

# The Royal Masonic Benevolent Institution Care Company

# Shannon Court

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

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

Shannon Court is a care home providing accommodation and personal care for up to 53 people, some of whom may be living with dementia. The service is divided into five separate living areas, each with their own dining room and lounge. In addition, there is a large communal lounge area on the ground floor, together with extensive grounds and smaller courtyards for people to sit in. At the time of our inspection, 40 people were living at the service.

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

People were not always supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support best practice.

The service followed a recruitment process for prospective staff, although we did find a couple of documents missing for two staff members. We have issued a recommendation in relation to this to the registered provider.

We saw care being provided to people from a sufficient number of staff at the time of inspection. However, we received mixed views from people and relatives about staffing levels. We discussed this with the registered manager who took immediate action to address our observations on one unit, where more staff were needed.

People received the medicines they required and they told us they felt safe living at Shannon Court and that the service was always clean. Our observations confirmed this as we saw housekeeping staff cleaning throughout the day. We also observed staff wearing their PPE in line with Government guidance.

People told us staff were kind and caring towards them and people were enabled to retain as much independence as they wished. Staff treated people with respect and took time to engage and socialise with them.

People were provided with sufficient food and drink and where they required health care professional input staff supported them to access this.

People lived in an environment that was suitable for their needs. It had adaptations and equipment appropriate for people and for those living with dementia we observed sensory areas, and sufficient space so people could walk when they wished.

People were provided with a range of activities. These were slowly increasing as the service came out of a COVID-19 outbreak. Outdoor activities and outings were being planned and these would be helped by the improvements being made to the external grounds.

Although the service was not providing care to anyone with a learning disability, we expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they would meet the underpinning principles of Right support, right care, right culture should they provide care to an autistic person or someone with a learning disability.

Right support:

Model of care and setting maximised people's choice, control and independence;

People were given choice and were involved in decisions around their care.

Right care:

Care was person-centred and promoted people's dignity, privacy and human rights;

Due to the quality of people's care plans and staff's knowledge of people, there was evidence to suggest people would receive person-centred care.

Right culture:

Ethos, values, attitudes and behaviours of leaders and care staff ensured people using services led confident, inclusive and empowered lives;

There were systems in place to help ensure that the values and culture was such that people could automatically expect a high quality, person-centred service.

Staff felt supported and they were provided with appropriate and sufficient training to enable them to carry out their role. They had the opportunity to meet with their line manager regularly to discuss their role or any concerns, and staff meetings were held where they could talk about all aspects of the service.

There was a clear governance process in place and the registered manager had identified areas that required further work and was working to an action and continuous improvement plan. The management team worked well together and had a clear vision on how they wished the service to look in the future. They were being supported by external agencies in order to achieve this.

Complaints and concerns were listened to and responded to and where incidents and accidents occurred learning took place.

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

Rating at last inspection and update

We last inspected this service in November 2019. The last rating for this service was Requires Improvement (report published 2 June 2020)

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. However, we identified a new breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 – need for consent. We also found that recommendations we had made to the registered provider had been addressed. These related to staff training, the environment and care plan reviews.

Why we inspected

This inspection was prompted in part due to concerns received about a high number of falls occurring, a lack of robust diabetes management, insufficient staff, lack of following the principles of the Mental Capacity

Act 2005 and poor practices in relation to the use of medicine patches for pain control on people.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We found the provider had identified shortfalls and had taken action to mitigate risks to people as well as address the concerns that had been highlighted to us. However, we have found evidence that the provider needs to make improvements to their processes in relation to consent and the Mental Capacity Act 2005. Please see the key question of Effective of this full report.

You can see what action we have asked the provider to take at the end of this full report.

#### Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to the need for consent at this inspection.

#### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 safe.

Details are in our safe findings below.

Good 

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement 

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good 

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good 

### Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement 

# Shannon Court

## 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 Health and Social Care Act 2008.

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

#### Inspection team

The inspection was carried out by two inspectors 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

Shannon Court is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Shannon Court is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

### What we did before the inspection

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed all the information we held about the service and obtained feedback from the local authority and health care professionals.

