Bupa Care Homes (CFChomes) Limited

Shockerwick House Care Home

Inspection report

Shockerwick House
Lower Shockerwick
Bath
Avon
BA1 7LL

Tel: 01225743636

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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

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

The home is an 18th Century listed detached building that stands in twelve acres of landscaped gardens. It is registered to provide accommodation and personal care for up to 38 older people. At the time of the inspection 23 people were living at the service.

The inspection took place on 30 November 2018 and was unannounced.

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.

At our last inspection we rated the service Good. At this inspection we found the evidence continued to support the rating of Good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Staff had been trained to keep people safe. People using the service and their relatives told us they felt safe. Care plans contained risk assessments and when risks were identified the plans provided clear guidance for staff on how to reduce the risk of harm to people. Incidents and accidents were reported and analysed to identify trends. There was evidence that lessons were learned when incidents happened.

Safe recruitment procedures were in place and there was enough staff on duty to meet people's needs.

Medicines were managed safely. The environment was exceptionally clean.

Staff were trained to undertake their roles. Staff had regular supervisions with a supervisor. People's nutritional needs were met and people told us the food was "excellent."

Staff remained knowledgeable about the Mental Capacity Act 2005. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

We observed many positive interactions between people and staff. People spoke highly of the staff and staff spoke positively about their roles. Regular feedback was sought from people.

Some aspects of care plans were person centred and contained details of people's choices and preferences for how they wanted to be supported; however, this was not seen consistently. Although staff told us people were involved in care plan reviews, this was not documented.

There was a complaints procedure in place. Complaints were recorded and investigated appropriately.

There were robust quality assurance processes in place; however, these had not identified some of the issues we noted.

People and staff unanimously, spoke highly of the registered manager who they described as a strong leader with high standards. Staff told us morale at the service was good and that they felt valued by the provider.

Further information is in the detailed findings below.

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 remains Safe	**Good**
Is the service effective? The service remains Effective	**Good**
Is the service caring? The service remains Caring	**Good**
Is the service responsive? The service remains Responsive	**Good**
Is the service well-led? The service remains Well-led	**Good**

Shockerwick House Care 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 30 November 2018 and was unannounced. The inspection team consisted of one adult social care inspector and one 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 we reviewed other information we held about the service, including previous inspection reports and notifications sent to us by the provider. Notifications are information about specific important events the service is legally required to send to us. We also looked at information in the 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.

During the inspection we spoke with seven people and three visitors. We also spoke with seven members of staff, including nurses, care staff and housekeeping staff and the registered manager. Prior to the inspection we sought feedback from three professionals who work with the service. We reviewed four people's care plans and five staff files. We also looked at records relating to the management of the service such as incident and accident records, meeting minutes, recruitment and training records, policies, audits and complaints.

Good

Is the service safe?

Our findings

The service remained safe.

People and their relatives told us they felt safe. One person said, "I feel very safe here." One person's relative told us, "I have not seen anything that makes me uncomfortable. I feel that my [relative] is completely safe here."

Staff had been trained and understood their responsibilities to keep people safe. One member of staff said, "If I saw bruises, I would document it, photograph it and report it." Another said, "I would document it and report it straight away." Staff were familiar with the term whistleblowing and said they felt confident to challenge and report poor care. One member of staff said, "I wouldn't hesitate to speak to [registered manager]." All the staff we spoke with also referred to the provider's whistleblowing hotline, 'speak up.' We saw the speak up policy which informed staff how to raise concerns about poor practice without fear. One member of staff said, "We all have the speak up number. We can call anonymously if we want to."

Care plans contained risk assessments for areas such as falls, mobility, skin integrity and malnutrition. When risks had been identified care plans provided clear guidance for staff on how to reduce the risks. For example, in one person's plan it was documented they were at risk of developing pressure sores. The plan informed staff of the pressure relieving equipment in place, and stated the frequency of position changes the person needed. There was a process in place for checking air mattresses were set correctly and position change charts showed that people had their positions changed in accordance with care plan guidance. Mobility plans informed staff of any mobility aids people used. When people needed staff to move them using equipment, this was listed, such as hoist and sling details.

The provider had procedures in place to ensure staff had checks undertaken before commencing their employment. These included inviting them for a formal interview and carrying out pre-employment checks. Within these checks the provider asked for a full employment history, references from previous employers, proof of staff's identity and a satisfactory Disclosure and Barring Service clearance (DBS). The DBS helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with adults.

