Shawe House Nursing Home Limited

Shawe Lodge Nursing Home

Inspection report

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Overall summary

We carried out an unannounced inspection of this service on 4 and 6 November 2014. This was a new service, which was registered with the Care Quality Commission on 22 May 2014. We brought the scheduled inspection forward because we received anonymous concerns alleging that people living in the home were being got up from 5am in the morning against their wishes. When we arrived at the home at 6.30am only one person was up sitting in the lounge and the nurse confirmed that this was their choice. We have not given a rating for this inspection because the service was under six months old when we visited and the systems and processes being used in the home were under development.

Shawe Lodge Nursing Home is a care home providing accommodation and nursing care for up to 31 people living with dementia. There were 16 people using this service at the time of our visit.

There was a registered manager in post at the time of this inspection. 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.

We talked to staff about how people were protected from harm. Support staff were confident in describing the different kinds of abuse and the signs and symptoms that would suggest a person they supported might be at risk of abuse. They knew what action to take to safeguard people from harm

Staff working in the home understood the needs of the people they supported. They supported people in making choices and their own decisions as much as possible. The five relatives we spoke with told us they were happy with the care provided.

People living in the home received care and support from a trained and skilled team of staff. The induction of new staff was robust and they received regular support from more senior staff following their appointment. This had been supplemented by further training, such as a recognised dementia care qualification to equip staff with specific skills needed to provide person-centred care to people living in the home. Staff fully understood their caring responsibilities and they demonstrated respect for the rights of the people they supported.

However we found gaps relating to risk management. Risk assessments had not been completed in all cases where risks had been identified in pre admission assessments. Not all files contained risk assessments for people where risks had been identified in areas such as moving and handling. Failure to assess those risks and provide nursing and care staff with the information they needed to manage risk safely, placed the welfare of people living in the home at risk of harm. This is a breach of Regulation 9 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

People living in the home received their medicines as directed by their GPs. Medication was stored securely in a locked cupboard.

Summary of findings

During our visit we saw examples of staff treating people with respect and dignity. Relatives told us they were consulted and involved in assessments, care planning and reviews to make sure people's needs were being met appropriately.

People living in the home were provided with a varied and nutritious diet. The chef understood each person's dietary needs and people's food preferences had been incorporated into the menus along with special diets, such as vegetarian and diabetic. Care records showed that staff monitored people's weight each month and people living in the home had access to the dietetic service if they were nutritionally at risk.

Suitable processes were in place to listen to and investigate complaints. Relatives told us they were confident that complaints would be dealt with appropriately. A member of staff we spoke with understood the importance of complaints and they knew who to pass the concerns on to if they could not deal with it first-hand.

Shawe Lodge Nursing Home opened in May 2014 following a thorough refurbishment. The décor, fixtures and fittings were of a high standard and ample space was provided for people living in the home to move freely within the environment. Suitable equipment, for example moving and handling equipment and specialised bathing facilities had been provided to promote people's independence.

The registered manager was developing a system of quality assurance, to measure the outcomes of service provision. We saw that medication and care plan audits had been undertaken and further audits had been planned to ensure that systems used in the home were delivering appropriate standards of support to people who were using the service.

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 not always safe.

Staff we spoke with knew how to keep people safe from abuse. Staff had access to procedures and supporting documents to guide them on taking the correct action if they suspected a person they supported was at risk of harm.

People who lived in the home and their representatives had been consulted about risk, although decisions taken about managing risk had not always been recorded.

People who lived in the home received safe support to take their medicines as directed by their GPs.

Is the service effective?
The service was effective.

People living in the home and their representatives were involved in decisions about how their care and support would be provided. No unnecessary restrictions were imposed on their choices or personal freedom.

People living in the home were supported by trained staff who understood their individual needs well.

Systems were being developed to monitor people's health and welfare and staff made prompt referrals to health and social care professionals when necessary.

Is the service caring?
The service was caring.

People living in the home were treated with kindness and compassion and their rights to privacy, dignity and respect were upheld.

Care staff listened to the views and preferences of the people they cared for and this was reflected in the development of a person centred approach to the provision of care.

Care staff understood the specific care needs and cultural diversity of the people they supported.

Is the service responsive?
The service was responsive.

People were encouraged to express their views on how their care and support would be provided.

People received flexible support and the equipment they needed to maintain their independence.