We used all this information to plan our inspection.

### During the inspection

During the inspection we spoke with 13 people and one relative. We also spoke with 12 staff, which included the registered manager and deputy manager. We reviewed the care plans of 10 people. We looked at the recruitment files for five staff, medicines records and other records, policies and audits used by the service.

### After the inspection

Following the inspection, we reviewed information sent to us by the registered provider in relation to staff training, supervision, audits, meetings and surveys. We also received feedback from three relatives.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed to Good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At our inspection in November 2019, we identified a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because risks to some people had not been identified and information and guidance recorded to help staff prevent the person from being harmed. We had no such concerns at this inspection.

- People were safe living at Shannon Court as action was taken to mitigate potential risks to people. For example, those at risk of falls, or those at risk of choking.
- One person in particular was at high risk of falls and we observed staff constantly checking where the person was, walking with them when they mobilised and checking they used their mobility aid.
- Where people were at risk of choking, staff had taken advice from the GP and the Speech and Language Therapy team to ensure they were given drinks and food at the correct consistency.
- One person was allergic to insect stings and there was a clear plan in place for staff to follow should this happen.
- People had individual personalised fire evacuation plans in place, giving information for staff and the fire services on what support the person may require in the event of an emergency.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at Shannon Court. One person said, "I feel safe. Staff never shout or are rough with you." A second person told us, "Everywhere is locked up and we know all the staff that deal with us." A third said, "I find it quite easy (living here). I know what to do and I have no worries." A relative said, "I have never seen anything uncaring."
- Where incidents of potential abuse had occurred, these were reported appropriately to the relevant authority. The registered manager complied with requests to investigate or follow up on safeguarding concerns and to demonstrate what action they had taken in response.
- Staff were aware of how to report a safeguarding concern. One staff member told us, "We report things to the team leader and the council deals with the safeguarding." Staff told us they had never seen any abuse or unkind care by their colleagues.

Staffing and recruitment

- Staff were selected for their role through a recruitment process. This included submitting an application form, attending an interview and providing references and evidence of their right to work in the UK. Before starting work, staff underwent a Disclosure and Barring Service (DBS) check. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. We did however, find two recruitment

folders that were missing paperwork. One of these was for a very long-standing member of staff and the registered manager suspected the paperwork had been archived. Both staff had, however, undergone a DBS and had provided evidence of their identity. The registered manager assured us they would continue to look for the documentation and if not found would ask the staff concerned to complete the documentation retrospectively.

- Most people told us they did not have to wait for care staff to attend to them and they were provided with what they needed by staff. One person said, "Whenever I press the button wanting help, if they're (staff) unable to help immediately they'll come and say, 'I'll be back in five minutes.'" A second person told us, "There seems to be enough staff." A relative said, "There are always staff around. At least two and sometimes three." However, others said they had to wait to be assisted. One person said, "We seem to be short of staff." A second told us, "It could be better. I used to have a shower every day when I first came here. Now it's once a week."
- We had received concerns that there were insufficient staff on duty to meet the needs of people. We spoke with the registered manager about this. They told us they determined staffing levels based on people's dependency and dependencies were reviewed weekly. Adjustments were made to the staff numbers as and when dependency levels increased or decreased. They told us they used a percentage of agency staff to help fill any gaps in the rota.
- Staff were around throughout the day and we did not see anyone waiting for support. Staff were seen taking time to talk to and socialise with people in between the tasks they needed to carry out.
- Most staff told us they were there was a sufficient number of them. One staff member told us, "Yes, there are sufficient staff now. There wasn't. The agency staff are here all the time, so it feels like you are working with permanent staff." A second staff member told us, "Yes, enough staff. Some people are quite independent. I know people's routines and I work in a way that ensures everything is done. I always make a point of having a chat with people."
- However, some staff and relatives said in the living areas that had people with more advanced dementia, they felt they could do with an additional staff member. One staff member told us, "Having three (staff) is very difficult. Staff haven't got time." A second said, "Every time there is a shortage of staff, they take from our unit." A relative said, "My opinion is that there is never enough staff on duty to be safe and to get all the care tasks done in a timely manner." We also identified this, particularly in one living area where a person who was at high risk of falls resided. We observed staff spending the majority of their time supporting this person and as such leaving one staff member on the floor to see to the needs of the other people.
- We spoke with the registered manager about this who was aware that staff were under pressure in these living areas, particularly due to one person who required a lot of monitoring. They explained how this person was currently being sought alternative accommodation. By the time we had finished our inspection however, they had arranged for an additional staff member to be on duty during the day and emailed the person's social worker to request funding for one to one support. They told us this would remain in place until the person moved out of Shannon Court.

