MDJ Homes Limited

Shaws Wood Residential Care 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?	Requires Improvement
Is the service well-led?	Good

Summary of findings

Overall summary

The inspection took place on 26 June 2018. The inspection was unannounced.

Shaws Wood Residential Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Shaws Wood Residential Care Home accommodates up to 39 people. Accommodation is arranged over two floors. There is a passenger lift for access between floors. There were 36 people living at the service at the time of our inspection. People had a variety of complex needs including people with mental health and physical health needs and people living with dementia. Some people had limited mobility and some people received care in bed.

At our last comprehensive inspection on 21 October 2016 we rated the service good. However, we reported a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We carried out a focused inspection on 05 September 2017. At this inspection we found a continued breach of Regulation 12; Risks to people's safety in relation to fire had not always been appropriately assessed, mitigated or reviewed. We served registered persons a warning notice and told them to meet Regulation 12 by 31 October 2017. The provider submitted an action plan on 23 October 2017 to state they had met the Regulation.

At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At this inspection we found the service remained Good.

The service had 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.

People and their relatives were given information about how to complain. The complaints information was not available for people in an accessible format. We made a recommendation about this. People and their relatives were actively involved in improving the service, they completed feedback surveys and had meetings.

Risks were appropriately assessed and mitigated to ensure people were safe. Medicines were managed safely. Records evidenced that people had received their medicines as prescribed.

Effective systems were in place to enable the provider to assess, monitor and improve the quality and safety of the service. Accident and incident records were closely monitored, actions were taken in a timely manner to ensure lessons were learnt.

People were happy with their care and support. Staff had built up good relationships with people. Relatives confirmed that their family members were happy living at the service.

The service provided good quality care and support to people enabling them to live as fulfilled and meaningful lives as possible.

Staff were cheerful, kind and patient in their approach and had a good rapport with people. The atmosphere in the service was calm and relaxed. Staff treated people with dignity and respect. People's privacy was respected. The service was homely, clean and tidy.

People were supported to maintain their relationships with people who mattered to them. Relatives were able to visit at any time.

There were enough staff deployed to meet people's needs. The provider continued to operate a safe and robust recruitment and selection procedure to make sure staff were suitable and safe to work with people. Staff received training, support and supervision to enable them to carry out their roles safely.

Staff knew what they should do to identify and raise safeguarding concerns. The registered manager knew their responsibilities in relation to keeping people safe from harm.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People's care plans clearly detailed their care and support needs. People and their relatives were fully involved with the care planning process. The service had developed care plans which clearly detailed people's likes, dislikes and preferences. Care had been delivered in line with people's choices. People's care and support was reviewed regularly. People were encouraged and supported to engage with activities that met their needs.

People had choices of food at each meal time. People were supported and encouraged to have a varied and healthy diet which met their health needs.

People were supported and helped to maintain their health and to access health services when they needed them. The registered manager and staff maintained good communication with other organisations such as the community nursing service, GP and other healthcare services. Relatives were kept well informed about their family member's health needs.

Staff were positive about the support they received from the management team. They felt they could raise concerns and they would be listened to.

The management team had built strong links with other local registered managers and providers who they gained support and advice from. The management team had signed up to conferences and events in the local area to help them continuously learn and improve. The provider had displayed their rating in the service and on their website and had notified CQC about important events and incidents.

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 had improved to Good.

Is the service effective?

Good

The service remains effective.

Is the service caring?

Good

The service remains caring.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

People and their relatives were given information about how to complain. The complaints information was not available for people in an accessible format.

People's care plans clearly detailed their care and support needs. The service had developed care plans which clearly detailed people's likes, dislikes and preferences. Care had been delivered in line with people's choices.

People were encouraged and supported to engage with activities that met their needs.

The service was not currently supporting anyone receiving end of life care. Some people had been involved in planning and discussions about their wishes and preferences in relation to their end of life care.

Is the service well-led?

Good

The service remains well led.

Shaws Wood Residential 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 26 June 2018 and was unannounced. The inspection was carried out by two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed the information about the service the provider had sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed the information we held about the service including previous inspection reports. We also looked at notifications about important events that had taken place in the service, which the provider is required to tell us by law. We used all this information to plan our inspection.