People living in the home could be confident that their concerns would be listened to and dealt with appropriately.

Is the service well-led?
The service was well led.

Staff received good support from management, were treated with fairness and worked in an open and transparent culture.

Management and staff had a good understanding of their responsibilities and worked well together as a team.

Summary of findings

The systems in place and those under development for quality assurance were appropriate for driving continuous improvement in the best interests of people living in the home.

Shawe Lodge Nursing 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.

One inspector undertook this inspection on 04 and 06 November 2014. The visit on 04 November was unannounced. We arranged a second visit with the registered manager on 06 November to complete the inspection.

We did not request a Provider Information Return prior to the inspection, because our visit was brought forward. Before most inspections the provider is asked 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.

Before our inspection, we reviewed the information we held about the home, which included incident notifications the service had sent us. During our visit we spoke with three people who lived in the home, five relatives, two care assistants, a senior care assistant, the registered manager, clinical lead nurse, a nurse and the chef. We observed care and support in the lounge and dining room and also looked at the kitchen, the laundry and several people's bedrooms. We reviewed a range of records about people's care and how the home was managed. These included care plans and medication records belonging to four people, staff training and supervision records and the quality assurance audits that the registered manager had completed.

People who lived at the home were not able to give us detailed accounts of their experiences in receiving care and support. Due to this, we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Following our visit we received feedback on the quality of the service from the local authority contracts officer.

Is the service safe?

Our findings

We looked at all aspects of four people's care and support to see if their needs were being met safely. We did this by speaking with their relatives, looking at their care records and observing how staff interacted with them. None of these four people's relatives had any concerns about the way care was provided and they confirmed they had been consulted and involved in decisions about risks associated with providing care, treatment and support. One of the relatives told us they had been invited to a care planning meeting the day after their family member was admitted. We saw that care records detailed the contributions relatives had made. This ensured that staff had sufficient information to meet people's needs safely.

We found gaps relating to risk management in two of the four care records we looked at. One care file did not contain a moving and handling and falls risk assessment, despite the person needing the assistance of two staff. The second care file, belonging to a person recently admitted to the home, contained no assessments of risk or details of how risks would be managed. The registered manager told us that care plans and risk assessments would be drawn up once they had assessed the person's needs. However, the pre-admission assessments for both people identified risks associated with their care treatment and support. Failure to assess those risks and provide nursing and care staff with the information they needed to manage risk safely, placed the welfare of people living in the home at risk of harm. This is a breach of Regulation 9 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Five relatives told us that staff understood their responsibility in protecting people living in the home from abuse. One of the relatives said, "The staff really care about people's safety here and we see evidence of this every time we visit." Another relative commented, "When my (family member) moved in here we were told about reporting any concerns we have. The management and staff take safeguarding seriously."

Two members of staff told us they had received safeguarding training and this was confirmed by information we saw in training records. They had a good understanding of the different types of abuse and described the action they would take to keep people safe from harm. Both staff said they would report any concerns to their line managers immediately.

We saw that suitable policies and procedures were in place to guide staff on the action they must take if it was suspected or alleged that people living in the home were at risk of abuse. Staff knew how to access this information and the contact details for reporting abuse. The registered manager had notified us about safeguarding referrals made to the local authority and the action they had taken to protect people from further harm. An officer from the local authority told us that the service cooperated with them and responded appropriately to recommendations made following safeguarding investigations.

Plans were also in place for responding to emergencies or untoward events, such as outbreaks of infection, fire, flood and the failure of equipment used in the home. Risks of system and equipment failure had been minimised by a programme of servicing and maintenance of equipment. For example, we saw that relevant contracts were in place for gas safety, portable appliance testing, emergency lighting, clinical waste removal and pest control.

Three staff told us, and rotas confirmed, that sufficient staff were deployed to meet the assessed needs of the 16 people living in the home. We saw that staff numbers had been deployed flexibly.

The registered manager explained this was done to make sure staff had sufficient resources to meet people's needs safely. The five relatives we spoke with were satisfied that the home was suitably staffed. One relative said, "There is always a member of staff around when I visit and I've never seen anyone having to wait for assistance." We observed staff responding to people's need for support in a timely manner.

Information held in staff records confirmed that the required pre-employment checks had been undertaken prior to confirming staff were suitable to work with older people.

