

Shannon Court Care Home Limited

Shannon Court Care Centre

Inspection report

112-114 Radcliffe Road
Bolton
Lancashire
BL2 1NY

Tel: 01204396641
Website: www.shannoncourt.co.uk

Date of inspection visit:
22 February 2023
23 February 2023

Date of publication:
08 March 2023

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Shannon Court Care Centre is a residential care home which provides long and short-term care for up to 78 people in single rooms. The Home has 3 separate designated areas in which the 3 different types of care are provided. Darcy Lounge supports people with general nursing needs; Oaken lounge supports people living with dementia who also need a nurse; Lantern Lounge supports people living with dementia. On the day of the inspection there were 78 people using the service.

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

Systems in place helped safeguard people from the risk of abuse. Assessments of risk and safety and supporting measures in place minimised risks. Staff managed people's medicines safely. We saw staff followed infection prevention and control guidance to minimise risks related to the spread of infection. Staffing levels were sufficient to meet people's needs and managers recruited staff safely. Staff followed an induction programme, and training was on-going throughout employment.

Staff thoroughly assessed people's needs prior to a service starting. Care plans included information about support required in areas such as nutrition, mobility and personal care to help inform care provision. Staff made appropriate referrals to other agencies and professionals when required.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People told us they were well treated, and their equality and diversity were respected. People felt staff respected their privacy and dignity and took into account their views when agreeing on the support required. Staff identified people's communication needs and addressed these with appropriate actions.

Managers responded to complaints appropriately and used these to inform improvement to care provision. The provider was open and honest, in dealing with concerns raised. The management team were available for people to contact and undertook regular quality checks, to help ensure continued good standards of care.

The provider and registered manager followed governance systems which provided effective oversight and monitoring of the service. These governance systems and processes ensured the service provided to people was safe.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 5 October 2021)

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 regulations.

Why we inspected

We carried out an unannounced comprehensive inspection of this service on 5 August 2021. A breach of legal requirements was found. The provider completed an action plan after the last inspection to show what they would do and by when to improve good governance of the service.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

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.

The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Shannon Court Care Centre on our website at www.cqc.org.uk.

Follow up

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Shannon Court Care Centre

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.

Inspection team

The inspection was carried out by 2 inspectors, a medicines inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Shannon Court Care Centre 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 Care Centre is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

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

Notice of inspection

This inspection was unannounced. Inspection activity started on 22 February 2023 and ended on 23 February 2023. We visited the service on 22 February 2023.

What we did before the inspection

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

During the inspection

We spoke with 8 staff including the registered manager, operations manager, deputy manager, clinical lead, senior care staff and care staff. We spoke with 9 people and 13 relatives about their views of the care provided. We reviewed the care records for 7 people across the 3 units of the home, numerous medicines records, 3 staff recruitment and supervision files, records related to governance systems and processes and other documentation relevant to the running of the service.

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.

Using medicines safely

- Medicines were managed safely across the home.
- All medicines were stored in a clean and tidy environment and necessary temperature monitoring had been completed.
- Medicine training and competency assessments had been completed by all staff administering medicines.
- One person receiving PRN (when required) medicine had it given too close together on several occasions. This was identified onsite by the manager and appropriate actions taken.
- Appropriate paperwork was in place for medicines that needed to be given covertly (hidden in food or drink), however, some medication administration charts needed to be updated with directions on how to administer the medicines, for example, crushed and dissolved in juice.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. One staff member said, "I've never seen anything of concern at the home, but would go to the nurse in charge and then escalate up if needed."
- Staff received training on how to safeguard people and were able to identify different types of abuse.
- People were protected by staff who understood the risks to their wellbeing and supported them to mitigate these. Risk assessments and capacity assessments had been completed for each person.
- The registered manager was clear about their responsibilities under safeguarding and for reporting incidents.

Assessing risk, safety monitoring and management

- Pre-admission assessments were completed to identify any individual risks, including risks to people's health and well-being.
- People's care needs were regularly reviewed, and updated, when necessary, to ensure they reflected the person's current needs. Where appropriate, care records identified risks in relation to areas such as falls, nutrition and pressure care.
- An electronic care planning system allowed staff to update information in real-time; shift handovers were also used to exchange information and update other staff.
- The environment and equipment were maintained to keep people and staff safe and all required building related safety certificates were in place.
- People had personal emergency evacuation plans in place, with key information, should they need evacuating from the building.