Some people were unable to verbally tell us about their experiences. 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 observed staff interactions with people and observed care and support in communal areas.so we observed care and support in communal areas. We observed staff interactions with people. We spoke with six people and three relatives. We also spoke with six staff, which included care staff, kitchen staff, the deputy manager, the registered manager and the head of operation and strategic development.

We requested information by email from local authority care managers and commissioners who were health and social care professionals involved in the service and Healthwatch to obtain feedback about their

experience of the service. There is a local Healthwatch in every area of England. They are independent organisations who listen to people's views and share them with those with the power to make local services better.

We looked at the provider's records. These included six people's care records, which included care plans, health records, risk assessments, daily care records and medicines records. We looked at six staff files, a sample of audits, satisfaction surveys, staff rotas, and policies and procedures.

We asked the registered manager to send additional information after the inspection visit, including staff training records, policies, risk assessments and meeting minutes. The information we requested was sent to us in a timely manner.

Good

Is the service safe?

Our findings

At our last focused inspection on 05 September 2017. We found a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Risks to people's safety in relation to fire had not always been appropriately assessed, mitigated or reviewed. We served registered persons a warning notice and told them to meet Regulation 12 by 31 October 2017.

At this inspection we found that registered persons had improved fire safety in the service. Fire evacuation devices were in place on the upper floor to enable staff to safely evacuate people in the event of a fire. People had personal emergency evacuation plans (PEEPs) in place. A PEEP is for individuals who may not be able to reach a place of safety unaided or within a satisfactory period of time in the event of any emergency. Fire safety training had been completed by 42 out of 44 staff. Visual checks and servicing were regularly undertaken of fire-fighting equipment to ensure it was fit for purpose. The fire alarm system had been routinely serviced. Fire drills had been carried out to ensure people and staff knew what to do in the event of a fire. Weekly fire alarm testing had also taken place.

Maintenance records evidenced that repairs and tasks were completed quickly. Checks had been completed by qualified professionals in relation to electrical appliances and supply, lift maintenance and gas appliances to ensure equipment and fittings were working as they should be. The hoists had been serviced and checked. We found some stairwells, which are known as protected routes of escape contained items such as chairs, furniture and one contained a charging hoist. We spoke with the registered manager about this who removed the items to ensure the fire escape routes were clear.

People told us that they felt safe living at the service. People said, "I am very happy here"; "It's ideal for me, I feel safe enough, nobody can get in unless the staff open the door"; "I like the girls here, they always come and look to see if you are all right" and "I feel safe here. There are some new carers, they always help everybody. If I need some help I can press the buzzer and someone comes straight away." Relatives told us the service was safe. A relative said, "It's safe here for my relative, he doesn't have to climb stairs, carers are always around keeping an eye on people making sure they move safely."

The home was clean and tidy and smelt fresh in most areas. Some areas had an odour of stale urine, the provider had identified this and had ordered new flooring which was being delivered and fitted the following week. We observed staff carrying out cleaning duties during the inspection. People were being kept safe against the risk of infection by the prevention and control of infection hazards. Infection control training had been undertaken by 41 out of 44 staff. Staff had access to personal protective equipment (PPE) such as gloves and aprons to enable them to work safely with people. Staff confirmed there was always plenty of PPE in stock.

Medicines were well managed. Medicines were stored securely in a temperature controlled environment. People's records contained up to date information about their medical history. People who had been prescribed 'as and when required' (PRN) medicines had protocols in place to detail how, when and why they needed PRN medicines prescribed to them. People's medicines administration records (MAR) showed they

had received their medicines as prescribed by their GP and specialists. Practice observed and records seen evidenced that staff followed the provider's policy.

The provider continued to maintain recruitment procedures that enabled them to check the suitability and fitness of staff to support people. The head of operation and strategic development said, "It is important to only take on staff that are caring and who we feel will work well with the residents that live here. It's not just about staff numbers, we have a staff team here who work well together and new staff need to fit in, and work alongside them so the residents are well cared for." There were enough staff to support people. Staffing rotas evidenced a stable and consistent staff team.

