

# Shawe House Nursing Home Limited

# Shawe Lodge 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?

Requires improvement



Is the service well-led?

Requires improvement



### Overall summary

Shawe Lodge Nursing Home is located in Urmston, Manchester and provides nursing care for up to 31 people who live with dementia. Accommodation is provided on three floors. All bedrooms are single rooms and are accessible by a passenger lift. There is a designated unit on the second floor, which supports male residents only. Communal rooms are available on the ground and second floors. There is an enclosed garden area and parking for several cars.

This was an unannounced inspection of Shawe Lodge Nursing Home on the 24 and 25 November 2015. At the time of our inspection there were 30 people living at the home.

We last inspected Shawe Lodge Nursing Home in March 2015. At that time we rated the service as requires improvement. This was because there were breaches of the regulations relating to the need for consent, recruitment, staff training and good governance and the regulation which requires services to notify the Care

# Summary of findings

Quality Commission (CQC) of certain types of incidents. We asked for and received an action plan telling us how they intended to make the improvements that were required.

There was a registered manager in day to day responsibility of the service. The registered manager was available during the inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

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

Appropriate action had been taken to protect people potentially being deprived of their liberty. We saw little evidence however to show 'best interest' meetings and decisions had been made with relevant parties ensuring decisions made were right for that person. Staff training had yet to be provided in DoLS and MCA. This should help staff understand how to promote and protect the rights of people.

The recording and administration of people's medicines was not safe. Medicines were not always given as prescribed and the recording of medicines was not always accurate.

Whilst risks to people's health and well-being had been identified, such as poor nutrition and the development of pressure ulcers, we found no risk assessments in place for people identified as being at risk of choking and therefore no plan of action in place to guide staff on how to reduce or eliminate the risk.

Action was needed to reduce risks in relation to fire safety and the environment to help ensure people are protected from harm.

Improvement had been made with regards to infection control procedures. However we found the disposal of clinical waste was not as good as it should have been. We have made a recommendation as this practice poses a risk of spreading infection.

We found that several of the care records, such as personal care and food and drink monitoring charts were not completed accurately. They also did not always have people's full names on and were not dated. Without clear and accurate records to monitor and manage potential health care risks to people it was not possible to know if people were receiving the care and support they required.

We saw that relevant checks had been made when employing new staff. The registered manager was to seek relevant information for agency staff to check their suitability to work at the home.

Some improvements had been made in the assessing and monitoring of the service. Systems need embedding to ensure it is sufficiently robust in identifying and addressing areas of improvement so people are confident the service is well-led.

People were cared for by sufficient numbers of staff. We found improvements had been made with regards to staff training and support. The registered manager was exploring additional training for clinical staff to ensure people's health care needs are effectively met.

Social and recreational activities were being provided. Further opportunities needed exploring to help promote and enable people, providing variety to their day.

We saw people were supported to access health care professionals, such as GP's, community nurses and dieticians so their current and changing health needs were met.

People told us the manager and staff were approachable and felt confident they would listen and respond if any concerns were raised. People's visitors were complimentary about the staff and the care and support they provided.

Staff were able to demonstrate their understanding of the safeguarding and whistle blowing procedures in order to safeguard the health and welfare of people who used the service.

People were offered adequate food and drinks throughout the day ensuring their nutritional needs were met.

# 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 did not ensure people were kept safe.

Improvements were needed in relation to fire safety, environmental checks and risk assessment to protect people's health and well-being so that potential risks to people were minimised. Arrangements to minimise the risk of cross infection needed further improvement.

Records needed to be improved with regards to the safe administration of medicines to ensure that people were kept safe.

People were cared for by sufficient numbers of staff who were aware of their care and support needs. Staff had access to procedures to guide them and had received training on what action to take if they suspected abuse.

**Requires improvement**



### Is the service effective?

The service was not always effective.

Records did not show that decisions made on behalf of people who lack capacity had been made in their best interests. Where people were being deprived of their liberty the registered manager had taken the necessary action to ensure that people's rights were considered and protected.

Opportunities for staff training and development were in place. However improvements were needed to ensure nursing staff had the knowledge and skills needed to meet the clinical needs of people safely and effectively.

People were provided with a choice of suitable food ensuring their nutritional needs were met. Relevant advice and support had been sought where people had been assessed as being at nutritional risk.

**Requires improvement**



### Is the service caring?

The service was caring.

