Birchester Medicare Limited

Shirelodge Nursing Home

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

Shirelodge is nursing home that provides care for up to 54 older people, many of whom are living with dementia. At the time of our inspection there were 45 people living in the home. At the last inspection, in July 2014, the service was rated Good

At this inspection we found the service remained Good, although the systems used to assess and improve the quality of care provided to people required strengthening. The shortfalls highlighted as part of the provider's quality assurances processes were not always addressed in a timely manner.

People continued to receive safe care. People could be assured that they would be protected from the risk of harm and that they would receive their prescribed medicines safely. There were sufficient numbers of staff available to provide care and support to people to meet their needs.

The care that people received continued to be effective. Staff had access to the support, supervision and on-going professional development and training that they required to work effectively in their roles. People were supported to maintain good health and nutrition.

People received support from staff that were caring and treated them with respect, kindness and courtesy. People living at Shirelodge had developed positive relationships with the staff providing their care and support.

The service was responsive to people's needs. People had detailed personalised plans of care in place to enable staff to provide consistent care and support in line with people's personal preferences. People knew how to complain and the provider had implemented effective systems to manage any complaints that they may receive.

The registered manager was a visible role model in the home. People, their relatives and other professionals told us that they had confidence in the manager's ability to provide consistently high quality managerial oversight and leadership to 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 remains Good

People felt safe and staff were clear on their roles and responsibilities to safeguard them.

People received their care and support from sufficient numbers of staff that had been appropriately recruited and had the skills and experience to provide safe care.

People's medicines were appropriately managed and safely stored.

Risks to people were regularly reviewed and, where appropriate, acted upon with the involvement of other professionals so that people were kept safe.

Is the service effective?

Good

The service remains Good

Staff had completed training relevant to their role that had equipped them with the skills and knowledge to care for people effectively.

There was an induction process in place for new staff to help them to develop the necessary skills.

People were supported to maintain their nutrition and their health needs were monitored and responded to appropriately.

Staff understood their responsibilities in relation to the Mental Capacity Act 2005 and people's consent was sought appropriately.

Is the service caring?

Good

The service remains Good

People's care and support took into account their individuality and their diverse needs.

People's privacy and dignity were respected.

People were supported to make choices about their care and staff respected people's preferences.

Is the service responsive?

Good

The service remains Good

People's needs were assessed prior to admission and subsequently reviewed regularly so that they received the care they needed.

People's needs were met in line with their individual care plans and assessed needs.

Prompt and appropriate action was taken to address people's complaints or dissatisfaction with the service provided

Is the service well-led?

Requires Improvement

The service is not always well-led

The quality assurance procedures adopted by the provider required strengthening.

The registered manager was approachable and a visible role model within the home.

People were supported by staff that received the managerial guidance they needed to carry out their roles.

Shirelodge 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 was a comprehensive inspection that was completed by two inspectors on 6 January 2017 and was unannounced.

Before the inspection, the provider completed a Provider Information Return [PIR]. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The provider returned the PIR and we took this into account when we made judgements in this report. We also reviewed other information that we held about the service such as notifications, which are events which happened in the service that the provider is required to tell us about, and information that had been sent to us by other agencies. This included the local authority who commissioned services from the provider.
During our inspection we spoke with six people who used the service and eight members of staff including the registered manager. We also spoke with two people's relatives. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We looked at records and charts relating to four people and three staff recruitment records. We looked at other information related to the running of and the quality of the service. This included quality assurance audits, training information for care staff, staff duty rotas, meeting minutes and arrangements for managing complaints.

Good

Is the service safe?

Our findings

People were protected from the risk of harm. One person's relative told us "It is so reassuring knowing that [Relative] is living here and that he is always well cared for and safe." Risks to people had been assessed and plans of care had been implemented to mitigate the assessed risks. For example, where people had been assessed as being at risk of falls the provider had implemented additional staffing to provide active support, engagement and reassurance to minimise people's risks of falling. We saw that staff were vigilant of the risks to people and worked successfully to provide care and support in a way that kept people safe. For example staff ensured that their were no hazards that could cause people to trip and fall in communal areas.

The provider had a clear safeguarding procedure in place to protect people from harm. Staff were knowledgeable about the steps to take if they were concerned that people were at risk of harm. One member of staff told us "I would tell the manager straight away if anyone was at risk. I also know how to contact the council and the managing director if I need to." The registered manager had raised Safeguarding notifications when required by submitting them to the local authority and investigations had been completed in a timely manner.