A system was in place to record accidents and incidents, such as falls. The registered manager told us that the outcome of accidents and incidents were analysed to see what lessons could be learnt and reduce future risk by taking preventative action. We saw people's care records had been updated following a fall in order to minimise the risk of further incidents.

We observed a nurse administering medicines during lunch. We noted that medicines were dispensed at the point of administration and the nurse observed the person

Is the service safe?

swallowing their medicine before signing the records. Medication was safely and securely stored in a locked cupboard. Medication administration records (MAR) showed that the people accommodated in the home had received their medicines as directed by their GPs. Detailed protocols had been written down to guide staff in safely administering occasional medicines, such as pain killers. However, one of the protocols we saw did not include the signs and symptoms that would indicate the person needed pain relief. The registered manager said this was an oversight and the details were added to the protocol before we finished the inspection.

Is the service effective?

Our findings

We looked at staff training records and these provided evidence that staff received induction and ongoing training to develop the skills and knowledge needed to meet the needs of people living in the home. The registered manager told us that new staff underwent a12-week induction, during which time they shadowed an experienced member of staff during their shifts. After the induction staff would begin to study for a recognised qualification in dementia at level 3. Three members of staff confirmed that they had received training in mandatory health and safety, such as moving and handling, infection control and fire safety. The home's training matrix showed that the majority of staff had completed their mandatory training.

The manager provided evidence of the staff training and development plan. The manager had assessed each member of staff's strengths and needs to determine the training required in developing the relevant skills and knowledge to meet people's needs. We saw that planned training had been designed to cover the specific care and support needs of people who lived in the home.

The staff we spoke with all said they received good support from management. They were confident that if they needed specific training it would be provided. One member of staff said, "I had supervision with the manager and we discussed my career and training. We don't have to wait for supervision though as we can go to speak with any of the managers if we need to talk about something."

The manager had developed good links with organisations providing sector specific guidance and training. We were shown several good practice documents, which had been downloaded from organisations such as the Royal Pharmaceutical Society and the National Institute for Health and Care Excellence. The manager told us they kept up to date with current best practice by reading care sector magazines and obtaining advice from health and social care professionals.

The Care Quality Commission (CQC) is required by law to monitor how care homes operate the Deprivation of Liberty Safeguards (DoLS), and to report on what we find. Two of the care records we looked at contained DoLS authorisations and the third care record contained a Lasting Power of Attorney. Further documentation in these three care records showed that the correct processes were being followed to ensure people who did not have the capacity to make significant decisions had their rights upheld.

The five relatives we spoke with expressed satisfaction with the food and drink provided in the home. One of the relatives told us, "There seems to be plenty of choice and the meals I've seen look appetising. Two people commented that they had enjoyed their lunchtime meal during our first day's visit.

We saw from the menus that breakfast choices included fresh fruit, cereals, porridge and a cooked breakfast option. Snacks, such as sandwiches, soup or scrambled eggs were available at lunchtime and the main meal of the day was provided at 5pm. Snacks and finger foods were also available throughout the day. Care records showed that people who had been assessed as at risk of weight loss were under the care of a dietitian. The records in one of the care plans we looked at showed that staff had followed the guidance of the dietitian and had provided the support to enable the person to gain weight.

The chef showed us the system they used to record the food and drink consumed by people living in the home. This made sure that nutritional intake was closely monitored to protect the welfare of people who were nutritionally at risk. The chef told us they met with people living in the home and their relatives and was currently compiling a comprehensive list of each person's likes and dislikes. The chef added that this would inform any changes that needed to be made to the menus. We saw that special diets were accommodated on the menu, such as diabetic, soft and vegetarian diets. The chef told us the kitchen could also provide cultural and religious diets. Meals, soups and confectionary were made from fresh ingredients each day.

The care plans we looked at contained detailed information about people's physical and mental health needs. Visits and appointments with health professionals had been recorded and we could see that care plans had been updated with these details. The five relatives we spoke with confirmed that people had been registered with a local GP. One of the relatives told us, "We asked staff if our relative could have their toenails cut and they arranged for this to be done by the chiropodist. Our relative was also given exercises to do on the recommendation of the physio and staff have been helping them with this. For the first

Is the service effective?

time today we have seen our relative walk, so staff must be doing them right." A second relative told us, "Staff sent for the GP yesterday to have a look at my (family member) because something wasn't right. The good thing is that I know staff have followed things up, such as the advice the GP gives to them." Relatives also confirmed that they were invited to attend the monthly care plan reviews held in the home. They said this was an opportunity to discuss people's health needs and how they were being met.

