Shotley Park Homes for the Elderly Limited

Shotley Park Residential Home

Inspection report

Shotley Park
Shotley Bridge
Consett
County Durham
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Date of inspection visit:
04 September 2019
12 September 2019

Date of publication:
15 November 2019

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

About the service
Shotley Park Residential Home provides care and accommodation for up to 44 people who require personal care in one adapted building, some of whom are living with dementia. At the time of the inspection the service supported 39 people.

People's experience of using this service and what we found
People told us they loved living in the home and were happy. Comments included, "This is a family home and it is happy and I am blessed to be here" and "It is like a 5 star hotel with care home benefits."

Medicines were managed in a safe way, although some medicines were administered during mealtimes, including eye drops. The registered manager was going to address this. People were kept safe. Safeguarding referrals were made in a timely manner and staff received regular training how to protect people from abuse. Risks to people's health and welfare as well as the environment were well managed. The provider learned from previous accidents and incidents to reduce future risks. Staff were recruited in a safe way and there were enough staff deployed to meet people's needs.

Assessments of people's needs were completed prior to them moving into the service. Staff were suitably trained and received regular supervisions as well as annual appraisals. Staff supported people to access a range of health care professionals and with their nutritional 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.

People were very complimentary about the staff and the care they received. Staff promoted and maintained people's independence by encouraging them to care for themselves, where possible. Advocacy services information was available and accessible to people.

Care plans were adequately detailed and person-centred. People's communication needs were included within care records and staff knew how to communicate with them effectively. People knew how to complain. Complaints received were fully investigated and subsequent action was taken.

People and relatives felt the service was well-led and the registered manager was open and approachable. There was a clear management structure in place, although the registered manager was very busy and completed a lot of daily administrative tasks. Staff were involved in the ongoing development and improvement of the service. An effective quality assurance process was in place.

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

Rating at last inspection
The last rating for this service was good (published 7 March 2017).

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

Follow up
We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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?

Good

The service was well-led.

Details are in our well-led findings below.

Shotley Park Residential 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. 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.

Inspection team
The inspection team was made up of one 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.

Service and service type
Shotley Park Residential Home 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 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
This inspection was unannounced.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information

helps support our inspections. We used all of this information to plan our inspection.

During the inspection-
We spoke with six people and seven relatives about their experience of the care provided. We spoke with five members of staff including the registered manager, two senior care workers, a care worker and the cook. We also spoke with a visiting health professional.

We reviewed documentation, inspected the safety of the premises and carried out observations in communal areas. 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 reviewed a range of records. This included four people's care records and medication records. We looked at three staff files in relation to recruitment and two staff files in relation to supervisions and appraisals. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection
We continued to seek clarification from the provider to validate evidence found.

Good

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse
• People and relatives felt the service was safe. Comments included, "The staff seem to be trained to manage care safely and I feel confident when they are helping me" and "I have no concerns whatsoever regarding [family member's] safety and can only praise everyone for the wonderful ongoing care."
• Staff were fully aware of people's needs, were confident about how to safeguard people and continued to receive relevant training.
• Safeguarding alerts were raised with the local authority in a timely way, when required.
• The provider had a whistleblowing policy in place that staff were aware of. One staff member said, "We discuss the whistle blowing policy in staff meetings and there are notices on the walls."

Assessing risk, safety monitoring and management; Learning lessons when things go wrong
• Risks to people's health, safety and wellbeing were assessed and managed. Staff understood potential risks and how to mitigate them.
• The premises were safe. There were environmental risk assessments in place including fire, and regular checks and testing of the premises and equipment were carried out.
• The provider learned from accidents and incidents. Appropriate action was taken to reduce the risk of accidents and incidents reoccurring in future.

