Bupa Care Homes (CFChomes) Limited

Shockerwick House Care Home

Inspection report

Shockerwick House
Lower Shockerwick
Bath
Avon
BA1 7LL

Date of inspection visit:
19 May 2016
20 May 2016

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30 August 2016

Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

This inspection took place on 19 and 20 May 2016 and was unannounced. When Shockerwick House was last inspected in November 2013 there were no breaches of the legal requirements identified.

Shockerwick House is a nursing home and provides care and support for up to 38 older people. On the day of our inspection there were 20 people living in the home. The home had restricted admissions whilst it was being refurbished.

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

People had a very positive experience living at the home. They were supported by staff that enjoyed their job; who ensured that people lived in a safe home; which gave effective care; by caring and passionate staff; who responded to people's needs and really involved them in their care and support. The registered manager gave an outstanding level of leadership to make people's lives happy and fulfilled.

The provider had quality monitoring systems in place which were used to improve the service and embed a culture of continuous improvement throughout the service. People were involved in how the home was managed. Regular meetings took place to give people a chance to have their say; the feedback was used to improve the home and the people's experience of living there.

Staffing numbers were sufficient to meet people's needs and this ensured people were supported safely. Staff and people we spoke with felt the staffing level was appropriate. Staff demonstrated a detailed knowledge of people's needs and had received training to support people to be safe and respond to their care needs. Staff also understood their safeguarding responsibilities and whistle-blowing policy and procedures. Staff supervision was undertaken regularly and staff felt well supported by the registered manager.

There were positive and caring relationships between staff and people at the service. People praised the staff that provided their care and we received positive feedback from people's relatives and visitors. Staff respected people's privacy and we saw staff working with people in a kind and compassionate way when responding to their needs.

Care provided to people met their needs. Care records provided personalised information about how to support people. We saw that the service took time to work with and understand people's individual preferences in order that the staff could respond appropriately to the person. People were also supported to undertake person centred activities and be involved in the local community.

The staff had a good understanding of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. These safeguards aim to protect people living in care homes and hospitals from being inappropriately deprived of their liberty. These safeguards can only be used when a person lacks the mental capacity to make certain decisions and there is no other way of supporting the person safely. Meetings had been arranged in order to enable people's best interest to be assessed when it had been identified that they lacked the capacity to consent to their care and treatment.

There was a robust staff recruitment process in operation designed to employ staff that would have or be able to develop the skills to keep people safe and support individuals to meet their needs.

People had their physical and mental health needs monitored. The service maintained daily records of how people's needs were meet and this included information about medical appointments with GP's and dentists.

There was a complaints procedure for people, families and friends to use and compliments were also recorded.

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.

The provider had robust processes in place to ensure the safe management and administration of medicine.

There were sufficient staff to meet people's needs.

Risk assessments were reviewed and amended appropriately when the risk to a person altered.

People were protected from the risk of abuse. The service had provided staff with safeguarding training and had a policy and procedure which advised staff what to do in the event of any concerns

The service had safe and effective recruitment systems in place.

Is the service effective?

Good

The service was effective.

Staff had received training which enabled them to have the skills to undertake their role. Staff also received regular supervisions.

DoLS applications had been made for those people that required them. The service had carried out capacity assessments and best interest meetings

People had enough to eat and drink and were supported to make informed choices about the meals on offer.

People were supported to access health care services.

Is the service caring?

Good

The service was caring.

People told us staff were kind and caring. Relatives said they were happy with the care and support provided.

People's privacy and dignity was respected. People and staff got

on well together and the atmosphere in the home was caring, warm and friendly.

People were supported to maintain relationships with their family.

Is the service responsive?

Good

The service was responsive.

Care plans provided staff with the information needed to provide person
centred care.

Staff communicated effectively with people and involved them to make decisions about the support they wanted

The service had involved other professionals to support people.

The service had a robust complaints procedure.

Is the service well-led?

Good

The service was well-led.

The manager promoted a positive culture to ensure that the service was person centred.

The provider and manager had quality assurance systems in place to ensure continuous improvement to the service.

People told us staff were approachable and relatives said they could speak
with the manager or staff at any time.

The provider sought the views of people, families and staff about the standard of care provided.

Shockerwick House Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 19 and 20 May 2016. This was an unannounced inspection, and was carried out by one inspector and one 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 service.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form the provider completes to give some key information about the service, what the service does well and improvements they plan to make. The provider returned the PIR and we took this into account when we made the judgements in this report.

Prior to the inspection, we viewed all information we held about the service including statutory notifications. Statutory notifications are information about specific important events the service is legally required to send to us.