Staff were seen to be polite and respectful towards people when offering assistance. Staff spoken with knew people's individual preferences and personalities.

People records were stored securely so that people's privacy and confidentiality was maintained.

The registered nurses and some of the care staff were very experienced in caring for people who needed end of life care.

**Good**



### Is the service responsive?

The service was not always responsive.

**Requires improvement**



# Summary of findings

People and their relatives were involved and consulted with about the care and support they wanted and needed. People's care records did not always provided clear information to guide staff in the safe delivery of their care.

We found people were offered occasional activities. Routines could be further enhanced, taking into consideration people's wishes and preferences, so that more meaningful opportunities are provided. This would help to promote their health and mental wellbeing.

Systems were in place for reporting and responding to people's complaints and concerns.

## Is the service well-led?

The service was not well-led.

The service had a manager who was registered with the Care Quality Commission (CQC). We again found that systems to effectively monitor, review and improve the quality of service provided were not as robust as they should have been to help improve and develop the service further.

Opportunities were provided for people living and working at the home to comment on their experiences.

The registered manager had notified the CQC as required by legislation, of any accidents or incidents, which occurred at the home.

**Requires improvement**



# Shawe Lodge 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 undertaken 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 was an unannounced inspection and took place on the 24 and 25 November 2015. The inspection team comprised of two adult social care inspectors and a specialist advisor. A specialist advisor is a healthcare professional with relevant experience of the care setting being inspected. The specialist advisor on this inspection had worked within the NHS and had experience of older people care, dementia care and safeguarding adults.

Prior to the inspection we contacted the Local Authority, the Clinical Commissioning Group, safeguarding teams and health professionals who visit Shawe Lodge Nursing Home, to seek their views about the service. We also reviewed information sent to us by the local NHS Trust's infection

control lead; an infection control inspection had been carried out in October 2015. Areas needing improvement had been identified, which the registered manager was addressing.

We also considered information we held about the service, such as notifications, safeguarding concerns and whistle blower information. We did not request a Provider Information Return (PIR), prior to this inspection. 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.

During the inspection we spent time speaking with two people who used the service, three visitors, three care staff and three nurses as well as the cook and registered manager. We also looked around the building and checked eight people's care records, 15 monitoring records, 12 medication administration records, four staff recruitment files, training records as well as information about the management and conduct of the service.

We spent time observing care in the communal lounge/dining rooms and used the Short Observational Framework for Inspections (SOFI). This is a way of observing care to help us understand the experience of people using the service who could not express their views to us.

# Is the service safe?

## Our findings

The people we spoke with told us they trusted the staff and felt their relative was safe. Comments made included; “I definitely feel she is safe here”, “I have every faith in them. [Relative] is safe and I feel re-assured about that” and “Of course [relative] is safe. We would not be having this conversation if I felt otherwise”.

We looked to see how the medicines were managed. We checked the systems for the receipt, storage, administration and disposal of medicines. We also checked the medicine administration records (MARs) of twelve people who used the service.

Appropriate arrangements were in place in relation to obtaining medicines. We saw however that staff were sometimes failing to record on the medication administration records (MAR) the quantity of medicines received into the home, or carry forward the medicine left over from the previous month. This meant it was not possible to check, when undertaking medication audits, that people had been given their medicines as prescribed.

We found that the medicines, apart from prescribed creams, were stored securely. The medicines were kept in a locked trolley in a locked medicine room and we saw that only authorised registered nurses had access to them. We saw that controlled drugs were stored safely in accordance with legal requirements and they were administered and recorded correctly.

We found that the majority of the people's creams were left unsecured in people's own bedrooms or in the communal bathrooms. One container of cream had been left without its lid on, thereby exposing the cream to contamination. This placed the health and welfare of the person it was prescribed for at risk of harm.

Records for the use of creams, ointments and other external products were unclear and incomplete. Several MAR's showed that skin creams had been prescribed but there was no information to show where on the body they were to be applied. On the majority of the MAR's there was no record to show that the prescribed creams had been administered. If there was a record of administration it was identified, following a discussion with one of the nurses, that the majority of prescribed creams were applied by the care assistants and not by the nurse who had signed on the MAR that they had applied them. We discussed the issue of

care staff, trained in the application of creams, being able to sign on a separate administration sheet when they had applied the creams. The registered manager told us they would consider this and would discuss the issue of an appropriate form to use with their local pharmacist.

