

# Hornby Healthcare Limited

## Shorline

### Inspection report

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#### Ratings

#### Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

#### Overall summary

We inspected Shorline Nursing Home on 4 February 2015. This was an unannounced inspection, which meant that the staff and provider did not know that we would be visiting.

This is a first inspection of a newly registered service. Shorline Nursing Home is an established service which had been registered previously under a different provider. The service provides personal and nursing care for up to 44 people. The majority of people were older people. The service is purpose built and is situated on the sea front in Redcar.

The home had a registered manager. 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.

There were systems and processes in place to protect people from the risk of harm. Appropriate checks of the building and maintenance systems were undertaken to ensure health and safety.

There were individual risk assessments in place. These were supported by plans which detailed how to manage the risk. This enabled staff to have the guidance they needed to help people to remain safe.

# Summary of findings

We saw that the registered manager had commenced a programme of supervision with staff. The registered manager had planned appraisals with staff.

We saw that there were some gaps in the training that staff had received. We saw that 70% of staff had undertaken health and safety training and that 68% of staff had undertaken training in fire. Records showed that 49% of staff had undertaken training in safeguarding in the last 3 years. We saw that only 8% of staff had undertaken training in the Mental Capacity Act 2005 and that 3% of staff had undertaken training in food hygiene. At the time of the inspection very few staff were trained in first aid. We pointed this out to the office administrator who immediately arranged training. Following the inspection we received information which showed that 63% of staff have now received training in first aid. We were told by the provider that they were committed to ensuring that all staff were fully trained. They told us that when they took over the service in June 2014 many of the staff had not received training for some time. They told us that since June they had organised a large amount of training and that they were committed to ensuring that all staff were fully trained in the very near future.

People told us that there was enough staff on duty to provide support and ensure that their needs were met

Staff were not assessing the capacity of people who used the service prior to making an application a Deprivation of Liberty Safeguarding (DoLS) order. DoLS is part of the MCA and aims to ensure people in care homes and hospitals are looked after in a way that does not inappropriately restrict their freedom unless it is in their best interests.

We found that safe recruitment and selection procedures were in place and appropriate checks had been undertaken before staff began work. This included obtaining references from previous employers to show staff employed were safe to work with vulnerable people.

Appropriate systems were in place for the management of medicines so that people received their medicines safely.

There were positive interactions between people and staff. We saw that staff treated people with dignity and respect. Staff were attentive, showed compassion, were patient and gave encouragement to people. When people became anxious staff supported them to manage their anxiety and also provided reassurance.

People told us they were provided with a choice of healthy food and drinks which helped to ensure that their nutritional needs were met.

People were supported to maintain good health and had access to healthcare professionals and services. People told us that they were supported and encouraged to have regular health checks and were accompanied by staff to hospital appointments.

Assessments were undertaken to identify people's care and support needs. Care records reviewed contained information about the person's likes, dislikes and personal choices. However, some needed further detail to ensure care and support was delivered in a way that they wanted it to be.

People's independence was encouraged and they were encouraged to take part in activities and outings. At the time of the inspection the service was in the process of interviewing for an activity co-ordinator to plan and take part in activities and outings.

The provider had a system in place for responding to people's concerns and complaints. People told us they knew how to complain and felt confident that staff would respond and take action to support them.

There were effective systems in place to monitor and improve the quality of the service provided. Staff told us that the service had an open, inclusive and positive culture.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. These regulations have been replaced by the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

You can see what action we took at the back of the full version of this report.

# Summary of findings

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

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Staff were knowledgeable in recognising signs of potential abuse and said that they would report any concerns regarding the safety of people to the registered manager.

There were sufficient staff on duty to meet people's needs. Safe recruitment procedures were in place. Appropriate checks were undertaken before staff started work.

Effective systems were in place for the management and administration of medicines. Checks of the building and maintenance systems were undertaken, which ensured people's health and safety was protected.

Good



### Is the service effective?

Improvements were required to ensure that the service is effective.

Training was not up to date for a number of the staff employed. The registered manager had a plan in which to ensure that all staff received supervision and an annual appraisal.

Capacity assessments had not been undertaken where needed. The registered manager and some staff had an understanding of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards, however training had not been provided.

People were provided with a choice of nutritious food.

People were supported to maintain good health and had access to healthcare professionals and services.

Requires Improvement



### Is the service caring?

This service was caring.

People told us that they were well cared for and we saw that the staff were caring. People were treated in a kind and compassionate way. The staff were friendly, patient and encouraging when providing support to people.

Staff took time to speak with people and to engage positively with them.

