

Good Shepherd Care Limited

Sholden Hall Residential Home

Inspection report

Sholden Hall Residential Home
London Road, Sholden
Deal
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Tel: 01304375445

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Sholden Hall Residential Home is a residential care home providing personal care to up to 27 people who maybe living with dementia. At the time of our inspection there were 26 people using the service. The service accommodates people in one large, adapted building.

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

People told us they felt safe living at the service. Relatives told us they felt their loved ones were safe and happy living at Sholden Hall.

However, potential risks to people's health and welfare had not been consistently assessed and there was not always guidance for staff to mitigate risks. Environmental risks had not been fully assessed, doors to the stairs had not been secured, placing people at risk of falls.

There were not always enough staff to support people and keep them safe, especially during the night. There was a training system in place, but staff had not always received practical training such as moving and handling. Medicines were not always managed safely.

Checks and audits had been completed but these had not been effective in identifying the shortfalls found at this inspection. Accidents and incidents had been recorded, these had been analysed to identify any individual patterns and trends. However, the analysis had not been undertaken to identify patterns and trends linked to staffing and the environment.

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.

There were effective systems in place to protect people from discrimination and abuse. People were referred to health care professionals when their needs changed and staff followed the guidance provided.

People were supported to eat a balanced diet, they were offered a choice of meals, drinks, and snacks throughout the day.

People, staff, and relatives were asked their opinions about the service. People and relatives told us they knew how to complain, and the management team were responsive and dealt any concerns quickly.

People had anticipatory plans in place for when they required end of life care. Staff respected people's privacy and supported them to be as independent as possible.

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

Rating at last inspection

This service was registered with us on 8 April 2022, and this is the first inspection. The last rating for the service under the previous provider was requires improvement, published on 14 April 2022.

Why we inspected

The inspection was prompted in part due to concerns received about risk management and staffing levels. A decision was made for us to inspect and examine those risks.

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.

Enforcement

We have identified breaches in relation to management of risk, medicines and oversight of the quality of the service at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from 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 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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Sholden Hall Residential Home

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.

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 completed by an inspector.

Service and service type

Sholden Hall 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. Sholden Hall is a care home without 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.

What we did before the inspection

We reviewed the information we held about the service. We sought feedback from the local authority and professionals who work with the service. We used all this information to plan our inspection.

During the inspection

We spoke with 2 relatives about their experience of the care provided. We spoke with 4 people about their experience of living at the service. We spoke with 6 members of staff including the registered manager, deputy manager, provider, team leader and care staff.

We reviewed a range of records. This included 6 people's care plans and all the medication records. We looked at 3 staff files in relation to recruitment. A variety of records relating to the management of the service, including checks and audits.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated requires improvement. 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.

Assessing risk, safety monitoring and management

- Potential risks to people's health and welfare had not been consistently assessed and there was no detailed guidance for staff to mitigate risk. Environmental risks had not been assessed and action taken to keep people safe. People who liked to walk around the building had been placed on the first floor, doors including those to enter fire exits and stairs did not have any mechanisms to stop people opening them. During the inspection, we observed people walking around the first floor with no staff supervision and care notes showed people also walked around at night. There was a risk people would open the doors and fall down the stairs. Following the inspection, safety locks were added to the doors.
- Some people were prescribed medicines to thin their blood. There was no guidance for staff about the side effects, such as excessive bleeding and what action to take if people fell or bruising was observed. When people had lost weight, they had been referred to the dietician, guidance was being followed but had not been recorded in the care plan. Following the inspection, the provider sent us updated care plans with guidance for staff included.
- Some people were living with diabetes or epilepsy. There was no guidance for staff about how people would present if they became unwell and what action staff should take. One person had their blood sugar levels recorded each day before their insulin was given, there was no information about what their blood sugar levels should be. On occasions their blood sugar level was recorded at a high level for 2 or 3 days in a week, but this had not been reported to the GP or investigated as to why this had happened. Following the inspection, the provider sent us copies of the diabetes and epilepsy care plans which were now in place.
- Guidance for staff about how they supported people with their mobility was not consistent. When people's needs changed this was not updated in their care plan, staff told us 2 staff supported a person with their mobility, but this was not reflected in their care plan. There was a risk people would not be supported in a safe and consistent way.

The provider had failed to do all that is reasonably practicable to mitigate risks. This is a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Checks had been completed on the environment and equipment used by staff. The provider had undertaken a wide range of work to bring the building and environment up to date. A recent fire risk assessment highlighted shortfalls and work had started to rectify this.

