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Shardlow Manor Residential Home

Inspection report

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Tel: 01332792466

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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 ●

Summary of findings

Overall summary

We inspected this service on 2 December 2015. This was an unannounced inspection. Shardlow Manor provides residential care for up to 28 older people, some of whom were living with dementia. When we visited, 27 people were living there.

The home had a registered manager in place. 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.

Our last inspection took place in February 2014 and at that time we found that two of the essential standards we looked at were not being met. We asked the provider to put actions in place to ensure that these standards would be met in the future. We asked them to make improvements in how the recording and handling of people's medicines took place. We also asked them to have an effective system in place for dealing with comments, concerns and complaints. During this inspection, we found that the provider had made improvements in both these areas.

People chose how to spend their time and staff sought people's consent before they provided care and support. However some people did not have capacity to make certain decisions. It was not clear how some decisions had been made and whether people should have made the decision for themselves. We saw some people may have had restrictions placed upon them as they were not able to go out alone and may not have had the capacity to make a decision about their safety. Applications to ensure these restrictions were lawful had not been made. You can see what action we told the provider to take at the back of the full version of the report.

People told us that they felt safe living in the home. The staff knew how to support people in a safe way. We found that people's medicines were administered safely and we saw that potential risks were assessed and managed. There were sufficient staff numbers in the home to meet people's needs and keep them safe. There were safe recruitment procedures in place which were followed when appointing new staff.

We found that people were supported to have their assessed needs, preferences and choices met. People told us the staff helped them in the way they wanted. Staff showed they were aware of individuals support needs and how to help people living with dementia. People were supported to eat and drink enough and maintain a healthy and balanced diet. Health professionals regularly visited the home and provided healthcare services when needed.

People told us and we observed that positive caring relationships had been developed with the staff. We saw that people were involved in making decisions about their day to day lives and they were encouraged to be independent. People had regular care plan reviews with their carer which they found helpful. Relatives were also involved with these plans.

People who used the service and their relatives told us they knew how to raise any comments, concerns or complaints. We found that when issues had been raised, they had been dealt with and people had been listened to. We saw that people were able to personalise their rooms as well as the communal areas. They were also able to make choices about the activities they wanted to participate in.

People told us that the manager and provider were supportive and approachable. The staff also told us that they enjoyed working at the home and were given opportunities to develop their knowledge and skills. We found that there were systems in place to review the quality of the care at the home.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People were protected from avoidable harm and abuse. Staff understood how to recognise abuse and what actions to take. Risks were managed and staff knew how to work safely. There were sufficient numbers of suitable staff to keep people safe and meet their needs. Medicines were managed safely to enable people to take the correct medication at the right time.

Is the service effective?

Requires Improvement ●

The service was not consistently effective.

Where people were unable to consent, mental capacity assessments and best interest decisions had not been completed. Where people did not have the capacity to make decisions about their care and were being restricted, no Deprivation of Liberty Safeguards applications had been made. We found that people were supported to have their assessed needs, preferences and choices met and that the staff had the necessary knowledge and skills to do this. People were able to maintain their health and wellbeing.

Is the service caring?

Good ●

The service was caring.

People received support from staff who were kind and compassionate. Staff showed concern for people in a caring and meaningful way. People were encouraged to be as independent as possible and were involved in decisions that were made. People were treated with dignity and respect and were supported to express their views about their care.

Is the service responsive?

Good ●

The service was responsive.

The care that people received was individual. Staff knew the people living there well. People were able to choose how to spend their time and what activities to be involved with. People

were able to say how they wanted to be supported and were involved with their care plans. People knew how to raise concerns and complaints and the provider responded to any issues raised.

Is the service well-led?

Good ●

The service was well led.

There was a positive culture within the home and staff felt well supported by the registered manager and the provider. There were systems in place to assess and monitor the quality of the service and to encourage improvements.

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 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 2 December 2015 and was unannounced. Our inspection team consisted of two inspectors 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. Their area of expertise was with people who lived in residential care.

We looked at the information we held about the service, including notifications the provider had sent us about significant events at the home. We also had a provider information return (PIR) sent to us. A PIR is a form that asks the provider to give some key information about the service. This includes what the service does well, and any improvements they are planning to make. We also received feedback from the local commissioners.

We spoke with ten people who used the service, three relatives and one visitor. We also spoke with a visiting health care professional, three members of the care staff, the cook, the registered manager and the provider. We did this to gain their views about the care and support people received and to check that the standards were being met. We also observed the care people received in the communal areas of the home so we could understand people's experience of living there.

We looked at three care records to see if they were accurate and up to date. We also looked at records that related to the management of the service including quality checks.

Is the service safe?