People were treated with respect and their independence, privacy and dignity were promoted. People were included in making decisions about their care. The staff in the service were knowledgeable about the support people required and about how they wanted their care to be provided.

Good



### Is the service responsive?

The service was responsive.

Good



# Summary of findings

People's needs were assessed and care and support plans were in place. Some plans needed more information to ensure that care and support was provided in a way which was acceptable to the person.

People were involved in activities and outings. We saw people were encouraged and supported to take part in activities.

People we spoke with were aware of how to make a complaint or raise a concern. They were confident their concerns would be dealt with effectively and in a timely way.

## Is the service well-led?

The service was well led.

Staff were supported by their registered manager and felt able to have open and transparent discussions with them through one-to-one meetings and staff meetings.

There were systems in place to monitor and improve the quality of the service provided. Staff told us that the service had an open, inclusive and positive culture.

Good



# Shorline

## 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.

We inspected Shorline Nursing Home on 4 February 2015. This was an unannounced inspection which meant that the staff and provider did not know that we would be visiting.

The inspection team consisted of two adult social care inspectors.

Before the inspection we reviewed all the information we held about the service. We did not ask the provider to complete 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.

During the inspection we spoke with nine people who used the service and with three relatives. We also spoke with the registered manager, deputy manager, office manager, office administrator, a nurse, a student nurse on placement and four care assistants. During the inspection we also spoke with a physiotherapist and assistant to the physiotherapist who was visiting a person who used the service. We also spoke briefly with a GP who was visiting the service. We contacted the local authority to find out their views of the service. We also spoke with the provider after the inspection.

We spent time with people in the communal areas and observed how staff interacted with people and how the care and support was delivered to people. We observed how people were supported at lunch time. We looked at four people's care records, four recruitment records, the training chart and training records, as well as records relating to the management of the service. We looked around the service and saw some people's bedrooms, bathrooms, and communal areas.

# Is the service safe?

## Our findings

We asked people who used the service about safety, they told us, “I feel safe as there is good security.” We spoke to another person and asked if they felt safe to which they responded, “Totally.”

During the inspection we spoke with staff about safeguarding vulnerable adults. Staff we spoke with told us about the different types of abuse and what would constitute poor practice. Staff we spoke with told us they had confidence that senior staff and the registered manager would respond appropriately to any concerns. The registered manager said abuse and safeguarding was discussed with staff on a regular basis. Staff we spoke with confirmed this to be the case. Staff told us that they felt confident in whistleblowing (telling someone) if they had any worries. A staff member we spoke with said, “I wouldn’t hesitate in reporting anything I thought was safeguarding to the manager. We are encouraged to speak up.”

Records looked at during the inspection informed that staff had not received safeguarding training for some time (September 2013). We spoke with the registered manager about this who told us that they would arrange this training for staff.

The home had a safeguarding policy that had been reviewed in May 2014. During the last 12 months there has been three safeguarding concerns raised. Appropriate action was taken by staff at the service to ensure safety and minimise the risk of reoccurrence.

The registered manager told us that the water temperature of showers and hand wash basins in the service were taken and recorded on a weekly basis, to make sure that they were within safe limits. We saw that water temperatures were within safe limits. We saw records to confirm that regular checks of the fire alarm were carried out to ensure that it was in safe working order. We looked at records which confirmed that checks of the building and equipment were carried out to ensure health and safety. We saw documentation and certificates to show that relevant checks had been carried out on the gas boiler, fire alarm and fire extinguishers. This showed that the provider had developed appropriate maintenance systems to protect people who used the service against the risks of unsafe or unsuitable premises.

We saw evidence of Personal Emergency Evacuation Plans (PEEP) for all of the people who used the service. The purpose of a PEEP is to provide staff and emergency workers with the necessary information to evacuate people who cannot safely get themselves out of a building unaided during an emergency.

There were individual risk assessments in place. These were supported by plans which detailed how to manage the risk. This enabled staff to have the guidance they needed to help people to remain safe. The risk assessments and care plans we looked at had been reviewed and updated on a monthly basis. Risk assessments had been personalised to each individual and covered areas such as health, behaviour that challenged, falls and moving and handling.

The four staff files we looked at showed us that the provider generally operated a safe and effective recruitment system. The staff recruitment process included completion of an application form, a formal interview, previous employer reference and a Disclosure and Barring Service check (DBS) which was carried out before staff started work at the home. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and also to prevent unsuitable people from working with children and vulnerable adults. We found that some improvements could be made. In one file looked at we found gaps in employment history that had not been explored. And the references for one person were not from their last employer. We pointed this out to the office manager who said that they would tighten up further on recruitment procedures.

