Mr & Mrs R C Northover

Shaftesbury Rest Home

Inspection report

49 Shaftesbury House
Highfield
Southampton
Tel: 02380584478

Date of inspection visit: 25 June 2015
Date of publication: 28/09/2015

Ratings

Overall rating for this service	Good
Is the service safe?	Requires improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

This inspection was carried out on 25 June 2015 and was unannounced. 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 13 people living at the service. At our last inspection there were no concerns identified.

At the time of the 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.

Shaftesbury Rest Home provides communal areas, a lounge/dining room and separate lounge and kitchen on the ground floor. There were bedrooms on the ground floor and first floor; some of these could be used as shared rooms. At the time of the inspection only one of the shared rooms was occupied by two people. There was a well maintained garden/car park area at the rear of

Summary of findings

the service which people were able to access. There was also an outdoor facility where people were permitted to smoke. The people were able to access the community independently when they wanted to.

The feedback we received from people was positive. The people who used the service spoke highly of the staff and registered manager. Community professionals were complimentary about the service, and reported positive experiences when dealing with Shaftesbury rest home.

The safety of people who used the service was taken seriously and the registered manager and staff were aware of what actions needed to be taken to ensure everyone's safety. There were systems in place to ensure that risks to people's safety and wellbeing were identified and addressed. Medicines were managed safely and people received them at appropriate times but medicines weren't always stored safely at the time of the inspection People who had diabetes had plans in place should their blood sugar levels drop to below their normal range. However there wasn't a robust recruitment process in place, as gaps were found in the employment history.

The registered manager ensured that staff had a full understanding of people's care needs and the skills and knowledge to meet them. People received consistent support from the staff, who all knew them well. People felt safe when receiving the care.

People and relatives had positive relationships with the staff members and were confident in the service. People who used the service felt that they were treated with kindness and were treated with dignity and respect at all times.

People received a service which was based on their personal needs and wishes. Changes in their needs were quickly identified and changes were made to their care plans to reflect this.

The service showed flexibility and responded positively to people's request. People who used the service were able to make requests and express their views. The manager used the feedback as an opportunity to make changes and improve the service.

The manager demonstrated a good understanding of the importance of effective quality assurance systems. There was a process in place to monitor quality and to understand the experiences who use the service. The manager demonstrated a desire to learn and implement best practice throughout the service.

Staff were motivated and proud of the service. They described a 'supportive' and 'open' working environment within which they were encouraged to develop their skills and share any concerns and their opinions.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service wasn't always safe.

Medicines weren't always stored safely.

There wasn't a robust recruitment process in place, but there were sufficient numbers of staff to meet people's needs.

Procedures were in place, which staff were aware of, to deal with foreseeable emergencies such as fire or when accidents had occurred

Medicines were administered safely and people received their medicines as prescribed

People felt safe and staff knew what to do it they had any concerns about abuse. Risks to people's health, safety and wellbeing were assessed and action taken to reduce the risk.

Requires improvement

Is the service effective?
The service was effective.

Staff received an appropriate induction and training to support them in their role.

People were offered a choice of nutritious meals and appropriate support to eat and drink.

Staff obtained consent from people before providing support. People were supported to access healthcare services.

Good

Is the service caring?
The service is caring.

People and staff had a positive relationship. People's privacy was protected, their dignity respected and they were supported to maintain their independence.

People experienced care that was caring and compassionate

Staff treated people as individuals and respected their privacy and ensured that confidential information was kept securely.

Good

Is the service responsive?
The service is responsive.

People were treated as individuals and were supported to engage in activities they were interested in.

People's needs were reviewed regularly. Care plans reflected the individual's needs and how these should be met.

Good

Summary of findings

People and relatives knew how to complain and said they would raise issues if the need arose. No complaints had been made.

Is the service well-led?

Good

The service is well-led.

People, family members and staff reported that the service was run well and was transparent about the decisions and actions taken.

Supervisions were held regularly to support the staff. The registered manager was open and acted on any concerns raised in order to improve the quality of the service.

Quality audits were in place to monitor and ensure the on-going quality and safety of the service.

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.

The inspection took place on the 25 June 2015 and was unannounced. The inspection team consisted of two inspectors. Before the inspection we reviewed information we held about the service, including previous inspection reports and notifications. A notification is information about important events which the service is required to send us by law.

