Mr & Mrs R C Northover

Shaftesbury Rest Home

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

Shaftesbury Rest Home is registered to provide accommodation and care for a maximum of 17 older people living with dementia and other mental health conditions. At the time of the inspection there were 15 people living at the service. The accommodation was spread over two floors and was a mixture between single occupancy and shared rooms. Access to each floor was via lift and stairs. There was outside space at the back of the service which was accessible for people to use.

At the last inspection on 25 July 2015, the service was rated Good overall and Requires Improvement in the 'safe' domain.

At this inspection we found the service remained Good overall and had made improvements in the 'safe' domain, which is now rated good.

The service had 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.

The registered manager had worked the service for many years and was experienced in their role. They were knowledgeable and passionate about their job and the people living at the service. Staff were friendly and warm towards people and understood their needs well. People told us they enjoyed the company of staff and were treated with kindness, dignity and respect. Staff understood their responsibilities in safeguarding people from harm and how to keep people safe.

There were sufficient numbers of staff in place to meet people's needs. The provider's recruitment processes were sufficiently robust to ensure that staff went through appropriate pre-recruitment checks. Staff were supported in their role through training, induction and supervision, which helped them to remain motivated and effective in their role.

Staff encouraged people to remain as independent as possible sought consent from people before providing care and support. People's ability to make decisions was assessed in line with legal requirements to ensure their rights were protected and their liberty was not restricted unlawfully.

People told us that they liked the food and there was a choice available for them. There were activities available for people, but some people felt these could be developed further in order to meet their preferences.

People were supported to have their healthcare needs met and there were systems in place to safely mange people's medicines.

Risks to people were assessed and monitored to help keep people safe. Where incidents took place, the registered manager reflected and implemented learning in order to reduce the risk of reoccurrence. The registered manager ensured that CQC were informed about significant incidents which occurred in the home, this was in line with regulatory requirements.

The registered manager sought feedback from people, relatives and staff in order to make improvements to the service. The service had a system of audits and checks in place which monitored the quality and safety of 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

There were sufficient staff to meet people's needs who had gone through appropriate recruitment checks.

There were systems in place to manage people's medicines.

Staff had received training in safeguarding and understood how to keep people safe from abuse.

Risks to individuals were assessed and monitored.

Is the service effective?

Good

The service remains Good

Is the service caring?

Good

The service remains Good

Is the service responsive?

Good

The service remains Good

Is the service well-led?

Good

The service remains Good

Shaftesbury Rest 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.

This inspection took place on 19 and 22 September 2017 and was unannounced. The inspection team consisted of an 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 the inspection the provider completed a Provider Information Return (PIR). This 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 reviewed previous inspection reports and notifications the provider had sent us. A notification is information about important events, which the service is required to send us by law.

We spoke with eight people living at the home. We also spoke with the provider's representative, the quality and training manager, the registered manager, two deputy managers and five care staff. We looked at care plans and associated records for five people and records relating to the management of the service. These included: four staff recruitment files, records of complaints, accidents and incidents, and quality assurance records. We observed care and support being delivered in communal areas and used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

The service was last inspected in July 2015, where it received an overall rating of good.

Good

Is the service safe?

Our findings

People felt safe living at Shaftesbury Rest Home. One person told us, "I feel safe; it's a very nice place to live." A second person said, "I feel very safe here and want for nothing." A third person commented, "I feel very safe and comfortable in the home." A fourth person remarked, "I am happy with the home and have no issues living here. The staff take care of medicines on a daily basis and I feel very safe and happy to be here." A further person reflected, "I feel safe and warm being in the home."

People were protected against the risks of potential abuse. All staff received training in safeguarding. This training taught them how to identify different types of abuse and the action staff were required to take in order to help keep people safe. One member of staff told us, "Everything gets reported through to the deputy or registered manager. We are a quiet home, but there have been some incidents which we have reported to safeguarding." The registered manger understood their responsivities in keeping people and had made the appropriate referrals to local safeguarding teams when concerns arose about people's safety. Records of incidents had shown that the service took appropriate steps when reporting and investigating concerns, putting actions in place to help to keep people safe.

Risks to people were assessed and managed to reduce risk of harm. Risk assessments completed included; falls, mobilising around the service, medicines, pressure injuries, choking, malnutrition and dehydration. Where people had falls, they were assessed and monitored for a period of time afterwards to help ensure that staff could address any change in their condition, or developing injury associated with the fall. Staff recorded all observations and these were reviewed by the registered manager to help ensure that there were no further actions which the service could introduce to reduce risk of reoccurrence. In one incident, a person absconded from the service. They were new to the service and this risk was unknown. In response to this incident, the provider fitted a key coded gate and alarm on the front door, which would alert staff if people left the service. Some people were able to leave the service to go into the community and they had the access code for the gate, but this measure reduced the risk of people leaving the service unsupervised if it was unsafe for them to do so.