Staffing and recruitment
• There were enough staff to meet people's needs although it was felt sometimes staff were too busy to chat with people and relatives. People told us staff came quickly when they pressed their nurse call button. One relative said, "I visit and at various times during the day and at weekends but it is always the same, buzzers are answered quickly."
• Staffing levels were determined in line with people's needs.
• Staff were recruited in a safe way. All appropriate checks were carried out prior to members of staff commencing work for the service.

Using medicines safely
• The provider had arrangements in place for the safe administration and management of medicines.
• Medicines were administered by trained and competent staff.
• Audits were regularly carried out to identify any errors and take appropriate action.

Preventing and controlling infection
• Domestic staff maintained the cleanliness of the premises.
• The service had an infection control policy in place. Staff were observed wearing appropriate personal

protective equipment (PPE) such as aprons and gloves, when supporting people.

Good

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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 home to ensure the service could support them.
• People's choices were included in their assessments and associated care plans. These were regularly reviewed and updated.

Staff support: induction, training, skills and experience
• People told us they had confidence in staff and their skills and they had built up a rapport as staff had worked in the home for a number of years.
• New staff completed a comprehensive induction appropriate to their role.
• Staff continued to receive training to ensure they had the correct skills and knowledge to support people.
• Staff were supported in their roles and received regular supervisions as well as annual appraisals.

Supporting people to eat and drink enough to maintain a balanced diet
• People were supported with their nutritional needs. We observed people enjoying their meals during a lunch service. People told staff their lunch was, "very nice" and "a lovely dinner."
• People chose what to eat and drink and were encouraged to do so. One person said, "The cook is great, they will get anything if I ask even if it is not on the menu."
• People had nutrition care plans in place which included any special dietary requirements as well as diet notification sheets that contained people's likes and dislikes. These were shared with the kitchen staff and regularly reviewed.
• Staff knew what people liked and what support they required to eat their meals. We observed staff supporting people in a patient, gentle manner and at a pace comfortable to each individual.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
• People were supported to maintain their health and access a range of health care professionals. A health professional told us, "[Registered manager] is very proactive in getting people seen to when they need it."
• Care records documented engagement with health professionals to ensure people received appropriate care and support to meet their needs.

Adapting service, design, decoration to meet people's needs
• The service was appropriately designed and adapted for people living there.
• People's rooms were decorated to their individual preferences and were personalised with items such as pictures, ornaments, rugs and photos.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.
• People's capacity to make specific decisions were assessed. Decisions were made in accordance with the MCA
• DoLS authorisations were applied for in a timely way. Details of DoLS and any conditions were included in care records.
• People were supported to live their lives with minimum restriction.
• Staff had received up to date training and supported people to make decisions.

Good

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.

At the last inspection this key question was rated outstanding. At this inspection this key question has deteriorated to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence
• People did not receive protected meal times. We observed staff administering people's medicines at the dining table during a lunch time, including eye drops. We discussed this with the registered manager who agreed that this shouldn't have happened, and they would review this process.
• People and relatives told us staff delivered care and support in a respectful and dignified way. One person said, "Staff always check I am ok with what they are doing they don't just come in and do things."
• Staff approached people in a friendly, relaxed manner and provided support with ease and patience.
• People were encouraged to be as independent as possible, without risk to their safety. We observed staff encouraging people to complete specific tasks themselves. Care plans reflected this approach and contained details of people's capabilities.
• People's confidential information was stored securely in lockable filing cabinets and password protected computers. Records could be located and were accessible to authorised staff when required.

Ensuring people are well treated and supported; respecting equality and diversity
• People were well cared for and supported. Relatives commented, "(Staff) take time to find out what makes [family member] happy", "This care home has so much care and understanding it's really lovely" and "This is a really happy place and very relaxed."
• People were supported to maintain relationships that were meaningful to them. We observed relatives visiting people in the home throughout the inspection and being greeted in a warm, familiar way by staff members.
• The service supported people to celebrate their birthdays with decorations, banners and cakes. They hosted small parties for people to enjoy with their relatives if they wished to celebrate their day.