We spoke with seven people, all staff on duty [registered manager, three care staff, and maintenance person] and a relative. We observed the way people were cared for in communal areas and looked at records relating to the service including four care records, three staff recruitment files, daily record notes, maintenance records, audits on health and safety, quality and medicines.

Throughout the inspection we consulted people who used the service and where appropriate, their representatives. We also spoke with staff from the service and obtained the view of a community health professional, who had contact with the service on a regular basis.

Requires improvement

Is the service safe?

Our findings

People said they felt safe; one person said "All the staff are pleasant and I feel safe".

Medicines were not always stored safely at the service. The service did not have a medicine fridge; medicine which required to be kept at cooler temperatures was kept in the kitchen fridge in a container which could not be locked. This was discussed with the registered manager as an area for improvement and they agreed to request a lockable container for the fridge.

People told us they were happy with the arrangements for staff to manage their medicines and administer them. People, who were prescribed pain relief as required [PRN], were observed being asked if they required it. They said they could get 'as required' medicine such as for a headache, when they needed it. One person said "if I need something then staff will give it to me". Medication which was a controlled drug was stored appropriately. Staff who administered medication had undertaken training to do so and a competency assessment was completed. Medicines were given as prescribed and in line with pharmacy and manufactures guidelines. For example, where necessary, staff ensured people received their medicines prior to their meals to reduce the risk of possible complications. All unused medication, awaiting return to the pharmacy was kept secure until collection. The medication administration records [MAR] sheets were checked and there were correctly signed and no gaps shown.

There wasn't a robust recruitment process ensuring that all staff were suitable to work with older people. Application forms showed staff had previous experience within a caring role but staff recruitment records showed gaps in previous employment had not been discussed with the staff members. There were systems in place to ensure adequate numbers of staff were employed. The staff recruitment files showed all staff members had undergone a record check with the Disclosure and Baring Service [DBS] and had references from previous employment. The DBS helps employers to make safer recruitment decisions and prevent unsuitable people from working with vulnerable adults or children.

There were sufficient staff to meet the needs of the people. People told us staff were available when they needed them and they did not have to wait for assistance. One person said "there is always someone here when we need them". A relative commented that "staff seem to have time to chat". Staff were observed taking their time with people and not rushing them. Call bells were answered in a timely manner. The registered manager said there was always three staff members on during the day and at night they had one staff member who was awake and another who slept. The registered manager stated that, if required, additional staff could be rostered to support people to attend medical appointments.

Everyone said that staff treated them well and there were no problems with any of the staff. Staff records showed all staff had undergone safeguarding training. Staff knew how to report and deal with any concerns. They said they were able to report anything to the registered manager or the provider who they were confident would take their concerns seriously and act on them. Staff also said they felt they were able to report it to external agencies such as the local authority. There was a policy in place to support this.

Procedures were in place to assess and manage risks to people. Care plans contained a risk assessment that was individual to the person. These had been completed on admission and had been reviewed monthly, to meet any changing needs. Where necessary risks had been discussed with other relevant professionals such as care managers to ensure risks were appropriately identified and managed. Where people were at risk of falls, specific risk assessments were in place, which were kept under review and action was taken to minimise those risks. For example, one person had been supported to move to an alternative room which was more suited to their needs. This was done to prevent any incidents occurring as appropriate equipment could then be used.

Risks were managed to promote people's independence such as providing systems to support people with short term memory loss, to return safely if they went to local shops on their own. Where people's behaviours placed them at risk, care plans had been put in place to support staff to manage the risk and meet people's needs in a consistent appropriate manner. There was specific guidance for the staff indicating the triggers and a plan in place to manage these.

There were plans in place if an emergency such as a fire occurred. On the outside of each person's room, there was a photograph of that person along with information about what support they would need to get out of the home in

Requires improvement

Is the service safe?

the event of an emergency. The staff had regular training which had included practicing with the evacuation sledge and fire extinguishers. Staff were clear about the action plan they should take in an emergency and knew how to get to the designated safe area. Staff had also undertaken first aid training and were able to deal with emergencies of this kind.

Good

Is the service effective?