Risks to people's individual health and wellbeing were assessed. Each person's care plan contained individual risk assessments including assessments of people's mental health care needs, medicines, aggression towards others, moving and handling, skin integrity, falls, diet and hydration. Risk assessments had been regularly reviewed. We observed staff maintaining people's safety during the inspection by reminding people to use the equipment they had been assessed as requiring such as walking frames and moving to shade when utilising the garden as the weather was hot.

People continued to be protected from abuse or harm. Staff had received training in safeguarding adults. This helped staff to stay alert to signs of abuse or harm and the appropriate action that should be taken to safeguard people. Staff were aware of the company's policies and procedures and felt that they would be supported to follow them. Staff told us that they felt confident in whistleblowing (telling someone) if they had any concerns about people's care.

Accidents and incidents that had taken place were appropriately reviewed by the registered manager. Actions had been taken such as contacting healthcare professionals, relatives and notifications had been made to CQC. The registered manager monitored accident and incident records to review trends and themes and these were discussed with the provider when they happened. Staff meetings and supervisions were used to debrief staff on incidents that had taken place and to discuss lessons learned from these to inform future practice. Staff meetings were also used to learn lessons from feedback received from professionals.

Good

Is the service effective?

Our findings

People told us they enjoyed the food. Comments included, "Food always hot, very good, always get a good choice"; "Always eat it. Tastes good enough"; "I know if I don't like what's on the menu I always ask for something else"; "Today I have asked for jacket potato with cheese. Always a choice for dinner. Food very good, lots of vegetables. Meat cooked beautifully, very tender and nicely sliced" and "Today I am having chicken, for lunch instead the curry or pie. For breakfast I have porridge followed by fresh fruit."

People received effective care and support from staff to meet their nutritional and hydration needs. Staff offered people choices of drinks throughout the inspection. The weather was hot and staff recognised that people may need to drink plenty to stay hydrated. People had choices of food at each meal time. People had their nutritional needs assessed and were provided with a diet which met their needs and preferences. People's care and support records provided very clear information about people's likes, dislikes and allergies. Staff had a good awareness of people's nutritional needs; all staff knew about one person's gluten free diet which meant they had to have gluten free meals.

People were supported to maintain good health. People's health and wellbeing was consistently monitored and reviewed in partnership with external health services. The staff and management team contacted other services that might be able to support them with meeting people's health needs. This included the local GP, consultants, speech and language therapists (SaLT), the community nursing teams and occupational therapists. A relative told us, "Since she [family member] has been here, the optician has been and she has got new glasses, chiropodist comes every six weeks to check her feet." People were weighed monthly or more frequently if they required it. Any concerns about people gaining or losing weight were referred to health professionals such as dieticians.

The registered manager carried out an assessment to understand people's needs before they moved to the service. The assessment recorded people's health and physical needs. The information was then used to ensure that the right level of staff and right equipment was in place to meet the person's needs. It was also used to formulate a plan of care. The management team were committed to continually reviewing the assessment tool to ensure it met people's equality, diversity and human rights.

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 who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA 2005. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA 2005, and whether any conditions on authorisations to deprive a person of their liberty were in place.

The registered manager had correctly applied for DoLS for people living at the service, some of these

applications had not yet been authorised by the local authority at the time of this inspection. Staff understood the principles of the MCA and were aware of the need to respect people's choices. When important decisions had been made on people's behalf staff had taken part in best interest meetings. Staff asked for consent prior to carrying out any support tasks. Although some people had complex needs, we observed that staff encouraged them to make decisions for themselves. For example, staff asked people where they wanted to go to lunch that day and if there was anything else they wanted to do. Records also evidenced where people had refused treatment such as refused care and support to brush their teeth and maintain oral hygiene.

Staff continued to receive the training, support and supervision they required to provide quality care and support. Most of the care staff had a health and social care qualification. Staff told us they felt well supported by the management team. They confirmed that they received regular supervision meetings.

New staff received an induction into the service which included shadowing experienced staff to enable them to learn about people's care and support needs and their routines and preferences.

The design and layout of the service met people's needs. People knew where their rooms were and where to find communal areas such as the kitchen, lounge and toilets. The garden was secure and flat which made it easily accessible.

Good

Is the service caring?