There was enough staff on duty to meet people's needs. The provider used a dependency tool to calculate staffing levels and we saw that staff numbers were maintained or exceeded. All the staff we spoke with said they did not feel short staffed. One said, "We're never struggling and I never feel rushed." People generally told us they felt there was enough staff. Comments included, "There are plenty of staff around if you need them. Sometimes you can wait for the bell to be answered" and "I cannot complain they do their best and never keep you waiting. Sometimes I feel they could do with a few more staff in the mornings in terms of getting everyone up." One healthcare professional told us, "I have never felt the service was understaffed."

Medicines were managed safely. We looked at medicine administration records (MARs) and these had all been signed by staff to indicate people had received their medicines as prescribed. Medicines trolleys were

stored in locked rooms. The temperature of these was monitored and records showed temperatures were maintained within safe levels. Medicines that were no longer required were disposed of safely. Controlled medicines were stored safely. Regular stock balance checks were carried out.

Some people had been prescribed additional medicines on an as required (PRN) basis. Although there were PRN protocols in place these were not always person centred and did not always provide staff with enough information on when and why people might require them. For example, one person was prescribed a medicine "for agitation." The PRN protocol guided staff to administer the medicine, "if [person's name] appears agitated." However, there was nothing written to specify how the person might present when agitated or what steps staff should take before resorting to the use of medicines. The provider's medicines policy stated, "The medication protocol should describe the circumstances of when they are to be administered. The information should be □specific, for example if a medication is prescribed PRN for anxiety: what interventions may be needed before resorting to medication." We discussed this with the registered manager and the clinical services manager during the inspection and they said they would review the protocols with immediate effect.

Staff were trained to reduce the spread of infection. Personal protective equipment including gloves and aprons were available for staff to use. The environment was exceptionally clean and free of odours. One of the housekeeping staff told us, "There is always enough housekeeping staff on duty to maintain the high standards. [Registered manager] does regular walk rounds to check the building is clean and [manager's] do regular audits." One person's relative said, "The home is impeccably clean and tidy."

Incidents and accidents were reported and analysed to identify trends. There was evidence that lessons were learned when incidents happened and care plans and risk assessments had been updated when incidents had occurred.

The premises were well maintained and safe. Safety reviews and regular servicing of utilities such as electrical checks, regular fire alarm testing and drills were carried out.

Good

Is the service effective?

Our findings

The service remained effective.

Staff had been trained to carry out their roles. New staff completed an induction programme before working unsupervised. One staff member said, "I did four days of training, then came to Shockerwick House and did four shadow shifts. I had a 'buddy' which helped. One hundred percent I felt ready to do the job after my induction." There was a training plan in place which highlighted when staff refresher training was due. Nurses told us they had access to professional development in order to meet their registration requirements. One nurse said, "Training is never an issue. [Provider] arranges lots of training for us." Another nurse said, "I feel trained to do my job. [Provider] encourages us to develop. We have this thing called 'grow'." The registered manager said, "Staff that have left here, have all gone on to better things. For example, we support staff to undertake nurse training. I constantly encourage staff to develop themselves professionally; all staff, including catering and housekeeping staff."

Staff had regular supervision sessions with their line manager. This meant there was an opportunity for staff to discuss their performance, their training needs and access support in their roles. Regular staff meetings took place and annual appraisals were also undertaken. The clinical services manager said, "We aim to do supervision sessions with staff every couple of months, but it might be more often if something crops up. We do one to one and group supervision. Staff get more than the policy says." One member of staff said, "Sometimes my supervision might cover something I've asked for help on." Another staff member said, "I feel very supported. If I need a bit of extra help I can ask. I'm not scared to ask for advice."

People were supported to have enough to eat and drink and there was a clear focus on encouraging people to eat and drink well. Plans were person centred and included people's preferences for what they liked to eat and drink and what size portions they preferred. Some people had swallowing difficulties and staff had sought guidance from the speech and language team (SALT). SALT advice had been added to care plans. For example, when people needed to be provided with specialist diets or thickened fluids. Other information to guide staff such as the position people needed to be in when eating and drinking was included as well as details such as, "Likes to eat slowly." There was a large dining room which people could use for meals if they wished. Some people chose to eat their lunch there and others chose to stay in their bedrooms. People spoke highly of the food. One person said, "The food is thumbs up and presented beautifully. It is not dumped in front of you. Yesterday I had fish and mashed potatoes and it was well made and the tables are set up beautifully. I am never hungry and there is always plenty to eat and drink." Another person said, "I rarely eat in the dining room as I have a dining table in my room and I will often eat with my family."