Our findings

The service provided effective individualised care and support. People said there was choice and they could ask for anything to eat or drink whenever they liked. Individual preferences were being met. For example, a person who liked their hot drinks in a tea cup and saucer was given their tea this way. Staff also told us that one person didn't like butter on their bread in sandwiches. The person confirmed this and said "staff remember I don't like butter and so don't put it on my sandwiches". Another person wasn't keen on meat, but loved cheese. This information was included in the person's care plan and records showed they were given the choice at each meal and often chose to have cheese instead of the meat option.

People received appropriate food and drinks which were available at all times. A person in the service liked to get up late, after the lunchtime meal had been served. They said "they were able to get something to eat and drink at any time". We were told that if people go out or don't want to eat at the main meal times, then staff will save a meal for them for later. People were offered frequent snacks and drinks throughout the day. There were a number of people with diabetes. Staff were aware of their needs and made sure they ate an appropriate diet. People did not require support with their meals other than one person having their meat cut up. This was done prior to the meal being taken out to the person and the staff member was observed telling the person "It's all cut up for you so you can eat it better". People had been involved in choosing their meals and their views and suggestions were incorporated into the menu plan. Staff told us they noticed that some of the people preferred a salad in the hot weather, so they offered this choice alongside the main menu choice. If people changed their minds at the meal time, there was always the option of having something else. It was recorded in one person's care plan that they liked to wear a clothing protector at meal times in order to protect their clothes. The person was observed wearing it for a meal, and a staff member was observed explaining to them it was different one to their usual one, as this was in the wash. Detailed information was available to show the support people required and received, with their meals. Equipment such as plate guards were provided and were seen to be used when necessary to maximise independence. There was information available to the people, about what the meal choices were for that day and there was a visual image of the meal on display so that people could identify what was on offer. All meals were cooked by care staff with information displayed in the dining room, including a photograph, of the planned main meal.

The registered manager and another staff member had undertaken dementia training which had resulted in the service making adaptations to the environment, to make it more supportive to maintaining the independence of people living with dementia. They also had notice boards with the correct day and date informing people which staff members were on duty.

Staff members were aware of people's needs and knew how to meet them. Staff described how they supported people and this was in line with the information contained in people's care plans. Care records showed that staff followed the guidance in care plans, knew people well and adapted to their changing needs. Staff members were seen engaging with people in a way that supported communication and put people at ease. Staff described the various approaches they would use which were appropriate to meet the people's needs in a supportive and positive manner. Consent had been gained when writing the care plans. Staff were observed asking for peoples consent before carrying out tasks.

People were supported to maintain good health, had access to healthcare services and received on-going healthcare support. People were supported to attend the local health centre for routine medical appointments. On the day of our inspection we observed arrangements had been made for a staff member to take a person for a hospital appointment. Care had been taken to allocate a staff member who had a particularly good relationship with the person, which would reduce anxiety for the person. A relative told us they were kept informed, with regards to any healthcare issues. The relative said that recently his relative had needed to go to hospital, so had taken them. The relative told us the staff would have taken the person to the appointment, but they had wanted to. This showed that the service supported people to attend healthcare appointments.

A district nurse who regularly visited Shaftesbury Rest Home said the staff always contacted them when needed and this was done in a timely manner. The nurse added that the staff were mindful of when they were no longer able to meet someone's needs and would contact us

Good

Is the service effective?

[district nurses] to visit to assess whether the person required nursing care. One person at the service was catheterised there was a care plan in place for staff explaining how to manage the catheter and when to contact the district nurse for further support. Where people were living with diabetes, staff had clear guidelines and information as to how to support the person should the individual experience an episode of hypo or hyper glycaemia. Records showed the guidelines were followed by staff and action taken when blood sugar levels were abnormal.

