA) Regulations 2014 Person-centred care Care and treatment must be planned with the service user and reflect their preferences.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment Care and treatment must be safe. 12 (1) (a) (b) (g) Risk assessments must be up to date and reflect how the risk could possibly be mitigated. The administration of medicines must be safe for service users.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance Records must be maintained and be accurate in respect of each service user in relation to assessing their mental capacity and in relation to meeting their nutritional and hydration needs. 17 (2)(c)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA (RA) Regulations 2014 Staffing Staffing levels must be consistent to meet the needs of service users at all times. Staff must have the training needed to be able to meet the needs of service users. 18 (1) (2) (a)

This section is primarily information for the provider

Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.