Our findings

At our previous inspection in February 2014 we found that the provider was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Medicines were not managed in accordance with legal requirements. At this inspection we saw that improvements had been made to the way medicines were administered and managed.

We found that people's medicines were managed appropriately so that they received them safely. We were told, "Of course I get my medicines on time." Another person said, "I take tablets, the staff check me out." We observed people being given their medicines and the staff ensured that they had taken all their tablets before moving onto the next person. The staff spoke with people, telling them what the tablets were. They also said, "Sorry to interrupt your dinner. And, "Just take your time." We saw that staff would not lean over them during this, but would sit with them at the table. We observed that the medication administration record was completed for each person, one at a time.

We saw that the member of staff administering medication was not disturbed and was able to support people appropriately. There were audits in place and issues were dealt with. For example we saw that the member of staff checked to ensure that the medicine administration records were completed following administration.

People told us they felt safe living in the home. We were told by one person, "Of course I feel safe, the staff treat me well." Another person said, "I feel very safe, I'm not frightened. I have never felt frightened." People told us that they would raise any issues of concern. One person told us, "There's nothing I wouldn't say to the staff. If I thought it was wrong, I would tell them."

We saw that the interactions between the staff and the people who used the service were positive. People we spoke with told us they were happy with the support provided. One person said, "The staff are very nice to you, welcome you and look after you." We were also told, "They don't shout at you, it's a good place to be." We observed people living with dementia were reassured when they became anxious. One member of staff told us, "[Person who used the service] can get upset, and sometimes we might need two of us to help them." We were also told, "Everyone's different, and so they may need help in different ways." The records we looked at reflected how to support people individually, and we saw people were supported in this way.

Staff we spoke with had a good understanding and knowledge of how to safeguard people. One member of staff said, "If I saw anything bad, I would go to the senior, and they can discuss it with someone higher if need be." Another staff member said, "I'd inform my manager straight away. Maybe the police would have to be involved." They were also able to identify the different types of abuse that could happen. They knew that the local safeguarding authority could be involved. Staff told us that there was a whistleblowing policy in place. One member of staff said, "I could go to any team leader, the manager or the provider. I could speak to social services or you."

We found that potential risks to individuals were managed. One person we spoke with said, "I have a lock on

my door, but I choose not to lock it." Another person told us, "They keep my money safely."

People told us they were supported safely. For example, one person said, "There's always someone with me when I use the stair lift." We observed staff working in a safe manner when using equipment to transfer people. One member of staff said, "We have always done this with two people. I see everyone doing it in two's." Staff told us that that different people needed to use different equipment. We observed staff ensuring that people's feet were placed on the footplates of the wheelchair before they were moved and people's arms were tucked in by their sides when going through doorways in a wheelchair. The records we looked at demonstrated that the care delivered matched their support plans. We also saw that regular checks were carried out for the equipment in the home.

There were some people who used the service who were at risk of developing sore skin. They had the appropriate equipment in place, such as special cushions and mattresses to minimise the risks. The staff showed us that they knew how to check this equipment and how to raise any concerns. We were also told by a visiting health care professional that the staff were, "Very good at alerting concerns and were good at following turning protocols that were in place for people who were at risk."

We joined a staff handover meeting and saw that an overview was given about each person. Information was passed on about people's changing needs and any concerns that needed to be acted upon.

We found that there were sufficient members of suitable staff to keep people safe and meet their needs. One person said, "There's always somebody to help me." Another person said, "I think there are enough staff, we are not left short." We were also told by another person who used the service, "There are always enough staff. I phone them from my room, and they come straight away. They are quick." We observed that staff responded to people's call bells in a timely manner.

We saw that the provider had safe recruitment practices in place. One person who had recently started working there told us, "I had to wait for my police check to come through before starting." We found that suitable references had been received and that their identify had been confirmed. Checks had been carried out with the disclosure and barring service to ensure that the staff and volunteers who worked at the home were suitable to work with people.

Is the service effective?

Our findings

We looked at how the requirements of the Mental Capacity Act 2005 (MCA) were being implemented. This act provides a legal framework to protect people who may lack capacity and may need to have specific decisions made on their behalf and in their best interests. It also recognises that when people are assessed as lacking capacity, it may be necessary and in their best interests to deprive them of their liberty. In this situation, Deprivation of Liberty Safeguards (DoLS) should be applied.

The provider had not followed the legal requirements in relation to the MCA. Where people were unable to consent, mental capacity assessments and best interest decisions had not been completed with consideration to the person's level of capacity. For example, people had 'do not attempt cardio pulmonary resuscitation' documents in their files, but there was no evidence from the decision maker about the persons understanding of this and why this would have been in their best interests. Care plans did not show how people were supported to make decisions when they lacked capacity and were using assistive technology. The provider did not have any information to show why these decisions were in the persons best interests. Staff told us they had received training in MCA, however when we spoke with them they were not always able to demonstrate an understanding of the requirements under this legislation.