All staff said they were supported and received appropriate training such as safeguarding, infection control and fire safety as well as having regular supervision. Staff supervision was held every two months and they also had an annual appraisal. Supervision is an opportunity for the members of staff to meet with the registered manager and discuss any issues they may have, along with their career development and training needs. New staff at the home were given time to complete an induction. The induction was a comprehensive five day programme, which was provided by an external training provider. This induction course is part of the Care certificate. New staff spent time shadowing more experienced staff, working alongside them until they were competent and confident to work independently. One staff member told us that they were undertaking a National Vocational Qualification [NVQ] and felt supported to do this. The staff training records showed all staff were keeping up to date with all training the provider had identified they required. By undertaking the training, it showed that the staff had been provided with the knowledge and skills base in order to provide appropriate care to the people at the service. On the day of the inspection the registered manager was rostered to work with three members of care staff. This enabled them to review the way staff worked with people and monitor the service provided. The registered manager was able to observe the staff's behaviour and interaction with the people and each other.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. Whilst no-one living at the home was currently subject to a DoLS, we found that the manager understood when an application should be made and how to submit one and was aware of a recent Supreme Court Judgement which widened and clarified the definition of a deprivation of liberty. The DoLS are there to ensure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom. The MCA DoLS requires providers to submit applications to a 'supervisory body' for authority to do so. Training records showed staff had completed training in respect of the Mental Capacity Act 2005 [MCA] and DoLS. Staff explained that they understood when may need to be applied for and gave an example of someone who had not been able to leave the service without someone accompanying them.

We found the home to be meeting the requirements of the Deprivation of Liberty Safeguards

Where people lacked the mental capacity to make decisions the home was guided by the principles of the Mental Capacity Act 2005 to ensure any decisions were made in the person's best interests. The MCA 2005 is a law that protects and supports people who do not have the ability to make decisions for themselves. This could be due to a learning disability, or a mental health problem or condition such as dementia. Staff told us that it was the person's choice and they would support them to make decisions. Where the person lacked capacity, then a best interest decision would need to be made. People had been consulted with the planning of their care. Support had been provided to ensure that the people's wishes were recorded and they had been consulted with the planning of their care.

Good

Is the service caring?

Our findings

People were treated with kindness and compassion in their day to day care. People were positive about the care and support they received from the care staff. A relative said that they were "very happy with the care". People also told us that they were "very happy with the care". Staff spoke to people in a kind and caring manner. Staff were aware of how best to communicate with people. For example, they got down to the person's level in order to speak to them, rather than standing over them. This meant people could see staff faces which aids communication and were not intimidated by staff.

Staff understood people's individual needs. For example: One person chose to spend the day in their room. Staff knew the person would use their call bell if they required support or a chat with them. We observed staff talking with one person who was agitated; they did this as they knew that this would help the person to calm down. The staff spoke calmly and on a level with the person. Another person chose to remain in bed until after lunch. Staff checked on this person and then gave them support when they got up. Staff knew all the people and support them to remain as independent as possible whilst allowing them to make choices. They knew their likes and dislikes and communicated well with them. The registered manager told us within people's care records was a document called a "This is me". This was completed by staff using information from the person, their relatives and other members of staff. This contained information on the person's likes, dislikes and how they communicated. There was also information on their personal, family and work history. This provided staff with information about the person and a better understanding of their needs and wishes. The registered manager explained that this was completed with the person and their families to ensure as much information as possible was obtained.

People were supported to express their views and were involved in making decisions about their care. Their views were recorded in their care plans along with what they were able to do. People were kept informed about what was happening and prior to care being provided. Staff explained to people, what they were going to do before they did it and waited for the person to respond in agreement before they continued with their task. One staff member was in the dining area supporting people to their seats at lunchtime. This staff member spoke to each person about what they were going to do before they began to do anything. For example, one person was sat in their chair at the table and another person was trying to get past them. Staff respected people by explaining what they were going to do before doing it. For example telling a person who was already sitting down, that they were going to move the chair slightly, so that someone else could get to their seat.

There were regular resident's meetings where people were able to express their views and make decisions about changes in the service. An example in the minutes from a recent meeting showed there had been a discussion about meal choices and people had made requests for different choices. These had been included into the menu rota.

People's privacy and dignity was respected and promoted. Some of the rooms at the service were shared rooms. At the time of the inspection two people were sharing a room. They told us their dignity was maintained during personal care, saying "it [personal care] was carried out in the bathroom". We observed that there were privacy screens which could be used if required. We also observed staff knocking on people's doors and waiting for a response before entering.

People's friends and family could visit without being unnecessarily restricted. During the inspection a relative visited and staff immediately spoke to the visitor and knew their name. They were offered a cup of tea and the relative had brought treats for all the people at the service. The relative sat in the lounge with the person they had come to visit and joined in with the singing, which was provided by an entertainer.

Good

Is the service responsive?

