Shawe House Nursing Home Limited

Shawe Lodge Nursing Home

Inspection report

Barton Road
Urmston
Manchester
Lancashire
M41 7NL
Tel: 0161 748 7867

Date of inspection visit: 24 and 25 March 2015
Date of publication: 05/06/2015

Ratings

Overall rating for this service	Requires improvement
Is the service safe?	Requires improvement
Is the service effective?	Requires improvement
Is the service caring?	Requires improvement
Is the service responsive?	Requires improvement
Is the service well-led?	Requires improvement

Overall summary

This was an unannounced inspection, which took place on the evening of the 24 March 2015 and all day on the 25 March 2015. Prior to our inspection we had received some information of concern about the care and welfare of people, meal arrangements and staffing levels provided to support the needs of people.

We had previously inspected Shawe Lodge Nursing Home in November 2014. We found the service had breached regulation as relevant risk assessments had not been completed where concerns had been identified. During this inspection we looked to see if the necessary improvements had been made. We found general risk assessments had been implemented. However assessments had not been kept under review and updated where necessary.

Shawe Lodge Nursing Home is located in Urmston, Manchester and provides nursing care for up to 31 people who live with dementia. Accommodation is provided on three floors. All bedrooms are single rooms and are accessible by a passenger lift. There is a designated unit

Summary of findings

on the second floor, which supports male residents only. Communal rooms are available on the ground and second floors. There is an enclosed garden area and parking for several cars. At the time of our inspection there were 28 people living at Shawe Lodge Nursing home.

The service had a manager who was registered with the Care Quality Commission. 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 found breaches in the Health and Social Care Act (HSCA) 2008 (Regulated Activities) Regulation 2014. You can see what action we have told the provider to take at the back of the full version of the report.

People's care records were not as up to date or as accurate as they should have been as they did not reflect the current and changing needs of people.

People's records were not kept secure and discussions about people were not conducted in private to ensure confidentiality was maintained and people's right to privacy was respected.

Staff had not been offered appropriate training, professional development and supervision to enable them to carry out their duties so that the specific needs of people were safely and effectively met.

People were supported by adequate numbers of staff. However robust recruitment procedures had not been followed to check the suitability of people applying to work at the service.

We found valid consent where possible, had not been sought from people, about how they wished to be cared for. The provider had not requested authorisation in all instances where people were potentially being deprived of their liberty. Whilst information was available to guide staff, relevant training had yet to be completed by staff. Staff spoken with were not able to demonstrate their understanding of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

The registered manager completed checks to monitor standards of quality and safety within the service. Systems did not identify all areas of improvement required or demonstrate continuous development so that people were protected from the risks of unsafe or inappropriate care.

We found the decoration and signage throughout the building had not been enhanced to promote the well-being of people living with dementia. **We recommend consideration is given to the design or layout of the environment so that this helps promote the well-being of people with living dementia and enables them to retain their independence, and reduce any feelings of confusion and anxiety.**

We saw that people's dignity was not protected. Some people looked unkempt and were wearing ill-fitting clothes.

Opportunities for people to participate in a range of activities offering stimulation and variety to their daily routine were limited. **We have made a recommendation about the type of opportunities that could be made available to people to promote their well-being and encourage their independence.**

Checks were made to the premises and servicing of equipment. Suitable arrangements were in place with regards to fire safety so that people were kept safe.

People were offered adequate food and drink throughout the day ensuring their nutritional needs were met. Where people's health and well-being was at risk, relevant health care advice had been sought so that people received the treatment and support they needed.

Effective systems were in place for the recording and handling of medicines so that people received them as prescribed, ensuring their health and well-being was maintained.

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?

Requires improvement

The service was not always safe. Robust recruitment procedures were not followed ensuring all relevant information and checks were in place prior to new staff commencing work. People were supported by sufficient numbers of staff.

We found people's laundry was not safely handled and stored, to help minimise infection hazards and potential risk of harm.

We found suitable arrangements were in place with regards to the safe management and administration of people's prescribed medicines.

Staff spoken with confirmed they had received training and had access to procedures to guide them in safeguarding vulnerable adults. Staff spoken with were able to demonstrate what action they would take if they suspected abuse had occurred.

Is the service effective?

