

Handsale Limited

Handsale Limited - Shakespeare Court Care Home

Inspection report

1 Shakespeare Close
Butler Street East
Bradford
West Yorkshire
BD3 9ES

Tel: 01274308308

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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?

Requires Improvement ●

Summary of findings

Overall summary

About the service: Shakespeare Court is a residential care home that was providing personal and nursing care to 39 people at the time of the inspection. Most of the people supported were over the age of 65.

People's experience of using this service:

People told us they felt safe. Staff knew how to recognise and report concerns about people's safety and welfare. Improvements had been made to the way staff were recruited, the required checks were done before new staff started work.

Risks to people's health and welfare were identified and managed. Staff knew about people's needs and care was delivered in line with people's care plans. People's medicines were managed safely.

There were enough staff to make sure people's needs were met in a timely way. Staff received training and were supported in their roles. Staff were kind and compassionate and treated people with respect.

People were supported to eat and drink a varied diet which took account of their preferences and cultural and religious needs.

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.

Improvements had been made to the way people were supported to spend their time and take part in social interaction and activity.

The home was clean and checks were done to make sure it was safe. There were plans in place to improve to make further improvements to the environment and to the gardens.

The systems for monitoring the quality and safety of the service had improved since our last inspection. The management team and staff were committed to the continuous improvement of the service. The provider now needs to demonstrate these improvements can be sustained and developed over time.

Rating at last inspection: Requires improvement. (Report published 24 October 2018.) Although the overall rating was 'requires improvement' the service was placed in Special Measures in October 2018. We do this when services have been rated as 'inadequate' in any key question over two consecutive comprehensive inspections. The 'inadequate' rating does not need to be in the same question. In the case of Shakespeare Court, it was the well led domain which was rated inadequate in October 2018 and March 2018. Services that are in Special Measures are kept under review and inspected again within six months. We expect services to make significant improvements within this timeframe. During this inspection the service demonstrated to us that improvements have been made and is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is now out of Special Measures.

Why we inspected: This was a scheduled inspection based on the previous rating.

Follow up: We will continue to monitor the service to ensure that people receive safe and effective care. Future inspections will be planned in line with our inspection programme. If we receive information of concern we may inspect sooner.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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?

Good ●

The service was 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.

Handsale Limited - Shakespeare Court Care Home

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was carried out by one adult social care inspector, an assistant inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. In this case the experts experience was in the care of older people.

Service and service type:

Shakespeare Court is a 'care home.' People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The home is purpose built to accommodate 80 people in one building; internally it is divided into four units. However, following the last inspection the provider closed one of the units and is currently operating the home as a 60-bed service. Willow unit on the first floor is dedicated to the care of people with nursing needs. Rowan and Aspen units are on the ground floor and support people with personal care. Rowan is dedicated to supporting people living with dementia.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

The inspection was unannounced on the first day.

What we did:

Before we visited we reviewed information we held about the service such as when the provider told us about serious injuries or events. We reviewed the information the provider had sent us in their Provider Information Return. 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 reviewed the information in the providers improvement action plan which they have been sending us every month since the last inspection. We contacted commissioners and the local safeguarding team to seek their feedback.

During the inspection we spoke with four people who used the service, three relatives, ten care workers and the cook. We also spoke with the residential care manager, the clinical lead nurse, the training and compliance lead, the registered manager and the compliance and quality manager. We observed people receiving care and support in the communal areas. We looked at six people's care records. We looked at other records which included medication records, three staff recruitment files, training records, maintenance records, meeting notes, audits and action plans.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

At the last inspection in August 2018 we rated this domain requires improvement. We had concerns about how risks to people's safety and welfare were managed, the recruitment of staff and record keeping. We found the provider was in breach of three regulations. During this inspection we found the provider had made improvement and they were no longer in breach of regulations.

Systems and processes to safeguard people from the risk of abuse

- Improvements had been made to ensure people were protected from the risk of abuse.
- People and their relatives told us they felt the service was safe. Comments included, "I feel safe.", "it's alright, I like it."
- We found the provider had acted to ensure staff understood their safeguarding responsibilities. In addition to formal training staff were involved in discussions about safeguarding and what it meant in their day to day work. One staff member told us, "It [safeguarding] is looking at things from the resident's point of view."
- Staff knew how to recognise and report concerns about people's safety and welfare. They were confident any concerns they raised would be dealt with.
- When concerns about people's safety and welfare were raised they were dealt with appropriately and reported to the relevant agencies.