Supporting people to express their views and be involved in making decisions about their care
• People and their relatives were involved in the planning their daily support and care plan reviews. A relative told us, "My parent is able to understand the care plan meetings but prefers some support, so I go along."
• At the time of the inspection no one received support from advocacy services. An advocate helps people to access information and to be involved in decisions about their lives. The provider had a policy in place and information about advocacy services was on display in the home.

Good

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences
• Care plans were in place for people's needs and included their personal preferences and choices.
• Plans of care were regularly reviewed with people and their relatives and updated when their needs changed. People's cultural and spiritual needs were considered as part of their initial assessment.

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 were given information in a way they could understand and care plans described appropriate methods of communication such as using speaking slowly and using a notepad.

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
• People told us they enjoyed and took part in activities in the home. Comments included, "We have things happening here and it is great to be able to choose what we get involved in" and "I can join in the activities, it is great."
• Staff took time to sit and chat with people and give one to one time which everyone told us they enjoyed. Comments included, "The manager and staff all pop in for a chat. I am not lonely here, it is like a big family home" and "My [family member] is very shy but doesn't get forgotten and has special time allocated."
• The service employed three activities co-ordinators. Activities were planned with people and tailored to their individual hobbies and interests. Activities observed during the inspection included a visiting entertainer, pet therapy and outings in the community.
• Staff supported people to attend planned activities in the local community such as lunch clubs. Some people were able to access the community independently and often went out with relatives.
• The service supported people to continue practicing their chosen faith by attending different church services both in the community and in the home.

Improving care quality in response to complaints or concerns
• People had no complaints about the service but knew how to raise concerns if needed. One person said, "I wouldn't be scared to complain but I'd probably speak to the carers first anyway."
• The service had received one complaint in the last 12 months. The registered manager investigated all concerns raised, took appropriate action and learnt from lessons.

End of life care and support

• At the time of the inspection no one received end of life care.

• Some care records contained people's wishes in relation to their end of life care, including if they did not wish to discuss it at that point. People's spiritual faith was recorded in care plans as well as if they had a DNACPR and, where appropriate emergency health care plan in place.

• The service had received cards from relatives, thanking the "fantastic staff" for "excellent care" in a "lovely place. They were also thanked for looking after relatives when they stayed with their family member in their final hours.

Good

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people
• Every person we spoke with told us they enjoyed being in the care home and specifically mentioned the registered manager and staff being closely involved with everything on a daily basis as one of the reasons. One person said, "The staff appear to be happy and the manager is always around, so the home is a pleasant place to be."
• Staff told us-they felt supported and valued and this gave them a massive boost. They also said they could talk to senior carers and management about anything. One staff member said, "There is a good feeling in the home both for residents and staff."
• Relatives spoke very highly of the registered manager and the service. One relative said, "The manager leads from the front and this cascades down through the whole team it is an excellent home and we are pleased to have found it for our family member."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements
• The registered manager and staff understood their roles and responsibilities.
• The provider monitored the quality of the service to make sure they delivered a high standard of care. This included the completion of regular audits and a daily walk around of the service.
• The registered manager was very busy and completed a lot of daily administrative tasks which took some time away from their duties and responsibilities as the registered manager of the service, at times it felt a little hectic.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong;
• The registered manager conducted themselves in an open and honest way. They submitted statutory notifications in a timely manner for significant events that had occurred, such as safeguarding concerns.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
• People and relatives were asked for their views of the service through surveys. All feedback received was analysed and any identified actions were completed. Results and actions were fed back to people through meetings and newsletters.
• Staff were kept updated about the service and any improvements by attending regular meetings

Working in partnership with others; Continuous learning and improving care

• The service worked in partnership with key stakeholders and other agencies to achieve positive outcomes for people. The positive feedback we received from a health professional confirmed this.

• The service had developed good links with the local community. People regularly visited local church groups and external services visited the home to do activities with people.