

Birchester Care Limited

Shirelodge Nursing Home

Inspection report

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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?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on the 30 October 2018 and was unannounced. This was the first comprehensive inspection of the service since it changed legal entity in October 2017. The service had been inspected under the previous legal entity and was rated overall good in January 2017.

Shirelodge Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

Shirelodge Nursing Home accommodates up to 54 older people in a purpose-built building. People were accommodated on the ground and first floor of the building. The service provided support to people requiring general nursing, residential care and people living with dementia and memory loss. At the time of our inspection there were 47 people living there.

The service had a registered manager. 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 did not always receive care that protected them from an act of control and restraint that was unnecessary and disproportionate.

People told us they felt safe, however there was a concern that incidents were not always reported to the registered manager when they were witnessed by staff.

People received their medicines when they required them, however staff who administered medicines had not had their competency assessed on a regular basis. Although staff felt supported, not all staff received regular formal supervision.

The environment required some refurbishment to ensure it was suitable to meet people's needs and improvements were required in relation to the care planning documents being consistent across the service.

The systems and processes in place to assess, improve and monitor the safety of the service were not always effective. The provider did not have a policy in place that offered guidance on how often and in what circumstances staff should have a renewed Disclosure and Barring Service (DBS) check.

People's needs were assessed prior to coming to the home and risks to people had been identified and measures put in place to mitigate any risk. There were sufficient staff to meet the needs of the people; staffing levels were kept under review.

People were involved in decisions about the way in which their care and support was provided. Staff understood the need to undertake specific assessments where people lacked capacity to consent to their care and / or their day to day routines. People's health care and nutritional needs were carefully considered and relevant health care professionals were appropriately involved in people's care.

People were cared for by staff who were respectful of their dignity and who demonstrated an understanding of each person's needs. This was evident in the way staff spoke to people and the activities they engaged in with individuals. Relatives spoke positively about the care their relative received and felt that they could approach management and staff to discuss any issues or concerns they had.

The registered manager was approachable and people felt confident that any issues or concerns raised would be addressed and appropriate action taken.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

People were not always safeguarded from abuse because unnecessary control and restraint practice was in place.

Safe recruitment practices required strengthening to ensure that the provider continued to be assured that staff were suitable to work at the home.

Staff did not have their medicine administration competency tested or observed on a regular basis.

Risk to people had been assessed and acted upon. There was enough staff deployed to meet people's needs.

Requires Improvement ●

Is the service effective?

The service was not always effective.

The environment required some refurbishment to ensure it was suitable to meet people's needs.

Although staff felt supported, not all staff received regular formal supervision.

People were involved in decisions about the way their support was delivered; staff understood their roles and responsibilities in relation to assessing people's capacity to make decisions about their care.

People had access to a healthy balanced diet and their health care needs were regularly monitored.

Requires Improvement ●

Is the service caring?

The service was caring

People and where appropriate their families were involved in making decisions about their care and support

Staff were kind and respectful and protected people's dignity

Good ●

Visitors were welcomed at any time.

Is the service responsive?

The service was responsive.

People's needs were assessed before they came to stay at the home to ensure that all their individual needs could be met.

People were encouraged to maintain their interests and take part in activities.

People were aware that they could raise a concern about their care and there was written information provided on how to make a complaint.

Good ●

Is the service well-led?

The service was not always well-led.

The systems and processes in place to assess, improve and monitor the safety of the service were not always effective.

Improvement was required in relation to the care planning documents being consistent.

People and staff were encouraged and enabled to give their feedback and be involved in the development of the home.

Requires Improvement ●

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 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.

The inspection took place on 30 October and was unannounced. The inspection was undertaken by two inspectors, and one 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 asked the provider to complete 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. We reviewed the completed PIR and took this into account when we made our judgements.

We reviewed the information we held about the service, including statutory notifications. A notification is information about important events which the provider is required to send us by law.

We contacted commissioners and asked them for their views about the service. Commissioners are people who work to find appropriate care and support services for people. We also contacted Healthwatch; an independent consumer champion for people who use health and social care services.

During our inspection we spoke with eight people who lived in the home and nine members of staff; this included one nurse, five care staff, one activities coordinator, a cook, plus the registered manager and the director of finance. We were also able to speak to six relatives who were visiting at the time.

