

Family Star Limited

# Shirley View Nursing Home

## Inspection report

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16 May 2017

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service responsive?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

At an inspection of this service in January 2016 we found the provider to be in breach of three regulations in relation to staffing, good governance and notifications of incidents. We carried out a focused follow-up inspection on 5 and 8 July 2016 and found these breaches of regulations had been resolved. However, we also found the provider to be in breach of the regulation in relation to safe care and treatment because fire doors were not closing properly and medicines were not always stored securely.

At our most recent comprehensive inspection of the service on 11 and 13 January 2017 we found the provider had resolved the issue with fire doors not closing properly, although there continued to be concerns with the way they managed medicines. Specifically, cupboards and refrigerators used to store medicines were not kept locked and there were not always sufficient instructions for staff about when to give people certain medicines or what to do if people declined to take their medicines. We also found that some risks were not managed adequately, including some risks presented by the home environment and other risks that were specific to individuals, such as the use of bed rails. In addition, the provider's checks and audits to help them monitor and improve the quality of the service were still not sufficiently robust, as they had failed to identify all the issues described above.

We served the provider with a requirement notice for the breach of regulations in relation to good governance and a warning notice for a repeated failure to meet the regulation in relation to safe care and treatment. The provider wrote to us in March 2017 to say what they would do to meet legal requirements in relation to the breaches described above. We undertook an unannounced focused inspection of the service on 16 May 2017 to check the provider had followed their action plan and now met legal requirements.

This report only covers our findings in relation to the breaches we found at the last full comprehensive inspection of this service. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for 'Shirley View Nursing Home' on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

Shirley View Nursing Home provides accommodation, nursing and personal care and support for up to 22 people. The home specialises in supporting older people living with dementia. There were 14 people living at the home when we inspected.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

During our inspection, we found that the registered provider had made the improvements they said they would in the action plan they had sent us; most notably in the way they managed medicines and the risks people might face, and monitored the quality and safety of the care and support people living at Shirley View Nursing Home received. However, while improvements had been made we have not revised the

service's overall rating which remains 'Requires Improvement'. To improve the service's overall rating would require the provider to demonstrate consistent good practice in all aspects of the care they provide over a longer and more sustained period of time.

The provider had improved the way they managed people's medicines. Medicines were now managed safely and people received them as prescribed. We saw robust systems were in place to ensure medicines were stored, administered, recorded, reviewed and handled safely by competent staff.

We saw the way in which the provider assessed and managed individual risks to people's health and safety had been significantly improved. Staff knew how to minimise and manage these risks in order to keep people safe. Specifically, risk management plans were now in place to help staff prevent or manage behaviours that challenged the service and to support people who used bedrails. Staff we spoke with were familiar with these risk management plans.

Measures had been put in place to reduce the environmental risks people living in the home might face. We noted the old ill-fitting linoleum flooring in the main communal areas had been replaced with some new evenly laid wooden flooring and all the upstairs windows had been fitted with tamper-proof window restrictors. This meant the risk of people tripping in the communal areas or falling from height from an upstairs window had been mitigated.

The provider now takes a more holistic approach to planning people's care and support. We saw care plans had been kept under constant review and updated accordingly. They were personalised and contained detailed information about people's individual needs, strengths, preferences and choices.

The provider operated more effective governance systems to routinely assess and monitor the quality and safety of the service people received. The new quality assurance processes helped the registered manager and staff to identify issues promptly and ensure appropriate action was taken to resolve those including, shortfalls in medicines management, individual risk management and risks presented by the home environment.

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

We always ask the following five questions of services.

### Is the service safe?

We found that appropriate action had been taken by the provider to improve safety.

The provider had improved systems in place to ensure medicines were stored and administered safely.

Risks people might face were also appropriately identified and managed. Staff were familiar with these risk management plans and knew how to prevent or deescalate challenging behaviour.

While we saw improvements had been made we have not changed the rating for this key question. To improve the rating would require the provider to demonstrate consistent good practice over a longer and more sustained period of time in relation to managing medicines and risks.

**Requires Improvement** ●

### Is the service responsive?

We found that appropriate action had been taken by the provider to improve the services' responsiveness.

Care plans were sufficiently personalised to ensure that staff had the information they needed to support people appropriately.

While we saw improvements had been made we have not changed the rating for this key question. To improve the rating would require the provider to demonstrate consistent good practice over a longer and more sustained period of time in relation to ensuring care plans were person centred.

**Requires Improvement** ●

### Is the service well-led?

We found that appropriate action had been taken by the provider to ensure the service was well-led.

The provider routinely used a number of checks and audits to monitor the safety and quality of the care, facilities and support people received.

While we saw improvements had been made we have not changed the rating for this key question. To improve the rating

**Requires Improvement** ●

would require the provider to demonstrate consistent good practice over a more sustained period of time in relation to operating effective good governance systems.

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# Shirley View 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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This unannounced focused inspection was undertaken on 16 May 2017 by an inspector and a specialist advisor (SpA). The SpA's area of expertise was medicines and dementia care. The inspection was carried out to check all the improvements the provider said they would make to ensure they met their legal requirements had been implemented. We inspected the service against three of the five questions we ask about services: Is the service safe? Is the service responsive? Is the service well-led?

Before our inspection we reviewed the information we held about the service. This included notifications the provider had sent to us since their last inspection and the action plan we had asked them to send us. The action plan set out how the provider intended to meet the regulations they had breached at their last inspection.

During this inspection we spoke with two people who lived at the home, the registered manager, the deputy manager/clinical lead nurse, two other qualified nurses and the cook. We also undertook general observations of the care and support provided by staff in the main communal area to help us understand the experience of people who could not talk with us. Records we looked at included care plans for five people, seven medicines administration sheets and other records that related to the overall management and clinical governance of the service.