People were kept safe from the risk of emergencies in the home. There was a business continuity plan in place. This detailed the steps staff were required to follow in the event of emergencies such as fires, loss of electrical power or loss of water supply. People also had individual evacuation plans. These detailed the support people would require to leave the building in an emergency and the best way to keep them safe.

There were sufficient staff to meet people's needs, although there were vacancies for permanent staff members. At the time of inspection, there was no chef at the service and care staff were filling in with meal preparation duties. On member of staff told us, "As you can see, we are a bit short staffed today, what with not having a cook, it is all hands to the pump. We get through, but it would be good to have more staff." On the first day of inspection, people were attended to when they requested assistance with their personal care or at meal times, although care staff appeared very busy during the day and told us they did not have any activities planned in the afternoon as they had to complete care records. One member of staff said, "Once we do the lunches, we have to complete the daily records, it can get busy." The registered manager and one

of the deputy managers were on annual leave during the first day of inspection. On the second day of inspection, with the registered and deputy manager available to help staff by assisting people, the atmosphere in the service was calmer with staff able to dedicate much more attention to people, whilst still carrying out their duties. The provider confirmed that the service was in the process of recruiting additional staff. The registered manager confirmed that the staffing issues on day one of the inspection were caused by staff sickness at short notice and were not reflective of ongoing staffing levels.

Safe recruitment procedures ensured that staff with the appropriate experience and character supported people. Staff files included application forms, records of interview and references from previous employment. Staff were subject to a check made with the Disclosure and Barring Service (DBS). A DBS check helps employers make safer recruitment decisions by identifying applicants who may be unsuitable to work with vulnerable adults.

Suitable arrangements were in place for obtaining, storing, administering and disposing of medicines. The level of support people required with their medicines was clearly identified in their care plans. For example, one person wanted to put their own tablets in their own mouth but required supervision from staff as their hands could be unsteady, causing a risk that medicines could be dropped.

Some people required medicines for pain or anxiety. Where people required these medicines their purpose and prescribed usage was documented in their care plans. We saw that staff regularly prompted people to ask if they were in pain and required medicines. People's care plan also contained information for staff to recognise nonverbal signs that people were in pain and required these medicines.

Good

Is the service effective?

Our findings

People told us that staff were competent and skilled in their role. One person said, "Staff are very supportive towards my needs" Another person commented, "I feel well cared for and looked after by all staff." A third person commented, "The Staff very helpful with ensuring residents are comfortable with the arrangements of the home". A fourth person remarked, "The staff here are very good. In all seriousness, I couldn't ask for better staff." A fifth person reflected, "Staff were very well trained to suit every ones needs."

Staff were given a training and induction programme which covered the key areas in their role. Staff training included the topics; moving and handling, dementia, health and safety, fire safety, safeguarding, nutrition, medicines, The Mental Capacity Act, emergency first aid, equality and diversity, diabetes, food hygiene and diabetes. Staff training was regularly updated to help ensure that their knowledge was current in line with best practice. New staff undertook an induction to the service. This included reading key policies such as health and safety, reading care plans and working alongside more experienced staff in order to familiarise themselves with people's needs. The registered manager provided ongoing support to staff through supervisions, observations of their working practice and competency based assessments. This helped the registered manager evaluate staff's working performance and identify training needs.

People's legal rights were protected as staff followed the principles of the Mental Capacity Act (MCA) 2005. The 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 decisions made on their behalf must be in their best interests and as least restrictive as possible. When people lacked the mental capacity to take particular decisions, such as the capacity to manage their finances and make choices about budgeting relative to their means, decisions had been made in the person's best interests and who was involved in making specific decisions was documented in people's care files.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We saw that Shaftesbury Rest Home were meeting these legal requirements. The registered manager kept a record of all DoLS applications made along with copies of authorisations.

People told us they enjoyed the food and were given a choice about their menu. One person said, "I'm very happy with the food, which is always nice and home cooked with a choice of meals each day." Another person commented, "The food in the home is very nice and fresh." A third person remarked, "The food is enjoyable with a choice of hot meals." A fourth person told us, "I can choose what I like to eat; they [staff] are very accommodating to my tastes." Most people could eat independently and were able to access drinks from the kitchen or request them from staff. Staff had configured the tables in the dining room to enable people to sit together with people they choose, but also to eat away from others if they wanted to. People were not rushed during their meal times. This resulted in a relaxed and calm atmosphere in the dining room.