Our findings

People told us staff were kind and caring towards them. Comments included, "They [staff] are lovely, very kind"; "I like all the girls [staff], they help me read my letters"; "There has been a few staff changes recently, all very nice, helpful and good at their job, very caring, whatever you ask, they just help you. I told one of the girls that I could not hear my son speaking on my phone she had a look and turned the volume up for me" and "They [staff] treat me very well, they all say they love me".

We observed positive interactions between people and staff. People were at ease and comfortable in each staff member's presence. Staff were kind, considerate and respectful. Staff made time to chat with people about their day. We observed staff checking with people if they were ok.

People were treated with dignity and respect. Staff knocked on doors before entering and checked with people to ensure it was okay to enter. People told us, "[Staff] always knock and say hello before they come in"; "They always make sure I look decent when I go to have a shower" and "Staff always pull the curtains and close the door for privacy." We observed Staff were mindful of people's privacy and confidentiality. One person told us, "I have never heard staff talk about any other people in here. I always ask [staff member] if I have anything private to discuss". A relative said, "Never heard any of the staff discuss another client. When we are discussing anything personal about aunty staff come in and close the door."

People were supported and encouraged to be as independent as possible in all aspects of their lives. Some people managed their own personal care and some needed more support and guidance. Staff explained how they encouraged people to do things for themselves such as wash their face, hands and arms. One person told us, "When I have a shower [staff member] gives me a soapy flannel to do my face and private bits and I ask her to do my back and legs."

People told us they felt that staff listened to them when discussing their needs. One person said, "Staff are good at listening they always ask about my son and always ask if I have had a telephone call from him. Staff made him feel very welcome when he was well enough to visit me." Another person said, "My carer always asks me if I need any help. She's good at listening to me and understand I want to do as much as I can for myself." A relative gave us an example of how staff had listened to their concerns about their family member. They said, "We feel that staff listened to us. Staff now make sure that her legs are in a raised position. We can see her legs are looking much better."

People's bedrooms were decorated to their own tastes. Each person's room was personalised with photographs, pictures, items, toys and their own choice of furniture.

There was a relaxed and homely atmosphere. There was lots of laughter and friendly chatter. People had free movement around the service and could choose where to sit and spend their recreational time. People were able to spend time the way they wanted. People chose to spend time in the communal lounges, dining rooms, the garden or their bedrooms.

People continued to be enabled to express their faith through visits to a preferred place of worship. Church services took place within the service and people were supported to attend these in the community. The registered manager told through completion of their provider information return that, 'Shaws Wood residents regularly attend the All Saint's coffee morning in the local church hall, a number of residents were previously members of the parish and we attend as a group and integrate with those attending. We were an integral part of the setting up of the dementia services at St Matthew's which is a service held in church specifically for people living in the community with dementia. We attend this service monthly and stay for coffee/cakes and a chat afterwards. Our residents mix with the whole group and as at All Saint's benefit from social interactions with others in 'normal' settings. We also have links with the local Methodist church and other local faith groups.'

People were supported to engage with people that mattered to them such as friends and family members. Relatives and visitors were able to visit their family members at any reasonable time and they were always made to feel welcome.

Requires Improvement

Is the service responsive?

Our findings

People and their relatives had been asked about their views and experiences of using the service. People felt they were listened to. People said, "No complaints from me, its lovely here" and "No complaints, always asked at resident's meetings if anyone has an issue." People and their relatives told us they would complain to the staff or registered manager if they were unhappy about their care. The complaints policy was on display and gave people all the information they needed should they need to make a complaint. People were happy with the care they received and had made no complaints about the care they received. The complaints information was not available for people in an accessible format. From April 2016 all organisations that provide NHS care or adult social care are legally required to follow the Accessible Information Standard. The standard aims to make sure that people who have a disability, impairment or sensory loss are provided with information that they can easily read or understand so that they can communicate effectively.

We recommend that registered persons review information within the service to ensure it meets people's needs.

We observed that staff were responsive to people's needs. Staff responded to people's requests and answered people's call bells quickly.

People and relatives told us they had been involved in care planning, reviewing and developing care plans. A relative confirmed, "I have been involved with her care plan reviews, I feel we are listened too." Another relative told us, "We are having a review meeting with the manager, happy with the care so far, staff tell me he likes singing and I would like to see him encouraged to play the keyboard to keep him stimulated."

