SBS-Services Limited

Shandon House

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

This inspection took place on 5 December 2016 and was unannounced. At the last inspection on 8 October 2015 we found breaches of the HSCA 2008 (Regulated Activities) Regulations 2014, in Regulation 12, Safe care and management and Regulation 15, Premises and equipment. At this inspection we found that improvements had been made in all areas to meet the relevant requirements.

Shandon House is a care home providing accommodation and personal care for up to 20 older people. It is a converted house with gardens and seating areas at the side and front of the building. There is a ramp at the main entrance to assist people with limited mobility. Bedrooms, bathrooms and lounges are situated on the ground and upper floors. Some bedrooms have ensuite facilities. There were 17 people living in the home at the time of our inspection.

There was a registered manager in post. 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.

Medicines were managed safely in the home.

Risk assessments had been undertaken to support people safely and in accordance with their individual needs.

The staff we spoke with described how they would recognise abuse and the action they would take to ensure actual or potential harm was reported.

Safety checks of the environment and equipment were completed regularly.

There were enough staff on duty to provide care and support to people living in the home.

The provider had robust recruitment procedures in place to ensure staff were suitable to work with vulnerable adults.

Staff worked in partnership with health and social care professionals to make sure people received the care and support they needed.

Staff were trained to ensure that they had the appropriate skills and knowledge to meet people's needs. They were well supported by the registered manager.

Staff sought the consent of people before providing care and support. The home followed the principles of the Mental Capacity Act (2005) for people who lacked mental capacity to make their own decisions.

People told us they liked the food and were able to choose what they wanted to eat.

People told us the staff had a good understanding of their care needs and people's individual needs and preferences were respected by staff.

People at the home told us they were listened to and their views were taken into account when deciding how to spend their day.

Care plans provided information to inform staff about people's support needs, routines and preferences.

People told us staff were kind, polite and maintained their privacy and dignity. We observed positive interaction between the staff and people they supported.

A programme of activities was available for people living at the home to participate in.

A process for managing complaints was in place. People we spoke with knew how to raise a concern or make a complaint.

Feedback we received from people, relatives and staff was complimentary regarding the registered manager's leadership and management of the home.

Staff told us there was an open and transparent culture in the home.

Systems and processes were in place to assess, monitor and improve the safety and quality of the service.

People living in the home and relatives told us they were able to share their views and were able to provide feedback about the service.

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.

Medicines were managed safely in the home.

Risk assessments had been undertaken to support people safely and in accordance with their individual needs.

The staff we spoke with described how they would recognise abuse and the action they would take to ensure actual or potential harm was reported.

Safety checks of the environment and equipment were completed regularly.

There were enough staff on duty to provide care and support to people living in the home.

The provider had robust recruitment procedures in place to ensure staff were suitable to work with vulnerable adults.

Is the service effective?

Good

The service was effective.

Staff worked with health and social care professionals to make sure people received the care and support they needed.

Staff were trained to ensure that they had the appropriate skills and knowledge to meet people's needs. They were well supported by the registered manager.

Staff sought the consent of people before providing care and support. The home followed the principles of the Mental Capacity Act (2005) for people who lacked mental capacity to make their own decisions.

People told us they liked the food and were able to choose what they wanted to eat.

People told us the staff had a good understanding of their care needs.

Is the service caring?

Good

The service was caring.

People's individual needs and preferences were respected by staff.

People at the home told us they were listened to and their views taken into account when deciding how to spend their day.

People told us staff were kind, polite and maintained their privacy and dignity. We observed positive interaction between the staff and people they supported.

Is the service responsive?

Good

The service was responsive.

Care plans provided information to inform staff about people's support needs, routines and preferences.

A programme of activities was available for people living at the home to participate in.

A process for managing complaints was in place. People we spoke with knew how to raise a concern or make a complaint.

Is the service well-led?

Good

The service was well led.

The service had a registered manager. Feedback from people, relatives and staff was complimentary regarding the registered manager's leadership and management of the home.

Staff told us there was an open and transparent culture in the home.

Systems and processes were in place to assess, monitor and improve the safety and quality of the service.

People living in the home and relatives told us they were able to share their views and were able to provide feedback about the service.

Shandon House

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 5 December 2016 was unannounced.

The inspection team consisted of an adult social care 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.

Before our inspection we reviewed the information we held about the home. This included the Provider Information Return (PIR). A PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also looked at the notifications and other intelligence the Care Quality Commission had received about the home. We contacted the Infection Prevention and Control team at the local authority to see if they had any updates about the home.