Suitable equipment had been provided to meet the physical and sensory needs of people living in the home, such as moving and handling equipment and specialised bathing facilities. Shawe Lodge Nursing Home opened in May 2014 after a full refurbishment programme. The décor, fixtures and fittings were of a very high standard and people living in the home had space to move around without restrictions to their personal freedom. A relative told us, "We picked this home because there is plenty of space in the environment and this suits our (family member's) needs.

Is the service caring?

Our findings

During our visit we observed interactions between staff and the people they were supporting. Staff addressed people by their preferred names when speaking with them. We saw staff treat people in a kind, caring and compassionate manner and staff responded promptly to people's need for support. We observed staff engaging in meaningful conversations with people. For example, we saw a member of staff go and sit with a person who was showing signs of anxiety to offer comfort and reassurance by holding their hand and talking to them in a calm and supportive way. We also observed how staff managed a situation where a person was refusing to have their care needs met. Staff demonstrated patience and understanding and did not put the person under pressure, but asked for their consent at regular intervals to gain the person's trust and willingness to comply.

Two of the staff we spoke with told us how they cared for people in a private and dignified way. They said they always knocked on bedroom and bathroom doors before entering and that personal care was provided in private. During the lunchtime period we observed that staff discretely consulted people about their care and support needs.

From the conversations we had with three staff it was evident that they understood the specific care needs and cultural diversity of the people they supported. The staff gave examples which demonstrated how they met people's diverse needs in a caring and respectful manner. For example, we asked staff how they provided appropriate care to a person who had a sensory impairment. A member of staff told us, "First we tell the person who we are and explain what we are going to do. At mealtimes we make sure the person knows where everything is on the table so that they can maintain their independence."

The five relatives we spoke with during our visit confirmed that care was provided in a respectful and dignified manner. They said staff understood people's needs and provided support in a timely manner. One relative told us, "My (family member) is always well dressed and that is important to them. The staff are respectful and make sure people always have choice in what they wear, eat and when they want some privacy in their room."

Another relative told us staff respected people and maintained their privacy and dignity. They said, "The staff are always respectful and provide a very good standard of care. They will contact me if they have any worries about my relative." They told us that there were no restrictions on visiting hours and that staff were very welcoming when they came to visit.

The registered manager and staff had been trained in providing culturally sensitive and dignified end of life care. We saw that care plans had a dedicated section to complete when a person was at the end of their life. This provided the person's preferences, wherever possible, and guidance for staff on respecting and maintaining the individual's privacy and dignity.

The registered manager told us that care plans were being developed to include evidence to reflect people's views, preferences and decisions about how their support would be provided. Relatives told us they had been asked for this information to be used in the care planning process. Each person would have a written life history detailing people who were important to them, significant life events and hobbies and interests. This level of detail would provide care staff with good information to understand the person, what was important to them and to meet their needs in a person-centred way.

The registered manager also told us about their plans to provide an information folder, which could be accessed by people living in the home and their visitors. They said this would provide people with useful information, such as: local facilities; the home's Statement of Purpose; and where to access support, such as independent advocacy services.

Is the service responsive?

Our findings

Three of the four care plans we looked at showed that people living in the home, or their representatives had participated in their assessments of need. In relation to the fourth care plan a relative met with staff the day after our first visit, to discuss the person's needs and develop their plan of care. Wherever possible the person had signed to indicate that they agreed with the care and support to be provided by staff. A relative told us they had been involved in developing the person's care plan to make sure support was delivered according to the person's preferences. They said, "I was asked about my (family member's) routines, likes and dislikes, preferences and any special considerations that should be observed." Three care records provided staff with sufficient information about people to understand their needs and know how to provide safe and appropriate support. The fourth care record was under development at the time of our inspection.

We saw that needs assessments and care plans had been reviewed monthly. Where a person's needs had changed the care records had been updated accordingly. For example, we saw evidence that guidance and advice received from a dietitian had been added to a person's care plan to accurately reflect their current support needs.