Staffing and recruitment

- There were not enough staff to meet people's needs and keep people safe. The provider had not used a dependency tool to calculate how many staff were required on each shift. At night, there were 2 staff to

support 26 people, there were 3 people who needed 2 staff to support them with all their care. While staff were supporting these people, there were no staff available to support and observe people who liked to walk around the building. Records of the falls that had occurred since January 2023 showed there had been 7 falls and 5 of these had been unwitnessed at night. There had been 2 falls which had required the person to go to hospital to be checked for injuries.

- The provider told us, there were 4 staff during the day to support people. However, the duty rota for the week before the inspection and the next 3 weeks showed there were only 13 mornings and 7 evenings where this was achieved. During the week either the registered manager or deputy manager were available to support but this did not happen during the weekend. Staff were required to undertake other roles to cover shortages such as cooking or cleaning. Staff told us, they could meet people's needs with 3 staff, but they were not able to spend as much time in the communal areas. There was a risk people would not have support when they needed it.

The provider had failed to have enough staff to meet people's needs. This is breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following the inspection, the provider sent us staff duty rotas that showed 4 staff during the day and 3 staff during the night.
- Staff were recruited safely. Checks had been completed to make sure staff were suitable to work with people who need care, including completing a Disclosure and Barring Service (DBS) check. This provides information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- Medicines were not always managed safely. Some people were prescribed medicines on an 'as and when' basis (PRN) such as pain relief and to relieve anxiety. There were protocols in place to provide guidance to staff about when to give the medicine and how much. The protocols did not contain detail and were not person centred, one person was prescribed Promazine liquid to help with anxiety and their sleep. There was no information about the circumstances when the medicine should be given, records showed staff were giving the medicine each night, without recording a reason why the medicine was given.
- People were not receiving their medicines as prescribed. One person was prescribed Lorazepam, which relieves anxiety, twice a day. Staff had not given the medication for the previous 2 weeks, the registered manager told us they had not needed the medicine and had been happy and settled. Staff had not informed the GP the medicine had not been given or asked for a review of the medicine.
- One person had been prescribed a medicine regime to manage their illness. There were 3 different types of medicine to be taken at specific times during the day and some at night. The medicine administration record (MAR) had been handwritten, one of the instructions had not been copied correctly. The medicine was prescribed to be taken at night and in the morning, but had only been given at night as written on the MAR. The registered manager told us, they had been told by the person's family, the morning dose was only to be given if the person's symptoms worsened. This had not been checked with the GP and there was no guidance for staff about when it should be given, to make sure the person received the medicine when needed. Following the inspection, the service contacted a specialist health professional to clarify when the additional medicine should be given.

The provider had failed to manage medicines safely. This is a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Learning lessons when things go wrong

- Accidents and incidents had been recorded, these had been analysed to identify any individual patterns and trends. However, the analysis had not been undertaken to identify patterns and trends linked to staffing and the environment.
- When people had fallen, action had been taken to mitigate the risk such as moving people's rooms and placing sensor mats in their rooms. People had been referred to the GP if they had felt unwell when they fell, and staff had been asked to monitor the person's blood pressure.

Systems and processes to safeguard people from the risk of abuse

- There was an effective system in place to keep people safe from potential abuse. Staff were able to describe different types of abuse and the signs they would look for. Staff understood the whistleblowing policy and had reported concerns previously.
- The registered manager understood their responsibility to report concerns to the local safeguarding authority. The registered manager had taken appropriate action when concerns had been raised by the local safeguarding authority and had worked with them to mitigate the risk of them happening again.

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.

