Shirwin Court Residential Care Home

Shirwin Court Residential Care Home

Inspection report

46 Poplar Avenue
Edgbaston
Birmingham
B17 8ES

Tel: 0121 420 2398

Date of inspection visit: 25 January 2016
Date of publication: 04/04/2016

Ratings

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

Overall summary

We inspected this home on 25 January 2016. This was an unannounced Inspection. The home was registered to provide residential care and accommodation for up to 10 older people. At the time of our inspection nine people were living at the home.

The registered manager was present during 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.

Summary of findings

We found that medicines were not always being administered safely. Systems in place needed to be improved in line with safe and good practice guidelines.

Staff we spoke with had limited knowledge about their responsibilities to promote people's rights in relation to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). We found that the provider was not meeting the requirements set out in legislation.

The quality assurance systems in place were not effective to assure people's on-going safety and the quality of the service.

We found the provider was in breach of Regulations. You can see what action we told the provider to take at the back of the full version of this report.

People using this service told us they felt safe and staff understood their roles and responsibilities to protect people from the risk of potential harm. Staff were aware of the provider's processes for reporting any concerns. Recruitment checks were in place to ensure staff that were employed were safe to work in adult social care.

We looked at arrangements in place to manage risks and to keep people safe and protected, whilst respecting their freedom and choice. We saw where people had specific health conditions; care records were not always detailed. They did not contain enough information, advice and guidance for staff to follow in respect of keeping people safe.

During this inspection we received some negative comments about the environment. We found some parts of the home were in need of general refurbishment. We were advised by the provider that there were on-going maintenance plans in place.

People were happy with the staff arrangements in the home. Staff had received some appropriate training but there had been no checking undertaken of their competencies to carry out their jobs.

People had access to a variety of food and drink which they enjoyed. People were supported when necessary to access a range of health care professionals.

People told us they were involved in the planning of their care. People and those that matter to them did not always participate in the reviewing of their care needs.

There was a lack of consistent planning of a programme of activities and stimulation that were needed to reflect people's individual interests. Provider plans to improve the environment had not included consultation or involvement of people who used the service.

Procedures were in place to support people and their relatives to raise any complaints. Concerns raised by people and their relatives had been addressed but had not been recorded. Feedback received had not been used effectively to improve the service.

People told us they received good care that met their needs. People, their relative's and staff consistently told us that the manager was supportive, kind and approachable. We received positive comments about their kind and supportive nature.

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 not always safe.

People did not always receive their medicines safely and the service did not consistently follow good practice around the safe management of medicines.

Risks for people had been assessed to keep people safe. However We found that some people's care records did not consistently contain clear and detailed information about people's health conditions for staff to follow and be aware of.

People told us that they felt safe living at the home. Staff in the home knew how to recognise and report potential risks of abuse.

Requires improvement

Is the service effective?
The service was not always effective.

People's rights were not protected as staff did not have enough understanding about relevant legislation.

Staff generally had the knowledge and skills they required to meet the care and support needs of people. Competency checks had not been carried out.

People were involved in decisions about what they wanted to eat and drink. People had access to healthcare professionals when required.

Requires improvement

Is the service caring?
The service was caring.

Staff had positive and caring relationships with people using the service and promoted compassion, dignity and respect.

Staff could consistently describe people's preferences and personal histories.

Good

Is the service responsive?
The service was not always responsive.

Activities offered were limited and were not always of interest to people.

Most people had participated in the planning how their care and support needs were to be met. People and those that matter to them were not always fully included in the reviewing of their plans.

Procedures were in place for people and their relatives to make complaints and raise concerns.

Requires improvement

Is the service well-led?
The service was not always well-led

Requires improvement

Summary of findings

There were ineffective quality assurance systems in place to monitor all aspects of the home and in some instances had failed to address issues.

People, their relatives and staff spoke very positively about the approachable and supportive nature of the registered manager.

Views and opinions of people who used the service and staff had not been captured to help inform developments and improvements in the home.

Shirwin Court 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 25 January 2016 and was unannounced. The inspection team consisted of one inspector.

As part of the inspection we looked at the information we had about this provider. We also contacted service commissioners (who purchase care and support from this service on behalf of people who live in this home) to obtain their views.

Providers are required to notify the Care Quality Commission about specific events and incidents that occur including serious injuries to people receiving care and any safeguarding matters. Appropriate notifications had been sent by the registered provider.

All this information was used to plan what areas we were going to focus on during the inspection visit.

