Tameng Care Limited

Shawcross Care Home

Inspection report

Shawcross Care Home
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Wigan
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Ratings

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

Overall summary

This unannounced inspection took place on 10 and 11 August 2015. We last inspected Shawcross Care Home on 15 July 2014, at which time the home was found to be meeting all standards we reviewed.

Shawcross Care Home is in Ashton in Makerfield, Wigan. It provides residential and nursing care. This care home provides single occupancy rooms with en-suite facilities for up to 50 people. The service provides support to people living with dementia as well as people who have mainly physical care needs.

At the time of our inspection there was an acting manager who was in the process of registering with Care Quality Commission (CQC) to become the registered manager for the service. 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.

Summary of findings

At this inspection we found two breaches of the regulations. These were in relation to staffing and person centred care. You can see what action we told the provider to take at the back of the full version of this report.

Staff told us they did not think there were always sufficient numbers of staff on shift to meet people's needs in a timely way. There were mixed views on staffing from people using the service Some told us there were not enough staff and this would mean they would have to wait for support at times. At one point in the inspection we saw staff were in a handover and call bells were not responded to in a timely way. We saw a tool was used to calculate staffing levels, however this had not been updated after a new person had moved in.

People living at Shawcross told us they felt safe. Staff we spoke with were aware of safeguarding procedures and had received training in safeguarding of vulnerable adults. We looked at recruitment records and saw that checks had been carried out to help ensure staff were of suitable character to work with vulnerable people. However, the service could not demonstrate it had considered any potential risks in relation to a disclosure of a conviction by a staff member. Steps were underway during the inspection to ensure this was looked into.

The service carried out risk assessments in relation to health and care needs and measures were identified to reduce risk wherever possible. We saw one person's falls risk assessment had not been updated following a suspected fall, although appropriate actions such as a GP referral and completion of an accident form had been carried out.

The Care Quality Commission has a duty to monitor activity under the Deprivation of Liberty Safeguards (DoLS). The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act 2005. They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom. The service had made DoLS applications as it had identified a requirement. However, an application had not been made for one person where it had been required. This was completed during the inspection.

Staff received regular supervision and had received training in areas such as safeguarding, fire safety, infection control and DoLS. Staff were able to explain how they would seek consent before providing care or support and we observed staff asking permission before giving medicines. However we saw two instances of poor practice where staff did not communicate or seek consent before providing support at meal times.

Part of the home specialised in providing support to people living with dementia. This part of the home was split over two floors. We saw that one floor had lots of adaptations to make it more dementia friendly, whilst the other had only minimal adaptations. Staff received training in dementia, including a number of staff who had received additional training in 'resident experience'. This training aimed to simulate what it was like for someone living with dementia who was receiving care at the home in order to build empathy.

People told us they had enough to eat and drink. We saw information was available to help ensure any special dietary requirements were catered for. There was evidence in people's care plans that referrals were made and advice sought from other health professionals as required.

We observed staff interacting with people in positive, respectful and friendly ways. People told us the staff were kind and caring. Staff were able to describe how they would support people to retain independence, although we observed one instance of a person being provided with support to eat where their care plan indicated this was not necessary. There was evidence of involvement of people and their families in the development and review of care plans.

We looked at pre-admission assessments and saw the assessment for one person was limited in detail. There was a lack of information in relation to this person's preferences and support requirements. Staff told us they felt their opinions in relation to pre-admission assessments were not considered.

The service sought feedback from people using the service through surveys and resident and relatives meetings. We saw that a 'you said, we did' document had been produced, which clearly displayed actions that had been taken in response to any concerns or suggestions received.

A range of audits and checks were undertaken by the manager to monitor the quality and safety of the service.

Summary of findings

These had not picked up an issue in relation to a risk assessment that required updating. The acting manager told us this could have been due to a member of staff leaving, but also that new format care plans, which were in the process of being introduced would provide prompts to ensure regular review.

Staff told us they liked working at the home and some had worked there for a number of years. They told us there had been a high turnover of managers, which was felt to be due to a negative culture putting pressure on the managers from the staff team. The acting manager told us they felt the culture was improving in the home and that there had been a number of changes to the staff team recently.

People and staff told us they felt able to approach the manager with any concerns. However, three staff we spoke with felt action in relation to concerns raised, such as in relation to staffing and admissions, had not always been listened to or acted upon.