We observed care and support in communal areas including lunch being served. Several people who used the service lived with a dementia related illness and so some of them could not describe their views of what the service was like; we undertook observations of care and support being given. We also 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 the care records of six people and six staff recruitment records. We also looked at other information related to the running of and the quality of the service. This included quality assurance audits, medicine administration records, maintenance schedules, training information for staff, staff duty rotas, meeting minutes and arrangements for managing complaints.

Is the service safe?

Our findings

People were not always safeguarded from abuse or improper treatment. On the day of the inspection, an inspector witnessed a person being restrained by their wrists to stop them from rubbing their eyes which had just had a medicated cream administered in them. We checked the care planning records for this person and there was not any documentation authorising control or restraint. It was clear that the person was not content with being restrained and the staff member continued in their actions. Another member of staff came over to the person and was able to distract the person from rubbing their eyes by engaging them in conversation.

We spoke to the registered manager about what was witnessed and they assured us that appropriate action would be taken to ensure the person was not restrained in the future. The registered manager informed us that they believed the staff member undertook the restraining in the best interest of the person so the medication was not removed from their eyes.

The inspection team immediately raised a safeguarding alert to the local authority.

This was a breach of Regulation 13 (4)(b) safeguarding service users from abuse and improper treatment of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Safe recruitment practices required strengthening to ensure that the provider continued to be assured that staff were suitable to work at the home. Staff files showed the registered manager ensured the necessary pre-employment checks were undertaken. These included Disclosure and Barring Service (DBS) checks, references and proof of identity as well as checking with the Nursing and Midwifery Council to ensure the nurses held a current registration with them. However, the provider did not have a policy in place that offered guidance on how often and in what circumstances staff should have a renewed DBS. After we discussed our concerns with the registered manager they implemented a form for staff to sign to confirm that they had received no cautions of criminal convictions since their previous DBS.

People received their medicines safely. However, staff who were trained in the administration of medication did not have their competencies tested on a regular basis. We spoke to the registered manager about our concerns who was not aware that trained staff should have their competences reviewed regularly.

During the inspection, we observed some people receiving their medicines. Nurses signed people's medicines administration record (MAR) charts to confirm people had received their medicines in line with the prescriber's instructions. Medicines were stored safely and securely and regular audits were undertaken of stocks, MAR charts and the temperatures at which medicines were stored.

People we spoke to told us they felt safe. One person said, "I feel safe because there are always people around me." Every relative we spoke with during the inspection described Shirelodge nursing home as safe. Comments from relatives included, "[Person] is safe because they have all the proper equipment for her here" and "I am absolutely confident that [person] is safe here; I would move [person] if I thought for one

minute that they were not safe."

People were supported by sufficient numbers of staff both during the day and at night. Throughout our observations, we saw call bells were answered promptly and staff spent time with people in the communal areas. One person told us, "They [staff] come pretty quickly when I press my call bell; morning or night." One relative told us, "I visit a lot and at different times of the day and there always seems to be enough staff, I don't have any concerns."

Risks to people's health and safety, including those associated with healthcare conditions, were assessed and management plans put in place to reduce these. Care files contained assessments in relation to risks associated with poor mobility; skin care; nutrition and hydration, including the risk of choking due to swallowing difficulties; as well as needs associated with health care conditions such as diabetes.

Accidents and incidents were recorded and reviewed by the registered manager. This helped the management team ensure that action was taken to mitigate further risks occurring. Infection control practices were safe. Protective clothing such as aprons and gloves were available throughout the home for staff use. Staff had completed training in infection control and food hygiene.

Records were clear about what actions were taken to ensure that lessons would be learnt from any mistakes made. We saw that there was a clear path for information to be shared and used to make improvements when necessary. Staff told us that lessons learnt were discussed in staff meetings and also in the daily information update meetings.

Equipment used to support people's care, such as hoists, was serviced regularly to ensure it remained safe to use. All appropriate servicing of equipment used throughout the home had been carried out in accordance with recommended maintenance schedules. Fire safety checks and personal emergency evacuation plans were completed. Staff received regular fire safety training and records confirmed the fire detection equipment was tested weekly.