Our findings

People know staff treat them as individuals, people told us they could choose what they wanted to do and when they wanted to do it. Care plans were written for each person individually, and showed that the person had been involved in writing it. They showed a summary of the person's abilities and stated what the person could do before identifying what support they needed. This ensured staff were aware of people's abilities and could provide support to maximise people's independence. For example, one person was encouraged to be as independent as possible and encouraged to go to their own room to collect items rather than expecting staff to do this for them. Care plans had been written with the involvement of the person and included information about people's individual preferences. These were read to people who signed to confirm they were happy with them. If they were able to give their consent then it was looked at what was in the person's best interest. This showed people were involved in planning how their care should be provided and they had agreed to the plan.

People received care in a personalised way. A staff member reported that a person had felt rushed by the night staff, and had spoken to a member of staff about this. The registered manager addressed this concern and put a plan in place so that staff encouraged the person to take their time so they could remain as independent as possible. Staff spoke about people as individuals and said that it is not "a home" it is "their home". Another example of personalised care was a person who had a larger bedroom and additional storage space as they had a lot of personal belongings.

People were provided with group and individual activities. The registered manager was planning on discussing with the people at the next residents meeting about what they would like to include in activities as the residents had all agreed they hadn't liked what had previously been on offer. During the inspection a singer arrived and people came into the lounge to listen to him sing and play the guitar. The singer engaged positively with people and knew their names. People appeared to enjoy this activity and they joined in with the singing. The singer told us they were booked to provide entertainment weekly. The registered manager told us a staff member would do activities with the people in the afternoon. The staff member confirmed they usually did activities for two hours each afternoon. We heard them discussing with people what they would like as bingo and quiz prizes.

The provider's complaints policy was in place with information on how to complain. This was available in the lounge and a complaints/comments box was also provided. However, no complaints had been received. People said they did not have any complaints, and they would say something to staff or the registered manager if they weren't happy about something. We observed staff asking people if they were alright at various times during our visit allowing them an opportunity to raise any concerns. A relative said they'd "never had to make a complaint, but would talk to any staff and would be sure that the staff would sort out any issues". Discussions with the registered manager stated that any complaints would be investigated and action taken.

Good

Is the service well-led?

Our findings

People, staff and relatives were positive about the way in which the home was run. The registered manager had been in post for a number of years and had worked at the service for 25 years and the people spoke fondly of her. The registered manager still spent time providing care and support for the people, so was able to see first-hand if there were any issues or identifiable training needs. Residents meetings were held monthly, this provided the people an opportunity for people to raise any issues they may have and the staff said that there were discussions about meals and activities. The minutes from the residents meetings, show that there have been discussions about what people wanted from the service and the registered manager had used the suggestions to plan the menus and also look at what entertainment was provided.

Staff spoke of an open culture staff reported that nothing was kept hidden from them. Staff described Shaftesbury Rest Home as "the people's home, not just a residential home". Staff said they felt that they were able to approach the registered manager or the provider if they had any concerns and felt confident in doing so. The registered manager could approach the provider to discuss concerns raised. Staff meetings were held every six months and staff received regular supervisions every two months. Staff were confident the registered manager and provider would resolve any issues they raised. Staff said they enjoyed working at the service and felt that they were valued members of staff. They also said that they felt supported by the manager and knew what was expected of them.

Professionals, who visit the service, told us that there was good management and leadership in place. That they felt the service was well-led and responsive to the individual's needs. They were complementary about the registered manager and staff and had no concerns about the way the service was managed.

The provider carried out monthly environmental checks. They had identified the paint on the lounge ceiling was in need of repair and had arranged for the work to be carried out in the next month. Regular audits on the medicines, risk assessments and care plans were completed by the registered manager. Where this indicated action was required this was undertaken. For example, medicine audits were completed weekly. These showed that medicines had been checked every week and any errors found in the recording systems were recorded. This included what action was taken to reduce the likelihood of recurrence. Systems were in place to check equipment such as electrical items and services water temperatures were safe. Records showed these had all been completed except for the monthly water check which had not been completed the month prior to the inspection. The registered manager informed us this was completed shortly after the inspection. It is important to check the water flow to ensure that the supply and flow remains at a temperature that will not encourage the growth of legionella.

The registered manager was able to explain when she would notify CQC and understood her responsibilities as manager. No notifications had been received as there had not been any incidents that we needed to be told about.