People had access to healthcare services when required. Where people became unwell, referrals were made to GP services. Where people had ongoing health conditions, staff supported them to attend regular appointments in relation to their conditions. One person told us, "Staff have been helping me get regular check up's at the hospital (for my medical condition)."

The service had adapted the environment to make it suitable for people's needs. On the first day of the inspection, one person told us they used the lift to go upstairs and then had to walk over a wooden pathway between two sets of stairs to access their bedroom. When we looked at the wooden pathway, we saw that it was a retractable wooden beam which was secured over the threshold of two small sets of stairs. The walkway had a banister which was manually fitted which was approximately three foot high. We brought to the attention of the quality and training manager as we felt the bannister needed to be higher in order to be effective in providing support if people lost balance whilst crossing the threshold. By the second day of inspection, the provider had raised the height of the banister and installed a handrail on the other side of the walkway which people could use to support themselves whilst crossing. There were now clear instructions of how the piece of equipment was to be used. These measures made it safer to use by reducing the risk that people may fall whilst using the equipment.

Good

Is the service caring?

Our findings

People told us that staff were caring, considerate and friendly. One person told us, "The staff in the home are very caring and supportive and I feel well cared for and looked after by all." Another person said, "Staff are very happy, nice and supportive." A third person commented, "All the staff are very caring, lovely and supportive." A fourth person reflected, "Staff are all very friendly and helpful." A fifth person remarked, "It's a very nice place to live here".

Staff were knowledgeable about people's preferences and life histories, approaching people in a friendly and upbeat nature. People told us they enjoyed spending time talking to staff about their day, their families or upcoming events. One person said, "We have a right old laugh we do, a smile and a joke make the day that bit better." Staff were caring and enthusiastic in their role. One staff member said, "This is a very friendly place to work in and the residents were lovely." Another member of staff reflected, "I have been here a long time, you become very attached to the people here."

Staff understood the importance of promoting and maintaining people's independence. People were encouraged to carry on their usual routines of going out into the community if possible. One person went to the local shops daily in order to visit a coffee shop where they met friends. They told us, "I go out most days as long as the weather isn't bad and catch the bus up to Portswood." Another person enjoyed going for a walk around the local area by themselves. They said, "I have to go out (independently) in my electric buggy now, but still try to get out if I can." Other people who were unable to go out independently were encouraged to go out with staff to carry out everyday activities such as banking or buying clothes and toiletries. One person told us they liked to help out with cooking as they still enjoyed doing this. They said, "Yes, I do like to help out in the kitchen. I have always liked cooking and am happy I can continue to do it."

People were supported to maintain friendships and important relationships. Their care records included details about the people who were important to them and the steps staff needed to take to help ensure agreed contact was maintained. One person told us, "My brother comes to visit every few weeks. He is always made to feel welcome."

People's privacy and dignity was respected. Some people had shared bedrooms. Staff used a privacy curtain to protect people's privacy and dignity if they received personal care whilst their roommate was present. Staff also were conscious to ensure that people received their personal care away from communal areas. One person had a tendency to enter toilets whilst other people used them. Staff were conscious to monitor their movements to prompt them not to enter the toilet if it was in use by others. This helped promote people's dignity and privacy.

The service had a 'dignity champion'. Their role was to promote best practice in dignity throughout the service. The dignity champion completed a regular dignity audit and attended a dignity forum which was organised by the local authority. The dignity audit requested services to rate themselves against four key dignity criteria; people's involvement, privacy, communication and promoting individual needs. In a recent dignity audit, it was identified that that signs identifying toilets in the service could be clearer to help people

locate toilets. It was also identified that people needed more access to important information about the service such as how to make complaints. The registered manager addressed these issues by hanging new signs on toilet doors and providing each person with an information pack about the service which was kept in their room. These measures helped to promote people's dignity by enabling their independence in accessing and feeding back about the service.

Good

Is the service responsive?

Our findings

Care plans provided information about people's preferred routines. This including information about what time they liked to get up, go to bed and their level of independence around their personal care. For example, one person enjoyed sleeping in until nine in the morning. Their care plan instructed staff to not disturb the person until that time. Staff were aware of this preference and this was followed, as reflected in the daily care records of the person.