Requires improvement

The service was not always effective. People living at Shawe Lodge were not always involved and consulted with on decisions about how they wished to be supported. Systems needed improving where people were potentially being deprived of their liberty to ensure their rights were protected.

Opportunities for staff training and development needed improving enabling staff to develop the knowledge and skills needed to meet the specific needs of people.

People were provided with a choice of suitable food ensuring their nutritional needs were met. Relevant advice and support had been sought where people had been assessed at nutritional risk.

Is the service caring?

Requires improvement

The service was not always caring. Staff were seen to be polite and respectful towards people when offering assistance. Staff spoken with knew people's individual preferences and personalities. However people were not cared for in a way that protected their dignity.

People records were not stored securely; nor had all reasonable efforts been made to make sure discussions about people's care, treatment and support took place in private so that people's privacy and confidentiality was maintained.

Is the service responsive?

Requires improvement

The service was not always responsive. People's care records were not always accurate or up to date, providing clear information to guide staff in the safe delivery of people's care.

Summary of findings

We found people were offered occasional activities; however these lacked choice and had not taken into consideration people's preferences. Routines could be enhanced so that more meaningful opportunities are provided helping to promote people's health and mental wellbeing.

Effective systems were in place for reporting and responding to people's complaints and concerns.

Is the service well-led?

Requires improvement

The service was not always well led. The service opened in May 2015 and has a manager who is registered with the Care Quality Commission (CQC). The registered manager divided their time between another of the providers' homes. The registered manager was supported by a clinical manager.

Whilst the registered manager completed audits to monitor some areas of the service. Other systems to promote good quality, person centred care by skilled staff needed improving to enhance the experiences of people.

The registered manager had notified the CQC as required by legislation of any accidents or incidents, which occurred at the home. The management team were informed that CQC must be formally notified when authorisation has been given to deprive a person of their liberty.

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.

This was an unannounced inspection, which took place on the 24 and 25 March 2015 due to information of concern we had received about the care and welfare of people who used the service.

The inspection team comprised of two adult social care inspectors. During the inspection we spent time talking with three people who used the service, however they were not able to clearly tell us about their experiences. We also spoke with five visitors, four nursing and care staff as well as kitchen and housekeeping staff, the clinical manager and registered manager.

As a number of the people living at Shawe Lodge Nursing Home were not able to clearly tell us about their experiences, we used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We also looked at seven people's care records, four staff recruitment files and training records and the medication records for ten people as well as information about the management and conduct of the service.

We also considered information we held about the service, such as notifications, safeguarding concerns and whistle blower information. As we undertook this inspection in response to concerns raised with us, we did not ask the provider to complete a Provider Information Return (PIR), prior to this inspection. 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.

Requires improvement

Is the service safe?

Our findings

The service was not always safe. We looked at people's care and support to see if their needs were being met safely. We did this by speaking with staff, talking with people's visitors, looking at people's care records, checking to see how medicines were managed and observing how staff interacted with people.

We looked at the recruitment process followed by the registered manager when recruiting new staff. We saw the provider had a policy and procedure in place to guide them. This outlined the relevant checks required prior to new staff commencing; ensuring their suitability to work with people living at Shawe Lodge. The policy outlined that references must be provided on headed paper and followed up by a phone call to check authenticity. The policy did not include information about making reference to checks on nursing staff and their registration with the Nursing and Midwifery Council (NMC) We looked at the records for four new members of the team. We found the system was not as robust as it should have been.

On one file there was no evidence of a disclosure and barring check (DBS) having been completed. On a second file there was no record of the nurse's PIN number, showing they were registered with the NMC and therefore enabling them to work as a registered nurse. On a third file, gaps in employment had not been explored, checking the applicants work history. Other information was not completed as guided by the service policy, this included; a record of interview and decision made in relation to the suitability and skills of nurses and care staff, a contracts of employment and references had not always been provided on headed paper, provided from the named referee; nor had they been verified.

We raised this with the registered manager, who said that personnel files were currently being audited to check all relevant information was in place. The registered manager also advised us that the administrator at the sister home completed monthly checks on nursing staff to ensure they had a current professional registration with the NMC. However we saw no evidence of this.