### Using medicines safely

- We had received concerns that staff were not using robust systems to ensure that anyone who required a medicine pain patch had it placed and recorded appropriately. We spoke with the registered manager about this, who was able to show us the outcome of some work they had undertaken with a pharmacy and dementia specialist lead. The result of this was group supervision led by the specialist lead, a new policy and a chart and clear information for staff. Further group supervisions were planned to help ensure staff's understanding.
- The service used an electronic medicines system. This helped to ensure that people received their medicines when they needed them. It also helped reduce the likelihood of errors as the system would only let staff administer medicines in line with the prescription information.

- Each person had a medicines cabinet in their room. These contained thermometers so staff could check medicines were being stored at their optimum temperature.
- People who had 'as required' (PRN) medicines had a PRN protocol in place. This gave information to staff on what medicine the person could have and what they could have it for. We noticed however that for people who may be living with dementia, they did not include how the person may indicate they needed the PRN medicine. We spoke with the registered manager about this who assured us they would review and update each person's PRN protocol to include this information.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

The registered provider had ensured visiting arrangements were aligned with government guidance and we observed visitors in the service on the day of inspection.

#### Learning lessons when things go wrong

- Where accident and incidents occurred, these were recorded on the electronic care planning system and reviewed by the deputy manager. We read of incidents where people had fallen and saw that staff took appropriate action in response. A staff member told us, "We press the emergency bell, don't change the person's position and wait for the team leader. Whoever saw the fall has to do the accident form."
- The registered manager carried out an analysis of incidents to look for themes and trends and to take appropriate action to help prevent reoccurrence.
- Lessons learnt meetings were held where events were discussed. We reviewed the notes from the most recent meeting. This showed that staff were reminded to log all information about people prior to admission to hospital, following someone's admission with a pressure sore. Another person was at high risk of falls and management discussed their referral to the GP, the request for one to one funding and a referral to the falls team.

# 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 our last inspection we rated this key question Requires Improvement. At this inspection the rating has remained Requires Improvement. This meant the effectiveness of people's care, treatment and support was inconsistent.

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- We found an inconsistent approach to the Mental Capacity Act 2005 and staff following its principles. Some people who lacked capacity had mental capacity assessments in place, together with best interests decisions prior to a DoLS application being submitted. However, others did not.
- We found a lack of capacity assessments for at least four people who lived at the service. This meant that they lived in an environment which had locked doors without staff assessing their capacity to understand this or to check this was in their best interests. However, we noted DoLS applications had been submitted.
- We spoke with the registered manager about this who told us they were aware capacity assessments were not in place for everyone. They explained that some people were local authority funded and as such their capacity had been assessed prior to them moving into Shannon Court. They had used this assessment to complete and submit the DoLS application, but planned to reassess the person's capacity themselves.
- The registered manager went on to tell us they had already identified this shortfall in people's care plans. We checked the information they had recorded and found three of the four people we had identified had an indicator to demonstrate staff had spotted the need to carry out capacity assessments and best interests discussions. However, the fourth person was not named which meant there may be a possibility this person's records were not checked and reviewed. This person also had a sensor mat in their room, but this had not been referenced to in their DoLS application.