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

Not all aspects of the service were safe.

Some staff and people living at the home told us they thought there were not enough staff. They said this could have an impact on the safety and wellbeing of people at the home. The home had assessed required staffing levels and was in the process of recruiting staff.

Safe recruitment procedures were followed when recruiting staff such as obtaining references and disclosure and barring service (DBS) checks. There was no risk assessment in relation to one member of staff who had disclosed convictions. We saw a DBS was being processed for this person and we were told a risk assessment would be conducted.

The home had assessed risks to people in relation to health and care needs. We saw the service sought input from health professionals if required and that any accidents were recorded. However, we saw one person's falls risk assessment had not been recently reviewed and had not been updated following a suspected fall.

Is the service effective?

Requires improvement

Not all aspects of the service were effective.

The service was submitting deprivation of liberty safeguards (DoLS) applications to the local authority where a need had been identified. However, the requirement for a DoLS application had not been assessed for one person where it was required.

The service made referrals to other health professionals such as tissue viability nurses, GPs and speech and language therapist (SALTs). Advice given was clearly recorded in people's care plans.

Adaptations to make the environment more dementia friendly were inconsistent throughout the home. In the part of the home that cared for people living with dementia, one floor had lots of adaptations such as directional signage and theming of different areas. The other floor only had limited adaptations.

Is the service caring?

Good

The service was caring.

We saw natural and positive interactions between staff and people living at Shawcross Care Home. People were observed laughing with staff members and staff greeted people in a friendly manner when coming on shift.

One member of staff was seen to provide support to a person showing who appeared upset in an effective, calm and reassuring manner.

Summary of findings

Staff were aware of how to support people's independence and told us people would be encouraged to help out with things they used to do at home, such as making their bed if they wished to do so. However we observed one instance when a staff member intervened to support someone to eat who was able to eat independently.

Is the service responsive?

Requires improvement

Not all aspects of the service were responsive.

The service had not effectively assessed the needs of a person who had moved into the home. There was a lack of guidance in relation to their support requirements and preferences.

The complaints policy was clearly displayed and people told us they would feel confident to raise a complaint if required. We saw a 'you said, we did' document had been produced that demonstrated how the service had acted upon feedback from people.

Most people told us they had enough to keep them occupied. The home employed an activities co-ordinator who arranged activities, trips out and visits to the local church.

Is the service well-led?

Requires improvement

Not all aspects of the service were well-led.

There was an acting manager who was in the process of registering with CQC to become the registered manager. There had been frequent change of manager at the home, which staff told us they thought had been due to pressures from staff and a negative culture.

The service sought feedback from people living at the home and staff via staff meetings and surveys. Three staff felt that concerns that they raised were not taken seriously or acted upon.

Following the inspection the service provided CQC with an action plan detailing how they would resolve issues that had been highlighted during the inspection. This showed the service was responsive to feedback in order to make improvements.

Shawcross Care 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 10 and 11 August 2015 and was unannounced.

The inspection team consisted of two adult social care inspectors, an expert by experience and a specialist advisor. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The specialist advisor was a registered nurse.

Before the inspection we reviewed information we held about the service. This included previous inspection reports, details of any notifications that the service had sent us about safeguarding or other important events and any feedback that had been sent to us about the service. We contacted the quality assurance team at Wigan Council and Wigan Healthwatch for feedback on the service.

During the inspection we spoke with seven people living at the home. Not everyone living at the home was able to tell us about their experiences of the care they received, so 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 also spoke with two relatives who were visiting at the time of our inspection.

We spoke with 19 staff including 2 nurses, twelve carers/ senior carers, the acting manager, the area manager, a peripatetic manager, the chef and a kitchen assistant. We looked at documents relating to people's care including nine care plans and six medication administration records (MARs). We also looked at other documents related to the running of the care home including five staff files and records of servicing, maintenance and audits.

Requires improvement

Is the service safe?

Our findings

We received mixed responses when we asked people living at Shawcross Care Home whether they thought there were enough staff. Three people we asked about staffing thought there were enough staff. However, three other people we spoke with told us they didn't think there were enough staff. They told us this meant they would sometimes have to wait to receive assistance with care, such as assistance to use the toilet. One person said; "No, there are never enough staff. They're all overworked and they do try and do their best. Sometimes I have to wait to get up."