People had care plans in place, which reflected their current needs. One person told us, "Always asked if I want any more assistance. They know I want to remain independent so let me try to do as much as I can for myself". Care plans were person centred and contained information about how each person should be supported in all areas of their care and support. Each care plan had a life history section, which had been completed with the involvement of the person and their relatives. This section provided key information about the person's life, hobbies, preferences, religious and cultural or social needs. Each person's likes and dislikes and preferences were recorded.

People's care was reviewed regularly; when people's needs changed, this was reassessed. Care packages were reviewed with the person, their relatives and with any health and social care professionals as required. Review records were maintained which included clear actions for the service to carry out, such as health referrals to be made.

The service was not currently supporting anyone receiving end of life care. The management team recognised this was a sensitive subject so addressed this with people and their relatives when people's health began to decline. Some people had been involved in planning and discussions about their wishes and preferences in relation to their end of life care. For example, care records evidenced the type of funeral

they wished to have. The registered manager said the service was well supported by the community end of life care facilitators and the district nursing team. Staff received training in relation to end of life care.

A range of activities were available for people who lived at the service and people were able to choose if they wished to join in with activities. People told us, "I like to sit in here and watch people" and "The activities lady encouraged me to go down and play dominoes. I won and had my picture taken and its now displayed as the weeks dominoes champion. I am now famous." Some people choose to stay in their bedrooms. One person said, "I join in a couple of things. I prefer to stay in my room. I like the singer when he comes." On the day of the inspection, the activities coordinator played draughts with people. People actively participated in the game shouting out when they had a matching draught and appeared to enjoy the game. Details of external activities were on display around the service with a weekly list setting out each day's activities as well as monthly music sessions, vibrational balanced music based workshops and motivational classes. There were world flags decorating the dining rooms to celebrate the world cup. During the inspection some people watched the football matches. The service held activities that people's friends and families could join in with. A strawberry cream tea garden party had been arranged for July 2018.

Good

Is the service well-led?

Our findings

People told us the service was well managed. They all knew the management team. Comments included, "I would speak with [head of operation and strategic development] or [registered manager] who runs this home. Love them both"; "The manager always stops and says good morning and has a little chat" and "Quite a good home, runs reasonably well. I certainly have no complaints." Relatives knew who the management team were and were confident in approaching them with any problems if they had any. A relative told us, "[Registered manager] is always approachable. Office door is always open, able to stop and speak with her or other office staff if I have a query."

Staff told us they were very well supported by the registered manager. They had regular staff meetings and felt they could obtain support and guidance whenever they needed it. It was evident that the registered manager was very involved with the day to day care and support and had a good oversight of the service. They knew people well and the staff team well.

Staff had access to a range of policies and procedures to enable them to carry out their roles safely. Staff were aware of the whistleblowing procedures and voiced confidence that poor practice would be reported.

The management team conducted audits and checks of the service to ensure that people were receiving safe, effective, caring, responsive and well led care. Any actions found were quickly dealt with. The registered manager ensured they signed off audits and checks carried out by senior staff which evidenced that they had checked the results.

The management team had built strong links with other local registered managers and providers who they gained support and advice from. They had also signed up to conferences and events in the local area to help them learn and evolve as well as building a rapport with providers and registered managers outside of the organisation. The registered manager had also signed up to receive newsletters and information from the local authorities and CQC. They also received information about medical device alerts and patient safety alerts. The management team checked these alerts to ensure that any relevant action was taken if people using the service used medicines or equipment affected.

People and relatives told us that staff listened to their views on how they like to be cared for and said that staff treated them respectfully. People had opportunities to feedback about the service they received through completion of surveys and through meetings. The management team told us these surveys were being reviewed and amended before being sent out in 2018. No surveys had been completed since our last inspection. One person told us, "We discuss improvements at resident meetings, always asked where would you like painting to be done."

Registered persons are required to notify CQC about events and incidents such as abuse, serious injuries, deprivation of liberty safeguards (DoLS) authorisations and deaths. The registered manager had notified CQC about important events such as deaths, safeguarding and DoLS that had occurred.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had displayed a copy of their inspection report and ratings in the service and on their website.