- Staff understood the Mental Capacity Act 2005 and how it applied in practice and we heard staff giving people choices throughout the day. A staff member told us, "You cannot force people. You can encourage them, but at the end of the day, it is their choice." A second staff member said, "People may not be able to make common sense decisions. If they can't make decisions, we have to weigh up the pros and cons of what's in their best interest."

The lack of always adhering to the principles of the Mental Capacity Act 2005 was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff support: induction, training, skills and experience

At our last inspection, we made a recommendation to the registered provider around the effectiveness of staff training. At this inspection staff spoke highly of the training they received, telling us it was very comprehensive and covered everything they needed in order to carry out their role. One staff member said, "If there was any additional training that I felt would be useful to benefit the home, I would ask for it." A second staff member told us, "The training is very high standard. You have to keep up to date."

- The registered manager had other training planned for staff to address some of the concerns recently identified. This included falls training, diabetes management, medicines and MAYBO (helping staff understand how to reduce the risk of conflict between people). We were also told the dementia bus would be visiting the service in April. The dementia bus helps staff have a better understanding of the experience of someone living with dementia.
- We reviewed the records provided to us by the registered manager and found that compliance with training was 96%.
- Agency staff were given a short induction into the service which included familiarising themselves with the layout of the building and the fire procedure and being provided with information about people's needs. An agency staff member told us, "I can read their care plans on the hand-held (electronic) system, but I can also ask if I need to know something."
- Staff had the opportunity to meet with their line manager on a one to one basis. This gave them the chance to discuss their role, any concerns or any training requirements. A staff member said, "They (supervisions) are important and I feel listened to."

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

At our last inspection, we made a recommendation to the registered provider around the environment. This particularly related to adapting the service to support people living with dementia.

- At this inspection, we found the living areas were suitable for people and where people lived with dementia, the environment was well planned with sensory items, signage and space to walk. People had access to sensory spaces and were seen using different areas of the building throughout the day.
- We saw large number clocks on the walls and information on what day it was and what the weather was like.
- In addition to the improvements in the environment, we found that people had the necessary equipment they needed to help ensure their stay at Shannon Court was safe and enjoyable.
- People had ceiling hoists in their rooms to assist them with moving, wheelchairs when needed and there were foot raisers on chairs to aid people's ability to get in and out of a chair independently. Corridors were wide with handrails and bathrooms had adapted baths and equipment for showers.

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

- People were assessed by either the registered manager or deputy manager before moving into the service. The registered manager told us, "We need to ensure we can meet their needs and when we assess people we always take into account the people we already have in the home." One person told us, "My sister suggested I come here and I felt it would be good. I've had [number of years] happy years here."
- The service used nationally recognised tools to help assess people's needs and they continually reviewed and updated these assessments. This included malnutrition tools to check people's risk of weight loss.

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

- People gave us mixed feedback about the food they were provided with, although we did see there was sufficient food on offer and we heard staff consistently offering to make people drinks. One person told us, "The food is good in parts. If none of the menu items appeal to me, they will always do something else." A second person said, "The only thing I could criticise is the meals." A third person however told us, "The food is usually quite good." We noted a meeting had been arranged for people to discuss the food with the chef the day after our inspection.
- Each living area had their own dining room and kitchenette area. Tables in the dining rooms were laid out nicely with tablecloths and menus. The menus showed the main meal option for each day, together with alternatives if people did not fancy either. One person had requested a salad and we saw they were provided with this.
- Where people were at risk of choking, staff ensured thickener was included in their drinks and their meals were of the right consistency.
- Where people were at risk of malnutrition or they were losing weight, staff increased their monitoring of the person. For example, by weighing them more frequently.