People were not protected by robust recruitment practices ensuring only those suitable to work with vulnerable people were employed to work at the service. This was a breach of Regulation 19 of the Health and Social Care Act (HSCA) 2008 (Regulated Activities) Regulation 2014.

We did see evidence that the registered manager, when using agency staff, had checked with the nursing and care staff agencies that relevant pre-employment checks had been made. A record confirming this was held by the service.

We saw policies and procedures were in place with regards to the control of infection. The registered manager had also introduced audits to check standards were maintained within the service. We were told that staff accessed infection control training by watching a DVD and completing a questionnaire. Training records showed that 22 of the 29 staff had completed this training.

We looked around all the living areas of the home and found they were clean and free from any offensive odours. We observed staff wearing disposable gloves and aprons when carrying out their duties. Disposable gloves and aprons protect both the care worker and the people who use the service from the risks of cross-infection. Alcohol hand-gels and hand-wash sinks with liquid soap and paper towels were available throughout the home. Good hand hygiene helps prevent the spread of infection. We saw that colour coded mops, cloths and buckets were in use for cleaning; ensuring the risks from cross-contamination were kept to a minimum.

The provider had arrangements in place for the safe handling, storage and disposal of clinical waste. The maintenance person carried out monthly water temperature checks and checks of unused water outlets to minimise the risk of Legionella.

The provider had on-site laundry facilities, which were adequately equipped. The registered manager told us that a laundry worker had recently been appointed. However they were unavailable for work at the time of the inspection, alternative arrangements had not been made to ensure laundry was completed . We found the laundry was in a state of disarray with a large quantity of dirty laundry lying on the floor. We had seen the dirty laundry had been left on the floor when we visited the service the previous evening. The registered manager told us there was a designated 'dirty' and 'clean' area within the laundry.

Requires improvement

Is the service safe?

However we found soiled and clean items had not been segregated. We saw several boxes of clothing were stored on the floor. The registered manager could not tell us who they belonged to. Infection can be transferred between contaminated and uncontaminated items of laundry and the environments in which they are stored. Action was not taken to prevent the potential risk of harm. Incorrect handling and storage of laundry can pose an infection hazard.

The provider did not adequate systems in place to prevent and control the spread of infection. This was a breach of Regulation 12(2) (h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Prior to our inspection we received information of concern which suggested that due to insufficient staffing levels people were expected to stay together in the large lounge/ dining room on the ground floor so that staff on duty were able to supervise and support them. From our observations this is what we found. Staff confirmed this was to ensure close supervision of people. We saw staff spend observing and monitoring people however there was little interaction other than when assisting with care.

We discussed with the registered manager and clinical manager the staffing arrangements in place. The clinical manager told us that staff were designated to work on the ground and second, where people spent their time. The team comprised of the two nurses and six care staff. They were supported by the registered manager and clinical manager, both of whom are qualified nurses. Night staff cover included one nurse and four care workers. The registered manager told us staffing levels had been under constant review since the service opened in May 2014 as occupancy increased and that on-going recruitment was taking place.

An examination of staff rotas for a three week period prior to our inspection showed there had been a significant reliance on agency staff to support the service. On one occasion we noted all five night staff were agency staff. The clinical manager and registered manager acknowledged there had been some changes in the team as occupancy increased. This had resulted in agency care and nursing staff being utilised to ensure adequate numbers of staff were provided. We were told that where possible the same agency staff were used so that continuity in care could be offered.

Staff spoken with told us there had been a 'large turnover' in staff, which had at times impacted on the support provided. Staff told us, “Things are more settled now”, “It would be better if the team remained unchanged for a bit longer” and “The staff are very good. We do have agency nurses but this is rare. They have more agency carers than nurses but they are regulars so it’s fine.”

We saw information was available to guide staff on safeguarding people from abuse and on the whistle blowing procedures. Training records showed that 21 of the 29 nursing and care staff had completed DVD training in safeguarding adults. Staff spoken with were able to demonstrate their understanding of the procedures and what they would do should an allegation or incident of abuse occur. Before our inspection we had been made aware of incidents which had been referred to the local authority safeguarding team. An examination of records showed that, where necessary, action had been taken to ensure that reported incidents were dealt with appropriately.