During the inspection we saw people's needs were usually met in a timely manner. At one point however, we observed that all staff in one part of the home were present at a handover. This meant that call bells went unanswered during this 35 minute period. During this time, one person said; "My back is killing me and I need assistance. I also need a drink and I have been ringing the call bell for 15 minutes." We also observed the handover in another area of the home and saw one member of staff was left to provide assistance to those that required it. Following the inspection the provider sent us a report that indicated they had taken actions to avoid this happening in the future.

Staff we spoke with raised concerns about the staffing levels in both the nursing and residential parts of the home. Staff told us when they were short staffed that they struggled to meet people's needs in a timely manner. We saw a dependency tool was used to calculate staffing levels at the home. The acting manager told us staffing was usually in excess of the requirements indicated by the tool. We reviewed the rotas and saw there were had been occasions where staffing levels had dropped below this level. The acting manager told us they were in the process of recruiting new staff, and we saw that over the previous weeks staffing requirements indicated by the dependency tool were usually met or exceeded.

Staff told us some people living at Shawcross had high levels of support needs. This included people that received one to one support for part of the day. Staff told us this support was provided for people presenting behaviours that challenged the service. We found there was not a clear record of when one to one support had been provided. Staff told us that one to one support had not been provided for one person the day prior to our inspection as the agency staff had not turned up. The acting manager told us the cover should have been provided by the staff on duty and that this would be addressed with staff and the agency.

Two staff members told us they thought there were not always sufficient numbers of staff to ensure this person and other people living at the home were safe once the period of one to one support had finished. They told us there would sometimes be only two staff in the part of the building where some people's behaviour was challenging. They told us this made it difficult to manage as if one member of staff had to assist someone to the toilet this would leave only one staff member to provide support to the remainder of the people in that area. We saw there had been one reported incident that staff told us had occurred due to staff not being available cover this area of the home. The provider reported this incident to the local authority safeguarding team. Whilst the dependency tool had been reviewed recently, we saw it had not been updated since a new admission in to the home. The dependency profile in this person's file had not been fully completed.

This was a breach of regulation 18 of The Health and Social Care Act (Regulations) 2014, as the provider had failed to ensure there were sufficient numbers of staff to meet people's needs at all times.

People we spoke with told us they felt safe. Staff were aware of potential indicators of abuse or neglect, and were aware of how to report any concerns appropriately. Staff were aware how they could escalate any concerns they may have if they felt action had not been taken. Training records indicated 84% of staff had completed the in-house safeguarding training. The acting manager said this figure had been higher, but had dropped recently due to newly recruited staff having not yet completed the training. We saw the acting manager had asked staff to complete a booklet where staff outlined how they would respond to different safeguarding scenarios. The acting manager said they had looked through the responses and used this to identify if any staff needed additional support in this area.

Staff we spoke with were aware of the procedure to follow in the case of someone having a fall. We saw accidents, incidents and near misses were reported and recorded on an electronic database. There was also evidence that actions such as referrals to the falls team were made if required. The acting manager told us falls were monitored via individual risk assessments. We were aware of one

Requires improvement

Is the service safe?

person who had sustained an injury following a suspected fall. Their risk assessment had not been updated. There was no evidence of review of this risk assessment for over four months despite the risk assessment stating it should be reviewed monthly. However, an incident report had been completed, and appropriate actions such as a referral to a GP and tests for urinary tract infections had been carried out.People told us they received their medicines as they required. One person said; "I get them regularly three times a day. They [The staff] always say (in an evening) go to bed and we'll come to your room." The medication administration records (MARs) we looked at had been completed accurately. Controlled drugs are certain medicines that are subject to additional legal requirements in relation to their safe storage, administration and destruction. We saw controlled drugs were stored as required and that two signatures were obtained when they were administered. Staff who administered medicines told us they had received training and had had their competencies checked. We confirmed this by looking at the training records. Following the inspection we became aware of a medicines error that had occurred at the home. This was due to medicines records not having been updated following discharge from hospital. The provider told us the measures they had put in place to avoid this happening again.

