Shawcare Limited

ShawCare@HighWray

Inspection report

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Ratings

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

Overall summary

This inspection took place on 25 August 2015 and was unannounced. We last inspected Shawcare@Highwray on 30 January 2014 and the service was judged to be fully compliant with the previous regulatory standards.

Shawcare@HighWray is set in rural surroundings on the outskirts of Ormskirk. The home provides accommodation, personal care and support for up to 24 people. High Wray is a large detached property that has been extended to provide individually designed rooms with modern en-suite facilities. The home is set in extensive grounds with garden areas and a variety of outdoor seating areas. There are two communal lounges, a dining room and quiet areas to sit and view the surrounding landscapes. Additional accommodation was being built at the time of our inspection which would eventually mean that an additional ten bedrooms would be added to the home. Each of the new build rooms were en-suite and had access to their own small garden and patio so people could sit outside in the privacy of their own space as well as having access to the communal outside spaces.

Summary of findings

There was a registered manager in place at the time of our inspection. 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 told us they felt safe at the home and with the staff who supported them. We asked one person what made them feel safe in the home and they told us, "Just how things are run". Another person said, "There are so many staff around, it's a beautiful place and the staff are always on hand."

The service had procedures in place for dealing with allegations of abuse. Staff were able to describe to us what constituted abuse and the action they would take to escalate concerns. Staff members spoken with said they would not hesitate to report any concerns they had about care practices. There had been no safeguarding referrals made by the home during the twelve month period prior to our inspection. We discussed this with the home owner who told us that they had contacted the local authority safeguarding team to discuss some incidents but were informed they were not reportable under safeguarding procedures.

We looked at how medicines were ordered, stored, administered and recorded. We spoke with the deputy manager who had responsibility for administering medication on the day of the inspection and observed medication being given to people over the lunch time period. All the medicines given were done so in a discreet manner and it was evident that the deputy manager knew people well and how best to approach people when administering their medicine. We checked medication administration records (MAR) to see what medicines had been given. The MAR was clearly presented to show the treatment people had received. Medicines were stored in a locked cabinet within a locked room. Controlled drugs were stored appropriately as were medicines that needed to be refrigerated. We saw that fridge minimum and maximum temperatures were recorded daily to ensure that people's medicines were kept in the correct manner. All the people we spoke with told us they received their medicines on time and knew why they were taking their medicine.

During our inspection we looked at the personnel records of six members of staff. We found that recruitment practices were satisfactory. However one member of staff who had not worked at the home for long did not have any references on their file. We discussed this with the registered manager and provider and were satisfied that this had been an oversight. The situation was rectified the following day and we were shown evidence of this.

Staff confirmed they had access to a structured training and development programme. They told us that a new e-learning programme had been introduced that covered a wide range of subjects. All the staff we spoke with enjoyed this way of learning as they could undertake training at their own pace. Staff told us if they had any issues during or following training they could discuss them with their line manager.

A number of the staff we spoke with had worked at the home for a number of years and we saw that staff retention rates were very good. Those members of staff we spoke with who were relatively new told us they had received a good induction which involved being supernumerary to the staff team and shadowing more experienced members of the staff team before working independently.

During our inspection we observed good interaction between the care staff and people who lived at the home. People spoke well of the staff and told us they treated them with dignity and respect.

We saw that advocacy services were available for people to access if they did not have relatives or friends to act as a voice for them. We saw that one person used advocacy services as they had no family representative. This had been a long standing arrangement and advice had been sought from the local authority to ensure the person's best interests were met consistently.

We looked in detail at four people's care plans and other associated documents. We saw that people's care plans were reviewed on a monthly basis and notes were written daily that documented how each person had been throughout the day. We looked at people's care records to see if their needs were assessed and consistently met. Care records were written well and contained good detail. Outcomes for people were recorded and actions noted to assist people to achieve their goals.

Summary of findings

There were a number of systems in place to enable the provider and registered manager to monitor quality and safety across the service. These included regular audits and quality checks in all aspects of the service such as medication, care plans and infection control. Service contracts were in place, which meant the building and equipment was maintained and a safe place for people living at the home, staff and visitors. We saw service files in place to evidence this, which were well organised and up-to-date.

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?
The service was safe.

Good

During our visit we saw staffing levels were sufficient to provide a good level of care. People we spoke with confirmed this.

Safeguards were in place to ensure people were not at risk from abuse or discrimination.

People were protected against the risks associated with the unsafe use of medicines.

Is the service effective?
The service was effective.