Assessments were undertaken to identify people's individual support needs and their care plans were developed, outlining how these needs were to be met. Care plans were comprehensive and detailed, including physical health needs and people's mental health needs. Where people had medical conditions such as bi-polar or Alzheimer's, 'factsheets' of information were available. This helped to give staff a background and understanding into people's conditions and promoted appropriate care being given. People's care plans were reviewed at least monthly or when there were changes in people's health and wellbeing. One person had a few falls at the service; staff had made a referral to their GP to ensure that the person had appropriate mobility equipment to support their mobility.

There were activities available for people, but some people felt there could be more for them to patriciate in. One person said, "I am happy and comfortable here, although there are not a lot of activities during the day." Another person commented, "There is a lady and man that come to sing once a month, but there could be a few more things to do." We looked at records and saw that the service had organised regular 'themed events' with music and video. These events included themes such as; 1960's, Christmas around the world and great musical productions. The quality and training manager told us, "We acknowledge this is an area which we are trying to develop further to provide more activities for people." Although, records indicated there was not always structured activity available, we saw that staff spend lots of time talking to people, encouraging conversations between people and taking time to promote a friendly and warm atmosphere within the service.

The provider sent out annual surveys to people and their families, and health professionals. This survey asked for feedback about the quality and safety of the service. In the December 2016 survey, from people's feedback, there were changes to the menu to include more fish and staff organised a trip to a garden centre as people identified it as a desirable place to visit. Ideas for activities and menu choices were also discussed in residents meetings which took place every six months. In the December 2016 relative's survey, there was very positive feedback about the approachability of staff and their sensitivity in handling people's personal information.

There was a complaints process in place and people told us they understood how and who to complain to. One person told us, "I would go straight to her (pointing at deputy manager) if I needed something straightening out." Another person said, "I have never had a reason to make a complaint, but suppose I did then I would talk to one of the staff." Details of how to make a complaint were clearly displayed at the entrance to the service. This helped to make it accessible for people to feedback concerns or complaints. The service has not received any complaints at time of inspection.

Good

Is the service well-led?

Our findings

People felt the registered manager ran the home effectively. One person told us, "The home is well run with a good group of carers too." Another person said, "I think this home is managed well." A third person said, "It's (the service) well organised and the (registered) manager does well".

The registered manager was a prominent presence in the day to day running of the service and understood people's needs. They had worked at the service for a long period of time and were able to speak passionately about their dedication to the service and people. The registered manager appeared to have a warm relationship with people and assisted them throughout their day with personal care and spending time to talk to people. The registered manager told us, "We have an open relationship (with people) built on by our caring staff that makes all residents feel at home."

There was a clear management structure in place. The registered manager was supported by two deputy managers, whose role it was to supervise staff. The provider also had a quality and training manager who worked across the provider's other services, regularly visiting the service. Their role was to complete quality audits and co-ordinate and deliver staff training. The provider's representative also regularly visited the service to assist and assess the daily running of the service.

Quality assurance systems were in place. The registered manager completed regular audits to ensure the safety of the service. However, these audits were not always effective in identifying all safety concerns. Previous health and safety audits had not identified concerns about wooden walkway, highlighted on the first day of inspection. These audits included: medicines, health and safety, infection control and audits of people's care plans to ensure they reflected people's current needs. These audits helped to identify areas for improvements. In a recent infection control audit improvements were identified in the cleaning of the floors in communal areas. This helped remain a clean environment at the service. The registered manager also carried out regular unannounced observations of staff whilst they were working. This included observations of day staff and night staff. This helped to ensure that staff were performing effectively in their role. The quality and training manager also monitored the quality and safety of the service. Their role was check the audits completed by the registered manager and monitor the progress of actions identified in these audits.

Action taken by staff after accidents and incidents ensured people's safety. Where people had falls, they received medical assistance and staff reviewed their risk assessments around mobility. Some people had had been assessed to use mobility equipment such as walking frames after falls in order to enable them to safely mobilise around the building. The registered manager had used incidents as an opportunity to review staff working practice and improve their knowledge. In one example, the registered manager organised a training session with staff about correct procedures for managing diabetes after an incident where staff did not follow guidance in line with a person's care plan. This training gave staff a greater knowledge about the person's condition and effective ways to help them manage it.

There was an open and transparent culture within the home. Providers are required by law to notify CQC of significant events that occur in care homes. This allows CQC to monitor occurrences and prioritise our

regulatory activities. We checked through records and found that the service had met the requirements of this regulation. There was a whistle blowing policy in place and staff were aware of it. Whistleblowing is where a member of staff can report concerns to a senior manager in the organisation, or directly to external organisations. One staff member told us, "All our safeguarding and whistleblowing information is all around the home. We as staff are comfortable in going to registered manager if there is something wrong."