During the inspection we spoke with seven people who were living at the home and four relatives/visitors. We also sought feedback about the service and spoke with an external health care professional. We spoke with a total of three staff, including the registered manager, care staff and the cook.

We looked at the care records for four people living at the home, three staff personnel files, staff training records, staff duty rosters and records relevant to the quality monitoring of the service. We looked round the home, including people's bedrooms, the kitchen, bathrooms, dining area and lounge. We observed people and staff during lunch and for a period of time in the afternoon, when activities were being carried out.

Good

Is the service safe?

Our findings

We asked people what made them feel safe in the home. Their comments included, "All the staff help me feel safe", "Fire alarms, and when they go off the doors shut", "I feel very safe", "The staff are all sensible; they use aprons and gloves" and, "We have fire practices". Some of the comments we received from relatives included, "The staff check on (family member) all the time. They have a Zimmer frame and carers support them when they need to go anywhere", "It's lovely and warm and they've got a room on the ground floor", and "(Family member) had several trips to hospital, all initiated by the home and for valid reasons. They knew what was the right thing to do and were very sensible about it; they err on the side of caution."

During this inspection we saw medicines were administered safely to people. Staff who administered medicines had received medicine training and had undergone competency assessments in 2016 to ensure had the skills and knowledge to administer medicines safely to people.

We found medicines to be stored safely and securely when not in use. Some medicines need to be stored under certain conditions, such as in a medicine fridge, which ensures their quality is maintained. If not stored at the correct temperature they may not work correctly. The temperature of the fridge was recorded daily. This helped to ensure the medicines stored in this fridge were safe to use.

Controlled drugs were stored appropriately. Records we saw that showed they were checked and administered by two staff members. Controlled drugs are prescription medicines that have controls in place under the Misuse of Drugs legislation.

We checked the medicine administration records (MARs) for each person in the home and found staff had signed to say they had administered the medicines. We found records were clear and we were easily able to track whether people had had their medicines; this included the application for topical preparations (creams) which were applied appropriately. We checked a number of medicines, including a controlled medicine and found the stock balances to be correct. People told us they received their medicine when they needed it and all told us which particular staff gave it to them.

For people who were administering their own medication there was a risk assessment in place to support them and evaluate the safety of them doing so.

We saw other relevant information was kept with the MARs , such as a list of staff signatures (to recognise which staff had administered the medication), a PRN (as required) protocol to advise staff when and why people may require the medication, a list of people's allergies and an information sheet about any foods which may react with certain medicines.

We looked at how staff were recruited and the processes undertaken to ensure staff were suitable to work with vulnerable people. We checked three staff files. We found copies of application forms and references and saw evidence that checks had been made to ensure staff were entitled to work in the UK and police checks that had been carried out. We found they had all received a clear Disclosure and Barring (DBS) check.

This meant that staff had been appropriately recruited to ensure they were suitable to work with vulnerable adults. We did see that only one DBS check had been completed when staff had commenced work at the home. It is good practice to renew a DBS every three years. We discussed this with the registered manager. They informed us they had recently agreed with the provider (owner) to repeat the DBS process.

People in the home felt there were enough staff on duty. Their comments included: "They're not short staffed. There's always someone around, at night too", "You can wait sometimes because they might be busy with someone, changing beds, you know", "(Get help) Straight away" and " Yes, very good, no problem." One relative told us, "They've always time to offer you a drink [when I visit]. Yes, enough staff, including weekends."

There were 17 people living in the home at the time of our inspection. There was the registered manager, deputy manager and one care staff on duty. There were ancillary staff such as, a cook and domestic cover. The registered manager told us the ancillary staff worked Monday to Friday. Care staff covered their duties at weekends. We saw that in the afternoon there were three care staff plus the registered manager working. Two care staff worked each night.

The registered manager told us they did not use agency staff. They said there was very little absence from care staff and any additional cover was provided from the existing staff team. We looked at staffing rotas and found there were consistent numbers of staff working each day, including at the weekend. The registered manager said they and the deputy manager worked one day each at the weekend to ensure staff had management support. Staff we spoke with felt there were enough staff working in the home on each shift to support people safely.

We observed staff attending to people and supporting them with meals and drinks. They received the support from staff with eating meals and personal care when they required it.

We looked at a number of care records which showed that a range of risk assessments had been completed to assess and monitor people's health and safety. We saw risk assessments in areas such as mobility, falls, nutrition, mental health, pressure area care and the use of bed rails.
These assessments were reviewed each month to help ensure any change in people's needs was reassessed to ensure they received the appropriate care and support.