Good

The service had policies in place in relation to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). We spoke with staff to check their understanding of MCA and DoLS. Care staff's knowledge of MCA and DoLS was limited. However, nobody living at the home at the time of our inspection was subject to a DoLS authorisation.

We observed throughout the day that people's consent was sought by staff at all times, either before entering people's rooms, when assisting people to mobilise or when assisting people with their medication. We discussed dignity, privacy and consent with staff who were all knowledgeable in these areas. Staff were able to give us practical examples of how issues such as consent were dealt with on a day to day basis.

Is the service caring?
The service was caring.

Good

People were treated in a respectful way. Staff were seen to be kind and caring. People were supported to remain as independent as possible. We discussed dignity, privacy and consent with staff who were all knowledgeable in these areas. Staff were able to give us practical examples of how issues such as consent were dealt with on a day to day basis.

We saw that advocacy services were available for people to access if they did not have relatives or friends to act as a voice for them.

Is the service responsive?
The service was responsive.

Good

People we spoke with and their relatives told us they knew how to raise issues or make complaints. We saw that the home had a complaints procedure and that it was made available to people, this was confirmed when speaking with people and their relatives.

We saw that people's care plans were written in a clear, concise way and were person centred. People's healthcare needs were carefully monitored and discussed with the person as part of the care planning process. We saw that timely referrals had been made to other professionals as appropriate such as GP's, dieticians and district nurses.

Summary of findings

Is the service well-led?

Good

The service was well-led.

None of the people living at the home or their relatives spoke negatively about the manager, staff or culture within the home and people and relatives told us they could approach managers or staff with any issues they had.

There were a number of systems in place to enable the provider and registered manager to monitor quality and safety across the service. These included regular audits and quality checks in all aspects of the service such as medication, care plans and infection control.

ShawCare@HighWray

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 25 August 2015 and was unannounced.

The inspection was carried out by the lead social care inspector for the service 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 visit we reviewed the information we held about the service, including the Provider Information Return (PIR) which the provider completed before the inspection. The PIR 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 also looked at other information we held about the service, such as notifications informing us about significant events and safeguarding concerns.

We spoke with a range of people about the service; this included four people who used the service, eight relatives / visitors of people using the service, seven members of staff, including the owner, registered manager, deputy manager, cook and care staff. The expert-by- experience spent time talking to people and observing how staff interacted with people living at the home.

We also spoke to a visiting district nurse and GP to gather their views on the quality of care at the home. Following the inspection we contacted the Local Authority contracts department to obtain their views on the home and if they were meeting contractual requirements.

We spent time looking at records, which included four people's care records, six staff files, training records and records relating to the management of the home which included audits for the service. We also looked to see if the home had relevant, up to date policies and procedures in place and asked staff if they were familiar with them and knew how to access them if they needed to.

Good

Is the service safe?

Our findings

People told us they felt safe at the home and with the staff who supported them. We asked one person what made them feel safe in the home and they told us, "Just how things are run". Another person said, "There are so many staff around, it's a beautiful place and the staff are always on hand." Another person told us, "You've only got the ring the bell (and staff arrive)". Relatives we spoke with also answered positively when asked if they felt their loved ones were safe. One relative said, "The attitude and concern of the staff, the care and the love (is what make people feel safe). In addition they help us the family."

We spoke with the owner of the home regarding staffing levels. They were confident that staffing levels were in place at all times to meet the needs of the people in the home. This was observed to be the case during the inspection and feedback we received from people, their relatives and staff also confirmed staffing levels to be sufficient to meet people's assessed needs. We looked at staffing rotas for the seven day period of our inspection and saw that staffing was in place across that period. We were told that on occasion agency staff were used however the same agency, and agency staff, were used when possible.

The service had procedures in place for dealing with allegations of abuse. Staff were able to describe to us what constituted abuse and the action they would take to escalate concerns. Staff members spoken with said they would not hesitate to report any concerns they had about care practices. One member of staff told us, "I've never seen anything here that worries me in all the time I've been here. We have all the necessary information, equipment and help we need." We saw in the staff room that safeguarding procedures were displayed for staff to refer to.

There had been no safeguarding referrals made by the home during the twelve month period prior to our inspection. We discussed this with the home owner who told us that they had contacted the local authority safeguarding team to discuss some incidents but were informed they were not reportable under safeguarding procedures. The home had an accident and incident file in place and we saw that all incidents were recorded, investigated appropriately and signed by the people involved.

We spoke with a district nurse and GP who were visiting people on the day of our inspection, neither had any issues with how safe people were at the home or had any negative comments to make about the home, management, environment or staff. The district nurse told us, "It is one of the best homes we come into". The GP told us, "It is one of the best homes in the area."