As part of our inspection, we spoke to four people who used the service, the registered manager the regional manager, three relatives and three members of staff. We tracked the care and support provided to people and reviewed four care plans relating to this. We also looked at records relating to the management of the home, such as the staffing rota, policies, recruitment and training records, meeting minutes and audit reports. We also made observations of the care that people received.

Good

Is the service safe?

Our findings

People we spoke with told us they felt safe living in the home and felt well cared for. People said "Yes with all the staff around why would I feel unsafe and when I go to bed I go to sleep" and "I've got no fears and no concerns what so ever."

The service had a policy and procedure regarding the safeguarding of people and guidance was available for staff to follow. Staff told us they had received training in safeguarding adults and the prevention of abuse. Staff were confident that they could report any issues of concern to the registered manager and that they would be followed up.

There were sufficient numbers of staff to support people safely. Care appointments were met by staff when people needed them and the care they needed was given. We found that the staff rota was planned and took into account when additional support was needed for planned appointments and activities outside of the home. Staff told us that on occasion when there was a shortage of staff that this was covered by the regular staff at the service.

The provider had processes in place to ensure the safe management and administration of medicine. People's medicines were stored securely within a locked cupboard, a locked medicine trolley and a lockable fridge. The provider used a monitored dosage system (MDS) and medicines were provided by a local pharmacy on a weekly basis. Records of medicine fridge temperatures were taken to ensure medicines were stored at the correct temperature.

The nurses had a lead role on medicines and completed weekly audits. They ensured the repeat prescriptions were filled and delivered, stored correctly and administered as prescribed. Accurate records were kept of all medicines received in to the home and of those returned to the chemist for disposal.

Medicine administration records were completed after medicines had been administered as prescribed by the GP. There were PRN protocols in place for those medicines taken on an 'as required' basis for example for agitation or pain relief.

People we spoke with told us that their medicines were administered on time and that the nurses ensured they had been taken before leaving them. One person said "Well the important stuff is given to me by my nurse which she makes sure I take it."

The home had completed an assessment of people's risks and had recorded guidance on how to manage identified risks. The risk assessments showed that assessments had been completed for areas such as mobility, continence, food and diet. Risk assessments had been regularly reviewed with people to ensure that they continued to reflect people's needs. Staff were able to describe the guidelines for people to keep them safe.

Incidents and accidents were recorded and cross referenced to the care files of people involved in the

incidents. We saw that preventative measures were also identified by staff wherever possible and that some of the risk assessments were updated if required, particularly in relation to falls.

People were cared for in a clean and safe environment. The home was well maintained and kept clean. People commented on the high standards of cleanliness stating "It is immaculately clean here, there are no bad smells even when people have accidents." A relative also said "There just cannot be a cleaner residential home." We also found that equipment used within the home to support people was regularly checked to make sure they were safe to use. For example we found that pressure mattresses were regularly checked for wear and to ensure they were set correctly. There was a programme of refurbishment taking place at the time of the inspection. We found that any potential hazards caused by the building works had been risk assessed and made safe to prevent any problems with access or safety issues for people.

The provider had a business continuity plan in place. This set out the arrangements to be followed if the home had to be evacuated for any reason. The plan included what would happen if for example the premises caught fire or if there was failure of any utility services. Personal emergency evacuation plans (referred to as PEEPs) had also been prepared for each person.

Staff files showed there was a safe and effective recruitment procedure in place. An enhanced Disclosure and Barring Service (DBS) check had been completed. The DBS check ensured that people barred from working with certain groups such as vulnerable adults would be identified. We saw that the recruitment process also included completion of an application form, an interview and previous employer references to assess the candidate's suitability for the role.

Good

Is the service effective?

Our findings

Staff had the knowledge and skills to carry out their role. Staff received training provided by the service when they joined as part of their induction programme. On completion of their induction they also received refresher training. Training subjects included first aid, infection control and food hygiene. Staff said they received training that the provider deemed as mandatory to their roles and also had access to further training if they wanted it. We saw that the registered manager had recently arranged training in relation to Parkinsons disease for staff that had requested it. One member of staff said "I asked for additional specialist training to meet the needs of one of our residents and it was organised straightaway."

Staff said they received supervision sessions regularly. The supervision records we looked at supported this. Supervision is dedicated time for staff to discuss their role and personal development needs with a senior member of staff. When we spoke with staff they told us they were given opportunities to speak with the registered manager about any concerns they had or any development they needed and that they felt well supported. Staff said "We have regular supervisions where we discuss our competency to make sure we don't stagnate." Another member of staff said "I feel really well supported and I've been encouraged by [registered manager] to attend more training so that I can take on a leadership position."