Staffing and recruitment

- There were enough staff deployed to make sure people received safe and effective care. Staff were recruited safely.
- We found measures had been put in place to make sure all the required checks were completed before new staff started work. This included regular checks by the providers Human Resources department to make sure the improvements were maintained.
- We observed staff were available and attentive to people's needs.
- People and relatives expressed no concerns about staffing levels. A relative said, "Yes, there are always staff around."
- Staff had no concerns about staffing levels. Comments included, "It's well staffed and we all pull in together.", "Oh yes, you're busy, but we have a bit of time to chat."
- One of the senior nursing staff was leaving. The provider had put a plan in place showing how they would manage the nursing unit while recruiting a replacement.

Assessing risk, safety monitoring and management

- Risks to people's safety and welfare were managed safely.
- People's care records included risk assessments covering areas such as falls, nutrition, moving and handling, pressure sores and behaviours which challenged. Action was taken to manage or reduce risks. For example, when people were identified as having a high risk of falls sensor mats were used to alert staff they

were moving around.

- Staff knew about people's risk assessments and the measures in place to manage these risks. For example, when people had thickened fluids because of a choking risk staff knew how much of the thickening powder they needed to use to get the right consistency for each person.
- The premises and equipment were maintained to help ensure people were kept safe. Regular checks were undertaken in relation to the environment and the maintenance and safety of equipment.
- Staff took part in practice fire drills to check they knew what to do in the event of fire. Personalised plans were in place to guide staff and emergency services about the support people required if it became necessary to carry out an emergency evacuation.

Using medicines safely

- People's medicines were stored and managed safely. A relative told us, "[Name] gets her pain relief when she needs it."
- Medicine records were maintained in an electronic format. The system had built in safety features to support the safe management of medicines. For example, it generated alerts if medicines were not given at the prescribed time. Medicine records were accurate and up to date.
- People's medicines were reviewed at regular intervals which helped to make sure they were not taking unnecessary medicines.
- When people were unable to give consent best interest decisions were recorded.
- Staff who supported people with their medicines received regular training. Competency checks were carried out, in line with recognised good practice guidance, to make sure they were following the correct procedures.

Preventing and controlling infection

- The home was clean. A relative told us, "[Relative's] room is spotless."
- Staff had received training on the prevention and control of infection. Staff used protective gloves and aprons appropriately.
- Shakespeare Court was awarded a Food Hygiene Rating of Five (Very Good) by Bradford Metropolitan District Council on 16 August 2018. This is the highest score which can be awarded.

Learning lessons when things go wrong

- There were systems in place to make sure lessons were learned when things went wrong. The issues raised at our last inspection had been addressed. Information was shared across all the services operated by the provider. In addition, a report on 'never events' and lessons learned was reviewed by the Board of Directors every six months.
- Incidents and accidents were reviewed to identify any learning which could help to prevent a reoccurrence.

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

People's outcomes were consistently good, and people's feedback confirmed this.

At the last inspection in August 2018 we rated this domain requires improvement. We were concerned that information about people's needs was not always made available to staff at the time of admission. We found the provider was in breach of one regulation. During this inspection we found the provider had made improvements and legal requirements were met.

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

- People's needs were assessed before they moved into the service to make sure staff could provide the care and support they needed. This assessment considered how people wanted to be supported and any needs in relation to culture, religion or ethnicity.
- The information gathered during the assessment was used to develop care plans and risk assessments which were available to staff at the time of admission.
- In March 2019 a relative posted the following comment about Shakespeare Court on an external website; "It was very upsetting for my [relative] and the family when the time came for [relative] to be admitted to a home. The staff have been great when reassuring my [relative] and supporting the family. My [relative] went through a difficult time and took a while to settle into their surroundings. The staff were caring and professional throughout and always made the family feel welcome and keep us updated about [relative's] care."
- Care and support was reviewed on a regular basis.

Staff support: induction, training, skills and experience

- Staff were supported to carry out their roles.
- New staff received induction training. Staff told us the training was good. They said they felt well supported to carry out their roles.
- Training was delivered in a variety of ways which included E-learning, practical training and face to face discussions.
- There was a training matrix in place to monitor staff training. The matrix showed most staff were up to date with training on safe working practices. When training was overdue this was being addressed.