The staff we spoke with described how they would recognise abuse and the action they would take to ensure actual or potential harm was reported to senior managers. Training records confirmed staff had undertaken safeguarding training and this was ongoing. Staff were aware of the term 'whistleblowing' and told us they would not hesitate to report any concerns they saw.

We found the home to be clean and tidy with no unpleasant smell or odours. We visited people's bedrooms and communal living areas and bathrooms. Bathrooms and toilets were very clean and contained hand washing and drying materials. Feedback about the cleanliness of the home was very positive from people and their relatives. Domestic staff completed cleaning checklists which showed the work they had carried out. Disposable aprons and gloves plus hand sanitisers were available on all floors for staff to use, and were used throughout the day. People who lived in the home told us their bedrooms were cleaned every day. A relative said, "It's very clean. Amazing how quickly they can clean a room. It's spotless." An external audit (check) had been carried out by the Infection Prevention Control team in August 2016. Shandon House was awarded a score of 99.01%.

Arrangements were in place for checking the environment to ensure it was safe. Health and safety audits

were completed on a regular basis. Examples of these were for the water temperatures, safety checks for smoke detectors and carbon monoxide alarms and window restrictors, as well as weekly checks around the home environment, including the bedrooms. Fire checks were carried out each week to help ensure doors, fire alarms, emergency lighting and firefighting equipment were in good working order. The home had a process in place to attend to repairs, to keep people who lived in the home safe and ensure the home was in a good condition. Any repairs that were discovered were reported to the maintenance person employed by the provider. We saw the general environment was safe.

A fire risk assessment had been carried out. We saw personal emergency evacuation plans (PEEPs) were completed for the people resident in the home to help ensure effective evacuation of the home in case of an emergency. A copy of the fire risk assessment was available at the front door. This made the information readily available for staff and the fire service when evacuating the building in an emergency.

We checked safety certificates for electrical safety, gas safety, legionella and kitchen hygiene and these were up to date. The kitchen had achieved a five star (very good) rating. This helped ensure good safety standards in the home.

Good

Is the service effective?

Our findings

People told us they were happy with the care and support they received and that staff were knowledgeable regarding their individual needs. Staff were trained to support them to carry out their role. A relative we spoke with told us, "They (staff) seem to be. I've heard my family member say 'So and So's been on training, on a course'".

We looked at the training and support in place for staff. Staff we spoke with told us they enjoyed their job. They said they felt supported to do their job and 'equipped' through relevant training courses they had attended. Staff said, "We get good training and support from the manager. They are very open and trustworthy and you can talk to them about anything."

The registered manager told us most training was provided through online training courses. Records seen showed staff had completed training in 'mandatory' subjects such as food hygiene, moving and handling, fire safety, health and safety, first aid, safeguarding of vulnerable adults, infection control, dementia care, diet and nutrition, mental capacity act and equality, diversity and human rights. Senior care staff and managers completed additional training courses in deprivation of liberty safeguards (DoLS) and medication administration.

We saw that most of the care staff had completed a recognised care qualification at level two or three, with more than 50% completing both.

We saw that the registered manager supported their staff with regular supervision and appraisals. Staff we spoke with told us they received an induction, appraisal and regular support through supervision. We looked at three staff personnel files. We saw that most staff had received an appraisal in 2016 and had received regular supervision throughout the year. Supervisions are regular meetings between an employee and their manager to discuss any issues that may affect the staff member; this may include a discussion of on- going training needs.

People spoke very positively about the meals and said they had enough to eat and drink throughout the day. A person told us, "We have three square meals, plus tea breaks, biscuits, cakes. If you don't like something, they'd offer you something else. Another person told us, "Nothing's too much trouble for her [the cook]. If we need anything she'll get it, she's one of a million!"

We observed lunch being taken in the dining room. The tables were laid attractively with cloths and flowers, in vases decorated by people in the home during a craft activity. There were napkins in hand- decorated holders. The atmosphere was very calm and everyone evidently enjoyed their lunch, which was well-balanced and attractively presented.

Some people were given smaller helpings, by choice, which were presented on smaller plates; one person had their meal liquidised and served on a soup plate with a spoon, which enabled them to eat

independently.

People in the home made their choices each afternoon and evening and a record was kept. The cook told us there was flexibility for people to have something not on the menu. We saw evidence this was the case. People were given a choice of a hot meat or vegetable/fish meal at lunchtime, with a dessert. In the evening there was soup and sandwiches and a dessert. The cook told us there was a varied choice for breakfast, from cereals and toast to a full English breakfast if preferred. The menu was a set four week rolling menu. We were told that the menu was reviewed regularly and changes made if people had particular requests. For example liver and onions had recently been introduced to the menu and we were told everyone had it and thoroughly enjoyed it.