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's capacity to make decisions had been assessed and we saw examples of appropriate best interest decisions, for example in relation to people's medicines. The service had invited appropriate people such as family members to be involved with best interest meetings which had been documented.

The provider had met their responsibilities with regard to the Deprivation of Liberty Safeguards (DoLS). DoLS is a framework to approve the deprivation of liberty for a person when they lack the mental capacity to consent to treatment or care and need protecting from harm. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We found that people's capacity to make decisions had been assessed and appropriate DoLS applications had been made.

We saw from the training records that staff had received training on the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). We found that staff had a good knowledge of the act when they were asked about the principles of the MCA and DoLS. We also found that care plans held decision making agreements and advised staff how to assist a person to make day-to-day decisions, wherever possible.

People's nutrition and hydration needs were met. People's nutritional assessments had been completed and reviewed. Where concerns had been noted, external guidance had been sought. People were weighed

monthly and if someone was noted to have lost weight, this was discussed with the GP.

We observed lunch during our inspection. The menus were displayed on the wall in the dining room and there was a choice of two main courses also an alternative menu and a breakfast menu. The tables were laid with linen table cloths and napkins for people. The food smelt and looked appetising, vegetables and gravy were brought to the dining tables separately to enable people to choose the accompaniments they preferred. During the lunch service staff were engaged with people and explained what they were eating. The atmosphere was pleasant and staff and people were laughing and joking with people throughout the service. People who were assisted by staff to eat their meals were given quietly spoken subtle encouragement by staff. People were offered sherry or wine with their meals and we saw that one person received their preference of Guinness instead.

We observed that some of the desserts were very hot and that staff ensured they were cool enough to eat before allowing people to eat them. We also saw that if people spilt some food on their clothes, staff maintained people's dignity by making sure they cleaned them in a discreet way whilst talking with them to alleviate any embarrassment. After lunch was finished people were offered tea, coffee and mints. The whole lunchtime meal was treated as a relaxed sociable experience. We saw that people enjoyed the food and the interaction with each other and staff. Snacks, fresh fruit and hot or cold drinks were also provided at regular intervals during the day.

In the afternoon 'afternoon tea' was served to those people who wished to participate. Relatives and visitors were also included. This was a highly sociable experience. Tea and coffee was served in a china service and beautifully presented home-made platters of cakes were served. The atmosphere was genial and people interacted with their and other people's relatives and visitors. We observed that close friendships had developed between people who had been unconnected before coming to live at the service.

People we spoke with were very positive about the food and drink provided by the home and told us they received their preferences even if they were not on the menus. People said "The food here is excellent and it's doubly good as I don't have to buy it and I don't have to cook it and we get a very good choice and my favourite meal is fish and we get that quite often which I like." Another person said "We get a good choice and I drink sherry and wine with my dinner."

People were supported to maintain their well-being and good health. We saw from records that people had regularly accessed health care services. When a person required additional regular clinical support this was provided. There was also evidence of input from the community psychiatric team and GPs in people's records. We saw within everyone's care plan that regular visits or appointments with dentists, opticians and dentists had happened when required and that staff had then acted upon the actions agreed at the respective appointments.

Good

Is the service caring?

Our findings

The registered manager and staff knew people exceptionally well and were able to explain people's individual likes and preferences in relation to the way they were provided with care and support. One member of staff told us about the very particular likes of one person who used the service and how they enjoyed reminiscing about their working life. People confirmed that staff knew them well and often stopped to spend time with them talking about their individual interests and hobbies. One relative said "My [person's name] loves poetry and when I visited last [person's name] was telling me all about the poetry they had recited to them by the staff. To think that [person's name] is still talking about poetry at their age is wonderful."

The registered manager explained that the home took a holistic approach to care by ensuring the wellbeing of both people and their families. The registered manager described how during assessments agreements were reached between people and relatives regarding what care relatives could continue to provide for their loved one to enable them and the person to feel involved. For example we found that some people preferred their relatives to undertake their laundry. The home recognised the sense of loss experienced by family carers when their relative moved into a care home. These agreements enabled existing family members to retain some responsibility for specific aspects of the person's care.