We looked at how medicines were ordered, stored, administered and recorded. We spoke with the deputy manager who had responsibility for administering medication on the day of the inspection and observed medication being given to people over the lunch time period. All the medicines given were done so in a discreet manner and it was evident that the deputy manager knew people well and how best to approach people when administering their medicine. We checked medication administration records (MAR) to see what medicines had been given. The MAR was clearly presented to show the treatment people had received. Medicines were stored in a locked cabinet within a locked room. Controlled drugs were stored appropriately as were medicines that needed to be refrigerated. We saw that fridge minimum and maximum temperatures were recorded daily to ensure that people's medicines were kept in the correct manner. All the people we spoke with told us they received their medicines on time and knew why they were taking their medicine.

We found the home to be very clean and tidy and the environment calm and relaxing. All of the people we spoke with commented on how much they liked the environment, décor and standards of cleanliness within the home. One relative told us, "I think it's beautiful. It's clean and tidy and always is whatever time of day I come. Cleaners come in on a regular basis and make sure everything's in order." Infection control procedures were in place and followed by staff. The home had a top rating of 'five' for their food hygiene rating.

During our inspection we looked at the personnel records of six members of staff. We found that recruitment practices were generally satisfactory. However one member of staff who had not worked at the home for long did not have any references on their file. There was also no record of an induction taking place. We discussed this with the home's administrator, registered manager and owner. Following our inspection we were sent a record of the member of staff's induction which had been at the registered managers home being updated. Whilst reference requests

Good

Is the service safe?

had been made, and we saw records to evidence this, the member of staff in question had started work at the home without written references in place. The member of staff was someone known to the home, disclosure and barring checks had taken place and all other procedures had been followed however care staff should not begin work without references being seen. This was accepted by the owner and registered manager and we were contacted the day following our inspection to state that references had been chased again. We were satisfied from the other records viewed that this had been an oversight. The registered manager had been on a period of annual leave and the home's administrator had changed during the member of staff's recruitment procedure. There were no other significant omissions within staff files regarding recruitment and all the staff we spoke with confirmed they had been through a robust recruitment procedure and induction process before beginning work.

Good

Is the service effective?

Our findings

People we spoke with reported that the food in the home was good and there was always plenty to eat. We were told by one person, "its first class." Another person said, "it's alright, you get choices, sometimes I ask for fresh fruit at teatime." Relatives we spoke with also told us that food was, in their opinion, of a good standard with enough variety and choice. One relative said, "The food's very nice, they offer me a meal", another said, "(Name) eats whatever's going, they like a cup of tea and look forward to the cakes in an afternoon."

We spoke with the chef who had been at the home for over four years. They were knowledgeable about the dietary needs of the people at the home and knew who needed pureed diets or soft diets, as well as how many people needed sugar controlled diets due to diabetes. They confirmed there was nobody at the home who needed a specialist diet for religious purposes. The home operated a set menu which ran on a four weekly basis. People who were on soft diets, or anyone with swallowing issues, were assisted to eat by staff, we saw this happen on the day of the inspection. People were seen to use adaptive equipment to assist them to eat and drink such as sipping cups, plate guards and specialist cutlery. We spoke with a relative of one person who was on a soft diet and they told us, "It's all served separately and they make it look as appetising as possible."

The Care Quality Commission is required by law to monitor the operation of Deprivation of Liberty Safeguards (DoLS). We discussed the requirements of the MCA and the associated DoLS, with the registered manager. The MCA is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people's best interests. DoLS are part of this legislation and ensures where someone may be deprived of their liberty, the least restrictive option is taken.

At the time of our inspection no-one living at the home was subject to a DoLS authorisation. The home had contacted the local authority to discuss the appropriateness of applications for one person and had been informed that this was not necessary. We saw there were detailed policies and procedures in place in relation to the MCA, which provided staff with clear, up to date guidance about current legislation and good practice guidelines. We spoke with staff to check their understanding of the MCA. Care staff's knowledge of MCA and DoLS was limited. As nobody living at the home at the time of our inspection was subject to a DoLS authorisation, and we saw that people were enrolled on e-learning training for MCA and DoLS, we judged that this did not have a negative impact on people at the home.

Staff confirmed they had access to a structured training and development programme. They told us that a new e-learning programme had been introduced that covered a wide range of subjects. All the staff we spoke with enjoyed this way of learning as they could undertake training at their own pace. Staff told us if they had any issues during or following training they could discuss them with their line manager. We saw in staff files that people had completed training in a number of areas including safeguarding, infection control and moving and handling. We were sent a training matrix following our inspection which indicated which staff were due training and refresher training. The matrix indicated that the majority of staff had undertaken the training required to care for the needs of the people at the home.