Staff we spoke with told us on applying to work at the home they completed an application form, attend an interview and had to apply for a DBS check before they could start. A DBS (Disclosure Barring Service) check would show if the applicant had any known convictions or was barred from working with vulnerable people, and helps employers make safe recruitment decisions. We reviewed a sample of five recruitment records, which demonstrated that staff had been safely and effectively recruited. Four of the files we looked at contained evidence that appropriate DBS checks had been undertaken. In the fifth file we looked at, it contained a self-disclosure from the member of staff in relation to an offence. We checked to see if an appropriate risk assessment had been undertaken to demonstrate that this person was suitable to be working with vulnerable adults, however no such record could be located. The area manager said, the previous home manager should have done this, but had failed to do so. This had the potential to place people at risk. The acting manager told us it was the policy of the home for staff to refresh their DBS checks every three years. They confirmed this staff member was already in the process of reapplying for their DBS check and told us a suitable risk assessment would be undertaken.

We saw a suitable fire risk assessment was in place. Fire risk assessments had also been carried out in relation to individuals' rooms and individuals' ability to evacuate in case of an emergency. We saw these records had been recently reviewed. We looked at records relating to servicing and maintenance of equipment. We saw checks including those of electrical systems, gas and legionella were up to date. We saw equipment such as hoists had been serviced within expected time-scales and that regular checks of hoists and slings were carried out by staff trained as moving and handling assessors.

Requires improvement

Is the service effective?

Our findings

The Care Quality Commission has a duty to monitor activity under the Deprivation of Liberty Safeguards (DoLS). The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act 2005 (MCA). They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom.

We saw the service had made DoLS applications to the local authority where it had identified that people lacked capacity and restrictive practice was required to ensure they received the care and support they required. Details about the support people required in relation to any authorised DoLS were clearly documented in the care plan. We saw that one person was subject to constant one to one supervision for several hours a day. We saw this person previously had an authorised DoLS in place prior to moving to Shawcross. There was no evidence of a new authorisation having been applied for and the acting manager confirmed this was the case. We saw the acting manager had taken action and was in the process of making an urgent DoLS application for this person during the second day of our visit.

Staff we spoke with told us they had received training in the MCA and DoLS. They were able to explain how they would seek consent and demonstrated an understanding of how peoples' ability to consent may vary over time or in relation to different decisions. Best interests decisions are decisions made on behalf of a person who lacks capacity to make that decision themselves. They consider what is in that person's best interests, and important or significant decisions should be made in consultation with other professionals and people involved in that persons care. People's care plans contained documented best interests decisions where relevant, and a section on capacity. This included details on the kinds of decisions the individual was able to make.. We saw staff asked for consent, for example before giving people medicines. However, we observed two instances where staff did not ask people for their consent. During the midday meal we saw staff placed tabards on people without asking them if that was what they wanted. Another person who was asleep was woken by a member of staff. The member of staff attempted to feed soup to them without asking if it was what they wanted. The person was observed to still be half asleep whilst this was taking place.

There was a varied response when we asked people if they liked the food on offer. One person said; "I don't like the food, it's not what I'm used to, they don't make it tasty." However, people told us they could request an alternative if they did not like what was on the menu. Another person told us; "The menu goes up and if you didn't want it they'd get you something else. They always make sure I get fish on a Friday." Everyone told us they had enough to eat. We saw people were able to help themselves to drinks and there we saw drinks were offered throughout the day. The acting manager told us drinks machines that were present in the dining areas had recently been introduced and had been an effective way of encouraging people to drink. We saw people received the assistance they required to eat and drink throughout meal times. There was a board in the kitchen that identified anyone who had an allergy or particular dietary requirements, such as pureed diets or fortified diets.

Risk assessments in relation to nutrition and pressure sores had been completed and care plans in relation to these areas had been regularly reviewed in the files we looked at. Completed records in relation to pressure care showed people had received pressure relief as required. However, five of the records we reviewed in relation to food and fluid intake and turning that were kept in people's rooms appeared not to have been updated for two days prior to our inspection. We saw in some instances this information was being recorded in other sections of the daily records. The service sent us an action plan following the inspection which identified measures to ensure these records were completed consistently and accurately.

We saw contact with other health professionals was documented in people's care plans. This showed the service made referrals to professionals such as dieticians, speech and language therapists, GPs and tissue viability nurses when a need was identified. The staff we spoke with were aware of when such referrals would be required.