We observed lunch in the dining room. The tables were laid with linen and wine glasses and we saw people having wine with their meal which they confirmed was available at every meal. People were offered a choice of main meals and the food served looked and smelt appetising and nutritious. There was a relaxed atmosphere and people were talking amongst themselves. The registered manager told us, "Food is important to people and if someone wants something special, they can have it. Someone wanted a whole plaice the other day so the chef went out and bought one. And fresh fruit; we always make sure there is fresh

fruit available, whole and cut up so that everyone can have some if they want it." We were told that a sweet trolley had been introduced so that people could see what choices were on offer. The resident experience manager said, "It's more interactive when people can actually see what they're choosing from." People were asked for their feedback about the food and the meal times. For example, people had been asked if they preferred their main meal at lunchtime or in the evening.

People had access to ongoing healthcare. Records showed people were seen by the GP, dietician and tissue viability nurse for example. One person said, "I can see the GP as often as I like." People's relatives told us that when people were unwell, they [relatives] were kept informed. One health professional told us, "My interactions with the management and nursing staff show that they know their residents very well. Clinically, they are very sound - I can trust that if I am asked to review a resident, it is with very good reason" and "I feel that we can work together for the good of the patients. While there is inevitably a hierarchy of Doctor, nurse and HCA, all seem happy to contribute effectively and communicate clearly with the goal being the wellbeing of the whole person."

The environment was maintained to a high standard and included many areas where people and their visitors could sit quietly or socialise. People's bedrooms were spacious and well-furnished and the registered manager said people could bring in their own furniture if they wanted to. The views from people's rooms and communal areas included the twelve-acre grounds. People spoke highly of the building and its amenities. One person said, "It is a lovely house set it in lovely grounds. I am satisfied all round and I have a lovely view where I can see the trees." Another person said, "Beautiful rooms, beautiful grounds." People told us they enjoyed using the grounds. One person said, "I am an outside person, I go into the grounds it is lovely. I use my walker and I am free to come and go as I please which I like. Staff are always aware that I am outside I just need to ensure that I am wearing my pendant so I can call for help if I need to." Another person said, "I use the grounds and go out as much as I want when the weather is good." One person's relative told us, "The staff are very supportive and know that my [relative] loves the gardens and support us in ensuring [they] get outside as much as possible.

Consent to care and treatment was sought in line with legislation and guidance. People were assessed for their capacity to consent and when people lacked capacity best interest decisions had been made. These were documented and showed that less restrictive options had been considered. Staff remained knowledgeable about the Mental Capacity Act and could explain how they applied it when supporting people to make decisions. One member of staff said, "I always make sure to offer people choices."

We looked at how the provider was meeting the requirements of the Mental Capacity Act 2005 (MCA) and the associated Deprivation of Liberty Safeguards (DoLS). 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The provider was meeting the requirements.

Good

Is the service caring?

Our findings

The service remained caring.

People spoke highly of the staff. One person said, "Staff are affectionate and kind to me and I feel very well looked after." Another person said, "All the staff call me by my name and sit down and discuss things with me." Relatives of people also gave positive feedback. One person's relative said, "This place is amazing. [Relative] was in a home before moving here and it is the first time in years and years that I have peace of mind. I know whatever happens with [relative] the staff will manage it and keep me fully informed. It feels very much like a family here which is hard to achieve." Another person's relative said, "Staff keep us well informed as a family and I have confidence in their abilities. I am as relaxed as I could be and I am confident in their abilities to care for [relative] and I am happy to leave my [relative] here." After the inspection we received from one person's relative who told us, "I cannot believe there is a kinder or lovelier care home out there. It's an absolutely outstanding care home."

We observed many positive interactions between staff and people. We saw that staff crouched down to people's eye level when speaking with them and people appeared relaxed around staff. We saw and heard lots of chatter between staff and people and there was a friendly and relaxed atmosphere. On one occasion we saw a member of staff assisting a person with some food and drink. They did this at the person's own pace and ensured the person did not spill anything.

People were treated with kindness and compassion. Staff spoke highly of their roles and told us they felt proud and motivated to work at the service. One member of staff said, "I love working here. The residents are always put first. [Registered manager] has very high standards, but it's always about the residents." The same member of staff also said, "I am confident the care here is very good. Care staff treat people like family but with added respect." One member of staff said, "When I go home at the end of my shift, I know people are comfortable and settled. I have never gone home thinking I haven't done a good job."