Through our observations and discussions with people, relatives and staff, we found there was enough staff to meet the needs of the people who used the service. At the time of the inspection there were 38 people who used the service, 24 of whom required nursing care and 14 of whom required personal care. The office manager told us that from 8am until 8pm there were seven care staff on duty, one of which was a senior care assistant. In addition to care staff there were two nurses on duty from 8am until 5pm, which reduced to one nurse from 5pm until 9pm. On night

## Is the service safe?

duty there were four care staff and a nurse. A relative we spoke with confirmed that staff were available all the time. One person who used the service said, “They are very good and come whenever I need them.”

There were appropriate arrangements in place for obtaining medicines and checking these on receipt into the home. Adequate stocks of medicines were securely maintained to allow continuity of treatment. We checked the medicine administration records (MAR) together with receipt records and these showed us that people received their medicines correctly.

We asked what information was available to support staff handling medicines to be given ‘as required’. We saw that

written guidance was kept to help make sure they were given appropriately and in a consistent way. Arrangements were in place for the safe and secure storage of people’s medicines. Room temperatures were monitored daily to ensure that medicines were stored within the recommended temperature ranges.

We saw that there was a system of regular checks of medication administration records and regular checks of stock. This meant that there was a system in place to promptly identify medication errors and ensure that people received their medicines as prescribed.

# Is the service effective?

## Our findings

We spoke with people about the service. They told us that they liked the staff and were provided with quality care and support. One person said, "You can't fault this place at all. When I came here I couldn't walk or talk. I have improved 100%." They went on to say, "I bet you can't find better."

The office administrator showed us a chart which detailed training that staff had undertaken during the course of the year. We saw that there were gaps in training for many of the staff. We saw that 70% of staff had undertaken health and safety training and that 68% of staff had undertaken training in fire safety. Records showed that 49% of staff had undertaken training in safeguarding in the last 3 years. We saw that only 8% of staff had undertaken training in the Mental Capacity Act 2005 and that 3% of staff had undertaken training in food hygiene. At the time of the inspection very few staff were trained in first aid. We pointed this out to the office administrator who immediately arranged training. Following the inspection we received information which showed that 63% of staff have now received training in first aid. We did see that training for a number of areas was booked for March 2015.

This is a breach of Regulation 23 of the Health and Social Care Act 2008 (Regulated activities) Regulations 2010 which corresponds to regulation 18 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

After the inspection we spoke with the provider who informed us that when they took over the service in June 2014 the majority of staff had not had training for some time. He told us that they had worked hard to source and provide training for staff.

Staff we spoke with during the inspection told us they felt well supported. The registered manager told us that she had commenced a programme of supervisions with staff and was working hard to ensure that all staff received supervision on a regular basis. We saw records of some supervision that had taken place. Supervision is a process, usually a meeting, by which an organisation provides guidance and support to staff. We saw records to confirm that an annual appraisal for staff had been booked. We were told that there had been some new staff appointed

recently and that induction processes were available to support newly recruited staff. This included reviewing the service's policies and procedures and shadowing more experienced staff.

We spoke with a student nurse who was on placement at the service they said, "I feel that I have been very well supported. I have shadowed the nurses and have really enjoyed my time here." During the inspection we saw that the deputy manager spent time supporting the student nurse. This meant that the service was committed to ensuring that staff had the correct skills and knowledge to care for people who used the service.

The registered manager and some of the staff we spoke with had an understanding of the principles and their responsibilities in accordance with the Mental Capacity Act (MCA) 2005. MCA is legislation to protect and empower people who may not be able to make their own decisions, particularly about their health care, welfare or finances. However the majority of staff had not undertaken training. At the time of the inspection there were some people who used the service who were subject to a Deprivation of Liberty Safeguarding (DoLS) order. DoLS is part of the MCA and aims to ensure people in care homes and hospitals are looked after in a way that does not inappropriately restrict their freedom unless it is in their best interests. However those people had not had an assessment of their capacity. A deprivation of liberty authorisation cannot be used if a person has the mental capacity to make decisions which means that a person's capacity must be assessed as part of the process. We spoke with the registered manager in respect of this. They were aware that mental capacity assessment needed to be undertaken for some people who used the service. They had commenced work to ensure that appropriate assessments and documentation was in place.