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

- People were supported to eat and drink a varied diet which took account of their preferences and cultural and religious needs.
- People told us the food was good. One person said, "It's smashing, there is plenty." A relative told us, "I've sat at the table and I've seen everyone has been offered a choice of food. [Relative] loves eating the food here. [Relative] wouldn't eat as much when we had carers in the home. [Relative] has put a bit of weight on."
- People's weights were monitored and when people were identified as being at risk of poor nutrition

appropriate action was taken. This included referrals to external health care professionals such as GPs, dieticians and speech and language therapists.

- People's care records included detailed information about their likes and dislikes and where necessary the support they needed to eat and drink.
- The chef knew about people's dietary needs and preferences. They told us they enjoyed working at Shakespeare Court and felt part of the team, adding, "When I started here there was a lot of shop bought product, now we're going on to homemade produce. It's more nutritious."

Staff working with other agencies to provide consistent, effective, timely care;

Supporting people to live healthier lives, access healthcare services and support

- Care records showed people had access to a range of health and social care professionals such as GP's, district nurses, dieticians, opticians and dentists.
- We heard a person who used the service asking to see their GP and staff promptly called the surgery and arranged an appointment. The person indicated they were content with this arrangement.
- A relative told us, "They're quite responsive to any medical needs. They have called the doctor when she's not been well."

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 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- The service was working in line with the requirements of the MCA and DoLS. Staff had had received training and understood their responsibilities under the Act.
- People were asked for their consent before care and support was provided. For example, we saw a staff member asking permission before supporting a person with their walking frame.
- When people lacked capacity to make decisions about their care and treatment decisions made in their best interests were clearly recorded.

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

- Adaptions had been made to the parts of the home to make it more 'dementia friendly'. For example, on Rowan unit there were picture signs to help people living with dementia find their way around independently.
- People were supported to furnish their bedrooms with personal possessions such as ornaments, pictures and photographs.
- The service had a patio and garden area which people could access safely.
- The provider had an improvement plan in place for the environment and the gardens.

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

People were supported and treated with dignity and respect; and involved as partners in their care.

At the last inspection in August 2018 we rated this domain requires improvement. We found improvements were needed to enhance people's meal time experiences and staff were not always respectful of people's culture. The provider was in breach of one regulation. During this inspection we found the provider had made improvements and legal requirements were met.

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

- Staff treated people well and were respectful of people's individual needs and preferences.
- People's meal time experiences had improved. People were supported in a respectful way and their dignity was maintained. For example, after breakfast we observed a staff member gently and discreetly wiping a person's mouth to remove food debris. A new meal time policy had been introduced which encouraged relatives to support people at meal times if they so wished.
- Throughout the inspection the atmosphere in the home was calm. Staff knew people well. They interacted with people in a positive way, there was a lot of chatting and laughing. Staff used appropriate touch and were kind to people. For example, we saw a member of staff gently stroking a person's hair while asking them if they felt any better.
- People told us staff treated them well and this was echoed by people's relatives. One relative said, "The staff make it feel like a family. You can see when people go beyond it just being a job. There's one or two that have got a special bond with my [relative]. She looks much better than she did when she was at home. She gets her hair done. Nails painted, all the things that are really important to make people feel special. She's proud of her appearance." Another relative said, "She is well looked after. Staff are very helpful. They really look after her and do her nails. She has her hair done."
- A staff member said, "One of our residents likes the squirrels, one of the staff brings in nuts and we feed them together. It makes him laugh, it is good to see him laugh."
- The chef was a 'dignity champion'. They told us they liked organising theme days where they celebrated different cultures. This included providing food and drink associated with that culture.
- People's care records included information about their cultural and religious needs.
- Staff understood the importance of supporting people to maintain their independence. For example, by encouraging people to wash and dress themselves and by cutting up food so that people could eat independently.

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

- Staff supported people to make decisions and choices. For example, at meal times people were offered a choice of food and asked if they wanted to wear a protective apron.
- A person who used the service, told us staff respected their wishes, saying, "Yes, if I want to go in the lounge

I do and if I don't, I don't."

- People and their relatives were involved in planning and reviewing their care and support.
- A relative told us, "They're [staff] very friendly, I feel very much part of the place. We were asked a lot about her needs, they were putting it on the computer. We talked about end of life plans and that sort of stuff. They have done reviews."

Is the service responsive?

Our findings

People's needs were met through good organisation and delivery.