We spoke with the cook who was knowledgeable regarding any special diets people required and their individual likes and dislikes for both food and drinks. A record was kept in a visible position in the kitchen to ensure people received their preferences.

People living at the home told us they received support to maintain their health and they could see a doctor when they wanted. A relative said, "The doctor is always called if needed." We saw people's care documents contained information about people's medical conditions, health care and medicines. We also saw people had access to health care professionals, including GP, dietician, chiropody service and SALT (speech and language therapy) team.

We spoke with a health care professional who was visiting the home on the day of our inspection. They told us they had no complaints about the care provided by the staff at Shandon House. They said, "There is a consistent staff team here who know people well. They provide good care and are knowledgeable about people's individual health needs. Their contact with us is good and in a timely manner when they need advice or assistance. Always very professional. Any advice we give is always carried out."

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We found that the provider had followed the requirements in the DoLS and had submitted applications to the relevant supervisory body for authority to do so. We saw the applications for seven people and saw the applications had been made appropriately with the rationale described.

We looked to see if the home was working within the principles of the Mental Capacity Act, and whether any conditions on authorisations to deprive a person of their liberty were being met. We found requirements were being met and people who lacked capacity to make certain decisions were assessed appropriately.

The home had been adapted to enable people with mobility difficulties to access it without difficulty. There was a ramp at the front of the building and a passenger lift gave access to much of the home. Stair lifts were in place, to enable people to access other areas not accessible from the lift. Doorways were wide to enable people using wheelchairs or walking aids to mobilise easily throughout the home. Since the last inspection there had been some structural changes, to change 12 bedrooms so they now have either ensuite or private

bathroom facilities. Bathrooms and the shower room contained equipment to assist people to bathe safely.

Good

Is the service caring?

Our findings

We asked people living at the care home if they thought staff were kind, caring and treated them with respect. People's comments included, "I wouldn't be here if they weren't [kind]", "Yes, everybody takes time to talk to you", "I would hope they know me after all this time!", "They're all very good. Yes [they listen]", "Yes, they treat us very well; they're all very good", "Oh aye, they listen to you", "They're polite – they don't just barge in [to bedroom]", "Oh yes; they knock on your door" and "They say my name and I let them in."

We made observations of people living at the home and they appeared relaxed and at ease in the company of the staff. Relationships were warm and friendly. Staff were very attentive and people were evidently used to this. An example of this we saw was, after eating their meal one person asked for help in calling the lift so they could go back to their room; they was given this help quickly and as a matter of course. In another example we observed a staff member spoke kindly, using the person's name and ensuring the person could see what was being given to them (by staff).

We observed staff supporting people with moving around, accessing toilets, and in some cases helping them with food and drinks. This was always done kindly and promptly, and staff interactions with people in the home indicated familiar and mutually respectful relationships. During our inspection a person living in the home needed assistance with personal care. We observed staff closed their bedroom door to ensure privacy and dignity whilst they assisted them.

Relatives spoke highly of the staff. Their comments included, "They seem very good with (family member) and they make us very welcome", "I've come at different times and different days and never had a problem yet", "The staff are fun, and (name of staff) is so good with (my family member) at night", "It's brilliant here; (family member) had a new lease of life since they've been here, they're is so well looked after" and "I'm very happy with the general handling of (family member's) needs."

During our inspection we saw people making choices with every day activities. One person went out to the local shops; another person was enjoying making Christmas cards and gifts for their family with the activities coordinator. Some people retired to their rooms after lunch whilst others watched TV or entertained their visitors.

People told us they could choose where to eat their meals. We saw that a person chose to eat in their room and another person chose to eat in the lounge; Several people we spoke with said they liked to go to bed early and that this was no problem and that staff would help as and when needed. A person told us, "I can go to bed as and when I like. I have a shower when I want but you have to check with staff [that bathroom is available]. A relative we spoke with told us their family member 'sometimes wants to go for a lie-down when she feels like it, and that's fine.'

For people who had no family or friends to represent them, local advocacy service details were available. The registered manager was aware of how to contact the agency if support was needed. They told us that someone had visited a person living in the home to assist them.

Good

Is the service responsive?

Our findings

People living at the home had individual care plans. These contained information and guidance for staff regarding people's health and social care needs, their preferred routine, daily records of the care given by the staff and input from external health and social care professionals to oversee people's health and wellbeing.

We saw care plans for areas of care which included mobility, nutrition, personal care, people's routine and medicines. Clear and detailed care plans are important to ensure consistency of approach and to assure people's needs are met. The care plans we saw provided this assurance. They recorded personal detail regarding their day time routines and preferences. For example they recorded people's preferred rising from and retiring to bed times, as well as if they preferred to have their breakfast in their bedrooms. This information is important so that staff support was provided in a way the person wanted.