We looked at the systems in place for managing medicines within the home. We saw there was a medication management policy and procedure in place. We found the systems for the receipt, storage, administration and disposal of medicines were safe. Medicines, including controlled drugs, were stored securely. The medicines in current use were kept in a locked trolley in a locked medicine room. We were told that the medicine keys were always kept with the nurse responsible for the management of medicines. Appropriate arrangements were in place to order new medicines and to safely dispose of medicines that were no longer needed. We checked a random sample of medication administration records (MARs) and found they showed that people were given their medicines as prescribed, ensuring their health and well-being were protected.

One of the MARs we looked at showed there was a handwritten prescription that had not been signed by the nurse who had transcribed it and therefore not checked by another nurse to ensure its accuracy. If checks are not made on the accuracy of handwritten entries then people may be given incorrect doses and/or incorrect medication.

The medication management policy and procedure included a policy on the covert administration of medicines. Covert medication is the administration of medicines in a disguised form, usually by administering it

Requires improvement

Is the service safe?

in food and drink. Where it was considered to be in a person's best interest to give medicines covertly, the home had obtained consent from the prescriber and the person's advocate for this to happen. This helps to protect people against the risks of not being given their medicines whilst at the same time safeguarding them against the risk of abuse.

The care records we looked at showed that risks to people's health and well-being had been identified, such as poor nutrition, the development of pressure ulcers and the risk of falls. Care plans to help reduce or eliminate the risk had been put into place. The risk assessments we looked at however, had not been reviewed as regularly as they should have been. They need to be reviewed regularly so that any change in a person's risk factor can be identified and the appropriate action taken where necessary.

We looked at what systems were in place in the event of an emergency occurring within the home, for example a fire. The records we looked at showed that a fire risk assessment was in place, checks were undertaken regularly on the fire alarm system and the emergency lighting, and fire drills took place regularly.

Inspection of one care record showed there was an 'emergency evacuation document' in place but nothing was documented on the form. We asked the manager if personal emergency evacuation plans (PEEPs) had been developed for any of the people who used the service. We were told they had not been but were being 'looked into'. To ensure the safety of people who use the service, PEEPS should be in place and, in the event of an emergency evacuation being needed, be easily located by both staff and the emergency services involved.

We looked at the documents that showed the equipment and services within the home were serviced and maintained in accordance with the manufacturers' instructions. This helps to ensure the safety and well-being of everybody living, working and visiting the home.

We asked the manager if the home had emergency resuscitation equipment in place in the event of a medical emergency arising. We were told they did not have resuscitation equipment in place but that it was their intention to purchase some.

Requires improvement

Is the service effective?

Our findings

The service was not always effective. Prior to our inspection we received some information of concern about the care and welfare of people, staffing arrangements and meals provided for people. During this inspection we looked at what systems were in place to ensure people received a safe and effective service.

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. Clear policies and procedures were in place to guide staff on the Mental Capacity Act 2005 (MCA) and DoLS procedures. The clinical manager and registered manager were aware of the Supreme Court Judgement of March 2014. The clinical manager said that 10 people were currently subject to a DoLS authorisation. We had not been formally told these arrangements were in place. The clinical manager stated that they were aware further applications needed to be made to the supervisory body (local authority); however these had yet to be completed.

The clinical manager told us that timescales on some of the DoLS authorisations were very short resulting in the need for immediate renewals of authorisations. We discussed with the registered manager and clinical manager the need for a system to monitor the expiry dates of DoLS, so that further requests for authorisation, where necessary, were made in a timely manner. The registered manager said a system was being developed to monitor all DoLS in place.

We examined the records of people subject to a DoLS. The DoLS information for one person showed that the authorisation had been agreed for a period of one month. This had expired on the 8 March 2015. The clinical manager told us they were aware this needed to be reviewed and a further application was to be made for this person. However this had not yet been submitted. This meant the person was potentially being unlawfully deprived of their liberty.

The care worker responsible for staff training told us some staff had received training in MCA and DoLS through the local council. However we were then told, “we only got a few places”. A review of staff training records identified no information in relation to MCA and DoLS. We spoke with four care staff and three of them were not aware of the MCA and DoLS procedures. This training should help staff understand that assessments should be undertaken, where necessary, to determine if people have capacity to make informed decisions about their care and support. It should also help staff understand that if a person is deprived of their liberty, they will need special protection to make sure that they are looked after properly and are kept safe.