Relatives we spoke with were eager to tell us how well they felt the service catered for their needs as well as their relatives who were being cared for. One relative said "I have often arrived here upset at something because of another visit I undertake before I get here. Straight away the staff have noticed I'm upset and have gone out of their way to make sure I'm ok and have a little chat with me, bring me a cup of tea and make sure I'm ok before I see [person's name]. It means that [person's name] never knows I've been upset and I often leave much happier than when I arrived." Another relative said "Every member of staff in whichever role show such friendship towards my [person's name] and the family, its inspiring. I can't tell you how amazing it is. When I go down in a sense I go home happier than when I arrived. There's an extraordinary sense of community here." Another relative said "Even the cleaning and maintenance staff stop to say hello and spend time chatting to my [person's name]."

We observed that staff universally demonstrated a kind, caring and compassionate attitude towards people using the service. Staff crouched down when speaking to people so that they were at eye level. They spoke kindly and provided gentle reassurance to people. When we saw staff walking around the building with people, they didn't rush them. They encouraged independence whilst also offering support when it was needed.

People told us they were treated with dignity and respected by the staff. Comments included "They are very kind and thoughtful I didn't know that there's so many kind and caring people about. They call me by my first name which I have told them to call me by and they always knock on my door before they come into my room, and if they're doing anything they always close the door so nobody else can see." All of the visitors we spoke with were also positive about the care provided. Comments included "Every member of staff shows kindness to each resident" and "The staff are so reassuring if something needs doing they explain everything

very well to us and [person's name]. I never have to worry about [person's name] I know [person's name] is well cared for here."

Relatives were actively encouraged to visit regularly and people were encouraged to invite their friends and relatives to attend the activities in the home. One person said "My daughter takes me out to lunch and I go anywhere in the grounds I like, I like walking and my daughter can come and goes as she wants with no restrictions." All of the visitors felt their relative was happy living in the home. One visitor said "There's just a lovely atmosphere here and my [person's name] is so much happier since being here."

Staff told us they enjoyed working at the home and the relationships they had formed with people; one member of staff said "I love it here it's like a second home to me and everyone, staff and residents are like a family." We also observed that staff had come in on their days off to accompany people on a trip to the bird sanctuary. A visitor told us that this happened regularly because staff enjoyed the company of the people they cared for and had built up real friendships with them.

People and relatives we spoke with told us people were made to feel special and part of a family. One relative said "They make occasions so special and families are invited to come along, last Easter residents made handmade cards and chocolates. Last Christmas was beautifully done with carol singers, candles and a beautifully dressed tree. I ate here and the food was very good." We also observed a birthday celebration taking place. The staff, people and their relatives gathered to sing 'happy birthday' to the person, they were presented with a cake and the staff also gave them three presents.

Good

Is the service responsive?

Our findings

Each person had an individual care plan which contained information about the support people needed. We found that people and their relatives also had input into the care plans and choice in the care and support they received.

Care plans contained information such as people's medical history, mobility, communication and care needs including areas such as: continence, diet and nutrition. These plans provided staff with information so they could respond to people positively and in accordance with their needs.

Staff recorded the support that had been given to people in care notes. Staff recorded information regarding daily care tasks, including the support that had been provided and personal care tasks that had been carried out. This information provided evidence of care delivery and how staff had responded to people's needs.

We observed how staff responded to people's needs. Staff spent time with people and responded quickly if people needed any support. Relatives told us that the staff in the home knew what support people needed and provided this as they needed it. Call bells were answered quickly and people confirmed that staff responded in good time. People said "At night I use my call bell like last night I called them at 1am and they came within a few minutes only once has it taken longer about 15 if I remember rightly." Another person said "I use it when I get anxious or when I want to go to the toilet and they come within minutes." During our conversations with people and staff and through our observations we identified numerous novel approaches used to meet people's individual care needs. The support provided was highly personalised and designed to enable people to live the lives they chose. People and relatives also told us about personalised care they had received. One relative told us that their parent preferred a particular type of bread which was not generally served in the home and that a member of staff went out to purchase the bread from a local farm shop to ensure that the person had the bread of their choice.

People and their relatives said they had access to activities they wanted to take part in. We saw that activities staff stimulated people's interests in different ways. For example we observed the daily newspapers being read aloud by activities staff and the articles being discussed as a topic of conversation; people were encouraged to participate and put across their views. We also saw people gathering rhubarb from the garden; this was to be used for making desserts in the home. These activities enabled people to feel part of the community within the home and to make a meaningful contribution in their daily lives. We also found that staffing was organised in a way so that people living in the home could go out into the community if they wished to. For example, during our inspection, three people went out on a day trip to a bird sanctuary and another person went out for a walk.