Two of the MARs we looked at showed there was a handwritten medication administration record that had not been signed by the staff member who had transcribed it and therefore not checked by another staff member to ensure it was accurate. If checks are not made on the accuracy of handwritten entries then people may be given incorrect doses and/or incorrect medication. This could place their health and welfare at risk of harm.

One of the MARs showed that the person was prescribed a medicine that was to be given once a day 'when required'. The MAR showed that this medicine was not given as prescribed as it was given twice on one day. This placed the health and welfare of the person who used the service at risk of harm.

We saw that two people who used the service were prescribed 'thickeners'. Thickeners are added to drinks, and sometimes to food, for people who have difficulty swallowing. They may help to prevent a person from choking. We asked one of the staff who was giving out drinks if they knew how much thickener one of the people was to have in their drink. They told us the correct amount but when asked how they knew this they said they, “just knew” and that the directions were written on the containers the thickeners were dispensed in. We saw there was no readily available prescription record of the amount of thickener to be added and staff were not recording when it had been given. It is important that this information is available and recorded to ensure that people are given their medicines consistently and as prescribed.

**We found that medicines were not managed safely. This was a breach of Regulation 12 (2) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**

The care records we looked at showed that risks to people's health and well-being had been identified, such as poor nutrition and the development of pressure ulcers, and plans were in place to help reduce or eliminate the risk. There were however, no risk assessments in place for people identified as being at risk of choking and therefore

## Is the service safe?

no proposed action in place to guide staff on how to reduce or eliminate the risk. **This was a breach of Regulation 12 (2) (a)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**

We looked at documents, which showed equipment and services within the home had been serviced and maintained in accordance with the manufacturers' instructions. This included checks in areas such as gas safety, electric circuits, fire alarm and equipment and lifting equipment. These checks help to ensure the safety and well-being of everybody living, working and visiting the home.

Records showed a fire risk assessment and a risk assessment for all areas of the general environment were in place. We found systems were in place in the event of an emergency. We saw that personal emergency evacuation plans (PEEPs) had been developed for all the people who used the service. They were kept in each person's care record and also in a central file that was easily accessible in the event of an emergency arising. We saw that staff received regular training in fire prevention and the action to take in the event of a fire. However fire drills were not provided in line with the home's policy and procedure.

We found records to evidence internal checks were incomplete or had not been updated. For example the maintenance file identified that checks were to be carried out on window restrictors, emergency lighting, the environment and fire equipment. However we saw no evidence to show these had been carried out. Records showed that checks had been carried out on the fire alarm, water temperatures, mattresses and fire doors. Action required had been identified in one of the bathrooms where a thermostatic valve was required to control the hot water temperature. This had been recorded on two separate occasions however there was no evidence to show action had been taken. Records also showed on three occasions that work was required to the fire doors in the lounge. Again there was no evidence of any action having been taken.

Systems were not in place to clearly monitor and mitigate potential risks ensuring the health, safety and welfare of people is protected. **This was a breach of Regulation 17 (2)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**

During our last inspection we identified concerns in the management and control of infection throughout the home, in particular the laundry. We again looked at the on-site laundry facilities. The laundry was adequately equipped, looked clean and was well organised. To help prevent cross contamination, clean clothing was kept in a separate area to clothes that required washing. Heavily soiled items of clothing were placed in red alginate bags to prevent contamination and then the required sluicing/ washing cycle was followed.

We looked around all areas of the home and saw the bedrooms, dining rooms, lounges, bathrooms and toilets were clean. We saw staff wore protective clothing of disposable gloves and aprons when carrying out personal care duties. Alcohol hand-gels were available and hand-wash sinks with liquid soap and paper towels were available throughout the home. This helps prevent the spread of infection. We saw that colour coded mops, cloths and buckets were in use for cleaning; ensuring the risk from cross-contamination was kept to a minimum.

We saw however that the arrangements for the safe disposal of clinical waste were not as good as they should have been. In some of the ground floor bedrooms we saw the waste bins for the disposal of protective clothing were overflowing with used gloves and aprons. This practice poses a risk of spreading infection. **We recommend the service considers current guidance in relation to the disposal of clinical waste.**

Prior to the inspection we were informed that the home had been inspected by the local NHS Trust's infection control officer in October 2015. Areas needing improvement had been identified. The registered manager told us that an action plan had been drawn up to address the areas identified.