During the inspection visit we met and spoke with five of the people who lived in the home. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk to us. We also spent time observing day to day life and the support people were offered. We spoke with four relatives of people and one visiting health and social care professional during the inspection to get their views. In addition we spoke at length with four members of care staff, one senior care staff, the deputy manager and the registered manager.

We looked at some records including four people's care plans and medication administration records to see if people were receiving the care as planned. We sampled two staff files including the recruitment process. We sampled records about training plans, resident and staff meetings and looked at the registered providers quality assurance and audit records to see how the service monitored the quality of the service.

Requires improvement

Is the service safe?

Our findings

We looked at the systems in place to enable people to receive their prescribed medicines safely. One person we spoke with told us, "I get my tablets on time, I've no concerns." We were unable to observe medicines being administered on the day of our inspection. Few people required medicines at the times we were present. However, we spoke with the person responsible for administering medicines in detail. We found that people were not always administered medicines safely. We saw that medicines were supplied to the home in monthly dosette packs. We found that the system in place to record that medication had been administered did not identify what specific tablets were being administered by staff. In addition we saw that the amounts of medicines being received into the home where not being checked and the home had no record of what amount of medication was being stored.

We saw that staff were signing in people's daily notes to indicate that prescribed creams and lotions had been applied, but there were no instructions for staff about the frequency of application of such prescribed items or details of where they were to be applied on the person. Some improvements to reduce some of the risks of errors and improve the recording of prescribed medicines were actioned before we left the service.

Medication was being stored securely in a secured cupboard in an appropriately cool location within the home and we noted that the temperature of the storage was not being monitored. At the time of the inspection there were no prescribed medicines that needed to be stored in a fridge should such medicines be prescribed there was no medication fridge available. We noted unclear codes were being recorded on the medicines administration records which had led to an inadequate audit of medicines and tippex had been used to rectify an error. Medicine administration systems and records were not clear and safe and did not meet recognised guidance from the Royal Pharmaceutical Society of Great Britain about the Handling of Medicines in Social Care.

Staff told us that they had received training to administer medication but competency assessments had not been conducted to ensure staff were able to administer medicines safely. The registered manager advised us there are plans to do this in the future. The home had not had a recent independent medication audit by their supplying pharmacist. We were informed following the inspection visit that this was being arranged.

The provider was not ensuring the safe care and treatment of people through appropriate management of medicines and this was a breach of the Health and Social Care Act 2008. (Regulated Activities) Regulations 2014 Regulation 12.

People we spoke with told us they felt safe living at the home. A person we spoke with told us, "I do feel very safe living here." Another person we spoke with said, "Staff keep me safe." A relative told us, "I'm happy my dad is safe living at Shirwin Court."

People told us confidently that if they had any concerns or did not feel safe they would inform a member of staff. A person living at the home told us, "If I was worried about anything at all I would tell [name of manager]." A relative we spoke with told us, "I've never witnessed any inappropriate attitudes. If I did have any concerns I would tell [name of manager]."

We spoke with six members of staff about the home's procedures for protecting people from potential harm. Staff we spoke with confirmed that they had received training and were able to describe different signs of abuse and their responsibilities and roles in how to protect people from abuse. Staff told us they would report any concerns to a senior member of staff. Staff consistently told us the different agencies that they could report any concerns to should they feel the provider was not keeping people safe and protected. We saw that one person's care records did not identify a reason for an unexplained bruise. Whilst the staff had reported this to the registered manager body maps were not being used to record injuries and to identify reasons for any unexplained bruises. This meant that potential signs of harm may not be investigated. The registered manager advised us this would be addressed following our inspection.

We saw risks to people's safety had been assessed to ensure people were kept safe. One person we spoke with told us, "It's great there are no rules here. I'm unable to smoke in my own room, this is no problem to me, I just go outside in the garden." Staff understood the importance of risk. One member of staff told us, "If we don't assess the risk, it may result in an accident."

Requires improvement

Is the service safe?

Staff we spoke with were able to describe the importance of reporting and recording accidents and incidents. A member of staff we spoke with told us, “All accidents need to be reported to the manager and recorded.” We spoke with care staff about the procedures they needed to follow in the event of the fire alarms sounding. Staff could consistently describe safe practices to follow in the event of a fire.

We asked people if there were enough staff to provide people with care and support when they needed it. One person we spoke with told us, “When I ring my buzzer [alarm call system], they [the staff] answer within seconds.” A relative told us, “[name of managers] are always in the building when I visit, people are never on their own.”

The registered manager told us that staffing levels were determined by dependency needs of the people living at the home. The registered manager told us, “At peak times or if some was unwell or their needs changed, staffing levels would be increased as necessary.” Staff we spoke with told us there were enough staff to meet people’s individual care and support needs.