# Is the service safe?

## Our findings

At our last inspection of this service in January 2017 we found some aspects of the service were not safe. This was because medicines and risks people might face were not always managed properly. Specifically, cupboards and refrigerators used to store medicines were not kept locked and there were not always sufficient instructions for staff about when to give people certain medicines or what to do if people declined to take their medicines. We also found that some risks presented by the home's environment, such as window restrictors, and specific individual risk assessments, such as the use of bed rails, were not always adequately managed.

At this inspection we found the provider had taken appropriate steps to follow the action plan they had sent us and to protect people from avoidable harm.

Overall, the provider had improved their medicines handling practices to ensure people's prescribed medicines were managed safely. We saw cupboards, a medicines trolley and refrigerators used to store medicines were kept securely locked in the service's designated clinical room. The medicines trolley and fridge were found to be clean, tidy and well-ordered and stocked.

People's medicines had all been reviewed in the last six months and their individual care plans now contain detailed information regarding those prescribed medicines. Care plans now clearly reflected how they needed and preferred these to be administered. For example, we saw sufficient instructions were available for staff about when to give people certain medicines or what to do if people declined to take their medicines. In addition, we found where people were prescribed medicines to take 'as required,' new protocols had been developed which made it clear to staff when and how they should offer these type of medicines.

We looked at medicines administration records (MARs) which should be completed by staff each time medicines were given. There were no gaps or omissions which indicated people received their medicines as prescribed. Our checks of stocks and balances of people's medicines confirmed these had been given as indicated on people's MAR sheets.

Staff received training in the safe management of medicines. It was evident from records we looked at and comments we received from staff that nurses authorised to manage medicines at the service had attended medicines training in the last 12 months. However, nursing staff's competency to continue managing medicines safely was not being routinely assessed. We discussed this issue with the registered manager who agreed to ensure the competency of staff to manage medicines safely should be formally assessed at least annually or more frequently, if required.

We saw measures to reduce identified risks to people's health and welfare had been significantly improved. During a tour of the premises we noted the old ill-fitting and lumpy linoleum flooring in the main communal areas had been resurfaced with new evenly-laid wooden flooring. This meant the risk of people tripping and falling in the lounge/dining area and ground floor corridors had been mitigated. We also saw all the upstairs

window restrictors had been replaced with more suitable tamper-proof restrictors that could not be easily disabled. This meant the risk of people falling from height was now adequately managed because people were unable to open these windows wide enough for anyone to exit from.

We noted where risks had been identified that were specific to individuals the provider had introduced clearer risk management plans to help ensure staff knew how to reduce these risks. For example, we saw guidelines in place for staff about how they should respond to a person whose behaviour could challenge the service, such as refusing personal care or their prescribed medicines. Staff demonstrated a good understanding of what might trigger a behaviour that could challenge and the action they needed to prevent or manage this risk. We also saw individual risk assessments around the safe use of bedrails were now in place for people that used them.

## Is the service responsive?

### Our findings

In January 2017 we found care plans were not person centred. For example, care plans did not take into account people's individual preferences likes and dislikes about how they wanted their care delivered. Some care plans stated that staff should be aware of people's likes, dislikes and preferences, but because they did not specify what these were, staff who were unfamiliar with people did not have the information they needed to provide personalised care to people. This was discussed with the registered manager at the time, who told us they would review care plans where necessary.

During this inspection we found the provider had taken appropriate steps to review, update and personalise people's care plans. For example, we saw one person's care plan had recently been reviewed and updated to reflect this person's mental ill health needs and the support they required from staff. This meant staff now had the information they needed to support and help this person manage this condition. Care plans we sampled each contained a 'This is me' booklet that contained detailed information about people's life histories, relationships with people that mattered to them, their social interests, food and drink preferences and how they wanted staff to provide their personal care and support. For example, it was clear in all the care plans we looked where people were born and what they had previously done for a living. This helped staff have a better understanding of peoples unique life histories, what was important to them and what their interests might be.

The deputy manager told us care plans were reviewed monthly, or sooner if there had been changes to people's needs. Where changes were identified, people's plans were updated promptly and information about this was shared with all staff. Staff knew people well and what was important to them. This was evidenced by the knowledge and understanding they displayed about people's needs, preferences and wishes. For example, we saw staff had ensured a person whose care plan stated they always liked to dress smartly was wearing a jacket and tie. Staff were also able to explain to us what aspects of their care people needed support with, such as moving and transferring or assistance at mealtimes, and what people were able to do independently.

## Is the service well-led?

### Our findings

Although at our last inspection of this service we saw the provider had a range of governance processes in place to assess, monitor and improve the quality of the service, we found the provider in breach of the regulations because these systems were not always operated effectively. Specifically, the providers' weekly audits of medicines handling practices and those checks relating to premises safety were not sufficiently robust to identify the problems that we found, such as the shortfalls in medicines management, individual risk management and risks presented by the home environment. People were at risk of coming to harm because the provider's checks had not identified these issues.

During this inspection we found the provider had taken appropriate steps to significantly improve the way they assessed, monitored and improved the quality and safety of the service people received at the home. Records showed the registered manager had improved the quality and frequency of checks they carried out in respect of medicines management, care planning, risk assessments and the safety of the premises. For example, records indicated that medicines stocks, administering and recording was now checked on a daily and monthly basis, which the registered manager and nursing staff confirmed. The service's supplying pharmacy also reported they had no concerns about the home's medicines handling practices having undertaken an audit in February 2017.