At our last inspection we found recruitment practices were not robust and improvements were needed. During this inspection we looked at four staff personnel files to check how the service had recruited new members of the team. We saw records to show that the registration of the nurses was checked regularly with the Nursing and Midwifery Council (NMC) to ensure they remained authorised to work as a registered nurse. Checks had also been carried out with the Disclosure and Barring Service (DBS).The DBS

## Is the service safe?

identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant.

Recruitment files also contained an application form including employment history. There were copies of the person's identification, written references and interview records. We noted on one file the references was not dated or addressed to the home. The registered manager told us this reference had been verified with the referee.

We asked the registered manager for information to demonstrate that equivalent checks had been carried out by recruitment agencies the home used for agency staff. The registered manager told us that this information was not routinely requested and was therefore unable to confirm all relevant information and checks had been completed to ensure agency staff were safe to work with people at the home. During the inspection the registered manager told us they had contacted the recruitment agencies to request evidence that required checks had been completed.

We saw that policies and procedures were available to guide staff in safeguarding people from abuse. An examination of training records showed the majority of staff had completed DVD training in safeguarding adults.

We asked staff to tell us how they would safeguard people from harm. Staff were able to demonstrate their knowledge and understanding of the procedure. Prior to our inspection we had been made aware of incidents which had been referred to the local authority safeguarding team. An examination of records showed that, where necessary, action had been taken to ensure that reported incidents were dealt with appropriately.

We looked at the staffing arrangements in place to support people living at Shawe Lodge Nursing Home. We spoke with staff and people's visitors, looked at staffing rotas and observed the support offered throughout the day. We were told that in addition to the registered manager and clinical manager, a qualified nurse and care staff were on duty throughout the day. They were supported by kitchen, domestic, laundry and activity staff. Night cover also comprised of a qualified nurse and care staff with additional support from 'on-call' staff should further assistance be required. From our observations we found there were sufficient numbers of staff to respond to people's requests in a timely manner. The registered manager told us that on-going recruitment was taking place to ensure sufficient staffing was available should occupancy increase. An examination of staffing records confirmed what we had been told about the ratios of staff in place.

# Is the service effective?

## Our findings

The people we spoke with told us they felt the staff had the right attitude and experience to meet the needs of their relatives. Comments made included; “The staff are very good, very nice, and there is always a nurse around to make sure people are cared for properly” and “I would say, impressive”.

We looked at what consideration the provider gave to the Mental Capacity Act 2005 (MCA). The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People 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).

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. The registered manager told us and we saw information to show that all but one person was subject to a DoLS. Capacity assessments had been completed and the person’s representative had been consulted as part of the decision making process. We saw signed DoLS authorisations on people’s records. CQC had been notified when a deprivation of liberty safeguard had been authorised for a person. This information helps us to monitor the service ensuring appropriate and timely action has been taken to keep people safe.

Records did not clearly evidence where decisions had been made in people’s best interests. A ‘best interest’ meeting is where other professionals, and family, where relevant decide on the course of action to take to ensure the best outcome for the person using the service. This process should be followed to ensure people are protected. We received feedback following the inspection that a person who funded their own care had not been adequately supported, making sure the decision made was right for them. The provider should act in accordance with the

Mental Capacity act 2005 ensuring relevant consent and decisions are made in the best interests of the person. **This was a breach of Regulation 11(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**

We saw a policy and procedure was available to guide staff in the Mental Capacity Act 2005 (MCA) and DoLS procedures. When asked, staff told us they had not received training, nor were they able to demonstrate their understanding of the MCA and DoLS procedures. An examination of training records confirmed what we were told. This training is important and should help staff understand that where a person lacks the mental capacity and is deprived of their liberty, they will need special protection to make sure their rights are safeguarded. The registered manager showed us a booklet, which was to be shared with all staff to help develop their understanding of MCA and DoLS.

We looked at how staff were supported to develop their knowledge and skills, particularly in relation to the specific needs of people living at Shawe Lodge Nursing Home. We spoke with the registered manager, nursing and care staff and ancillary staff and examined training records.

We were told there was a programme of induction, staff supervision and appraisal and team meetings. We were told that new staff were required to complete an induction programme when they first started working at the home. Three staff members described to us their induction programme, which included training and information about what was expected of them. We were told this was necessary to help ensure the safety and well-being of the people who used the service. The registered manager told us and information showed that the home had been exploring the new programme of induction, ‘the care certificate’ introduced in April 2015.