Is the service effective?

Our findings

There were areas of the building that required some refurbishment; this had been recognised by the provider and a plan was in place to undertake some of this work after an extension to the building was built, which hadn't yet commenced. However, some areas of the building required more immediate attention. In two bedrooms we saw carpets that were threadbare. Another bedroom had a lino floor with floorboards underneath and the lino was ridged across the length of the room where the floor boards were not level. One window had a rotten frame and small fragments of rotten wood had collected in the corner of the frame. Two window sills were worn down completely and there was no paint left on them. We checked with the registered manager that these had not been sanded down in preparation for painting; which they hadn't. One relative told us, "I know that the building is old, the lounge is not homely and in need a lick of paint, but the care is good."

Other areas of the building were in good decorative order and had been decorated following best practice guidelines for people living with dementia. For example, one dining room had a wall mural of an old-fashioned pub with a roaring open fire. Another corridor had village shop and post office murals and doors in different colours to provide a contrast for people living with dementia. The garden was fully accessible and included raised planters which people helped to maintain in the summer months.

People were not always supported by staff who received regular supervision to review their performance and to discuss training requirements. Feedback from staff included, "I feel supported but I have only had one face to face supervision this year. I can see the manager [registered] though any time I want" and "I've never had a one to one meeting, I don't think it affects how I do my job because I can ask anyone if I am unsure." When we spoke to the registered manager they told us that they were behind on ensuring staff received regular supervision but this was something that had been identified and they were making progress with. Staff meetings took place, and records of the meetings evidenced that the registered manager and staff discussed the needs of the service and they were used as a forum to cascade information from the provider to all staff.

Staff had the training they needed to provide effective care. This included induction training, followed by a period of shadowing more experienced staff. People told us they felt staff were well trained and felt confident they were supported by staff who understood their needs. The staff said they felt the training they received was good. Records showed all staff completed a range of training courses including health and safety, moving and handling, safeguarding and supporting people living with dementia. The registered manager showed us a rolling program of refresher training for staff which ensured that staff were kept up to date with best practice.

People had their needs assessed before moving into the home to ensure they could be met. The assessment covered people's nursing and personal care needs and preferences, their ethnic origin, first language, religion, and any cultural needs they might have relating to these or any other areas in their lives. Staff had a good understanding of equality and diversity and supported people with their beliefs.

People had a choice of meals provided by the service. People said they enjoyed the meals and could choose what meals they wanted. One person said, "I like the food, lots of my favourite meals are on the menu." Another person said, "I enjoy all the meals, I don't like spicy food or onions so if that is on the menu the cook makes me something different." Staff ensured that people with specific dietary requirements or preferences had their needs met. One relative told us, "[Person] has a pureed diet but it is displayed lovely on the plate, it isn't all mixed together."

People with swallowing difficulties, were referred to the speech and language therapist (SALT), they received soft diets and thickened drinks following the advice received from the SALT. People at risk of weight gain or losses detrimental to their health had their weights closely monitored by staff. People were supported to see their GP and other healthcare professionals when they needed to. The service arranged for GPs to visit the home regularly to review people's medical needs and in response to sudden illness.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 make 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).

Some people had restrictions on their liberty authorised by the local authority DoLS team and their care plans included instructions on how to support them in line with these. For example, if a person was unable to leave the premises unaccompanied due to risk, this was authorised by the DoLS team to ensure people were being cared for lawfully. We saw that the appropriate applications for DoLS that were due to expire had been submitted to the local authority DoLS team.

Staff were trained in the MCA and DoLS and understood the importance of people consenting to their care and support. During the inspection we saw staff asking for people's permission before they assisted them. This meant staff were working within the principles of the MCA and seeking people's consent to care and treatment in line with legislation and guidance.

Is the service caring?

Our findings

People and their relatives spoke positively about the caring environment and the kind and compassionate nature of all staff. One person told us, "The staff are lovely, whatever I want they get for me, I love this place." Another person told us, "Staff are magic." A relative told us, "I have no complaints at all, whenever I visit, [person] is always dressed well and clean. I always check [person's] fingernails and they are always clean." Another relative told us, "It is wonderful here, [person] was in a different home before and it is not even comparable. The staff are willing to help in any way they can and the manager [registered] always has an open door."