To safeguard people from abuse or improper treatment, the provider must ensuring that the care and support people received does not unlawfully restrain or deprive people of their liberty. This meant there was a breach of Regulation 13 (4)(b)(5).

We observed one person sat in a reclining chair. Staff told us that this was to offer better support to the person due to the risk of falls. We were told this person was not able to operate the mechanics of the chair and would not therefore be able to get out of it without assistance. When asked, the clinical manager told us that the use of the chair had not been included in the person’s care records, nor had a risk assessment been completed or consideration given to whether this was a deprivation of the person’s liberty. A review of the person’s care records confirmed what we had been told. We also found no information on this person’s care records to show they had been consulted with and/or consented to the use of the chair., No assessment had been completed to show the person lacked the mental capacity to make such a decision and there was no information to show that the decision was made ‘in their best interest’.

This meant there was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as the provider had not obtained valid consent, acting in accordance with people’s wishes. Where the person lacks the mental capacity to make such decision the principles of the Mental Capacity Act 2005 should be complied with so that people’s rights are protected.

We looked at how staff were supported to develop their knowledge and skills, particularly in relation to the specific needs of people living at Shawe Lodge. We spoke with a care worker who facilitated training for staff, three further care workers and examined training records.

The staff trainer told us they were a trained trainer in moving and handling and provided this training to new and existing staff. An observation of staff practice in using moving equipment was also assessed by the trainer to

Requires improvement

Is the service effective?

check that the correct procedures were being followed. The staff trainer said their role also involved the induction of new staff. This comprised of an introduction day, followed by training in infection control, fire safety, safeguarding adults, health and safety and food hygiene. This training involved staff watching a DVD and completing a questionnaire, which was assessed by the staff trainer. New staff also spent time shadowing existing staff for a period of time before being rostered to work. We were told all new staff completed a 12 week induction workbook, which explored in more detail the policies and procedures within the service and what was expected of them. However we found no completed workbooks in the staff personnel and training files we looked at. We were told that following successful completion of their probationary period staff were then enrolled on the Qualifications and Credit Framework (QCF). This provides further vocational training in health and social care.

A review of the staff training record and an examination of five staff training files confirmed what we had been told and evidenced the completion of DVD training. There was no evidence of specific training in areas such as, dementia care, mental health, dignity, falls and nutrition. In relation to nursing staff we saw no evidence of clinical updates or assessments of competency in areas such as medication, wound care and catheter care. The staff trainer told us they were currently researching quality training in dementia and Alzheimer's. The trainer acknowledged however that this training had yet to be offered to staff. Three staff spoken with confirmed they had completed the DVD however had not received specific training in relation to the needs of people.

We asked staff how they were kept up to date about the changing needs of people. Care staff told us they were not generally involved in shift 'handovers'. One care worker said, "The nurses handover to each other and then let us know if there is anything." Agency staff spoken with during the inspection told us there was no formal induction or handover provided when they worked at the home. Failing to ensure that agency staff were aware of people's needs and the homes' policies and procedures, especially in the event of an emergency, placed people at risk of potential harm. One agency worker said, "I don't always feel included in the team." This was concerning due to the reliance on agency staff, particularly agency nurses at night.

We asked care staff about the support they received. We were told no recent team meetings had been held. One staff member told us, "one was planned but it was cancelled". Records showed that only one meeting, in November 2014, had been held with staff. Staff spoken with told us supervision meetings had not routinely been held with staff in line with the policy, which stated meetings would be held four times a year in addition to an annual review. Records we looked at confirmed this. These meetings should provide staff with an opportunity to speak with their manager in private about their training and support needs as well any issues in relation to their work.

This meant there was a breach in regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as people were not protected against the risks of unsafe or inappropriate care as staff had not received all necessary training and support to carry out their role.

One care worker spoken with said, "We have a good team and good communication", adding "We know each other's routine, it works well" and "I enjoy working at the home."