Staffing and recruitment

- There were enough staff on duty to meet people's assessed needs. The staffing rota corresponded with the names and numbers of staff on duty.
- People and staff told us there were sufficient numbers of staff to meet people's needs. One person said, "I feel very safe here and the staff are smashing; they do what they can. The nurse comes in every other day to [assist me]." A relative told us, "It's a great place; the staff are all very nice and helpful, very kind and caring, like a family." A third relative commented, "There always seems to be staff about and they check on [person] during the night too."
- The provider carried out robust pre-employment checks prior to staff working at the home. This included identity checks, previous employment, references, their right to work in the UK and checks with the Disclosure and Barring Service (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

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

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met. Staff had been trained in the MCA.

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 supporting people living at the service to minimise the spread of infection.
- 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 responding effectively to risks and signs of infection.
- 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.

Visiting in care homes

- The service supported visits for people living in the home in line with current guidance. People and relatives told us they were able to visit.

Learning lessons when things go wrong

- There were systems in place to manage, monitor and support learning from accidents, incidents and safeguarding.

- Staff understood the importance of reporting and recording accidents and incidents and how best to respond.
- Accidents and incidents were monitored by the registered manager on a regular basis to identify themes and trends in order to prevent a reoccurrence.

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 changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Continuous learning and improving care

At our last inspection the provider had failed maintain accurate records relating to medication administration. This was a breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The service had addressed the issues from the last inspection, and medicines were now managed safely across the home.
- Staff were extremely responsive, and any information requested by the medicines inspector was received on the day it was requested.
- There were quality assurance processes in place which ensured the quality of service was maintained and any shortfalls identified and acted upon. Actions were identified for each area of work, including the lead staff name, the date for completion, the action status and additional supporting commentary.

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

- There was a clear management structure and staff showed a good understanding of their roles and responsibilities, working well together and showing commitment to ensuring people received the best care.
- The registered manager knew their legal responsibilities for sharing information with CQC and other bodies. Where the service had to tell us about significant incidents, statutory notifications had been sent to CQC as required by the regulations.
- There was an ethos of continuous improvement and learning. The registered manager and staff spoke positively about their commitment to learning and making improvements to the service people received.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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 and staff promoted a positive culture in the home. People and relatives spoke positively about the care and support they received. One person said, "Staff are as kind as they possibly can be, whatever you want they will get it or do it; they do their very best. I can't fault them at all. I do feel safe

here and feel comfortable in complaining if I needed to; staff are very approachable." A relative told us, "I read about who is who in a leaflet in [person's] room. I mostly see the person in charge of the unit, and they answer questions, never fob me off. I am happy with [person's] care. Reception staff are lovely."

- Staff told us the management team were approachable and supportive. One staff member said, "Managers have helped to accommodate my requests and are very approachable." All staff told us they were happy working at the home and did not have any concerns about the home or want to raise any issues confidentially.
- Where people had requested male or female only staff to support them, this had been accommodated. A relative told us, "I have been to relatives' meetings on-line, questions asked, and questions answered. It is well managed from my point of view and [person] is well looked after. The atmosphere is very friendly."
- The duty of candour was understood by the registered manager, and there was a culture of learning, openness and continual improvement. This reflected the requirements of the duty of candour.
- Relatives told us communication with them was good. A relative said, "I have met the manager, she has been at multi-disciplinary meetings. Staff ring us if there is an issue, for example if [person] is not well. Once a year [person] has a review to see if there any changes." A second relative told us, "Staff are informative. The atmosphere is professional as well as friendly. It is well managed. The manager is approachable. My contact with [registered manager name] is for forthcoming and interesting conversations and I walk away feeling thank goodness she is here. No complaints, I visit as often as I like."

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

- Staff worked closely with people and their relatives to ensure they understood people's support needs and could deliver quality outcomes. People's equality characteristics had been explored and identified as part of the care planning process.
- The provider had processes in place for receiving feedback and suggestions on how to improve the quality of support.
- There was an up to date equality and diversity policy in place and staff had been trained in equality and diversity and dementia care.

Working in partnership with others

- The registered manager and staff team worked with people, relatives and healthcare professionals such as GPs, chiropodists and opticians to provide the best outcomes for people. Records showed a multi-disciplinary approach in meeting people's needs and responding to any changes. There was evidence of joined-up work between the provider and other professionals to meet the needs of people using the service.