People were supported to use a range of accessible and personalised ways to express views and wishes in relation to their care. Throughout the day we observed many examples of friendly, caring and good-natured interaction between staff and the people they supported. Staff spoke with people in a calm, considerate and respectful manner, providing explanation or reassurance as necessary.

People's individuality was respected, and staff responded to people using their chosen name. We heard staff speak politely to people and treat them with kindness and respect. The staff's knowledge of people added quality to people's lives. We observed staff were attentive to people's needs, for example, one member of staff sat with a person reading the bible to them, the person responded by smiling and listening intently.

Staff were mindful of not intruding on people's privacy when they were spending time in the quiet areas, and ensured people were comfortable. We saw that when staff went to people's rooms they knocked before entering. When people had visitors, they could spend time with them in the privacy of their rooms. The service placed no restriction on relative's visiting times. One relative told us, "I can visit whenever I want and I am always welcomed with a cheery smile from all the staff." Relatives were confident that their family members experienced the care and support they needed.

People told us that staff respected their privacy and dignity. Throughout the day staff demonstrated a commitment to providing respectful, compassionate care. For example, staff told us they always knocked on bedroom and bathroom doors to check if they could enter. This was confirmed by people and their relatives we spoke with. Staff respected people's independence by respecting their choices to perform aspects of personal care themselves when they wanted. They also understood the importance of treating people respectfully. One person told us, "I need a little bit of help but I like to do some bits of my care myself; and the staff let me do that and then they ask me what other help I need."

Information was available on the services of independent advocacy services to support people who were unable to make decisions for themselves and had no relatives to support them. (An advocate is a person that acts on behalf of a person to defend and safeguard the person's rights and have their views and wishes considered when decisions are being made about their lives). However, the registered managers confirmed that at the time of the inspection, no people required the use of an advocate.

Information on people's care was only shared with other health and social care professionals involved in

their care. The information was held electronically, and password protected. Staff understood about confidentiality and knew not to share information without people's consent.

Is the service responsive?

Our findings

People receive personalised care that was responsive to their needs. The registered manager said referrals came through word of mouth and through the local authority system. They carried out assessments of people's needs prior to people moving into the service. People and relatives were fully involved in the assessment process and in putting together individualised care plans.

We saw the care plans reflected people's physical, emotional and spiritual needs, and their individual preferences, hobbies and interests. They included important information on preventing and managing the risks of any deterioration in health, for example; people at risk of poor skin integrity and malnutrition had specific care plans in place and staff closely monitored their conditions. If people were coming home from hospital, the service ensured all the necessary equipment was in place to support a safe transition. The staff were familiar with the care plans and provided people's care in accordance with their assessed needs and preferences. One relative told us, "I have been involved with care planning since [person] moved in. I can see that the care plan gets updated as well if I tell them any new information."

If people had protected characteristics under the Equality Act, policies were in place to ensure people were treated equally and fairly. The assessment process also helped to identify when staff required further training before they could support people. People had information made available in a way they could understand it, to comply with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016. It makes it a legal requirement for all providers of NHS and publicly funded care to ensure people with a disability or sensory loss can access and understand information they are given. For example, information at the home was made available in large print and picture formats.

People were supported on a regular basis to participate in activities of their choosing. There was a programme of activities advertised in the lounge area. We spoke to the activity coordinator who was passionate and motivated about their role. They told us, "I absolutely love my job, every day is different, I get great support from [registered manager] and we try and do different activities every day to keep people stimulated." They went on to explain the range of activities that people get involved in. We saw on the day of the inspection that people had been involved in craft activities and had made Halloween decorations and these were on display throughout the home. We observed people benefitting from one to one time with staff, this included staff reading to people and nail care sessions.

On the day of inspection there wasn't anybody receiving end of life care, however a recent compliment to the home stated, "Thank you for caring for [person] in their final weeks." This was accompanied by a floral arrangement that was gesture of gratitude to the staff who cared for their relative. We found that people had end of life plans, which included pain management, complying with persons wishes, medications, information on next of kin and funeral arrangements. Shirelodge nursing home was in receipt of the Gold Standard Framework (GSF) for end of life care. The Gold Standards Framework gives training to all those providing end of life care to ensure they can provide this to a good standard.