We looked at the provider’s recruitment procedures and found that pre-employment checks had been carried out. These included obtaining references and the checks with the Disclosure and Barring Service (DBS).We spoke with a member of staff who told us, “I had an interview and had to provide references and have a DBS check.” We noted that one staff file did not contain sufficient references or a DBS check. The registered manager informed us that the DBS check had been done but relevant details had not been recorded in the file and advised this would be rectified with immediate effect.

Requires improvement

Is the service effective?

Our findings

People living at the home told us that staff had the skills and knowledge to support them with their individual needs. A person we spoke with told us, "I have a shave every morning and staff know how to do it well." A relative who spoke with us said, "I'm happy that dad is being looked after well and all his needs are addressed." All the staff we spoke with told us they received opportunities to undertake training to enable them to provide effective care and support. One member of staff told us, "We do a lot of training on the computer and regularly." Records we saw confirmed that regular training had taken place, however there was no evidence of any competency assessments being carried out to check if the training had been effective. Staff we spoke with were not aware of the medical emergencies that could arise with specific people's conditions. They were unable to describe what action to take if there was an emergency, effectively putting the person at risk. The registered manager advised us that this would be addressed with staff following this inspection.

Staff rotas we saw demonstrated that the registered manager had ensured there was a mix of skills and abilities amongst the staff on each shift. All the staff we spoke with told us they had received regular supervision and felt well supported.

We spoke with a relatively new member of staff who told us "Although I work during the night, my induction was during the day, so I could get to know people whilst they were awake." We found staff were being inducted and prepared for their roles within the home but the provider had no systems to ensure that new staff completed the training in line with standards of the Care Certificate.

We observed that staff received handovers from senior staff before they started their shifts and staff we spoke with said communication was good within the team. One member of staff we spoke with told us, "Handovers are done in the office. We need to know about any changes to peoples needs."

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 people lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. Discussions with the registered manager confirmed no DoLS applications were necessary.

We found that staff had limited knowledge of MCA and DoLS. Staff had little understanding of people's legal rights. Mental capacity assessments and best interest meetings had not been undertaken where required to comply with MCA. For example, one person was receiving their medicines covertly, when tablets had been crushed and disguised in their food. We did not find evidence that the person had consented to this or that this decision had been made in their best interest. We saw some people had their meals in the lounge area and not the dining room. Most people who sat in the lounge area were unable to tell us if this was their preferred place to eat. Staff we spoke with told us that people were more comfortable eating their meals in the lounge. However, we found no evidence that people had consented to this or that this decision had been made in their best interest.

The provider was not ensuring that people's rights were protected and this was a breach of the Health and Social Care Act 2008. (Regulated Activities) Regulations 2014 Regulation 11.

We observed a variety of meals being provided to people. A person we spoke with told us, "Food is perfect; anything I want I can have." Another person told us, "I love my food. Chicken is my favourite." People seemed to enjoy their meals and had enough time to eat at their own pace. The deputy manager informed us that she was responsible for preparing and cooking meals for people. The registered manager knew and described nutritional needs of individual people and told us, "It's such a small home and we know what people like. There was a four week planned menu, but we are very flexible to people's requests. We just ask people what they fancy in a morning." We saw choices

Requires improvement

Is the service effective?

being offered and alternative meals were provided when people requested it. We observed one person choosing to eat their meal at a different time and this was respected. We saw that the pureed meals were not presented well. We were informed that this was the choice of the individual. However, there was no evidence on the person's care plan to demonstrate this was their preferred choice. A relative we spoke with told us, "People are always drinking [tea and coffee] when I'm there and eating biscuits."

People were supported to stay healthy and access support and advice from healthcare professionals when this was required. One person living at the home told us, "I love the chiropodist doing my feet. I feel like I'm floating on air when they have finished." We spoke with one visiting health care professional on the day of the inspection who described positive comments about the care given to people and the approach of the managers.

Good

Is the service caring?

Our findings

We were told by people that staff working at the home were good staff. One person told us, “Staff are marvellous.” Another person we spoke with told us, “Staff are lovely and kind, they look after us well.” We spoke with a relative who told us, “Staff are kind and thoughtful.”

People we spoke with told us their relatives and those that matter to them were welcomed to visit at any time. A person we spoke with told us, “My friend comes to visit me, there are no restrictions.” A relative’s comments supported this and they told us, “I never announce when I’m going to visit. I just turn up. There is never an issue and I’m always welcomed by [name of managers].”

