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# Shardlow Manor Residential Home

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

Shardlow Manor is a residential home that provides care for up to 28 people and some people are living with dementia. At the time of our inspection there were 23 people living in the home. At the last inspection, in December 2015, the service was rated Good. At this inspection we found that the service remained Good.

People continued to receive safe care. Staff were appropriately recruited and there were enough staff to provide care and support for people to meet their needs. People were consistently protected from the risk of harm and received their prescribed medicines safely.

The care that people received continued to be effective. Staff had access to the support, supervision, training and ongoing professional development that they required to work effectively in their roles. We saw people were supported to maintain good health and nutrition.

People had developed positive relationships with the staff who were caring and treated people respectfully, with kindness and courtesy. People had personalised plans of care in place to enable staff to provide consistent care and support. We saw this was in line with people's personal preferences.

People told us they knew how to raise a concern or make a complaint and the provider had implemented effective systems to manage any complaints that they may have received.

The provider had a positive ethos and an open culture. The registered manager was a visible role model in the home. People, their relatives and other professionals told us they had confidence in the managers and provider's ability to deliver consistently high quality managerial oversight, and effective leadership to the home.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

<b>Is the service safe?</b> The service remains good	<b>Good</b> ●
<b>Is the service effective?</b> The service is now good	<b>Good</b> ●
<b>Is the service caring?</b> The service remains good	<b>Good</b> ●
<b>Is the service responsive?</b> The service remains good	<b>Good</b> ●
<b>Is the service well-led?</b> The service remains good	<b>Good</b> ●

# Shardlow Manor Residential 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 checked 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 was a comprehensive inspection completed by one inspector on 17 February 2017 and it was unannounced. This meant the provider and people who used the service did not know we were coming.

On this occasion we did not ask the provider to send us a provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. However, we offered the provider the opportunity to share information they felt relevant with us.

We reviewed other information that we held about the service such as notifications, these are events which happen in the service that the provider is required to tell us about. We also asked for information from other agencies. This included the local authority who commissioned services from the provider.

We observed care in the communal areas of the home so that we could understand people's experience of living in the home. We also spoke with six people who used the service, one visiting health care professional, three relatives, three care staff, the registered manager and the provider.

We looked at records relating to four people and two staff recruitment records. We looked at other information related to the running of and the quality of the service. This included quality assurance audits, training information for care staff, meeting minutes and arrangements for managing complaints.

# Is the service safe?

## Our findings

People received care from a dedicated and caring team of staff. One person told us, "It's flipping marvellous! I am very settled here, it is fantastic." We saw that the recruitment process ensured that staff were suitable for their role and staffing levels were responsive to people's needs.

People told us they felt safe and that staff were available when you needed them. They said they never had to wait too long to receive the support they needed. One person told us, "At night they come quickly and in the day there are always staff about and popping in to see you." A relative told us, "My [person who used the service] is always well attended to, I see plenty of staff and regular staff, that makes a difference you know." Another person said, "I am independent but the staff are always there if I need them." Our observations supported these views and we saw that staff responded to people's requests for care in a safe and timely way.

Risks to people had been assessed and we saw that staff were vigilant and worked successfully to provide care and support in a way that kept people safe. Risks to people were minimised because they had been identified, assessed and we saw management plans were in place. Staff we spoke with were knowledgeable about the risks to people and we saw people were supported in a way which promoted their safety. For example when using equipment to help people to move, staff reassured them they were safe, by explaining what they were doing in advance. Care records included risk assessments and information about what action staff needed to take to reduce any potential risks; the support people received matched how they had been assessed to receive safe care.

The provider had a safeguarding procedure and staff were knowledgeable, they explained the different forms of abuse where people might be at risk of harm and the actions they would take. One member of staff told us "We have had training and I know the manager would deal with anything straight away." We saw referrals in relation to any safeguarding concerns were discussed with the local authority as required.

People told us that they always received their prescribed medicines and the medicines management systems in place were clear and consistently followed. One person told us, "I always get my medicines on time and they bring me a drink." We saw that staff sat next to people and explained what medicine they wanted them to take and why. The staff were patient and only recorded medicines after people had taken them. Staff had received training in the safe administration of medicines and we saw they had checks in place to ensure the medicines were recorded and stored correctly. One member of staff told us, "We have continued to improve our systems since the last inspection and we have very clear guidelines and protocols."

# Is the service effective?

## Our findings

At our previous inspection in 2 December 2015 we found that the provider was in breach of Regulations 11 and 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had not made appropriate assessments when people lacked capacity or ensured that decisions made were in their best interest. At this inspection we found that the required improvements have been made.

The Mental Capacity Act 2005 (MCA) provides the legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack capacity to take particular decisions, any made on their behalf must be in their best interests and 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. The application procedures for this in care homes and hospitals are called Deprivation of Liberty Safeguards (DoLS). We checked whether the provider was working within the principles of the MCA, and whether any conditions are authorisations to deprive a person of their liberty were being met.

We saw that assessments had been completed which were specific to the activity or decision. Where people lacked capacity we saw that best interest decisions had been evidenced and the relevant people consulted in relation to the decision. Applications relating to DoLS had been completed to the relevant authority and reviewed within the timeframe. Staff had received training in the MCA and understood the importance of giving people the opportunities to make choices where possible. People were encouraged to make decisions about their care and their day to day routines and preferences. One person told us "The staff always involve me in decisions, there is never any pressure." We observed people being given choices about where to sit, what to eat, and the activities they wished to pursue.