People received care from appropriate numbers of suitably skilled staff. The registered manager told us that staffing levels had increased since our last inspection because people had become more dependent upon staff to provide care and support. We observed that staff responded to people's requests for care in a timely way. One person's relative told us "There are plenty of staff working here; that is one thing you certainly never have to worry about." At the time of our inspection there were enough staff to provide for people's needs.

People could be assured that they would receive their prescribed medicines safely. The provider had recently implemented an electronic system for the management and recording of people's medicines. The registered manager told us that this system had successfully minimised the chances of any errors occurring in relation to the recording or administration of people's medicines and provided prompts to the nursing staff responsible for the administration of medicines to people.

People were safeguarded against the risk of being cared for by persons unsuited to, or previously barred from, working in a care home because staff were appropriately recruited. Staff employment histories and their backgrounds were checked with the Disclosure and Barring Service (DBS) for criminal convictions before they were able to start work and provide care to people.

Good

Is the service effective?

Our findings

People were supported by staff that received a comprehensive induction when they first started working at Shirelodge. One member of staff told us "When I first started I shadowed one of the senior carers and they showed me what to do. I was able to shadow for as long as I needed to before I had to work on my own so that I was confident in providing care to people."

People received care from staff that were knowledgeable and had received the training and support they required to work effectively in their role. Staff had access to a training programme that was relevant to their role and equipped them with the skills they needed to care for the people living at the home. For example, a number of staff within the home had received specialist training in dementia; the registered manager was looking to develop this training further to meet the needs of the people living at Shirelodge. The provider had an on-going programme of training that staff accessed to ensure that their knowledge in other key areas such as safeguarding was regularly refreshed and updated.

People received care and support from staff that received the on-going supervision and support they required to be successful in their role. One member of staff told us "I get regular supervision from the senior staff here and there is always someone on hand if I need advice." Staff had the opportunity to use their skills and experience to develop their roles and improve care by implementing care based upon best practice. One member of staff told us "In my previous job I was responsible for the supervision of lots of staff. I am designing some training now to deliver to the other supervisors in the home to ensure that staff are well supported to provide good care to people. Everyone here is receptive to positive and constructive feedback."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The management were knowledgeable and experienced in the requirements of the MCA and DoLS. Detailed assessments had been conducted to determine people's ability to make specific decisions and where appropriate DoLS authorisations had been obtained from the local authority. Staff had received training in the MCA and DoLS and had a good understanding of service users' rights regarding choice; they carefully considered whether people had the capacity to make specific decisions in their daily lives and where they were unable, decisions were made in their best interests.

Staff considered whether people's ability to consent to their care and support changed as their needs were reviewed. People were encouraged to make decisions about their care and their day to day routines and preferences. We observed staff seeking people's consent before providing care.

People had regular access to healthcare professionals and staff were vigilant to changes in people's health. Any changes in people's health were recognised quickly by staff and prompt and appropriate referrals were made to healthcare professionals.

People were supported to eat, drink and to maintain a healthy balanced diet. People who had been assessed as being at risk of not eating and drinking enough received the support that they required to maintain their nutritional intake. People were encouraged to eat and drink throughout the day and had access to snacks and fortified drinks such as milkshakes.

Good

Is the service caring?

Our findings

People had developed positive relationships with staff and were treated with compassion and respect. One person's relative told us "The staff have been great; so kind. They made [Relative's] room so homely before they got here and have really taken their time to make them feel welcome and to get to know them." Another person told us "The staff are always understanding and supportive. It is never an easy decision to see your relative go into care but they have made it as easy as it could be"

People were relaxed in the company of staff and clearly felt comfortable in their presence. We observed that staff knew people well and engaged people in meaningful conversation. People's choices in relation to their daily routines and activities were listened to and respected by staff. For example, we observed one person asking for a bath in the evening instead of a shower and staff reassured this person that they would support them to have a bath. Staff treated people as individuals, listened to them and respected their wishes. Staff were observed speaking to people in a kind manner and offering people choices in their daily lives, for example if they wanted any snacks and where they wanted to eat their meals.

People were treated with dignity and respect. We saw that people were asked discreetly if they would like to use the bathroom and as people were assisted in moving from their chair the staff explained how they would be moved and encouraged them to assist themselves. People's preferences in relation to the gender of carer that supported them were respected by staff and recorded within their plans of care. Staff told us that they promoted people's dignity by ensuring that any personal care was delivered in private and by waiting to be invited into their room when they knocked on people's bedroom door before entering.