Records showed that supervision meetings were planned every few months in addition to an annual appraisal. An examination of records showed that meetings had taken place. This was confirmed by three staff we spoke with. However a further staff member told us they did not get supervision meetings as often as they would like. Supervision meetings are important as they help staff discuss their progress at work as well as discuss any learning and development needs they may have.

## Is the service effective?

The registered manager told us that training was sourced from external providers, distance learning as well as in-house training. We looked at the training matrix, which showed what training staff had completed or required. We saw training opportunities included areas such as moving and handling, safeguarding adults, food hygiene, infection control, fire safety, dementia care and mental health awareness. Staff spoken with confirmed they were also able to choose from a range of courses as part of the distance learning programme. Staff said they felt very positive about working at the home and were keen to improve their skills.

We did not see any evidence to show that qualified nursing staff had received clinical updates in their practice, such as medication, wound care, catheter care and clinical observations. Nursing staff told us they would like to undertake training in certain clinical subjects. The registered manager told us they were aware of this and would be arranging the required training.

We were told that 'handover' meetings between the registered nurses were undertaken on each shift. This was to help ensure that any change in a person's condition and subsequent alterations to their care plan were properly communicated and understood. We were told that the care assistants received the information from the receiving nurse before they started their daily work schedule. We discussed with the registered manager if comprehensive handovers were carried out when handing over to agency nursing staff. The registered manager acknowledged that records of handovers between existing staff and agency staff were not completed. On the second day of our inspection the registered manager had drawn up a template to be used by nursing staff at each shift change.

We checked to see if people were provided with a choice of suitable and nutritious food and drink to ensure their health care needs were met. We looked at the kitchen and food storage areas and saw good stocks of food were

available. Staff told us that food was always available out of hours. We looked at the menus. They showed that the meals provided were varied and nutritionally balanced. The menus did not show however, what people could have to eat for breakfast or supper. A discussion with the chef and inspection of a white board in the kitchen, identified that in addition to various cereals, porridge and toast, a cooked breakfast was always available. We were told that a choice of savoury snacks and milky drinks were available at supper time. The chef told us they would add the choice of breakfast and supper meals to the menus and to the menu board displayed in the nearby corridor. A visiting relative told us; "The food always looks good and there seems to be plenty to eat. [Relative] eats well and hasn't lost any weight since being here".

A discussion with the chef showed they were knowledgeable about any special diets that people needed and were aware of how to fortify foods to improve a person's nutrition.

We observed lunch being served to people and saw they were given a choice of meal. People were asked if they would like an apron to protect their clothes and were offered assistance with their meals, where necessary. We saw portion sizes were good and people were offered second helpings of food. We observed one staff member assisting a person who needed help. The staff member was kind and spent time helping support the person to eat in a relaxed and unhurried manner. We did note that when refreshments were served during the day, some people did not have a side table to put their drinks on and plates were not provided for biscuits.

The care records we looked at showed that people had an eating and drinking care plan and they were assessed in relation to the risk of inadequate nutrition and hydration. We saw that additional monitoring charts were put in place and where necessary, additional support and advice was sought from the person's GP or dietician.

# Is the service caring?

## Our findings

We received positive comments about the kindness and attitude of the staff. Comments made included; “They are all really very good and do an amazing job”, “Very kind staff, I have no concerns”, “The staff look after [relative] very well”, “She’s always clean and well cared for” and “All the staff are very nice and kind”.

For those people not able to tell us about their experiences, we spent some time in the ground floor lounge observing how they were spoken to and supported by care staff.

People looked cared for, were clean, appropriately dressed and well groomed. We observed staff treat people with kindness and respect. Interactions between people and staff were pleasant and friendly. Staff responded in a timely manner to calls for support from people in the lounges. Staff respected people’s privacy and were seen knocking on bedroom doors before entering. Staff spoken with described how they provided care for people ensuring their privacy and dignity was maintained, such as keeping curtains closed and ensuring people were covered whilst personal care was carried out.

From our observations and discussions with staff on the ground floor, they were able to demonstrate their understanding of the individual needs of people and how they wished to be cared for.

We also observed the support and spoke with people living on the second floor. Staff were caring and interested in people. We were told that people needed help to address their personal appearance. Staff spoken with said that due to the needs and behaviours of people at times this was difficult. However they would continue to ask and offer encouragement to people so that their needs were met.

Suitable arrangements were in place when people needed support to attend appointments or in the event of an emergency. We were told staff would always provide an escort unless the person was with a family member. We

were told relevant information about people’s medication and specific health needs would be shared with relevant health care staff so that people received continuity in their care.