We saw adaptations had been made to the environment to make it more dementia friendly, although the level of adaptation was not consistent throughout the home. The part of the home where people living with dementia were cared for was split over two floors. On the first floor there

Is the service effective?

were adaptations such as themed corridors, people's photos on their doors and pictorial signs. These would help people living with dementia to orientate and retain independence in their home. Themed corridors would help people to find their way round their home and were also used to create a familiar environment. Fiddle boards were also in place on the first floor, which provide opportunity for sensory stimulation and activity for some people living with dementia. Adaptations such as contrasting colour toilet seats were in place, which would also help people living with dementia who had impaired vision to retain independence in aspects of personal care. There were far fewer adaptations on the ground floor. There was a patterned carpet, which was not dementia friendly, and there was no theming. Only some peoples' rooms had their photos and names on their doors, which would help people living with dementia to recognise their room.

The acting manager told us the first floor had been accredited by the providers dementia specialism programme and that they were working to gain accreditation for the ground floor as well. One member of staff told us they thought the accreditation had made a big difference to the quality of dementia care provided. Some staff told us they had received training in addition to the standard dementia training. This included training in 'resident experience', which the acting manager told us was designed to encourage empathy, and allow staff to experience dementia care from the perspective of the resident. There was a secure garden area that had been themed with the help of people living at the home. One person told us they used the garden area and said; "We go out in the garden and planted all the pots."

We saw records of regular staff supervision being undertaken at the home. Some of the areas covered included caring skills and competence, communication, training, reliability, workload and completing documentation accurately. There was also an opportunity to look at issues from the previous meeting and discuss and training and development requirements. One member of staff said to us; "Supervision is usually pretty regular."

There was an induction programme in place, which staff undertook when they first began working at the home. Some of the areas covered included a tour of the building, infection control, fire/health and safety, moving and handling, lone working, maintaining a safe environment and fire arrangements. Staff were also expected to undertake various e-learning modules in areas including dementia, safeguarding, equality and diversity and first aid. Staff told us they had been given opportunity to shadow experienced staff members before working on their own, and told us they could ask for advice at any time. One member of staff told us; "It gave me a good introduction to working at the home. I got to know the residents quickly."

We looked at records of training and saw training had been undertaken in areas including COSHH (control of substances hazardous to health), fire safety, safeguarding, infection control and DoLS. Staff told us they received the training they needed, although there were some issues in relation to logging onto the new e-learning system that had been recently introduced. The acting manager told us they were in contact with the training provider to resolve this issue.

Good

Is the service caring?

Our findings

All the people living at Shawcross we spoke with told us they thought staff were kind and caring. One person said; "You feel secure, and the people are nice." We asked staff how they would ensure people's privacy and dignity was respected. Staff told us they would knock on people's doors before entering and offer people clothing protectors during meal-times if they wanted one. One staff member said; "I always closed doors and knock before going in. It's also important to cover people up straight away when they are getting out of the shower." Another member of staff said; "Privacy and dignity is up there at the top of the list."

Three out of the four people we asked said they felt they were respected. One person was less positive and told us; "Not really, you're just a number". During our inspection we saw staff interacted in a polite, respectful and friendly manner with people living at the home. People were greeted in a friendly manner when staff came on shift and we observed staff and people living at the home laughing together. We observed good practice from one member of staff when a person started to show signs of becoming anxious. They spoke in a calm, clear and respectful manner and provided reassurance and support to this person. This was observed to have a positive response from the person receiving the support. People living at Shawcross told us they usually knew the staff who provided them with care and support. One person told us; "They bring bank people in for emergencies, but they're always introduced."

Everyone we spoke with told us they were supported to be as independent as they could be. We asked staff how they would support people to remain as independent as possible. They told us they would encourage people with daily living tasks such as washing and dressing. One member of staff said; "[Person] will help set tables and make her bed. I encourage people to help with the little things they used to do at home." The majority of our observations were that staff supported independence, for example by cutting food up for those that required assistance and encouraging them to them eat independently. On one occasion however, we heard a staff member say to a person eating soup; "Give it me (the spoon). Let me help you" and proceed to feed them. Their care plan clearly stated that they could eat independently and they had been observed to do so earlier in the inspection. This did not enable this person to maintain their independence.