As part of the inspection we looked around the home. Accommodation was spacious and well maintained, apart from the laundry, areas were kept clean and tidy. We were shown the second floor accommodation which had been developed to provide living space for a small group of men. A small lounge/dining area was available for people to use. Further communal space was available on the ground floor. This comprised of a large lounge/dining room, where people spent much of their time, a small dining room and a small television lounge. We saw that, to keep people safe, access to the home was via key padded doors. Relevant aids and adaptations were provided such as handrails, call bells and assisted bath and shower rooms. We found the decoration and signage throughout the building had not been enhanced to promote the well-being of people living with dementia. **We recommend that the service finds out more about the design or layout of the environment to help promote the well-being of people living with dementia and enables them to retain their independence, and reduce any feelings of confusion and anxiety.**

To ensure people's health care needs were met we checked to see if people were provided with a choice of suitable and nutritious food. We looked at the menus. They were on a

Requires improvement

Is the service effective?

four week cycle. The chef told us that new menus were in the process of being devised. This was because there was some repetition of certain meals. We were told that, because of this, sometimes the menus were deviated from. The chef told us they recorded when an alternative meal had been served. We saw evidence of the recordings made.

The menus did not identify what people could have for their breakfast and supper. We were told that people had mainly cereals and toast for breakfast but could have a cooked breakfast if they wished. The chef told us that supper was usually a savoury snack such as crumpets, toast and sandwiches.

We looked at the kitchen and food storage areas and saw good stocks of food were available. Staff told us that food was always available out of hours. A discussion with the cook showed they were knowledgeable about any special diets that people needed and were aware of how to fortify foods to improve a person's nutrition.

A visitor we spoke with told us they felt the food was good. We were told that people could always ask for second helpings and that staff never left meals in front of people to go cold. We were also told their relative had previously lost weight but the staff were very good at fortifying their relative's meals to help improve their nutrition.

We observed lunch being served. The meals looked nutritious and appetising and the portions were ample. People who needed assistance with eating their meal were supported in a discreet and sensitive manner. An alternative to the main meal and dessert was offered. We saw that hot and cold drinks were served regularly throughout the day.

The care records we looked at showed that people had an eating and drinking care plan and they were assessed in relation to the risk of inadequate nutrition and hydration. We saw that action was taken, such as referral to a dietician or their GP, if a risk was identified.

Requires improvement

Is the service caring?

Our findings

The service was not always caring. We spoke with the relatives of four people who live at Shawe Lodge. We asked them for their views about the service. Visitors were complimentary about the staff and the care provided. Comments made included; "I think the nursing care is very good, when [my relative] had a chest infection they looked after [him] very well. The staff are very good" and "The staff are really good and very caring, some are fabulous. They show lots of patience and kindness. It is a warm and inclusive environment". We were also told by another visitor, "The staff are very kind and we feel [my relative] is safe here".

We looked at how staff cared for people in a respectful and dignified manner. We found staff knew people's individual preferences and personalities. However we saw little interaction between people and staff other than when personal care support was required. Some care staff were seen to take the time to chat with people, offering reassurance when they became anxious or restless. Other people who sat quietly had little engagement from care staff. From our observations we saw that people had not had their hair brushed and some people were wearing mismatched or ill-fitting clothing. On one person's care records we saw they 'like having a smart appearance and enjoyed having their hair done'. From our observations their wishes had not been taken into consideration.

We saw there was a desk, described as a 'nurse station', situated in a recess of the lounge/ dining room where people who used the service and their visitors sat. We asked why the desk was there and were told this was to ensure constant supervision, by the nurses, of people who used the service. We were told that, as it was nursing care that people required, then it was nursing supervision that they received. On the desk there was a telephone and care charts. At the side of the desk there was a cabinet that contained people's care records, which was not kept locked. We were told that any phone calls that involved confidential information were transferred to a more secure area and that the care record cabinet was always kept locked. During the inspection we heard the nursing staff, whilst sat at the desk, discussing confidential information on the telephone about people who used the service.

This meant there was a breach of Regulation 10(2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as all reasonable efforts had not been made to make sure discussions about the care treatment and support took place where they cannot be overheard.

We also saw that the cabinet containing the care records was not kept locked at all times. In addition we saw that for the majority of the time it was the care staff who undertook supervision of people who used the service and not the nurse.

This meant there was a breach of Regulation 17(2) (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as people's records were not held securely ensuring confidentiality was maintained.

Requires improvement

Is the service responsive?