The care records we looked at showed that people had access to external health and social care professionals. We saw evidence of visits or appointments with GP’s, specialist nurses, opticians and dentists. The service also liaised with the ‘dementia in reach team’. This service offers advice and support to care providers with regards to the specific needs of people living with dementia.

We asked the registered manager to tell us how staff cared for people who were very ill and at the end of their life. We were told the registered manager had completed relevant training in 1998/1999 and the clinical manager in 2012. No specialised training had been undertaken by staff delivering care however we were told the registered nurses and some of the care staff were very experienced in caring for people during this sensitive and critical period of their life.

We found the home to be clean, tidy and free from malodours. We saw that people had personalised their rooms with belongings from home. We saw clear signage was displayed on toilet/bathroom facilities to promote people's independence.

During our last inspection we identified nursing staff sat at the desk in the large lounge on the ground floor discussing confidential information on the telephone about people who used the service, which could be overheard. We also saw that the cabinet containing the care records was not kept locked at all times ensuring confidentiality was maintained. During this inspection we saw the desk and cabinet had been moved into the training room creating an office space for the nursing staff. This meant information and conversation about people were kept secure and confidential, having regard for people’s right to privacy. Staff spoken with on the second floor were aware of the confidentiality policy of the home and we saw records were kept in a locked area.

# Is the service responsive?

## Our findings

We asked one of the registered nurses to tell us how they ensured people received safe care and treatment that met their individual needs. We were told that an assessment of people's needs was undertaken so that relevant information could be gathered. This helped the service decide if the placement was suitable and if people's needs could be met by staff. Information we looked at confirmed that assessments were undertaken before people were admitted to the home.

We looked at the care records of five people on the ground floor and three people on the second floor. Most contained detailed information to show how people were to be supported and cared for. There was also information about the individual's preferred routines and their likes and dislikes. This reflected a 'person centred' approach to providing care.

The care plan of a person who had a specific medical condition. Whilst some information was available about the condition the care records did not contain enough information in the event of a medical emergency arising from this condition. To reduce the risk of people receiving unsafe or inappropriate care, information must be in place to guide all staff in the care and treatment required in an emergency. This lack of information was identified during the last inspection but no action has been taken to address the omission.

We found that several of the care records, such as personal care and food and drink monitoring charts were not completed accurately. They also did not always have people's full names on and were not dated. To ensure that the information contained in the records is relevant the records must be accurate and up to date. Without accurate records it is not possible to know if people are receiving the care and support they require. **This was a breach of Regulation 17 2 (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**

We spoke with a relative who told us they were involved in the planning of their relative's care and they knew, 'roughly' what was in their relative's care plan. Another relative said they had not been involved in care reviews however were aware other family members were involved. This helps to ensure that individualised care and support is provided.

During our last inspection we recommended the service considered current guidance in relation to the choice of activities offered to help promote the well-being of people living with dementia, enabling them to retain their independence.

During this inspection we found not all the people living at Shawe Lodge Nursing Home were able or wanted to join in the activities provided. We spoke with the designated activities person who worked on a full time basis. The activity worker had developed a programme of weekly activities and forthcoming events. These included, cinema evenings, crafts, pet therapy, pub nights, entertainers, a Christmas party and a pantomime. During the inspection we saw people having their hair done and a small group of people take part in an activity. We saw records were completed of all activities which had taken place and those people involved.

One person we spoke with said they would like to observe their religion however did not realise this could be arranged at the home. The activity worker said they spent time with people on a one to one basis. These conversations should help to further identify activities and opportunities for people.

The activity worker told us that they were to enrol on a vocational training course in activities, which should help them to further develop suitable opportunities to meet the needs and preferences of people living at Shawe Lodge Nursing Home.

We looked at how the registered manager addressed any issues or concerns brought to their attention. We were told and saw records to show that two complaints had been received and responded to since the last inspection. We reviewed the home complaints procedure and saw a copy displayed in the reception area for people and their visitors to refer to. We had previously advised the registered manager that information needed expanding upon to include the relevant contact details of external agencies, which people may wish to refer to. This had yet to be done.

All the visitors we spoke with said they had no complaints or concerns. One person told us, "I can approach staff if there are any issues and they sort it out" and "We have no issues or concerns".