This was a breach Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There were people who used the service that staff believed lacked capacity to make certain decisions and who were also being restricted. The manager and provider confirmed that some people did not have capacity to make a decision about their safety when out and if they tried to leave the building, then they would not be free to do so. At the time of our inspection, no DoLS applications had been made to authorise these possible restrictions. This demonstrated that the provider had not always considered if people were being restricted unlawfully. The provider and the manager agreed that they needed to consider these applications and seek urgent authorisations.

This was a breach Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found that people were supported to have their assessed needs, preferences and choices met.

People told us they were confident that the staff supported them in the way they wanted. One person told us, "I choose my own clothes and those that can't choose, the staff will help." Staff told us, "We ask people what they would like, and try to support them so they can make choices." We saw that people were able to have their meals where they choose and a member of staff confirmed, "Some people like to get up for breakfast, but others prefer to have it in their room. People can go where they want, we go with the flow."

We found that the staff had the necessary knowledge and skills to support people. A new member of staff said, "On the first few days I shadowed people to get used to the work. I can also go to the seniors for

support." One member of staff told us about training which included experiencing what it was liked to be cared for. They said, "We wanted to see what it was like to be fed by someone else. It felt odd and strange. We tried using teaspoons rather than big spoons and it felt a lot better." We then observed this being put into practice at lunchtime when people were not able to eat independently. The staff member also told us, "It was a good exercise, and we did it with drinking too. Now I offer a sip, then another small sip, rather than having too much liquid in your mouth." The staff we spoke with were aware of individual's support needs, and this was reflected in the care records we looked at.

Staff told us they were given opportunities to develop their skills and said that "We are kept up to date with training." We saw where people were living with dementia the staff had a good knowledge of what they liked and their history. Each person who used the service had a lifestyle passport, which included information about things that were important to them and facts about their past. We saw the staff showed their awareness about supporting people living with dementia by using different coloured plates which made the food more visible for them.

We observed the lunchtime meal and one person said "The food's very good, I've put on weight!" And, "There is plenty of choice." We saw that there was a variety of fresh fruit for people, and choices of drinks were freely available.

Where people needed their food and drinks served in a specific way, due to the risk of choking, we saw that this was done. Moulds were available to shape pureed food, and drinks were thickened according to individual recommendations for each person. We found that the staff were aware of people who needed special diets, and choices were still offered. Staff told us, "There is plenty of choice. There are no limits on what can be brought." We saw that people's food and drinks intake was monitored. We shared a meal with people who used the service and found the food was of a good standard. This demonstrated that people were supported to eat and drink enough and maintain a healthy and balanced diet.

We found that people were supported to maintain good health. One person told us, "It's good that the doctor calls in each week." Another person said, "The nurse comes on Tuesdays and Fridays." When we spoke with relatives one told us told us, "[Person who used the service] is well served and the staff take them to the dentist." We were told by a visiting professional that the home was good at maintaining people's physical health.

Is the service caring?

Our findings

People told us and we saw that positive caring relationships had been developed. One person said, "The staff are nice." Another person said, "The staff are lovely, all different characters." We saw relaxed and happy interactions as the staff and people who used the service had their meal together. We observed people being comforted and reassured when they became anxious and confused. We saw staff talk with people throughout the day, and engaged with them at all times. The staff we spoke with knew the people living there well, and were aware about any personal preferences things that were important to them. For example, who preferred to sit where. One member of staff told us, "I like working here, the staff are kind and helpful. All the people living here seem really happy." We looked at a thank you card from a relative that was on display. The inscription said, 'Thank you for all the care and love shown, it meant so much to us.'

We saw that people who used the service were involved in making decisions about their day to day life. For example people were asked if they wanted their food cut up for them and were given the option of having certain painkillers or inhalers. Staff asked people if they had finished their meal and if they needed to go to the bathroom. We were told by one person, "I'm given a lot of choices and can always ask for something different if I want. I choose what time to get up and go to bed. I could have my meals in the dining room, but prefer my own company." One relative said, "They will get [Person who used the service] to do things for themselves." We were told by another person, "I have reviews with the carer in my room. She's very nice and really helpful." We saw in the care records we looked at that people had been involved with their support plans, and relatives told us that they had been included as well. We also saw that if people didn't have any family, information regarding advocacy was available. Advocacy support can help people who may find it difficult to express their own views, and the advocate can speak on their behalf.

We found that people's privacy and dignity was respected and promoted. One person told us, "They will always knock on my door before coming in. I need help to have a shower and I'm very happy with the way they support me." We observed staff straightening people's clothing after they had been transferred to their seat. Some people chose to spend their time away from the main lounge and dining area. They told us, "The staff will pop in throughout the day just to make sure everything's okay."