We discussed the quality of the training with staff we spoke with. All were happy with the training and support they were offered. One member of staff told us, "We have all the training we need, I have had safeguarding, medication, fire training amongst others." Another member of staff told us, "Training is good, we now have e-learning in place. Face to face training when we have it does take place in the home. I'm pleased with the quality."

A number of the staff we spoke with had worked at the home for a number of years and we saw that staff retention rates were very good. Those members of staff we spoke with who were relatively new told us they had received a good induction which involved being supernumerary to the staff team and shadowing more experienced members of the staff team before working independently. They also told us that the managers and staff at the home were approachable, they felt comfortable asking for advice and assistance and that this was always given when requested. We also saw good evidence of inductions when looking at staff files via completed checklists which were signed and dated by the member of staff and registered manager.

We saw evidence with staff files that people had an annual appraisal. This was also confirmed when speaking with

Good

Is the service effective?

staff. We also saw records of individual and group supervisions within staff files and staff we spoke with told us they found these useful and they had the opportunity to discuss issues or ideas within these forums.

Good

Is the service caring?

Our findings

During our inspection we observed good interaction between the care staff and people who lived at the home. People spoke well of the staff and told us they treated them with dignity and respect. One person said, “Staff are very, very, very kind.” Another person said, “They’re always there if you need help.” Relatives we spoke with also spoke highly of the staff and management at the home.

We asked people if they were involved in how their care was planned. Most of the people we spoke with were unsure if they were involved with care planning but it was not an issue for them. One person said, “I think I just left it up to them (the home).” We saw within people’s care plans that those who were able to had signed a ‘consent to care and treatment’ record and had been involved in putting together their care plan as well as ongoing reviews. We spoke with relatives regarding care planning to see if they were involved. The relatives we spoke with told us they were, one relative said, “We had a long discussion, the manager came to my house and talked to us about any concerns we had. If I’m not here my (relative) will get involved in the care plan.” Another relative told us, “I’m updated on a regular basis, they ask me about the care and tell me what they’re doing.”

We saw that advocacy services were available for people to access if they did not have relatives or friends to act as a voice for them. We saw that one person used advocacy services as they had no family representative. This had been a long standing arrangement and advice had been sought from the local authority to ensure the person’s best interests were met consistently.

We observed throughout the day that people’s consent was sought by staff at all times, either before entering people’s rooms, when assisting people to mobilise or when assisting people with their medication. We discussed dignity, privacy and consent with staff who were all knowledgeable in these areas. Staff were able to give us practical examples of how issues such as consent were dealt with on a day to day basis. We asked both people living at the home and their relatives if consent, privacy and dignity was ever an issue. All the comments we received were positive in this area.

Through discussion, we were able to determine that people who used the service were enabled to make every day choices and decisions for instance, what time they got up or went to bed. People also told us that they could choose to have a bath or shower, depending on their preference. We saw that there were adequate facilities to do this in the home and that such choices were reflected in people’s care plans. The owner of the home told us that they encouraged people to bathe or shower every day to ensure personal hygiene was maintained.

People were enabled to make end of life plans to ensure that care and support was provided in a person centred way and in line with their wishes. The home liaised closely with local palliative care and district nursing teams as well as local hospices when appropriate. The home was accredited as an end of life provider via the “Six Steps to Success” programme. The Six Steps Programme was originally developed in the North West as a programme of learning for care homes to develop awareness and knowledge of end of life care and is run in partnership with local hospices. Care plans reflected the ‘six steps’ programme and the care planning tools were in place to deliver end of life care for people. Staff we spoke with were knowledgeable in this area and confirmed they had attended workshops and training for end of life care.

Good

Is the service responsive?

Our findings

People we spoke with and their relatives told us they knew how to raise issues or make complaints. We saw that the home had a complaints procedure and that it was made available to people, this was confirmed when speaking with people and their relatives. It was also on display within the home. The majority of people spoken with told us they felt confident that any issues raised would be listened to and dealt with appropriately. One person told us, "There's been nothing to complain about. If I had to I would speak to one of the carers." Another person told us they would also speak to staff but they had, "no reason to (complain)." Relatives were also aware of how to raise concerns. We looked at the homes complaints file and saw that no formal complaints had been raised since our last inspection over twelve months previously.