People were supported to have visitors when they wanted. Relatives and friends told us, they were made to feel welcome by staff and could visit the service when they wished.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Staff had not received all the training relevant to their role. There was an online training programme in place. However, there are some skills which require practical face to face training such as fire safety and moving and handling to show staff how to complete practical elements. Staff had not received any practical moving and handling training, the provider had completed competency assessments on staff. The provider did not have the appropriate skills or qualification to train and assess staff competency. This placed people at risk of not being moved safely. During the inspection, the provider booked themselves on a 'train the trainer' course, to provide practical training sessions and assess staff competency. Following the inspection, the provider confirmed they had completed the course.
- The majority of staff had completed online courses covering all elements of people's care including dementia awareness, health and safety, safeguarding and infection control. Some staff had completed training to administer insulin and assessed as competent by the district nurses.
- Staff received regular supervision, staff told us they discussed their practice and any concerns they may have. The registered manager completed competency assessments on staff to make sure they have the skills required to meet people's needs.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before they moved into the service. The registered manager met with people to find out about their needs to check staff would be able to meet them. The pre-admission assessment covered all areas of people's lives including their cultural and spiritual needs.
- People's needs had been assessed using recognised tools following national guidance such as skin integrity and nutritional needs. The recommendations from the tools such as referring to a dietician had been followed, however, this had not been recorded in the care plan.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to eat a balanced diet. People had access to snacks and drinks throughout the day. People told us they enjoyed the food, and they had a choice. One person told us, "I have the same breakfast each day, but they always offer me something else to try and tempt me."
- Staff knew people's dietary needs and preferences. People who required a soft diet received meals which were appropriate. People were given choices at breakfast and lunchtime, staff showed people the meals and puddings so they could see what they would like.
- When required staff assisted people with their meals. Staff took time with people to make sure they ate at their own pace and were not hurried. People had the option to eat their meals where they wished. Some had

decided to eat in their rooms, others ate with their friends in the communal areas.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People's health and weight were monitored, staff referred people to healthcare professionals when required. Staff followed any guidance provided, such as giving dietary supplements.
- Staff referred people to the GP or district nurse when needed. Relatives told us their loved one's had been referred when needed and staff have made sure they received the care they needed.
- People were supported to access professionals such as the chiropodist and optician. During the inspection, the optician visited and assessed several people, and arranging new glasses as needed. People were supported to be as active as possible, staff joined people in walking round the garden.

Adapting service, design, decoration to meet people's needs

- The service had been adapted to meet people's needs. There was a passenger lift to all floors and a stairlift on the main staircase. The baths had been adapted with a seat hoist in place to enable everyone to use the bath.
- There were pictorial signs around the building giving people guidance to find the communal areas or bathrooms. People had access to a large garden which was flat for people to walk easily around.

Ensuring consent to care and treatment in line with law and guidance

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

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People had been assessed and when required a DoLS had been applied for. Some people had a DoLS authorisation in place and any conditions had been met. The registered manager kept a record of when the authorisations expired and made sure an application for renewal was completed.
- Staff supported people to make everyday decisions about how and where they spent their time. During the inspection staff gave people choices and they respected their decisions and supported them, for example, to go to sit in another area.
- The registered manager understood their responsibility when people had been assessed as not having capacity to make complex decisions. This included best interest decision meetings and taking people's previous wishes and actions into account.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

- People were supported in the way they preferred. Staff knew people well and respected their choices and preferences. People's religious preferences were met, people attended their preferred services. People's cultural needs were met, staff respected people's cultural preferences in relation to meals.
- People told us, staff were kind and respected their privacy. Staff knocked on people's doors before entering their room, once they had been asked in. People were supported to be as independent as possible, people moved around the service using their walking aids. Staff made sure walkways were clear for people and showed patience when people were unsure about where they were or what time it was.
- People and relatives told us, they were pleased that male care staff had been employed. One person told us, "I love the girls, but it is nice to have a couple of men to help me." A relative told us their Mum was now singing which shows they are happy.

Supporting people to express their views and be involved in making decisions about their care

- People told us they were involved in making decisions about their day to day care. One person told us, they decided when and how they received their support.
- When people were unable to express themselves verbally, staff understood people's non-verbal cues. For example, staff recognised when people needed support and anticipated their needs.
- People were supported to be involved when health professionals visited the service or people attended hospital appointments. People told us they were encouraged to express their views and be involved.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans did not always contain detailed guidance about people's choices and preferences. However, staff knew people well and described people's morning and evening routines, about how they liked to get up and go to bed.
- People told us, staff knew them well. One person told us, "I like to get up early and they make sure they come and help me at 6am." A relative told us, "My parents needs are catered for carefully by staff. I am able to discuss Mum's needs in depth with (the registered manager and provider) all of which has been taken on and addressed."
- During the inspection, staff anticipated people's needs including making sure people had the possessions with them that they liked. Staff made sure someone had their handbag when they had forgotten it, "They like to have their handbag otherwise they get worried and anxious," staff told us.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People received information in the way they could understand, information was provided in pictorial form such as menus and newsletters.
- Staff knew how people liked to have their information. Staff showed people pictures, objects, or written information according to their preference.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to maintain relationships with their families. A relative told us, "Since the new provider took over, more staff have been taken on and are visible on site and on task, so visiting and excursions for my parents is now a lot more fluid."
- People took part in activities they enjoyed. There was an activities co-ordinator during the morning in the week, along with staff provided activities such as quizzes and art. People chose which communal lounge to spend their depending on which activity they wanted to do.
- The registered manager had arranged for religious services as people have requested and people told us this was a comfort to them.

