

Shannon Court Care Home Limited

Shannon Court Care Centre

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Shannon Court Care Centre is a care home which provides long and short-term care for up to 78 people in single rooms, most of which are en-suite. The care is provided over three floors. Shannon Court specialises in dementia care. On the day of the inspection there were 68 people using the service.

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

A new electronic recording system for medicines had been implemented at the service. We found that governance arrangements did not provide assurance around the safe handling of medicines. In particular, changes to people's medicines were not well managed, which had placed some people at risk of harm. Medicines handling had not been audited and staff competency had not been assessed. Reports were not completed to support learning from incidents.

There were appropriate systems to help safeguard people from the risk of abuse. Staff had completed training and understood the issues relating to safeguarding. Staffing levels were appropriate to meet people's needs and staff were recruited safely.

Individual risks were assessed and monitored. Health and safety measures were in place and we were assured appropriate and effective infection control and prevention measures were in place. Care plans included appropriate health and personal information and were person-centred.

Complaints were responded to in a timely and appropriate way. Quality monitoring was regularly undertaken to help ensure standards were maintained. The service engaged well with people who used the service, relatives and staff. Relatives were communicated with regularly to inform them of any incidents or changes to current guidance.

The provider took learning from the results of audits to help inform continual improvement to service provision. The home worked well with partner agencies and other professionals.

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 9 March 2021) and there were two breaches of regulation. At this inspection the service remains rated as requires improvement. This service has been rated requires improvement for the last four consecutive inspections.

Why we inspected

We carried out an unannounced focused inspection of this service on 26 January 2021. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment and good governance.

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 of safe and well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has remained requires improvement. 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.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified a repeat breach in relation to good governance at this inspection. Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 was safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

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 Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by an inspector and a medicines inspector.

Service and service type

Shannon Court Care Centre is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

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. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with three people who used the service about their experience of the care provided. We 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. We spoke with six members of staff including the registered manager, deputy manager, clinical lead, two care assistants and a housekeeper.

We reviewed a range of records. This included six people's care records and 12 people's medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.



Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

At the last inspection we found systems were not effective in ensuring medicines were managed safely. This placed people at risk of harm and was a breach of Regulation 12, Safe Care and Treatment. At this inspection some improvement had been made and the provider was no longer in breach of Regulation 12.

- Although the service had addressed the issues of safe medicines management identified in the last inspection, there were two examples where changes to medicines had not been well managed. These issues related to poor oversight and recording and have been addressed within the well-led section of the report.
- Records showing the application of creams and patches were generally clear and up to date and storage was orderly and secure.
- Individual guidance was in place for managing 'when required' medicines, but this had been archived on two units prior to the electronic records being available. Once this was pointed out, the registered manager ensured the guidance was retrieved and placed back on the units.
- Medicine patches were rotated appropriately and medicines with reduced life on opening were dated when opened.
- Time specific medicines were given as required throughout the day, apart from breakfast time, due to the large number of people having medicines at this time. This was discussed with the registered manager who agreed to prioritise the time specific doses within the breakfast round.
- Staff spoken with were aware of how to use thickening agent, added to drinks for people with swallowing difficulties.

Systems and processes to safeguard people from the risk of abuse

- There were appropriate systems and processes in place to help safeguard people from the risk of abuse.
- The safeguarding and whistle blowing policies were up to date and available for staff to refer to when required.
- Concerns were documented and actions recorded.
- All staff had completed safeguarding training. Those we spoke with demonstrated a good understanding of the issues and were confident to report any concerns.

Assessing risk, safety monitoring and management

- The service assessed people's individual risks on admission and these were regularly reviewed and updated.
- Health and safety risk assessments and checks were completed and quarterly audits helped ensure issues

were identified and addressed.

- All required health and safety certificates, such as fire risk assessment, gas and electrical safety, were in place and up to date.

Staffing and recruitment

- Staff files we looked at included all relevant documentation to help ensure staff were recruited safely.
- Staffing levels were calculated using a dependency tool. There were sufficient staff to meet the needs of the people using the service on the day of the inspection. When people required assistance, this was given promptly.
- Staff told us agency staff were used fairly frequently to fill gaps, however, the service was actively recruiting more staff.

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 meeting shielding and social distancing rules.
- 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 accessing testing for people using the service and staff.
- 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.

Learning lessons when things go wrong

- The service ensured lessons were learned from adverse events. For example, falls, safeguarding concerns, accidents and incidents were recorded and analysed for any patterns or trends.

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 the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Continuous learning and improving care

At our last inspection we identified issues with medication record keeping, which constituted a breach of Regulation 17, Good Governance. Not enough improvement had been made at this inspection and the provider was still in breach of Regulation 17.

- The provider had recently implemented an electronic medicines administration record. Staff training had been completed but although planned, competencies had not yet been assessed.
- System reports were not routinely used to audit the safe handling of medicines.
- We saw examples where system codes were not used correctly to record the reason for omitting a dose of medicine.
- Records showed that 'stopped' medicines continued to be given, in one case for four days. In the second example, records showed that on two occasions, insufficient time was left between repeated doses of paracetamol. We have safeguarded these issues as there was the potential for harm to have been sustained as a result of the errors.
- Incident reports had not been made when errors occurred. We saw one example of an incident report, but it was incomplete, and it was not possible to identify the incident it related to. The manager showed us that incident reporting training was planned.

The above constituted a continued breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The service completed regular audits for issues such as health and safety, environment, individual rooms and documentation. These were complete and included any issues identified and the actions needed to address them.
- Results of audits were analysed to ensure continuous learning was taken from them. For example, the management looked at trends and themes from care plan audits and an action plan was in place to address any themes found.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- A positive, person-centred culture was promoted within the home. Staff respected people's diversity and

we did not observe any discriminatory practice.

- People's individual needs, preferences, likes and dislikes were clearly recorded within the care plans.
- People we spoke with were happy with their care and support and we observed staff offering support in a kind and patient manner. One person told us, "Staff are very nice, they are here to help and they will help you if they can."

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 provider was open and honest when things went wrong. For example, complaints were followed up with appropriate actions, explanations and apologies when required.
- Notifications were completed and submitted to CQC as required and follow up information was supplied when requested.

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

- The management team demonstrated a good understanding of quality and performance issues. The registered manager told us they were fully supported by the provider in addressing any improvements needed.
- Staff felt well supported by the management team. One staff member told us, "Any problems, I can talk to the management. Any extra things I want to learn I can ask." Another staff member said, "Management are approachable. I wouldn't worry about going to knock on the manager's door."

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

- People were included in as much of their care and support as possible. We observed staff asking people what they needed, if they were comfortable and whether they needed help.
- The service communicated regularly with relatives, ensuring they were kept up to date with the home's COVID-19 status, visiting arrangements and current guidance.
- Staff had access to current guidance and management communicated with staff regularly via team meetings, supervisions and handovers.

Working in partnership with others

- The service worked well with other agencies and professionals. Appropriate referrals were made to specialist teams where required.
- The registered manager attended and contributed to safeguarding meetings as required.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	The service had failed to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity and to maintain securely an accurate, complete and contemporaneous records

The enforcement action we took:

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