This is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated activities) Regulations 2010 which corresponds to regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at the home's menu plan. The menus provided a varied selection of meals. We saw that other alternatives were available at each meal time such as a sandwich, soup or salad. Staff we spoke with were able to tell us about particular individuals, how they catered for them, and how they fortified food for people who needed extra nourishment. Fortified food is when meals and snacks are



## Is the service effective?

made more nourishing and have more calories by adding ingredients such as butter, double cream, cheese and sugar. This meant that people were supported to maintain their nutrition.

We observed the lunch time of people who used the service. Lunch time was relaxed and people told us they enjoyed the food that was provided. Those people who needed help were provided with assistance. One person said, “We have good quality food. Sometimes we have ham and pineapple and we always have a roast on a Sunday.”

We saw that people were offered a plentiful supply of hot and cold drinks throughout the day.

The deputy manager informed us that all people who used the service had undergone nutritional screening to identify if they were malnourished, at risk of malnutrition or obesity. We saw records to confirm that this was the case. However, one person who used the service was unable to be weighed. Staff had not used alternative measures to

monitor the person’s weight. This was pointed out to the registered manager at the time of the inspection who said that they would take action to ensure that the person’s weight was monitored using an alternative method.

We saw records to confirm that people had visited or had received visits from the dentist, optician, chiropodist, dietician and their doctor. One person said, “I see my doctor whenever I need to. Both the dentist and the optician come in.” Another person said, “I get my flu vaccination every year.” People were supported and encouraged to have regular health checks and were accompanied by staff or relatives to hospital appointments. We saw people had been supported to make decisions about the health checks and treatment options. During the inspection we spoke with a GP who was visiting the service to see a person who used the service. We asked the GP what he thought of the service. They said, “They contact us appropriately, I have no concerns.” We also spoke with a physiotherapist and an assistant who was visiting the service to provide support to a person to increase their mobility. They did not express any concerns in relation to the service.

# Is the service caring?

## Our findings

People who used the service told us that they were happy with the care and service provided. One person said, "They are all friendly and nice. I love the lot of them and they love me." A relative we spoke with said staff were "Nice, very nice."

During the inspection we sat in communal areas so that we could see both staff and people who used the service. We saw that staff interacted well with people and provided them with the support they needed. We saw that staff provided care and support to one person when using the hoist. We saw that staff explained what they were doing and were encouraging and chatty. They made sure that the person was safe and comfortable before they moved on to help someone else. We saw that staff brought one person their glasses and gave them a wipe to make sure they were clean before putting them on the person. We saw that staff brought one person a blanket when they said they were cold. This showed that staff were caring.

Staff treated people with dignity and respect. Staff were attentive and showed compassion. We saw that staff provided reassurance to people when they needed it. We saw that staff took time to sit down and communicate with people in a way that people could understand. This showed that staff were caring. A relative we spoke with said, "They are very well looked after. If I ask for anything they do it."

The registered manager and staff that we spoke with showed concern for people's wellbeing. It was evident from discussion that all staff knew people well, including their personal history, preferences, likes and dislikes. There was

a relaxed atmosphere in the service and staff we spoke with told us they enjoyed supporting people. We saw that people had free movement around the service and could choose where to sit and spend their recreational time.

We saw that people were encouraged and supported with decision making throughout the day. People made decisions about food, clothes, activities and how they wanted to spend their day. One person decided that they wanted to go for a rest on their bed and staff supported them to do this.

Before the inspection we asked representatives of the local authority for their views on the service and care provided. They told us that they did not have any concerns in relation to the care and support provided at the service.

Staff told us how they respected people's privacy. They said that where possible they encouraged people to be independent and make choices, such as how they wanted to spend their day and what they would like to eat. Staff told us how they always covered people up when providing personal care and always knocked on doors before entering. They told us how they respected people as individuals and decisions that they made. This meant that the staff team was committed to delivering a service that had compassion and respect for people. Generally the environment supported people's privacy and dignity. All bedrooms doors were lockable and those people who wanted had a key. All bedrooms were personalised.

At the time of the inspection those people who used the service did not require an advocate. An advocate is a person who works with people or a group of people who may need support and encouragement to exercise their rights. The registered manager was aware of the process and action to take should an advocate be needed.

# Is the service responsive?

## Our findings

Staff and people told us that they were involved in activities and outings. We were told how many people were visited by their relatives on a regular basis. One person said, “We have bingo and play other games. At Christmas we had a concert and singers. We also had a party and played games.”

A relative we spoke with said that the home had employed an activity co-ordinator to plan and take part in activities and outings for people who used the service; however they had moved on to be a care assistant at the service. The office manager told us that they were in the process of interviewing for a new activity co-ordinator. In the interim care staff were taking on this role. A relative we spoke with said that activities had been plentiful; however they had got less but understood that this was just a temporary measure.