We were told that people who used the service were encouraged to be independent. One person said, "When I first came in they did everything for me. Now I do it all." Another person said, "I never get bored. I help out with the tea and pour the drinks. I help out in the home a bit." A relative we spoke with said, "Our [Person who used the service] is fully independent." We were told that relatives could visit at any time, and saw people coming to visit at different times of the day. Staff told us, "We look after people like they are family. It's hard to explain, but we will eat with them, have a break with them. We won't exclude them in any way."

Is the service responsive?

Our findings

At our previous inspection in February 2014 we found that the provider was in breach of Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Complaints were not dealt with in accordance with legal requirements. At this inspection we saw that improvements had been made.

People who used the service and their relatives told us they knew how to raise any concerns or complaints and who to speak with. One person said, "I would tell one of the girls or the manager." Another person said, "I would ask to see someone in charge, but I've made no complaints." A relative told us, "I did have a concern. I told the manager and she rectified it straight away." We saw that there was a complaints process in place and that the provider had responded to anything raised in a timely and appropriate manner. We looked at the most recent residents meeting minutes, and saw that where people who used the service had requested change this had happened. For example, people had asked that lids were put onto the vegetable dishes when brought to the table. When we observed lunchtime, we saw that these changes had been put into place.

When asked if they thought the support was tailored to meet a person's needs, one relative said, "Yes, very much so. It's exactly what they need." One staff member told us, "[Person who used the service] likes to have a chat; it makes a massive difference just to be able to talk." We observed staff spending time with people who used the service talking about life events during their break. We saw that people were able to decorate their rooms in a way that was personal to them. We also saw that people were able to have personal items and furniture that was important to them in the communal areas. We found that the care records were individual to people living there. This demonstrated that people received care that was individualised

People told us that they were able to choose how to spend their time and what activities to be involved with. One person said, "I go out when the weather is nice. I went to Chatsworth and they sorted out a wheelchair for me. They were great." Another person told us, "There are lots of activities here." We were told about different events in the home that involved the local community and people said that they were to choose whether to join in or not. We saw that people participated in different activities while we were there; looking at magazines, having playing cards, watching TV and listening to music of their choice. Some people did this in the communal areas, and some chose to sit in their own rooms or quiet lounges.

People told us that they were able to decide how they wanted to be supported. We heard staff ask people if they could assist them before the support was given. A relative we spoke with said, "I have seen them ask how they are and if there is anything they can help with." One person told us, "I know I have a care plan. My son and daughter spoke to the manager about it." A relative said, "Yes I know about the care plan." The staff knew where people's care records were kept and knew where to find important information about people's support needs.

Is the service well-led?

Our findings

People we spoke with told us the manager was approachable. One person said, "I talk to the manager a lot, she's very good." Another person told us, "I know who the manager is, sometimes I go and see her, but only if I need to." A relative said, "Yes, I know the manager and she is available if we need her." Staff were positive about the management and leadership of the home. Staff told us, "I can go and talk to the manager, and I've done some shifts with her." Another said, "The provider is brilliant; you can ring her up at any time. They are a good support network." Staff we spoke with were positive about working at the home, "I love it, it's homely, and feels like a family." People we spoke with said that communication within the home was good and that they also felt listened to.

The provider and manager completed quality audits at the home. An annual survey had been completed to gain the views from people who used the service and their relatives. The results had been shared with the people living there and their families. We saw that there were meetings with the different staffing teams and that as a result of these, changes were put into place. For example, suggestions that the people using the service had made resulted in changes in the menu that was available.

The provider and registered manager offered an on call service to cover times that they were not physically present in the home. The staff told us this gave them confidence that there would be someone to contact in case of any emergencies happening.

Staff told us that there was clarity about the different roles and responsibilities they had. There were opportunities for any queries about people's care to be raised with the care team. Staff told us that they had been offered different training courses to develop their knowledge and skills. For example, safeguarding, health and safety, and dementia training.

The manager understood their legal responsibilities of informing us and the local authority of any notifiable incidents that needed to be reported. They maintained records about these notifications. They also demonstrated understanding about their responsibilities as a registered person.

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	Regulation 11 HSCA RA Regulations 2014 Need for consent
Treatment of disease, disorder or injury	The provider was not acting in accordance with the Mental Capacity Act 2005. Where people were unable to consent, mental capacity assessments had not been completed and best interests decisions had not been evidenced. Regulation 11 (1).

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment
	The provider was not acting in accordance with the Mental Capacity Act 2005 Deprivation of Liberty Safeguards. Where people may have been restricted, this was not done with lawful authority. Regulation 13 (5).