People told us they were aware of who to speak with and how to raise a concern if they needed to. No-one we spoke with had concerns at the time of our inspection and no recent complaints had been logged. However, people felt that the staff would listen to them if they raised anything and that issues would be addressed. One relative said, "I visit regularly so I see what's going on. There are never any problems". Another relative said, "They are very receptive. Both the management and staff are always happy to listen."

Is the service well-led?

Our findings

The systems and processes in place to assess, improve and monitor the safety of the service were not always effective. This had led to information not being kept up to date, accurate and appropriately analysed. The registered manager told us they were running the day to day service without the support of a deputy manager or administrative assistant and the provider was currently recruiting to these roles.

Staff were not always receiving regular formal supervision in line with the provider's policy. It was clear from the feedback from staff that they all felt supported by the registered manager, however, supervision was not consistent across the staff team.

There was not an up to date list of the nurse's registration status with the Nursing and Midwifery Council to ensure the nurses held a current registration with them. We requested the registered manager checked each individual nurse's registration so we could be assured that all nurses were registered, which they were. The provider had no system in place to ensure that staff who administered medicine had their competency checked on a regular basis

The provider did not have any guidance to follow on how often and in what circumstances staff should have a renewed Disclosure and Barring Service (DBS) check. There was a concern that some staff had been working at the service for 15 years and had not had a renewal of their DBS and no processes were in place to mitigate any risks that may have been present.

The audits in place had not identified that there were areas of the home that required some immediate attention. Some people's bedrooms had flooring that was threadbare and lino that was rippled which had the potential to be a trip hazard. Some window frames required replacing or repairing to ensure they were safe and secure and in certain areas of the building the décor was tired and shabby.

People and their relatives had been given an opportunity to feedback their thoughts on the quality of the service. We saw that there was a good response to the questionnaires. However, the registered manager said she had not had time to collate the information they had received. This demonstrated that although feedback had been sought there was a risk that action had not been taken to improve the service.

Although staff had received training on safeguarding adults from abuse, and the staff we spoke with were knowledgeable about how to report their concerns, the control and restraint of a person that was witnessed by an inspector had also been witnessed by other staff; and this had not been raised with the registered manager on the day of the inspection. There was a concern that control and restraint had been used before and due the layout of the dining room it would have been witnessed by staff on previous occasions and not been reported.

The systems in place to assess, monitor and improve the quality and safety of the service were not always effective. This was a breach of regulation 17 (1) Good governance of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Care planning documentation and associated records were not consistent for each person which made it difficult to have an oversight of people's care needs and to monitor people's health. For example; the bowel monitoring records were recorded in five different places, which meant staff had to go to each of these to get an accurate account of the person's needs. People's complete care planning documents were not stored in one place which made it difficult to know what records were accurate and up to date. For example, some people had no life history documents on the computerised care planning system, however we found that there was a paper copy in the care plan files in people's own rooms.

Staff said they felt supported, listened to and encouraged to develop their skills and knowledge. There were regular staff meetings and regular senior staff meetings where the head of care/cook/ housekeeper all met to discuss concerns or areas of good practice, which ensured staff had the opportunity to share experiences and suggest ideas.

The provider and registered manager encouraged open communication with people and their relatives and this was enhanced by regular coffee mornings which were very well attended. At the last coffee morning, the provider had invited a guest speaker to talk to people's relatives about supporting people living with dementia.

The service had received many compliments about the care and support the staff had provided to people using the service and their relatives. Comments included, "Thank you so much for the love and care you gave to [person] and to the family, it was very much appreciated" and "Thank you to a wonderful staff team."

The provider had sourced some training for staff whose first language was not English. The purpose of the training was to develop staff's language and written skills to enable more effective written and verbal communication.

The registered manager was open and transparent in sharing information with commissioners and aware of their regulatory responsibilities including notifying CQC of events at the service.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations 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 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 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment People were not protected from improper treatment due to unauthorised control and restraint practice.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance The systems in place to assess, monitor and improve the quality and safety of the service were not always effective.