People were encouraged to be as independent as possible; we observed that when people were not able to engage in a particular activity, adaptations were made to ensure that they could take part. We saw a gardening session being bought indoors so that people who felt unable to go outside could take part. Tables were placed at a level at which people were able to reach from a sitting position to make hanging

baskets. One of the staff said "We knew that by bringing the gardening in more people could be involved and enjoy the activity."

People were supported to maintain relationships with their family. Relatives told us they were in regular contact with the home and were kept informed of any issues regarding their relative. Relatives said they were invited to discuss care plan reviews and were always informed of any changes in their relatives care or condition. They said "With [registered manager] I can always raise concerns and she keeps me up to date with [person's name] care. If anything changes [registered manager] or another member of staff will call me and I've been invited in for care plan reviews." Families we spoke with told us that they were able to visit their relatives whenever they wanted.

The service had received written compliments via email, letter and thank you cards. The registered manager ensured that all comments were shared with the staff team and some cards were seen posted on noticeboard in the home. A supply of service user/relative feedback questionnaire forms were kept in the main entrance for people to complete.

People and their relatives felt able to complain or raise issues within the home. The home had a complaints procedure available for people and their relatives. People we spoke with said they knew how to complain, and all said they had never had cause to. We checked records for the last year and found when a complaint had been made the registered manager had supported the person in making the complaint. The registered manager explained that any complaints were welcomed to be used as a tool to improve the service for everyone.

Good

Is the service well-led?

Our findings

The registered manager was a visible presence throughout the home and visitors were unanimously positive about the way the home was managed and how approachable the registered manager and area manager were. They said "She's doing a good job running the place I have no complaints" and "I do think it's run well look at all the good furniture and how nice the rooms are here, the staff and the manager are very good."

The registered manager told us they operated an open door policy and welcomed feedback on any aspect of the service. Staff also said they felt confident people and relatives would talk with them if they had any concerns. Staff also understood what whistle blowing was and that this needed to be reported. Staff told us they had not needed to do this, but felt confident to do so. We saw records that demonstrated that relatives and other people important to people living in the home were communicated with through planned meetings and also on the phone if there was anything urgent that they needed to know. During the inspection we also observed a meeting taking place with regards to the refurbishment work within the home. The registered manager ensured that staff people and their relatives were kept informed of the refurbishment progression and any change in plans.

Staff told us that the registered manager lived the values of the service. One member of staff said "[registered manager] has a very clear vision, she wants us to be the best home possible and for our residents to live happier healthier lives." Staff told us they felt well supported by the registered manager and their colleagues. One staff member said "[registered manager] has noticed when I've been a bit down and sat down with me to make sure I'm ok." Another member of staff said "The registered manager knows if we are happy then we work well and then people are happy so she values us and looks after us."

Staff said that they were regularly consulted and involved in making plans to improve the service with the focus always on the needs of people who lived there. We saw records that demonstrated that staff had opportunities to give their views through regular staff meetings about refurbishment of the home, staff training and activities for people. There were also effective communication systems in place regarding staff handovers to ensure that staff were kept up to date with any changes within the home.
To ensure continuous improvement the registered manager conducted regular audits to monitor and check the quality and safety of the service. They reviewed issues such as; medicines, care plans and training, their observations identified good practice and areas where improvements were required.

There also were systems in place to ensure regular maintenance was completed and audits to ensure that the premises, equipment and health and safety related areas such as fire risk were monitored and that equipment tests were also completed. We saw that where actions were required to improve the service there were action plans in place. There was a scheme of delegation amongst senior staff to ensure that action plans were progressed and followed. This ensured that when staff responsible for completing audits were on leave, action plans continued to be monitored in their absence.

People were encouraged to provide feedback on their experience of the service to monitor the quality of service provided. People who used the service and their relatives were given questionnaires for their views

about the quality of the service they had received. We saw the results of surveys had been analysed and comments were positive. We also saw that there were 'you said', 'we did' posters displayed in the home explaining how the provider was meeting the requests of people and their relatives.

The registered manager took continual steps to keep their own training and learning up to date. The registered manager attended a local care home forum and an internal manager's forum looking at areas of improvement within the care sector, to ensure consistent best practice. We found that following attendance at one of the forums the registered manager was introducing 'champion' lead roles within the staff team in particular areas such as infection control. This was in order to enable 'champion' staff to progress in their roles and also mentor their colleagues in a particular area of care.

All services registered with the Commission must notify the Commission about certain changes, events and incidents affecting their service or the people who use it. Notifications tell us about significant events that happen in the service. We use this information to monitor the service and to check how events have been handled. We found that the registered manager had made appropriate notifications.