Improving care quality in response to complaints or concerns

- There was an effective system in place to record and investigate complaints. There was complaints policy in place. This was displayed within the service, in different format, including pictorial.
- People told us they would speak to the registered manager if they had any concerns. One person told us, "They always sort it out, not that I have a lot to complain about." A relative told us, when asked if they knew how to complain, "Easily. All communication I have with staff is relayed to (provider or registered manager) they have both always been on hand to listen, to take in feedback and respond appropriately. I would point out that since (the provider) took over as the new provider, there has been nothing to complain about."
- When complaints, including verbal complaints, these had been recorded, investigated and feedback given to the complainant. When complaint was made about how long staff took to answer the front door, a log was started to check how long people were waiting and analysed to check what changes could be done. Relatives told us, the front door was now opened quickly when they visited.

End of life care and support

- People had been asked about their end of life wishes and these had been recorded. People and their relatives had discussed their future treatment with health professionals. There were anticipatory care plans in place, which in an emergency or when people's health declined, informed health professionals of their wishes, such as if they want to go to hospital.
- Medicines were available as soon as someone was known to coming to the end of their life. Staff worked with the GP and district nurses to keep people comfortable.

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. 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.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Checks and audits had been completed by the management team and provider, but these had not identified the shortfalls found at this inspection. The provider attended the service regularly and completed quality monitoring audits every 2 months and the registered manager completed monthly checks.
- The checks had not identified the risks within the environment to people who liked to walk around the service, such as easy access to staircases. The provider had reviewed 2 or 3 care plans each audit, they had raised some issues, such as diabetes information was needed. The provider had recorded the care plan was up to date with actions updated, however, at the inspection the care plan did not contain the guidance for staff about supporting the person with their diabetes. Care plans did not contain information about people routines, choices, and preferences. Medicines audits had not identified the shortfalls found and actions needed found at this inspection.
- The provider had not identified people there were not enough staff at night placing people at risk. The provider had not sourced practical moving and handling training and assessment to make sure staff were competent to move people safely.

The provider had failed to assess, monitor, and improve the quality of the service. This is a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 culture within the service had improved following a change in staffing. Previously, concerns had been raised by relatives, staff and health professionals about some staff and the culture within the service. A relative told us, "Since (the staff) have left the mood of residents has lifted and so has the mood of staff that want to do a good job of care. I've spent enough time with my parents to feel that myself." Staff told us, they now enjoyed working at the service and the new staff told us they had been welcomed.
- People knew the provider and registered manager, they recognised them and chatted with them about how they felt that day. Relatives told us the management team were approachable and contacted them when their loved ones had fallen or were unwell, explaining what had happened.

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

- People and relatives had been invited to complete quality assurance surveys. The results had been mainly positive, with comments about the staff being kind and compassionate. The results were analysed and a 'You said, We did' board was completed. People had asked for the meal choices to be offered in advance as well as at the meal and holy communion was started again.
- Staff had attended regular meetings where they discussed their practice. The meetings covered topics such as medicines management and the lessons learnt from safeguarding concerns. Staff told us they found the meetings helpful, and they were able to raise any issues they wanted.

Working in partnership with others

- The service worked with the local commissioning authorities to make sure people received the support they needed.
- The registered manager and provider attended professional groups and received updates from national organisations to keep up to date with changes within adult social care.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

| Regulated activity | Regulation |
|--|---|
| Accommodation for persons who require nursing or personal care | Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had failed to all that is reasonably practicable to mitigate risks. The provider had failed to manage medicines safely. Regulation 12 (1) |
| Accommodation for persons who require nursing or personal care | Regulation 17 HSCA RA Regulations 2014 Good governance The provider had failed to assess, monitor, and improve the quality of the service. Regulation 17 (1) |
| Accommodation for persons who require nursing or personal care | Regulation 18 HSCA RA Regulations 2014 Staffing The provider had failed to have enough staff to meet people's needs. Regulation 18 (1) |