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

- There was evidence of external health professionals being involved in people's care to help ensure they were provided with the appropriate treatment or support. This included the GP, district nurse, physiotherapist and chiropodist. One person told us, "It's a good job I came here, because they discovered I'd got diabetes and I also had a small heart attack. I'm on tablets for that now."
- Where people had hospital appointments for treatment or follow up appointments outside of the service, care plans were updated to include relevant information. For example, if this meant a change in the person's care needs.
- The registered manager told us they had a very good working relationship with their GP practice. However, due to the location of the service (it sat on the Surrey and Hampshire border) they struggled to obtain good district nursing and speech and language therapy support. They explained they were working with a lead from the Clinical Commissioning Group to try and improve this.

# 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 our last inspection we rated this key question Good. At this inspection the rating has remained Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- We observed staff being attentive to people and taking time with them when they required reassurance. One person, who was participating in an activity, was anxious that their mobility aid was close to her and we saw staff assisted with this. And where a couple were participating in the morning activity staff made sure they were able to sit next to each other. One person told us, "There are times when I get, or used to get short-tempered and the staff handle it well."
- We received good feedback about staff. One person told us, "Very pleased. Very nice staff." A second person said, "The staff are kind and polite as far as I have experienced. They are doing a fine job. They're very patient." A relative told us, "The staff are all so kind and patient. I have no concerns whatsoever. I am very happy with the care she is receiving." A second said, "She is absolutely loving it. Much better than we anticipated. She is always smiling and happy."
- Staff used a lot of endearments with people and fussed over people in a kind and gentle way, removing the hair away from someone's eyes, or rubbing people's arms to gently rouse them. A staff member told us, "I love it here. I feel I am making positive changes. I love it when I see them (people) enjoying themselves."

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

- People were encouraged to make their own decisions. This included what they wished to eat, where they wished to spend their time and whether they accepted staff support or not. A relative told us, "They've allowed us to decorate her room with pictures and books and that's made her happy."
- One person was offered a shower by a staff member, but they told them they did not fancy one that day and this was respected by the staff member. A staff member said, "If someone says they don't want a male carer, we respect that."
- A second person was recorded as, 'likes to get up at 8am'. We saw from their daily records that staff were providing support to them at this time. A third person liked to have a cup of tea between 6am and 7am and again from their daily notes, this was being provided to them.

Respecting and promoting people's privacy, dignity and independence

- Where people were able to do things for themselves this was encouraged. One person told us, "I make my own breakfast and I make my own bed." A second person had their own coffee machine in their room to enable them to make drinks when they wished.
- We saw moments when people were asleep and staff gently woke them to tell them lunch was ready or staff waited until they woke before offering them a snack.
- Where people required one to one support to eat their meals we saw this was provided in a dignified way, with staff offering small amounts of food each time and pacing the spoonful's in a way that did not rush the

person. We heard staff taking the time to have 'adult' conversation with the person whilst supporting them to eat.

- Staff knocked on people's doors before entering and called out as they went in to alert the person they were coming into their room. A staff member said, "We knock on people's doors, when people are on the commodes, we make sure the doors are shut and the curtains drawn."
- People's rooms were very personalised and we saw they had everything they needed to hand. One person told us, "They (staff) do everything they can to please me. I am happy with everything. Whatever I want, I usually get it." A second person agreed that they were comfortable, telling us, "Well, you know, I've got everything in my room."

## Is the service responsive?

### Our findings

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

At our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed to Good. This meant people's needs were met.