The registered manager told us that care plans were being developed to reflect people's information in a more person centred way. They said care plans would eventually contain detailed life histories and the person's interests, decisions and individual preferences for the way their care and support would be provided. This provided evidence of the service developing a person centred approach to meeting the diverse and specific needs of people living in the home.

Throughout the course of the day members of staff were observed to take time to sit down and talk with people at regular intervals. A relative told us, "I see staff sitting down and chatting with people and the manager is always available if I need to speak to her." The manager had considered research undertaken into suitable activities for people living with dementia, which showed that people benefited more from one to one activity time, such as stimulating conversation with staff. There were some group activities, for example music therapy and a 'pub' afternoon, but a more person centred approach had been adopted so they could respond to people's personal interests. A small lounge had been set aside for development as a reminiscence area and visual materials to stimulate memory had been purchased for this purpose. A relative commented, "At the last home my (family member) always stayed in bed until lunchtime, because they said there was nothing going on. Now they're up and about in the morning, because there's always something to interest them."

We saw a copy of the home's complaints policy and noted that the procedure for making complaints was posted in a prominent position within the home. The policy detailed the timescales for investigating and responding to complaints and gave people information on where to take their complaint if they were dissatisfied with the outcome of the investigation. There were no unresolved complaints at the time of our visit. The local authority contracts officer said they had visited the home since it opened and they found no major concerns and they had not received any complaints about the service since their visit.

The five relatives we spoke with were aware of their rights in relation to complaints. They told us they were very happy with how staff responded to their views. One relative told us, "We've not had to complain, but we did ask for our (family member) to have their hair and toenails cut and staff organised it straight away."

We asked a member of staff what they would do if a person living in the home or a visitor made a complaint. They responded, "If it was something I could deal with I'd do it there and then, but if not I would pass the information on to the manager or a nurse."

Is the service well-led?

Our findings

The manager in charge of this home was registered with the Care Quality Commission to manage two care homes for the provider Shawe House Nursing Home Limited. They were supported by deputy/clinical lead managers in both homes and two teams of care and ancillary staff.

We asked the registered manager how they actively involved care staff in the development of the service. They told us staff were encouraged to make suggestions about developing the service within supervisions and staff meetings. Staff confirmed that their views were taken into consideration and they felt that they worked well as a team within an open and transparent culture. The manager added that, as a team, they constantly reviewed best practice in dementia care to ensure that the service continued to meet people's needs in a person centred manner.

During the inspection we saw managers were actively involved in the day to day running of the home. We saw they met with visitors, and people who lived in the home, and spoke with staff. From our conversations with the management team it was clear they knew the needs of the people who lived at Shawe Lodge Nursing Home and the atmosphere was relaxed and positive. We observed the interaction between staff and saw they worked as a team. For example we saw staff communicated well with each other and organised their time to meet people's needs.

Three members of staff confirmed that the registered manager encouraged them to question practice within the home. Staff described the manager as supportive, approachable and open. They said the home was a good place to work and they had all the equipment and facilities they needed to provide safe and appropriate care.

Communication systems were being developed in the home. These included staff meetings one-to-one supervisions sessions and staff handovers at every shift change.

In conversation with the registered manager it was evident that they fully understood their responsibilities. They described their plans for the continual development of the service to ensure that the changing needs of people would continue to be met through quality care and support. They told us they received good support and approval for additional resources from the provider.

The conditions of registration for this service had been met and the registered manager had notified us about significant events as required by Regulations under the Health and Social Care Act.

A quality assurance process was being developed at this home. We saw evidence of time specific auditing of procedures and systems, such as infection control, medication administration and care planning. The home's approach to quality assurance was integral by involving the staff team in the process. In July 2014 the registered manager had undertaken a structured observation of a mealtime. They said the outcome of the observation helped them to understand the dining experience from the perspective of people living in the home. This enabled them to determine if any changes were needed to improve the quality of outcomes experienced by people.

Although some management systems were still under development the registered manager had a clear vision of what needed to be in place to make sure people living in the home were receiving a safe and person-centred service. They had an action plan in place with clear timeframes for completion.

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 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 Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010 Care and welfare of people who use services **People who use services and were not protected against the risks associated with unsafe or inappropriate care and support because of a failure to risk assess the needs of all people living in the home.** Regulation 9 (1) (a)

This section is primarily information for the provider

Enforcement actions

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