Our findings

The service was not always responsive. We spoke with the clinical manager about the assessment process when people were considering moving into Shawe Lodge. We were told that an assessment of people's needs was undertaken so that relevant information could be gathered. This helped the service decide if the placement was suitable and if people's needs could be met by staff. This information was used to develop the person's care plan.

We looked at the care records of seven people who used the service. Not all the care records contained enough information to show how people were to be supported and cared for.

Inspection of one care record showed that the person had developed a pressure ulcer. The person had been seen by a Tissue Viability Nurse, (TVN), an external professional who specialises in wound/ skin care, and instructions had been given to the staff on the treatment to be provided. One of the instructions from the TVN was, 'ensure wound charts are up to date'. There were no wound charts in place. There was no information to show if the pressure ulcer had improved or deteriorated. A pressure ulcer prevention plan was in place to help in the prevention of a deterioration of the pressure ulcer and/or further pressure ulcers developing. This care plan was incomplete however as it did not document that the person was being cared for on a pressure relieving mattress. The home's care records did not contain a care plan for the treatment of the pressure ulcer.

The care plan of a person who had a specific medical condition did not contain enough information in the event of a medical emergency arising from this condition. The newly appointed nurse who was caring for this person did not know if a specific medication was available to treat any emergency that could arise. To reduce the risk of people receiving unsafe or inappropriate care, information must be in place to guide all staff in the care and treatment required in an emergency.

Care plans must be in place and must be accurate to ensure that correct, safe care is given and that care is consistent and appropriate.

The care plan and risk assessments for another person, who was subject to a deprivation of liberty safeguard had not been reviewed and updated since January 2015. We saw that the plan in relation to a person's sleep pattern also referred to another person and not the person concerned.

Another person's care records had not been reviewed as often as they should have been. Care records need to be reviewed regularly so that any change in a person's care needs can be identified and the appropriate action taken where necessary.

We found care records were not accurate and did not reflect the care and treatment that was required or provided. This was a breach of Regulation 17 (2) (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Information in the care records showed that the staff at the home involved, where necessary, other health and social care professionals in the care and support of people who used the service. We were told that in the event of a person being transferred to hospital or to another service, information about the person's care needs and the medication they were receiving would be sent with them.

Prior to our inspection we had received information of concern about the lack of opportunities and stimulation offered to people. We found people living at Shawe Lodge had varying needs and abilities. We saw people spent the majority of their time sat in the large lounge/dining room. This room had no television and the majority of people were seen sleeping in their chairs. Music was being played, however this was situated in the dining area away from people, so could not be heard by some people. A few people spent time in the small television lounge. During our visit we did not observe any activities taking place. When asked, the registered manager and clinical manager told us there was no designated activity worker and that activities were generally provided by care staff, although external entertainers were provided on a weekly basis. An agency care worker we spoke with said that a few board games were available, which they had played with some people. However they said, "They [the home] could provide more as people spend a lot of time doing nothing." We asked a care worker if a hairdresser visited the service. The care worker was unsure, adding, "I think every 4 or 5 weeks."

We discussed with the registered manager and clinical manager ways in which people's routines could be

Requires improvement

Is the service responsive?

improved. Best practice guidance in the National Institute for Health and Care Excellence (NICE) guidance published in 2013 - Quality standard for supporting people to live well with dementia recommends people living with dementia should be enabled, with the involvement of their carers, to take part in leisure activities during their day based on their individual interests and choices. This is important as people living with dementia increasingly need the support of others to participate in meaningful activities to help maintain and improve the quality of their life. **We recommend the service considers current guidance in relation to the choice of activities offered to help promote the well-being of people with living with dementia, enabling them to retain their independence.**

We looked at how the registered manager addressed any issues or concerns brought to their attention. We were told of one recent complaint which had been investigated and responded to. Whilst walking around the service we saw a complaints procedure was displayed for people and their visitors to refer to. Information needed expanding upon to include the relevant contact details of external agencies, which people may wish to refer to.

Requires improvement

Is the service well-led?

Our findings

The service was not always well led. The home had a registered manager in place that was registered with the Care Quality Commission (CQC). The registered manager divided their time between Shawe Lodge and its sister home, Shawe House. They were supported by a full time clinical manager. One staff member said the registered manager and clinical manager were, "Very approachable" and "You can raise anything with them."