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

- At our last inspection we found people were not always provided with suitable social interaction or stimulation to help keep them free from feeling isolated. This was particularly relevant to those living with dementia. We found improvements at this inspection and one person told us, "There is always something going on. They are doing chair exercises at the moment, but I didn't want to join in." This person told us they had previously been out on trips in the minibus with staff. A relative said, "There are activities. I've been in when there's been music on which Mum loves."
- The two living areas where people living with dementia resided contained a large number of sensory items and areas of interest. Staff were seen engaging with people and interacting with people to help keep them stimulated. We observed staff carrying out 'active TV' watching with one person, talking together about the scenes, the characters and people they were seeing on the screen.
- There was an activity taking place during the morning in the communal lounge area on the ground floor and everyone was invited. We saw a good mix of people from a variety of the living areas really engaged in the activity. There was good banter between people and staff and it was a very sociable occasion.
- Later in the day, people were seen and heard watching the television in lounge areas in individual living areas or listening to the radio and some people went out for a walk in the woods. One person told us, "They (the service) have bands and things" and a second person told us an entertainer had performed at Shannon Court last week. A third person said, "We sometimes go to morning activities. They're there when we want them."
- People were not forced to participate in activities, with one person telling us they had chosen not to join in but instead return to their room to read. Another person told staff they preferred to stay in their room.
- The registered manager told us they were actively recruiting to the activities team. This would help develop activities further within the service and allow them to restart the external trips out for people which had to be stopped due to the pandemic. A staff member told us, "I am trained to drive the minibus, so that was all sorted for me. It's the one thing I hope we can get back to. Sometimes people just want to be out having a drive. It's nice for them to get the fresh air and go somewhere different." One person said, "Pre-COVID we would have get-togethers, concerts outside and trips on the minibus." A second person told us, "They've (the activities) have started up again, just in the last couple of days."
- In addition to external trips arranged by staff, the registered manager said they had external activities coming in, such as musicians or 'cycling without age' (taking less able people out and about on a bike ride).

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

At our last inspection we found people's care plans were not being reviewed in a timely way. At this inspection, we found improvements. People's care plans were regularly reviewed to help ensure they were current and contained relevant information on people and their needs.

- The registered manager and deputy manager had carried out a care plan audit to identify where information was missing and as such a full care plan review was taking place.
- Care plans held detailed information on people's backgrounds, which helped staff get to know people, their likes and dislikes. This was important as agency staff were often working in the service. A staff member told us, "There are basics on the care plans. We also talk to relatives to find out about people's history. Background knowledge is important. It goes a long way to connect with someone."
- End of life care plans for people were extremely comprehensive. They covered the spiritual, psychological, social and physical aspects of end of life. This included information about what family should be present, music people may want and things that were important to them.

#### Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Staff used pictorial aids to communicate with people and help people make decisions. For example, pictures of different meals on offer.
- One person's care plan guided staff to, 'show empathy when listening to [person's name]' as their medical condition could affect the volume of their speech.
- A staff member told us, "I have learnt to ask people to choose their main meal first, then I give them a choice of vegetables when I can show them to them. Otherwise it's too much for them to compute."

#### Improving care quality in response to complaints or concerns

- People were able to make a complaint or raise a concern and these were taken seriously and dealt with in a timely way. One person told us, "I am thinking and I can't find any complaints." A second person said, "If you've got a problem they sit and listen." They told us a solution would be found and put into effect. A staff member told us, "If someone wanted to complain, I would ask [the registered manager] to come and see them to see what they could do."
- There was a formal complaints policy within the service and should people not receive a satisfactory response from the registered manager, then could take their complaint to head office.
- We read of recent complaints and saw that letters of apology had been sent and where appropriate the registered manager and deputy manager had met with the complainant. As of the date of this inspection, there were no outstanding complaints.
- We also read many compliments received by the service. These included, 'Thank you. So impressed with your care and attention', 'You are all angels', 'We both left feeling so impressed by the staff we met during our visit' and, 'How grateful we are for the truly excellent care she received throughout her time'.

# 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 our last inspection we rated this key question Requires Improvement. At this inspection the rating has remained Requires Improvement. This meant the service management was inconsistent.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection we made a recommendation to the registered provider in relation to their auditing processes. We found at this inspection, systems and processes in place had improved.