We observed one person being supported with their meal, there was limited interaction between the staff and the person. Although this meant the care was not individual to the person on this occasion it was not common staff practice. We observed lots of positive and respectful interactions between people and staff. Some people were able to talk to staff and explain what they wanted and how they were feeling. Other people needed staff to interpret and understand the person’s own communication style. We saw that staff responded to people’s needs in a timely manner. One person we spoke with told us, “Staff treat me with respect. It’s what I deserve.”

A relative we spoke with told us, “I have seen dignity and support being offered by the staff at all times.” Staff we spoke with had a good appreciation of people’s human rights and promoted dignity and respect. One member of staff told us, “People have the same rights as I do.” Staff we spoke with were able to describe good practices of how to maintain people’s dignity. For example, in rooms that were shared there are privacy screens available. Staff consistently told us they used them at all times. One member of staff told us, “I always ask people if they are okay and explain what I am doing.”

We observed that staff actively engaged with people and communicated in an effective and sensitive manner. We did note that staff on occasions did not use people preferred names but said “Good girl”. Whilst we did not see anyone distressed by this, some people living at the home may find this failed to treat them with respect. Another person we spoke with said, “My proper name is [name of person] but I just preferred to be called [preferred name].” We saw staff respected this. People told us they were able to choose what they wanted to do. A person living at the home told us, “I like to get up very early in a morning. It’s what I have always done. I have a cuppa with the night staff and then have a snooze in my chair.”

Staff could consistently describe people’s preferences and personal histories. The staff we spoke with told us they enjoyed supporting people. One staff member told us, “I love working with people and listening to what they did in their younger days.” This indicated that people’s life experiences were valued.

Requires improvement

Is the service responsive?

Our findings

People who lived at the home told us they felt that staff knew their care needs well. One person told us, "Staff know how to look after me when I wake up." People told us they were able to make their own decisions about their daily life. One person living at the home told us, "My best mate here is [name of person]. We choose together what film we want to watch and put it on about 11ish." We observed staff had been responsive in identifying ways to communicate to people who first language was not English. To ensure that one person received individualised support staff had been learning key words of the person preferred language to ensure that basic communication was effective.

We saw care plans included people's personal history, individual preferences and interests. People we spoke with told us they had been involved in the initial planning of their care. One person told us, I sat with [name of managers] and they asked me what sort of things I like to do and eat." We saw that care plans had been regularly reviewed and changed where necessary. However, discussions with people and the registered manager identified that people, and where appropriate those that mattered to them, had not always been involved or consulted with to ascertain if there were changes needed, in the routine reviewing process carried out by staff each month.

We looked at the arrangements for supporting people to participate in their expressed interests and hobbies. We saw limited activities and stimulation being offered on the day of the inspection. A person living at the home told us, "I get very bored sitting here all day, there is nothing going on." Another person told us, "No there is not much going on, but I enjoy my crosswords and war films. I'm a big Birmingham city fan so I watch the matches. This is enough for me." A relative told us, "Activities are very rare. I'm sure people would like a trip out somewhere." We explored this further with the registered manager who advised us that he would speak with people again and look at developing individual and group activities that were of interest to people. The registered manager advised that he raised this before with people who use the service. We saw that the garden had been landscaped to make it more accessible for people living at the home. One person we spoke with told us, "In the summer I spend all my time in garden."

People told us they were supported to maintain relationships with people that mattered to them. One person told us, "My friend visits me and we go out for lunch." Another person we spoke with told us, "I go to the pub every week to see my mates and have a shandy." A visitor we spoke with told us, "I come to see [name of person] every other month. We have always been friends. I can visit anytime and I'm looked after well by [name of manager] It is a lovely relaxing place." We noted that the home had a pet bird. People told us they enjoyed the birds company. One person said, "We all love George [name of bird]. I come down every morning and have a chat with him."

People and their relatives knew how to complain and were confident their concerns would be addressed. A person we spoke with told us, "If I was worried about anything I would speak to [name of manager]."

The registered provider had a formal procedure for receiving and handling complaints. Staff we spoke with described how they would support people living at home and their relatives should they wish to make a complaint. Records identified no complaints had been received during the past twelve months. We noted that the complaints procedure had not been reviewed for some time. The procedure was not available in different formats to meet the needs of people using the service. The registered manager advised us that the complaints procedure would be reviewed and made accessible for all people living at the home. Discussions with the registered manager confirmed that not all minor concerns had been utilised and used to enable continuous improvements to the home. We were advised that all concerns would be recorded following this inspection.

Requires improvement

Is the service well-led?