At the time of the inspection there were some people who used the service taking part in a short service and receiving communion. We were told that representatives from the local church visited on a weekly basis to give communion. A person who used the service said, “Once a month there is someone who comes in and does exercises with us and we play games.”

On the day of the inspection there were limited activities taking place, however we saw that staff had asked people if they wanted to play games and they had chosen not to. We saw staff play dominoes with one person who used the service. One person showed us their bedroom and told us how they liked to watch television and read magazines.

During our visit we reviewed the care records of four people. Each person had an assessment, which highlighted their needs. Following the assessment care plans had been developed. Care records reviewed contained information about the person's likes, dislikes and personal choices. This helped to ensure that the care and support needs of

people who used the service were delivered in the way they wanted them to be. We saw that some care plans needed more information to help to ensure that the needs of the person were met. For example, we saw that a care plan for one person stated that they used both the stand aid and hoist to assist them with their mobility. The care plan did not state when they were to use the stand aid and when the hoist was to be used. Another care plan for personal hygiene stated that the person needed support from staff; however the care plan did not state what this support was or what they could do for themselves. We saw records to confirm that at the end of each month there was a monthly review and evaluation of care needs. We saw that care had been evaluated with people who used the service. This contained some very good information on how the person had been, however staff need to make sure that they evaluate on all care needs. For example we saw how one person had been reviewed by the speech and language team and had been treated for a urine infection; however staff had not made comment on their pressure areas.

People who used the service and relatives we spoke with told us they knew how and who to raise a concern or complaint with. We were shown copy of the complaints procedure. The procedure gave people timescales for action and who in the organisation to contact. We spoke with people who used the service who told us that if they were unhappy they would not hesitate in speaking with the registered manager or staff. They told us they were listened to and that they felt confident in raising any concerns with the staff. A relative we spoke with told us that they could talk to the registered manager at any time as they were “Always available.”

Discussion with the registered manager confirmed that any concerns or complaints were taken seriously. We looked at the record of complaints and saw that one complaint had been made in the last 12 months. We saw that the complaint was investigated and that people were satisfied with the outcome.

# Is the service well-led?

## Our findings

People who used the service, relatives and staff that we spoke with during the inspection spoke highly of the registered manager and provider. They told us that they thought the home was well led. A relative we spoke with said, "If anything is raised straight away she (the registered manager) will do it for you."

A nurse we spoke with during the inspection said, "The manager is knowledgeable, supportive and very focussed. We have an open and transparent culture here. Everyone pulls together as a team."

The staff we spoke with said they felt the registered manager was supportive and approachable, and that they were confident about challenging and reporting poor practice, which they felt would be taken seriously. One member of staff said, "I get the feeling she wants you to tell her (the registered manager) if there is something you don't feel comfortable with. Her door is always open."

Observations of interactions between the registered manager and staff showed they were open, inclusive and positive. We saw that they provided both support and encouragement to staff in their daily work. We saw that the registered manager worked with staff. At lunch time we saw that the registered manager supported people who used the service with eating and drinking.

We found that the registered manager and staff had a good understanding of the principles of good quality assurance. The registered manager recognised best practice and developed the service to improve outcomes for people.

Staff told us the morale was good and that they were kept informed about matters that affected the service. They told us that staff meetings took place regularly and that they were encouraged to share their views. We saw records to confirm that this was the case.

We saw that a 'relatives and residents' meeting had taken place in October 2014. The registered manager told us that they planned to have such meetings every three to four months.

Any accidents and incidents were monitored by staff to ensure any trends were identified. This meant that action could be taken to reduce any identified risks.

The registered manager told us of various audits and checks that were carried out on the environment and health and safety. We saw records of audits undertaken which included cleanliness of the kitchen, medicines, care records and health and safety. This helped to ensure that the service was run in the best interest of people who used the service.

The registered manager told us that the provider made regular visits to the service during each month. We were told that these visits were carried out to monitor the quality of the service provided. We were told that records of these visits were not made. After the inspection we spoke with the provider in respect of this who told us that they would keep a record of such visits.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA (RA) Regulations 2014 Staffing
Treatment of disease, disorder or injury	We found that the registered person had not protected people against the risks of having staff who were not up to date with training. This was a breach of regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 18 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA (RA) Regulations 2014 Need for consent
Treatment of disease, disorder or injury	We found that the registered person had not protected people against the risks of not assessing the capacity of people who used the service. This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.