- There was a clear system of quality assurance arrangements. Regular auditing took place in the service, both by the internal management team as well as the provider's governance leads. The last provider's audit focused on findings at our last inspection and covered progress against these findings.
- Management held a clinical risk register which covered a wide range of areas, such as pressure risk, risk of social isolation and mental capacity. This enabled them to see quickly those people who were at high risk and whose needs were greater.
- In addition, the registered manager held a continuous improvement plan which tracked actions and progress against these actions. This included previous medication errors, agency staff induction and infection control.
- The registered manager had arranged for an external agency to carry out an infection control audit. This audit resulted in an overall score of 91%. On the back of this an action plan was provided to the registered manager pulling out the areas that required addressing.
- Health and safety meetings were held which covered all aspects of the service. Where actions were identified, these were logged and appropriate information recorded in relation to progress against the action.
- Management held safeguarding meetings where they discussed recent events or incidents to learn from these. The notes from the last meeting demonstrated a wish to reflect on incidents and take action to help prevent reoccurrence.
- All of these helped management monitor the service, identify shortfalls and make changes to improve the care provided to people. Much of the new processes had been developed since the manager had registered with the service. They understood the need to provide a quality service and account for the actions and performance of staff. We found the registered manager to be very responsive to any areas we identified that required review. For example, in relation to the missing documentation in two staff folders and the need to include additional information to people's PRN protocols. Although they organised an additional staff member following our discussion with them, they had previously identified they could no longer meet one person's needs and were working with the local authority to find a more suitable service for the person. However, we have identified a shortfall with regard to compliance with the Mental Capacity Act 2005 which had not been picked up and resolved by the monitoring system..

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

- Staff felt there was a good culture within the service. One told us, "It's very good team work here." A second told us, "Managers are very good. They don't differentiate between agency and carers. They are good listeners." A third said, "It's getting better than before. We have more hard-working permanent staff."
- People were equally complimentary, with one person telling us, "Pretty good (management). I find (the manager's) fairly easy. It's a nice atmosphere here; light and varied." A second person said, "I do enjoy the company and the staff." A relative said, "I've met [the registered manager] face to face but I have more interaction with the deputy. They communicate well. If I need something it's done. If I email, there's a very good response. I hear back the same day."
- The registered manager told us, "We are trying to develop a vision. We are going to the staff and relatives first, then will take it to the residents. We are a strong management team and share the same values. We cover shifts when needed as we would not ask staff to do something we wouldn't deliver ourselves. The next real push is the care plans, so we can ensure they reflect the person. We've got support coming in."

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 submitted notifications to CQC in line with their registration requirements as well as reporting safeguarding concerns to the appropriate authorities. We saw, from reviewing notifications and complaints, the registered manager had followed the duty of candour principles.

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

- People were involved in the running of the service. We saw a notice advertising a food forum which was being held the day after our inspection. This was to enable people to come together to discuss the food and the menu.
- Relatives meetings were held and the minutes of the last meeting showed staffing, recruitment, activities and other matters relating to the service were discussed. During the pandemic and when COVID outbreaks occurred at the service, meetings were held remotely in order to help ensure they continued to happen.
- Staff told us they had staff meetings. A staff member said, "We do have them. I do challenge things and they listen."

Continuous learning and improving care; Working in partnership with others

- The registered manager told us about Friends of Shannon Court (FOSC) which was made up of relatives, friends and Mangers. FOSC funded initiatives such as replacing the roof on the bus stop within the grounds, refreshing the woodland walk around the grounds and refurbishing the in-house bar area. Regular meetings were held where progress and future ideas were discussed.
- The registered manager told us they had submitted a bid to revamp the library area and update it to include interactive equipment. They told us they had been presented with an interactive board by FOSC which was used by staff and people and we saw this in use during the morning. They went on to say they had some funding available to re-do the courtyard garden areas outside the two living areas for people living with dementia.
- The registered manager worked with the falls team, GP and other external agencies, such as the clinical commissioning group as well as the local authority.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations 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 will check that this action is taken by the provider.

| Regulated activity   | Regulation  |
|--|---|
| Accommodation for persons who require nursing or personal care | Regulation 11 HSCA RA Regulations 2014 Need for consent<br><br>The registered provider had not always ensured they followed the principles of the Mental Capacity Act 2005. |