Our findings

There were no effective systems in place to monitor the quality and safety of the home and to identify and address risks or any areas of concern. The provider's lack of effective systems to monitor, assess and improve the quality, safety and welfare of people using the service had led to some issues where regulations had not been met. These included a failure to identify that the home was not compliant with the Mental Capacity Act in how they supported people who lacked capacity. Audits and checks had not been completed to identify if medication administration systems were safe. Systems in place had not identified that risk assessments related to individual people using the service or those related to fire safety had not been carried out or updated. The fire risk assessment had not included any consideration of the need for personal emergency evacuation plans being available for any people living at the home. The provider had failed to set up systems to review or monitor any incidents and accidents or use information they gained to analyse trends which could prevent the likelihood of negative experiences for people recurring. In addition the complaints procedure had not been reviewed and was not available in different formats to meet the needs of all people.

Discussions with the registered manager and findings from the inspection identified that changes to regulations together developments and requirements in the care sector had not been noted and acted upon. For example, the registered manager was unaware of responsibilities that had been introduced relating to the regulation regarding the duty of candour or the requirement that any new staff recruited had to complete the care certificate, which is a key part of the induction process for new staff.

These issues confirmed that the provider was not ensuring good governance of the service and was in breach of the Health and Social Care Act 2008. (Regulated Activities) Regulations 2014 Regulation 17.

People told us they were happy living at the home. One person told us, "You could move me into a 5* hotel and I couldn't be happier." Another person said, "I thoroughly enjoy living here." People and their relatives knew who the registered manager was. A person we spoke with told us, "[name of manager] is lovely. He's more like a friend really. He is fab." Another person told us, "The managers are wonderful. They are so good to us." All relatives spoke positively about the registered manager and said they could approach him at all times. One relative told us, "I have a great rapport with the managers here. They really are exceptional." Another relative said, "[name of managers] give 100%, they are always here." We saw the registered manager made themselves available and were very visible within the home. People were happy and comfortable in their presence and we saw lovely interaction between the manager and people living at the home.

There were no systems in place to ensure that feedback or the views of people who used the service had been sought out and used to inform what the service was doing well and if any improvements could be made. People living at the home told us they had not been asked to give feedback about how the service was managed. One person told us, "I haven't been asked to complete any satisfaction surveys." The registered manager told us that no surveys had been sent out to people, their relatives or staff. The registered manager told us, "I guess because we are always here, people and visitors just tell us things. We don't capture their feedback to make improvements to the service." We saw that meetings had been held to encourage people to speak about their life at Shirwin Court. One person told us, "[name of manager] sits with us and ask how we feeling." We found that there was no evidence to demonstrate that any action had been taken to utilise feedback for the development of the home.

Organisations registered with the Care Quality Commission have a legal obligation to notify us about certain events. The registered manager had ensured that effective notification systems were in place and staff had the knowledge and resources to do this.

Generally there was an adequate standard of cleanliness within the home. However we noted that there was a need for general refurbishments within certain areas of the home. One relative we spoke with told us, "My one and only criticism of the home, is it really needs some refurbishment doing." We brought our findings to the attention of the registered manager, who advised us that they had plans to decorate a number of bedrooms and bathrooms. At the time of the inspection the plans to redecorate some rooms had not been developed with or shared with people using the service.

There was a clear leadership structure which staff understood. Staff told us they attended staff meetings

Requires improvement

Is the service well-led?

regularly. Staff were able to describe their roles and responsibilities and knew what was expected from them. A member of staff told us, “I am happy working here. We are a good team.” The provider had suitable management on-call rotas in place. Staff told us that the registered manager was always available in the event of an emergency.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment The provider had failed to ensure that care was provided in a safe way for people who used the service. 12(2)(b) The provider had not assessed the risks to the health and safety of people using the service and had subsequently not done all that was possible to mitigate any risks that were known or identified. 12(2)(g) The provider had not ensured the proper and safe management of medicines.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA (RA) Regulations 2014 Need for consent The provider did not ensure that the care and treatment of service users must only be provided with the consent of the relevant person. 11 (1) The provider did not act in accordance with the provisions of the Mental Capacity Act 2005. 11 (4)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance The provider did not have robust systems in place to monitor the quality of the service. Regulation 17 (1) 17(2)(a) The provider did not have effective systems in place to assess and monitor risks relating to the health, safety and welfare of people using the service. Regulation 17(2)(b)

This section is primarily information for the provider

Action we have told the provider to take

The provider did not maintain a record of the care and treatment provided to the service user and of decisions taken in relation to the care and treatment provided. 17(2)(c)

This section is primarily information for the provider

Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.