One person we spoke with told us they had been involved in developing their care plan. Other people we spoke with were not able to tell us whether they had been involved or not. Staff told us people were involved in reviewing and developing their care plans or that family (where appropriate) would be consulted with if this was not possible. We saw input from families had been sought and was recorded in the new format care plans that were being put in place. We saw records indicated that relatives were kept informed of any important events in relation to their family member.

The home had a protected meal-time when family members and friends were asked not to visit. The acting manager acknowledged that this was not popular with all visitors and some people may wish to assist their relative eating a meal. The acting manager and staff we spoke with told us they thought the policy worked well for people living at the home in order to maintain their dignity and to create a less distracting environment over the meal times. We were told that visiting was unrestricted at all other times.

We asked staff how they communicated effectively with people and gave them information in relation to the care and treatment they received. One member of staff told us they would explain what medicines were for when giving them out. We had observed this member of staffing doing this in a patient and clear manner earlier in the inspection. We asked another member of staff how they would communicate with people who had limited verbal communication. They told us they would look at behaviours and facial expressions, and said that getting to know individuals was important.

Requires improvement

Is the service responsive?

Our findings

We reviewed the process the home followed prior to any new admissions. We saw in one care plan details of any preferences, likes or dislikes, and sections of the care plan we were told were mandatory such as capacity, communication and continence were blank. On the second day of our visit we saw progress had been made in completion of these sections. The admission assessment contained limited details in relation to this persons care and support needs. We were told this person had complex care needs requiring a higher level of support. We could find no record of why this additional support was in place in the initial assessment or care plan. There was no guidance in place for staff on how to identify any potential triggers, or how to support this person appropriately in relation to behavioural support. We saw agency staff provided additional support to this person and this meant the support was not consistent. We saw the interaction and support provided by the agency staff to this person was limited. The acting manager acknowledged that this was important and said they would look to cover this shift with permanent staff.

The admission assessment had not identified any needs in relation to a DoLS application as mentioned in the effective section of the report, and the placement had also resulted in difficulties in relation to safe staffing levels as picked up in the safe section. Staff told us they felt the placement for this person was inappropriate but felt their concerns about this would not be listened to. The acting manager said this person was still undergoing assessment to see if the placement worked for them. The area manager arranged staff training in relation to assessment during our visit to help ensure future assessments were adequate.

The provider had failed to ensure this person received appropriate care or that an adequate assessment of their needs was carried out. This was a breach of Regulation 9 of the Health and Social Care Act (Regulations) 2014.

We saw the information recorded in care plans was variable in relation to the level of detail recorded. Some care plans contained detailed information in relation to people's preferences and care needs, whilst others contained much more limited information. We saw the home was in the process of putting in place a new format of care plans and the new format care plans that had been completed contained a good level of detail. These care plans contained evidence that people and their families had been involved in their development. The care plans we looked at showed evidence of regular review.

People told us they were given choices such as when to get up or go to bed and what to watch on the TV. We saw people were given choices, such as where they wanted to sit when being supported by staff The staff we spoke with showed an awareness of people's preferences and had used this information to work in person centred ways. For example, one member of staff told us they were aware one of the people living at the home used to enjoy dancing. The staff member told us they had brought in photos of dancers and had put on music so this person could watch some dancing.

The home employed an activities co-ordinator who was not working on the main day of our inspection. During the inspection we did not see any activities taking place, although staff spent short periods of time interacting with people when they had the opportunity. At one point we observed a carer talking with a person about music, and put on a CD, which this person appeared to respond positively to. The majority of the people we spoke with told us they thought there was enough to do to keep them occupied. When asked what activities were offered one person told us; "There's bingo and tai chi, we have a tea dance every Friday. I like going to church every Sunday." People told us there were also trips arranged throughout the year. We saw the home used 'doll therapy' for people living with dementia. The acting manager told us the home had recently ordered new reminiscence packs to enable staff to undertake this activity with people living with dementia.

We saw the complaints policy was displayed clearly in the home. The acting manager told us there were not any live complaints being dealt with by the home at the time of our visit. There was also a comments and suggestions box in the reception, where people could leave feedback about the home anonymously if they wished. We saw the date of the next residents meeting was displayed within the home. We looked at the minutes from the most recent residents meeting which had taken place which was in June 2015. Items on the agenda included a new drinks machine in the dining room, new furniture, colour schemes in bedroom and comments about staff. We saw that the home manager

Requires improvement

Is the service responsive?

also provided feedback from the previous meeting and provided an update about things that changed. This included the patio area being tidied upon and improving the cleanliness to reduce odours.