Staff were aware if people became anxious or unsettled and provided people with support in a dignified manner. Staff approached people calmly, made eye contact and held people's hand to provide reassurance. We observed staff support people with dementia to find their way around the home, to ease their anxieties and prevent them from becoming distressed.

Good

Is the service responsive?

Our findings

People received care and support in line with their individual preferences. People living in the home had a keyworker assigned who was responsible for developing their individual plans of care with them. A number of people at Shirelodge were living with dementia, including behaviours which may challenge. People's relatives commented on staff's effective response to meeting people's dementia care needs. A person's relative told us, "He is so much calmer now that he is here and is getting consistent support from the staff." People had detailed plans of care that guided staff on how to support people with their dementia care needs; staff responded to people appropriately, calmly and consistently and ensured people received the care that they required.

People received care that met their individual needs, One relative told us that staff followed the plan of care that helped to keep their relative safe when they mobilised, "The staff are very aware of where [Relative] is all the time. It's important that they are; all the staff know him so well."
People were supported to follow their interests and take part in social activities. For example we saw staff encouraging one person to maintain their hobby of knitting. Staff suggested patterns that the person may wish to knit and encouraged them to knit a blanket for their kitten to use. The provider had developed an activity schedule based upon people's interests and activities tailored towards people living with dementia. We observed staff facilitating a reminiscence activity with people during this inspection. People were actively engaged in the activity we saw that it helped to create a social and relaxed atmosphere in the communal areas of the home.

People's needs were assessed prior to them moving into the home to ensure that the provider was able to meet their care and support needs. Initial assessment of people's needs were completed and individual plans of care developed and updated as required to guide staff in providing personalised care to people. One member of staff said "The care plans are very good, they are useful to refer to and are very detailed."

The provider had not received any complaints however, formal systems had been established to ensure that any complaints would be acknowledged and investigated appropriately. One person's relative told us "I know that the manager is always around if I ever wanted to make a complaint and I would feel able to talk to them; but I have never needed to."

Requires Improvement

Is the service well-led?

Our findings

There was a registered manager in post. 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.

The registered manager received informal support from the provider, but systems and processes to oversee the service was not evident. There was no systematic or comprehensive approach to assuring the quality of care that people received. The registered manager told us that the provider visited the home and would talk to people receiving care however, there were no formal audits completed by the provider. Local commissioners told us that they had also highlighted to the registered manager that the systems adopted by the provider in a number of area's required strengthening. The registered manager told us that she was in the process of designing and implementing formal systems in a number of areas and was currently designing a staffing dependency tool to calculate staffing levels in a more formal manner.

Where the registered manager had carried out audits there were no systems in place to ensure actions had been taken where issues had been identified. For example, an audit completed in October 2016 identified that improvements were required to the care plans of one person, however the audit did not identify who this person was and did not show that any action had been taken. The registered manager told us they were unsure as to what action had been taken in respect of the results of this audit.

The registered manager had recognised that systems were needed to improve areas of the service, for example they told us they were in the process of designing and implementing formal systems in a number of areas and were currently designing a staffing dependency tool to calculate staffing levels in a more formal manner.

The registered manager sought feedback from people both formally and informally. Relatives meetings had been established to provide a forum for the registered manager to share and consult with people about developments to the home. One person's relative told us "The relatives' meetings are great. They are a really good forum to get support from other relatives and to ask the manager questions about the home. I know that I can talk to the manager at any time but I think the meetings are good because there are more of us so it sparks conversations." The manager also told us that they operated an "open door policy" and encouraged people to approach her at any time. Throughout this inspection we saw relatives and visitors approach the manager confidently, and that the manager was welcoming.

The manager was a visible role model within the home and staff felt supported and had a clear understanding of the vision and ethos of the service. Staff were extremely positive about the manager and told us they felt valued and listened to. Staff comments included: "If you are having any problems, personal or professional, the manager is always on hand to listen and to provide advice"; "It's really good here. The manager is accessible and we work well together as a team".

People were assured of receiving care in a home that was competently managed on a daily as well as long-term basis. A visiting professional told us "The management here is great. I have such confidence in them, I know that they will be honest with us and that if they say they will do something it gets done. It is one of the best home that I work with."