Some people had specific health care plans for long term medical conditions such as diabetes and Parkinson's disease. They contained detailed information to inform staff when the person may need specific assistance, a sugary snack for example or different support if their health deteriorated.

Care plans were reviewed regularly. We saw that some reviews reflected a change in care or treatment and had been updated accordingly.

We saw a complaints procedure was in place and displayed in the hallway. People we spoke with were aware of how they could complain. However all the people we spoke with said they felt able to tell the staff or manager if there was anything wrong.

A variety of activities were provided throughout the week, with entertainers from outside the home visiting each month. A dedicated activities coordinator worked for two hours each afternoon. Regular activities included, board games, cake decorating, art and crafts, a film afternoon, and one evening at the weekend it was 'Happy Hour' when the people in the home enjoyed an alcoholic drink of their choice if they wished. The week's activities was displayed on a notice board in the hall way. However it was not showing the activities for that week. We told the manager, who updated the information straightaway.

A 'quiet lounge' had been made for use and was also used for some activities. On the day of our inspection the activities coordinator was helping people make calendars and Christmas cards to send to their relatives in the main lounge at small tables. This meant that each person received individual attention whilst others were able to watch and join in with the lively verbal interactions that we saw taking place. The mood was very good-humoured and demonstrated awareness of and familiarity each individual service user's personality. We saw many photos of people engaging in activities. Evidence of previous activities was in all areas of the home, through pictures, notices etc., decorated by people who lived in the home, and the table decorations in the dining room. One person had made 'name plates' for each person's bedroom door.

There was a book case with a variety of different books and the first and second floor had a desk top

computer with a web cam to enable people to keep in touch with their families.

People in the home told us about day trips they had been on to. Examples included, Martin Mere, Rufford, the Safari Park, as well as entertainers, singers and choirs who had visited the home.

A relative told us "They (staff) use a wheelchair when they take (my family member) out so they can get about easily.

Good

Is the service well-led?

Our findings

There was a registered manager who was supported by a deputy. Both were present throughout the inspection. Both worked as part of the staffing numbers and worked alternate days at weekends to provide a management presence and support for the staff. The PIR recorded," The registered manager or the deputy manager are working in the home seven days a week; this is to support both service users, staff and families. We have an open door policy that anyone can express concerns at any time" We found this to be the case during our inspection.

We saw that the manager was an active presence throughout the day and evidently well-known to and by all people who lived in the home. Everyone we spoke with said they would be very comfortable approaching her. They were able to identify the manager by name and most were able to name the deputy manager. They said that the manager was very approachable and many named them as the person to go to if there were any problems. Comments included, "She's lovely [the manager]. She comes to you and says 'Good morning'", "She's a love." Relatives we spoke with said, "(Manager) is always helpful and understands. They've done everything to make Mum welcome", "Very good", "(Manager) runs a well-run home; on top of her paperwork etc. (Deputy Manager) also. If there are any questions about finances, someone called (name) helps."

We asked people about the atmosphere in the home. They told us, "They're all friendly and not nosy; we have small talk, you know. Everybody's exactly as you'd want", "It's good, there are no problems and staff are good" and "Very happy." Relatives told us, "We've looked around at a lot of homes and this is the best, without doubt, in our income bracket. [Deputy] is cheerful and pleasant", "It's brilliant" and "Very pleasant, very positive. When I come to visit (family member), I come to visit everyone – it's 'Hello, hello, hello...'"

Staff described Shandon House as a "Wonderful place to work" and "I love it." Staff meetings were held every four months and minutes taken as a record for staff who were unable to attend. The last meeting was held in November 2016; we saw minutes to evidence this.

The registered manager sent questionnaires to family members to gather feedback about the service. We saw several completed forms. Feedback was all positive; comments included "Amazing home with amazing staff", "Homely and welcoming," "Food gorgeous", "Open door policy", "Staff will do anything for you" and "Feel listened to." Meetings were also held for people who lived in the home to voice their concerns and suggest any improvements. We saw these were held at least twice a year. The last meeting was held in November 2016.

We looked at the quality assurance systems and processes to monitor how the service was operating and to drive forward improvements. A range of audits and checks were undertaken to help assure the service; these were completed by the registered manager and maintenance person. Areas included medicines, infection control, kitchen cleanliness, care file audits, falls, and environment checks.

The registered manager was aware of incidents in the home that required the Care Quality Commission to

be notified of. Notifications had been sent to meet this requirement.