Staff told us about times when they had gone 'above and beyond' for people. One member of staff said, "One person just wanted to lie on the grass for a while. It was a challenge for us, but we made it happen. It was one of those moments, when you just think, this is why I do this job." Another member of staff said, "I love to see [person's name] laugh. It's a great feeling when that happens."

Staff understood how to maintain people's privacy and dignity. We saw that staff knocked on people's bedroom doors and waited to be invited in. One member of staff said, "I always make sure doors and curtains are closed when doing personal care, and to ask people if they're happy for me to help them." One member of staff said, "All of the staff are very respectful of people. They [staff] know this is people's home." One healthcare professional told us, "I have always found the staff to be kind, caring and very respectful of the residents. They treat them with great dignity and the majority of residents seem to be very happy with the care that they receive."

People were asked for their feedback. Regular resident and relative meetings took place. We saw the

minutes of these which showed that people were asked for feedback on all aspects of the service. For example, people had asked for a large communal television which the service had bought. People had also commented that the menus were difficult to read and so these had been changed.

Several people told us they would recommend living at the service to other people. Comments included, "I would recommend this home to anyone" and "I would recommend this home to other people as they treat you very well here. The staff are very good. I love going out to the gardens and the staff support me to do so." One person's relative said, "I would give this home twelve out of ten. I have already recommended the home to people in and around my village, and advised them if they are looking for respite it is a good place to go. My [relative] being here has given me peace of mind and you cannot put a price on that."

Good

Is the service responsive?

Our findings

The service remained responsive.

In the main, care plans were person centred, but this was not seen consistently. People's life stories and preferred routines were documented. Plans in relation to people's personal hygiene were detailed and included for example, the toiletries people preferred and whether ladies liked to wear makeup. Wound plans contained photographs of wounds and dimensions were recorded. This meant that staff could easily see if wounds were improving or deteriorating. Things that were important to people had been documented, such as specific possessions people liked to keep close by.

However, there was not always enough detail included to ensure people received the support they needed. For example, in one person's plan staff had documented the person could become verbally and physically aggressive. The triggers for why the person might do this were listed which meant staff were able to identify when the person was becoming upset. However, the actions staff needed to take if the person did become aggressive were limited and did not fully explain the steps staff should take. When we asked staff how they responded if the person displayed aggression, staff gave different responses. Therefore, there was a risk that staff would not know how to respond in the most effective way. In the same plan, it was unclear how mobile the person was, because there was conflicting information written. In one section of the plan it was written the person was bedbound and in another section, it was written the person had a room sensor to alert staff when the person left their bedroom. When we discussed this with staff, they said the person had been unwell previously and had been bedbound, but that this was no longer the case. This meant that up to date information on people's needs were not available because care plans had not always been updated when people's needs changed.

One person was prescribed a medicine for use when agitated. The care plan for this person was limited to, "offer reassurance." There was no information for staff to know what might cause the person to become agitated or how to support them during these periods. We discussed this with the clinical services manager and the registered manager during the inspection and they told us they would review people's plans in relation to behaviour support.

Some people we spoke with said they knew they had a care plan and had been involved in writing it, but other people did not know what we were referring to. The registered manager and clinical services manager told us care plans were reviewed with people and their relative's involvement; however, this was not documented.

Despite the areas noted above, staff were able to demonstrate they knew people well. One person said, "The staff generally know me well and are very helpful." Another person's relative told us, "I have no concerns they are doing their best. Staff make time to speak to [relative] and they have a good relationship with [them]. Best of all I feel that I can speak to staff about [relative's] needs."

People told us there were a wide range of activities that they could attend and that they were encouraged

and supported to attend along with their family members. One person said, "I join in the group activities. I enjoy it when the primary school children come and visit. A local donkey comes in also which is fantastic and a dog visits regularly, which I enjoy as I love animals." Another person said, "I attend some of the activities, I particularly enjoyed todays visit with the toddlers and the Vera Lynn show last night which I didn't think was really my thing but it was very good." A local toddler group visited during the inspection and we saw the children and their parents interacted well with people, with lots of conversations and laughter. We spoke with a visitor from the local church who told us, "I come to the home twice a month with my husband who is a lay reader in the local church. I help residents have communion and chat with the them. I was also involved in bringing the toddler group for their first session today. I am keen to support those sorts of multigenerational events."