Staff told us they received training to support their role. One staff member said, "We have done a lot of work around capacity and had training, so we have a much better understanding now." We saw people received care from staff that were knowledgeable and the staff told us the training was relevant to their role and equipped them with the skills they needed to care for the people. For example the tissue viability nurse and district nurse had provided training so the care staff could complete some routine work for example bladder washes, with oversight from the professionals. Care staff told us this gave them confidence and a better insight into people's medical conditions.

People were supported to maintain a healthy balanced diet and those at risk of not eating and drinking enough received the support that they required to maintain their nutritional intake. We saw mealtimes were relaxed and servicing dishes were placed on every table so the people could help themselves. Where needed staff were available to support people with their meal. People told us they enjoyed the food, one person said, "I love the food here, I actually like everything about the place, if I didn't I would leave!"

People had regular access to healthcare professionals and staff were vigilant to changes in people's health. One healthcare professional told us, "We have an excellent relationship, any changes in people's health are

recognised quickly by the care staff. They are also good at writing things down and following our instruction."

## Is the service caring?

### Our findings

We saw people had developed positive relationships with staff and were treated with compassion and respect. One person's relative told us "I have friendships, I can talk to any of the staff. They have just got it right here." Another person told us "[Person who used the service] always looks good, so much brighter and healthier than when they came."

People were relaxed in the company of staff and clearly felt comfortable in their presence. We observed that staff knew people well and engaged people in meaningful conversation. People's choices in relation to their daily routines and activities were listened to and respected by staff. For example some people just liked to leave their room for their meals and then return. Staff treated people as individuals, listened to them and respected their wishes. For example two people didn't want to have their lunch at lunchtime and we saw they were supported to have it later in the day. Staff were observed speaking with people in a kind manner and offering people choices in their daily lives, for example if they wanted tea or coffee from the drinks trolley or to take part in an activity.

People were treated with dignity and respect. We saw that people were asked discreetly if they would like to use the bathroom and as people were assisted in moving from their chair the staff explained how they would be moved and encouraged them to assist themselves. Staff were aware if people became anxious or unsettled and provided people with support in a dignified manner. One person was uncomfortable seeing the visiting optician and we saw staff spent time relaxing them and offering reassurance. Staff approached people calmly, made eye contact and held people's hand to provide reassurance if required. One person said, "I was unhappy when I came here but now I'm settled, the staff have to take the credit for that."



## Is the service responsive?

### Our findings

People received care that met their individual needs. One person moved to the home on the day of our inspection. We saw the room was already personalised and ready for their arrival. The staff had been given clear information and a range of assessments had been completed. Their relative told us, "When we came it just felt nice, we just called on spec and were shown round immediately. They completed an assessment and asked for lots of detail, it was on professional forms and I was very impressed." A person who had lived at the home for some time told us, "They review my care plan with me regularly I make the decisions and they work with me on those." The records we saw confirmed this.

The staff knew people well and understood people's history and background. When we spoke with them it was clear they knew what care and support people needed. One staff member said "We want to know about people so we can support them in the best way." A person using the service said, "The night staff are also very responsive and all the staff know me well [staff member] is just brilliant."

People were supported to follow their interests and take part in social activities. For example we saw staff encouraging one person to maintain their hobby of playing cards. Staff engaged with people and offered praise and support when playing games such as dominoes. People were actively engaged and this helped create a social and relaxed atmosphere in the communal areas of the home. One person said, "There is plenty to do I never get bored, but you don't have to get involved there is always the choice."

People and their relatives knew how to make a complaint if they needed to and were confident that their concerns would be carefully considered. One person's relative told us "I have no hesitation in raising anything, when I have it has been sorted very quickly." A person using the service said, "Oh you can talk to any of the staff they always want to make things right." We saw there was a policy in place and records were maintained of the issues raised with the manager and detailed the action they had taken. In the hallway compliments and thank you cards were displayed to demonstrate how people and their families wished to compliment the staff.

## Is the service well-led?

### Our findings

The provider had a positive ethos and an open culture. Staff members were passionate about their roles and the people they were supporting. One member of staff said, "I've been really supported, I receive feedback and feel appreciated. I don't feel there is a routine for people here either, it's different every day and led by them." A relative said, "It's always relaxed and you can talk to the manager or the owner at any time."

Staff members felt that they were part of the wider team and were able to contribute to the home's development. A staff member said, "We have regular meetings and produce a newsletter, everyone here is involved." People were positive about the registered manager and felt confident that they would always listen and take account of their views.

Quality assurance systems were in place to help drive improvement. These included a number of internal checks and audits as well as a provider audit. These helped to highlight areas where the service was performing well and the areas which required development. This helped the registered manager and provider ensure the service was as effective for people as possible.

To comply with their registration requirements the provider must send us notifications about important events which happen in or affect the running of the home. The registered manager had informed us where necessary and also had their report and rating displayed conspicuously as required.

Staff confirmed they were aware of the whistleblowing policy and other important information to support them in their day to day responsibilities. They told us the provider was inclusive and that they enjoyed working in the home. This was evident by what people who used the service told us. One person said, "This is my home and I'm happier here than when I was in my own home."