As a result of feedback from surveys and meetings the home had produced a 'you said, we did' document that was on display in the home. This showed for instance that people had commented how the patio area was looking untidy, with nothing for people to look at. In response to this, hanging baskets had been added to this area, with painted fences to give the area more colour. People had also stated that laundry had been going missing and in response the home had purchased a specific machine so that people's names could be clearly embedded into their clothing. This demonstrated the service was listening to and acting on feedback given by people using the service.

Requires improvement

Is the service well-led?

Our findings

At the time of our visit the acting manager was in the process of registering with CQC to become the registered manager for the service. 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.

One staff member and one person living at Shawcross commented that there was a high turnover of managers of the home. Our records showed that the current acting manager was the third manager in three years. Staff we spoke with told us they thought the reason for this high turnover was related to a negative culture that had existed within the staff team that had put pressure on the managers. The acting manager told us there had been recent changes to the staff team and they felt the culture within the staff team was now improving.

The staff we spoke with were positive about working for the home and showed a commitment to their roles. One staff member said; "It's a lovely home and I enjoy working here. When asked what they felt the best thing about their job, another staff member replied; "It's a rewarding job to be in when people are smiling and happy."

Staff and people living at the home told us they felt able to approach the acting manager should they have any concerns or suggestions in relation to the home. We looked at the minutes from the most recent staff meeting which was in June 2015. Items on the agenda included staffing levels, training, using hoists, reading care plans and completing appropriate documentation in people's bedrooms. We saw staff were able to voice their opinion and make comment about how things could be improved or things which were effecting their workload. However, three staff commented that they felt suggestions were not acted upon, including concerns in relation to staffing levels and admission assessment.

We looked at how the service sought the views of staff and people who lived at the home. We saw that there was an electronic survey which was located in the main entrance of the home as well as a portable terminal that could be taken to people. The area manager told us the electronic system had replaced paper based surveys to ensure the information captured remained confidential. Some of the questions asked included the likelihood of recommending the home, safety, involved with their care, treated with respect, choice at meal times and if people had any further comments to make. We were told the manager was required to ensure at least eight surveys were completed a week by a range of people including visiting professionals and people living at the home.

We saw a range of audits and management reports were being completed by the acting manager. These covered areas including complaints, mental health and pressure care. Audits of care plans were undertaken, although the issue in relation to the lack of update of a falls risk assessment discussed in the safe section of this report had not been picked up. The acting manager told us that this may have been due to a staff member that had left, and also said the new format care plans provided prompts to ensure the regular review of all sections.

Many of the audits were completed electronically. The area manager told us that if any answers indicated actions were required; these would be automatically generated for follow-up by a regional manager. We saw the manager had recently completed a night visit audit and completed regular meal time experience audits during which the acting manager would eat a meal with people living at the home. Audits of medicines were undertaken on a daily, weekly and monthly basis. The area manager told us they were in the process of changing the medicines audit to make it more robust and ensure any potential issues around medicines would be picked up.

We asked to see copies of policies for the home. We were told by the acting manager that copies should be kept in the offices on each floor. However, staff working in the part of the home caring for people with dementia, could not locate these folders in either of the two offices. The acting manager later found a policy folder, but the policies were dated from 2009 and 2010. We were told the most up to date policies would be available on the intranet, however these would not be readily accessible to staff should they need to refer to them.

Shortly after the inspection the service provided CQC with an action plan detailing actions that had been taken, or were planned in order to make improvements and resolve

Requires improvement

Is the service well-led?

issues that had been raised during the inspection. This showed that the service was able to identify ways in which improvements could be made and was acting quickly and responsively to resolve issues.

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 Treatment of disease, disorder or injury	Regulation 9 HSCA (RA) Regulations 2014 Person-centred care **The provider had not ensured care was appropriate by carrying out an adequate assessment of needs and preferences. Regulation 9 (1) (3)**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing **The provider had not ensured that sufficient numbers of staff were deployed to ensure people's needs were met at all times. Regulation 18 (1)**