We also observed part of a music and signing group. There were high levels of participation with many people singing and recommending songs and singing songs themselves independently. People were encouraged to participate and we saw lots of singing and friendly banter amongst the group during the session.

People had access to the extensive gardens and we saw people make use of these. There were also regular visits from entertainers, poetry and prose groups, quizzes and day trips. The registered manager said, "The chef made all the Christmas cakes and Christmas puddings the other week, so people got involved with that too."

There was a complaints policy in place. People and their relatives said they knew how to complain. Complaints were recorded, investigated and resolved appropriately. One person said, "I am confident to tell staff if I have any concerns but everything here is so nicely packaged I have no complaints." One person's relative said, "I know who to go to for nursing issues and who to speak to for anything else." We saw some of the compliments received by the service. Examples of feedback included, "The care and attention over the two weeks I was there, meant I was able to walk out to the car. They gave me my life back" and, "The residents are treated with dignity and every effort is made to respect their wishes. They are also physically well cared for."

Advanced care plans were in place. These are plans which detail people's choices and preferences for how and where they wish to be cared for at the end of their lives. The plans we saw included details of people's spiritual preferences such as whether they wanted support from a member of a church. One member of staff said, "We had one person who was close to the end of their life. They really wanted to go fishing and the activities co-ordinator made it happen for them. That was wonderful."

Good

Is the service well-led?

Our findings

The service remained well-led.

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.

Robust quality assurance processes were in place. A range of audits were regularly undertaken, including medicines, infection control and the environment. Daily clinical 'walk rounds' took place and weekly clinical governance meetings. Monthly 'home reviews' were carried out by the regional director. We saw the latest review when the service had been rated 'green' overall. When issues were noted, action plans were implemented and reviewed. Regular care plan audits were also completed and again, actions and timelines were recorded. There was an improvement plan in place which included details of work required to an external building.

There was a strong culture of providing high standards of care to people in an open and transparent environment. The registered manager said, "I spend a lot of time on the floor. I make sure things are done properly" and "Everyone is equal here. Even if they can't speak up, everyone is treated the same." They also told us, "I'm very proud of what the staff have achieved here."

Staff told us morale was "very good" and that the provider was a good employer. One member of staff said, "I feel blessed to be part of the company. I feel very valued by [provider]." Several staff told us they liked that when members of the management team visited, that they always took time to ask staff how they were. One member of staff said, "When the regional director visits [they] speak to residents by name. I think that's lovely."

Staff spoke highly of the leadership provided by the registered manager. One member of staff said, "I can't rate [registered manager] enough. We all know [their] standards and we all have the same standards; [they're] straight onto us if anything slips." Another member of staff said, "[Registered manager's] philosophy of care was apparent right from when I came for an interview. This is people's home and we're here for them." Another member of staff said, "[Registered manager] is strict, with very high standards, but also listens to us and encourages us to make suggestions on ways to improve."

People and their relatives also gave positive feedback about the way the service was run. One person said, "[Registered manager] is approachable and I feel I can speak to [them] about anything." One person's relative said, "I know I can speak to [registered manager] whenever I need to." One health professional told us, "The team seems to be well led. The manager has [their] finger on the button and seems to lead the team well."

People were encouraged to maintain relationships. One person showed us how they regularly video called

family members. The registered manager said some relatives wanted regular email updates which they provided, including photographs of people so that relatives could be assured people were well. The service had a social media page which people had consented to being part of. This meant people's relatives could see people participating in activities for example. One person's relative said, "The staff are very good at introducing the relatives to each other which helps with the family feel of the home." One person said, "I love that my son can visit as often as he likes."

The service had developed excellent links with the local community. This included two toddler groups, the local church and the local scout group. Local charities held regular coffee mornings at the service and the registered manager said this was something they were keen to develop with other charities. They said, "We usually have a couple of children doing their Duke of Edinburgh awards each year, and we have excellent relationships with our neighbours. We have firework displays in the grounds and always invite the locals round for Christmas drinks. One church visitor told us, "I am involved in the village choir and we come and sing for all the residents. We sing in the great hall at Christmas and it is really wonderful as some of the residents are unable to go home and it makes them feel they are not missing out. I would recommend this home to anyone. There is always something happening here in the summer they have the most wonderful garden party which the residents thoroughly enjoy."