At the last inspection in August 2018 we rated this domain requires improvement. We were concerned people's care was not always delivered in line with their care plans and people's communication needs were not always met. The provider was in breach of one regulation. During this inspection we found improvements had been made and legal requirements were met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control;
End of life care and support

- People received care which was planned around their needs, preferences and choices.
- At the last inspection we found more needed to be done to provide an engaging and stimulating environment for people. In response the provider introduced a 'wellness' model which is focussed on improving people's well-being through individualised activities, engagement and involvement with the local community.
- The provider had engaged the services of an external organisation which provided support and training to ensure this new approach was put into practice. For example, they provided exercise programmes for people which encouraged involvement using storytelling and music. We saw people taking part in one of these exercise sessions and it was clear they were having a good time, there was a lot of laughter.
- The external organisation provided access to a minibus to make it easier for people to go out. One staff member told us about a trip they were organising to a well-known fish and chip shop in Yeadon.
- Throughout the inspection we observed lots of positive interactions and staff supporting people to engage with their surroundings. For example, in one of the lounges a Frank Sinatra music CD was playing. A staff member encouraged one person to join in and the person started to sing along with the music.
- Care records included information about people's past lives, family, friends and interests.
- People's care records included detailed information about their needs and preferences. Staff followed the care plans when delivering care. For example, one person's care records stated they enjoyed reading the paper. After breakfast we observed staff supporting the person to sit in the lounge and giving them the daily newspaper to read.
- Improvements had been made to the way people were supported to communicate their needs. For example, picture cards had been provided to help people who experienced difficulties with verbal communication for whatever reason.
- Staff knew about people's communication needs. For example, one staff member told us, "Sometimes [person] cannot say what they want, they will say no to everything. It depends on how they say it, if they are smiling it's usually okay but if they are angry or agitated then we know they mean it."
- During the inspection a relative told us, "From my point of view, they're responsive. I can always speak to someone if I need to. They'll contact me if there's any changes. "
- Similar views were expressed by relatives who posted reviews on an external website in March and April 2019. Comments included, "The staff are very caring and take a lot of interest in my [relative], learning about [relative's] needs and little quirks. They comfort [relative] her when I have been around and inform me of what [relative] has been like, (without me even asking).", "Since my [relative] has moved into this home,

[relative] is happy, [relative] has gained weight. The home has monitored [relative] and made changes to [relative's] tablets, we have our [relative] back."

- People were supported to plan for their end of life care. Care plans included information about people's preferred place of death and their cultural and religious wishes. For example, one person's care plan stated they would like a Roman Catholic priest to administer 'last rites.'

Improving care quality in response to complaints or concerns

- Information on how to complain was displayed throughout the home. The service had not received any complaints since the last inspection.

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

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

At the last inspection in August 2018 we rated this domain inadequate. We found systems to check the quality and safety of the service were in place but were not always working effectively. In reaching this judgement we considered the history of the service; the overall rating for the service had been inadequate or requires improvement since October 2014 when we carried out the first rating inspection. The provider was in breach of one regulation.

During this inspection we found the provider had made significant improvements in all areas of the service. Legal requirements were met. The rating has improved to requires improvement.

The outcomes for people had improved significantly and this is reflected in the improved rating. However, the provider needs to demonstrate they can sustain these improvements over time and maintain them when the home is operating at full capacity.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility;

- The management team promoted an open culture. For example, in the reception area they displayed a summary of the previous month's accidents, safeguarding concerns, complaints and pressure sores.
- The provider submitted notifications of significant event such as incidents and accidents that had occurred in a timely manner.
- The registered manager was aware of the duty of candour, which sets out how providers should explain and apologise when things have gone wrong with people's care.
- Staff told us they had seen improvements in the service since the last inspection. They were committed to providing person centred care and all told us they would recommend the home to friends and family.

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

- The issues identified at the last inspection had been addressed.
- There was a service improvement plan in place which focussed on improving outcomes for people. This was monitored through regular management meetings where service improvements were discussed and planned.
- Audits were carried out to monitor the quality of the service. These had been effective in bringing about improvements in areas such as people's meal time experiences.
- The registered manager was experienced and aware of their regulatory responsibilities.
- Staff understood their roles and responsibilities and knew about people's needs

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were consulted and given feedback about the actions taken in response to their comments. For example, a 'You said, we did' notice for March 2019 showed people on one unit had asked for more foot stools and these had been provided.
- Staff meetings took place regularly and were also used share information and keep staff up to date. Staff told us they felt supported, one said, "I feel fully supported, I've progressed here."

Working in partnership with others

- The service worked in partnership with local health and social care organisations to improve outcomes for people. One person commented, "On the whole I found the staff at Shakespeare Court very open to working in partnership with me (in my role as an LA representative) which helps ensure that people like [name of person] are afforded their dignity and their rights. "