We looked in detail at four people's care plans and other associated documents. We saw that people's care plans were reviewed on a monthly basis and notes were written daily that documented how each person had been throughout the day. We looked at people's care records to see if their needs were assessed and consistently met. Care records were written well and contained good detail. Outcomes for people were recorded and actions noted to assist people to achieve their goals.

The home had a system in place that meant care workers were deployed into teams that were each allocated a number of people. Teams were changed throughout the year so staff were aware of all people's needs but this also meant that whilst in a specific team that staff could get to know people well.

We saw within people's care plans that advice from external professionals was sought and acted upon. We asked the visiting district nurse and GP about how proactive the home were in seeking advice for people and both told us that this was not an issue. The GP we spoke to on the day told us, "We have no concerns, it's a very good staff team and all advice is acted upon. The area is lucky to have care home owners like Mr and Mrs Shaw who are also involved in the community as well."

We saw that some activities did take place and that all areas of the home were utilised. On the day of the inspection there was a visiting musician who came into the home every week for 2-3 hours and played music for people to sing along to. It was obvious from observing and listening to him that he knew people at the home well and what type of music people liked to enjoy. People we spoke with told us they enjoyed his visit and looked forward to him coming. One person told us, "I always have a list of songs for him, he is very good." We saw that other activities did take place such as pamper sessions, trips out, gardening, knitting etc. There was no activities coordinator employed at the home but each member of staff we spoke with told us that they tried to fit activities and some 1-1 time for people into their routines. The home has two separate lounge areas and other spaces that meant activities could take place without disturbing other people. The home owner told us that it was sometimes difficult to engage people regarding activities but they did listen to people and families if they raised ideas and also sought the help of relative for trips out. We asked the visiting district nurse, who was in the home regularly, if they thought there was enough stimulation for people and they told us that, "There is always plenty going on in terms of activities".

We also saw that people were assisted to access the local community if they wished to. Examples included helping people to visit church and relatives. People were also supported in the community prior to coming into the home such as staying for the day or at mealtimes.

Good

Is the service well-led?

Our findings

There was a registered manager at the service at the time of our inspection who had worked at the service since for just over 12 months. There was also a deputy manager in place who had worked at the service for approximately 18 months. None of the people living at the home or their relatives spoke negatively about the owner, manager, staff or culture within the home and people and relatives told us they could approach managers or staff with any issues they had. One relative we spoke with told us, “It’s well managed and well organised. They make sure all the residents have a celebration for their birthday. It’s like a family spirit.” Another relative said, "I have no doubt it is well run.”

Staff we spoke with confirmed that they had handover meetings at the start and end of each shift, so they were aware of any issues during the previous shift. We found the service had clear lines of responsibility and accountability. All of the staff members we spoke with confirmed they were supported by their manager and their colleagues. One staff member we spoke with told us, “This is one of the best places I have worked in the teams work well and shifts work better now we have dedicated teams in place.” Another member of staff told us, “I can’t grumble at all, the owner is brilliant, she will do anything for residents, relatives and staff.”

There were a number of systems in place to enable the provider and registered manager to monitor quality and safety across the service. These included regular audits and quality checks in all aspects of the service such as medication, care plans and infection control. Service contracts were in place, which meant the building and equipment was maintained and a safe place for people living at the home, staff and visitors. We saw service files in place to evidence this, which were well organised and up-to-date.

We asked people and their relatives if meetings were held to keep people informed and so people could formally comment about the service they or their loved ones received. Most people confirmed that meetings took place and that they found them useful. A few people told us they didn’t know or couldn’t remember but we saw evidence that meetings did take place and that they were well attended. The last meeting had taken place two weeks previous to our inspection and covered areas such as how meetings would be carried out going forward, updates to the building work, activities and compliments were recorded from relatives. Similarly staff meetings took place to enable staff to keep up to date with changes to the service and people’s needs. All the staff we spoke with confirmed resident and relative and staff meetings took place.

We looked at the home’s accident and incident log which was contained within a well organised file. The file contained a summary of all incidents and accidents, which included the person’s name, who the accident or incident pertained to, as well as the date, time, location and nature of the incident.

The organisation had a whistle-blowing policy in place which meant staff who felt unable to raise issues with their immediate manager were able to confidentially raise issues via that method and remain protected.

We saw that questionnaires were given to people periodically throughout each twelve month period and these covered three topic areas. One was catering and food, another was daily living and environment and the other was outcomes for people. These were kept in people’s care files and then collated at the end of each year. We saw some responses which were very positive. There was also a comments book kept in the entrance to the home. We looked at this and saw that comments were very positive and complimentary about the home, staff and management.