The service registered with the CQC in May 2014. We examined the home's 'Statement of Purpose', which stated that care, treatment and support was provided for people living with dementia and mental health needs. However during our inspection we found improvements were needed in several areas to enhance the lives of people living with dementia or a mental health condition. This included enhancements to the environment, staff training and development and the social and recreational opportunities made available for people.

We asked the registered manager how they monitored and reviewed the service so that areas of improvement were identified and addressed. We were told and saw records to show that monthly or quarterly checks had been implemented exploring the environment, maintenance, care files, accidents, housekeeping, fire safety, supervisions, medication and infection control. We saw evidence of most checks having being completed. Where improvements were needed, action plans had been completed and followed up to check relevant action had been taken. Systems had not however identified the shortfalls found during the inspection.

We found policies and procedures were not always followed or were out of date and referred to guidance or agencies no longer in place. For example, one policy stated monthly management meetings were to be held with the registered manager, clinical manager and nurses. Another stated supervisions meetings would be held four times a year. However there was no evidence of these having taken place. The recruitment policy did not reflect all necessary checks required when appointing new staff and the whistleblowing procedure referred to old guidance and out of date information about the 'Commission'.

We looked at what opportunities were provided for people and staff to discuss events within the service. Staff told us and records confirmed that a team meeting had been held in November 2014. However a further meeting had been cancelled. Supervision meetings were not routinely held. We saw there was no information to show that people living at the home and their relatives had been invited to meet with the registered manager to discuss the service and share any ideas.

We did see annual feedback questionnaires had been sent out in January and February 2015 to all staff, people who used the service and their relatives. We saw that responses had been received from the relatives of nine people. Comments included, "staff very supportive", "[relative's name] couldn't have been in a better home, you were all amazing" and "I feel there should be more interactions with people and separation for those who do not tolerate others." Eleven responses had also been received from staff. Eight staff felt expectations of workers were realistic and six staff were extremely satisfied with their role. The quality assurance policy stated feedback would be analysed and acted upon; findings would be discussed in meetings.

This meant there was a breach of Regulation 17(2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as effective operations to assess, monitor and improve the quality and safety of the service were not in place.

Before our inspection we checked our records to see if accidents or incidents that CQC needed to be informed about had been notified to us by the management team. Information about events within the home had been provided. CQC must be notified when a deprivation of liberty safeguard had been authorised for a person. This information helps us to monitor the service ensuring appropriate and timely action has been taken to keep people safe.

A failure to inform CQC of events involving people meant we were not able to see if appropriate action had been taken by the registered person to ensure people were kept safe. This meant there was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

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 19 HSCA (RA) Regulations 2014 Fit and proper persons employed People were not protected by robust recruitment practices ensuring only those suitable to work with vulnerable people are employed to work at the service.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment The provider did not have adequate systems in place to prevent and control the spread of infection.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA (RA) Regulations 2014 Need for consent The provider had not obtained valid consent, acting in accordance with people's wishes. Where the person lacks the mental capacity to make such decision the principles of the Mental Capacity Act 2005 should be complied with so that people's rights are protected.

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 To safeguard people from abuse or improper treatment, the provider must ensuring that the care and support people received does not unlawfully restrain or deprive people of their liberty.

Regulated activity	Regulation

This section is primarily information for the provider

Action we have told the provider to take

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA (RA) Regulations 2014 Staffing People were not protected against the risks of unsafe or inappropriate care as staff had not received all the necessary training and support to carry out their role.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA (RA) Regulations 2014 Dignity and respect The provider had not made all reasonable efforts to make sure discussions about the care treatment and support of people who used the service took place where they could not be heard.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance We found care records were not accurate and did not reflect the care and treatment that was provided or that people required.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance The provider did not have effective systems in place to assess, monitor and improve the quality and safety of the service people received.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 CQC (Registration) Regulations 2009 Notification of other incidents The provider had failed to inform CQC of events that involved the well-being of people meant we were not able to see if appropriate action had been taken by the registered person to ensure people were kept safe.

This section is primarily information for the provider

Action we have told the provider to take

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance People's records were not held securely ensuring confidentiality was maintained.