# Is the service well-led?

## Our findings

The service was managed by a registered manager who took responsibility for the overall management of the service. They were supported in their role by a clinical manager. We identified at our last inspection that the registered manager divided their time between Shawe Lodge Nursing Home and its sister home, Shawe House. Due to this the full time clinical manager had applied to become the registered manager at Shawe Lodge Nursing Home.

At our last inspection we found that effective operations to assess, monitor and improve the quality and safety of the service were not in place. During this inspection we asked the registered manager and reviewed records to see what improvements had been made. We were told that regular checks were undertaken on almost all aspects of the running of the home, such as maintenance, environment, fire safety, training, nutrition and care records. A matrix had been developed to monitor the completion of audits carried out by senior staff. We looked at some of the checks that had been undertaken, for example on medication records, care plans and infection control. We saw that where improvements were needed, action was identified, along with a timescale for completion.

We again found policies and procedures were not always followed or were out of date and referred to guidance or agencies no longer in place. For example, the quality assurance policy stated that audits and feedback received would be reviewed at management review meetings. However these meetings were not held. The recruitment policy did not reflect all necessary checks required when appointing new staff, the complaints and whistleblowing procedures referred to old guidance and out of date information about the 'Commission' and the training policy made no reference to the needs of nursing staff.

Whilst improvements had been made to the quality monitoring system, this needed embedding to ensure that checks were robust enough to identify the areas of concern found during this inspection. People need to feel confident that the home is being effectively monitored and managed

so that they are protected against the risk of unsafe or inappropriate care and support. **This meant there was a breach of Regulation 17(2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**

We saw opportunities were provided for people, their visitors and staff to comment on the service and share ideas. The service had distributed feedback surveys for people, visitors and staff to comment on the service. Those people who responded felt staff were friendly and courteous. People expressed their dissatisfaction with the laundry facilities. Since our last inspection improvement had been made within the laundry and a new laundry assistant had been appointed. We were also told and saw records to show that relative/resident meetings were held however attendance was poor. A relative we spoke with told us they received questionnaires regularly and attended relatives meetings whenever they could.

Minutes to staff meetings were also seen. Staff spoken with said they were happy to approach management with ideas or concerns. They told us they felt listened to and that they could influence things within the organisation.

Staff spoke positively about working at the home. Comments made included; "I do feel supported by [registered manager] and I am enjoying working here", "I don't have any problems. I like working here and I have learnt a lot. We are a good team" and "I feel confident any issues would be dealt with". One person's visitor also told us; "I can always talk to the managers, they are very approachable".

We found people living on the second floor unit had complex needs. The appointment of a new unit manager had made a positive impact on the unit. We saw they promoted a caring environment for people and offered additional support and guidance to the staff team.

We were told the home had good working relationships with partners in the local community mental health teams (CMHT), GP practices and other professionals.

We checked our records before the inspection and saw that accidents or incidents that CQC needed to be informed about had been notified to us by the registered manager. This meant we were able to see if appropriate action had been taken by management to ensure people were kept safe.

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
Treatment of disease, disorder or injury	The provider did not ensure the recording and administration of people's medicines was not safe. Medicines were not always given as prescribed and the recording of medicines was not always accurate. <b>Regulation 12 (2) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</b>

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance
	The provider must ensure that systems are in place to clearly monitor and mitigate potential environmental risks ensuring the health, safety and welfare of people is protected. <b>Regulation 17 (2)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</b>

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	Without clear and accurate records to monitor and manage potential health care risks to people it was not possible to know if people were receiving the care and support they required. <b>Regulation 12 (2) (a)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</b>

Regulated activity	Regulation
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This section is primarily information for the provider

## Action we have told the provider to take

Accommodation for persons who require nursing or personal care

Treatment of disease, disorder or injury

Regulation 11 HSCA (RA) Regulations 2014 Need for consent

The provider should act in accordance with the Mental Capacity act 2005 ensuring relevant consent and decisions are made in the best interests of the person.  
**Regulation 11(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**

### Regulated activity

Accommodation for persons who require nursing or personal care

Treatment of disease, disorder or injury

### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Without accurate records it is not possible to know if people are receiving the care and support they require.  
**Regulation 17 2 (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**

### Regulated activity

Accommodation for persons who require nursing or personal care

Treatment of disease, disorder or injury

### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

The provider should ensure that systems to monitor and assess the service are sufficiently robust to identify and address areas of improvement so that people are confident the service is well-led. **Regulation 17(2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**