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Shardlow Manor Residential Home

Inspection report

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Shardlow
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Tel: 01332792466

Date of inspection visit:

11 September 2019

12 September 2019

Date of publication:

27 September 2019

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 ●

Summary of findings

Overall summary

About the service

Shardlow Manor Residential Home is a residential care home that was providing personal and nursing care to 26 people aged 65 and over at the time of the inspection. The service can support up to 28 people. The home accommodates people across two separate floors, each of which has separate adapted facilities and a stair-lift. Some of the people living in the home had a diagnosis of early stage dementia. The home is situated in the village of Shardlow in Derbyshire.

People's experience of using this service and what we found

People were supported to be safe and said they felt safe. Staff received safeguarding training and had a good understanding of the principals involved in acting when abuse was suspected.

Medicines were managed and administered safely and this meant people received their medicines as prescribed by healthcare professionals.

Staff told us they received good support from senior staff including the registered manager and providers. This support extended to regular supervision of staff and annual appraisals. We noted that staff received comprehensive training that was up to date, thorough and practical in nature.

People were happy with the level of staff in the home and we observed a good staff presence at the inspection.

People's needs were met through assessments and support planning. The service worked with healthcare and social professionals to achieve positive outcomes for people. Staff had good knowledge and skills and this ensured people's needs were well met.

The provider had a recruitment process. There were some checks that had not always been completed before staff started work. This was resolved after the inspection. Any issues with staff were dealt with promptly using a fair and thorough disciplinary process.

People's needs were met through robust assessments and support planning. The service worked with healthcare and social professionals to achieve positive outcomes for people. Staff had good knowledge and skills and this ensured people's needs were well met. We saw good examples of when people had been supported to maintain a healthy and balanced diet.

People told us staff were compassionate and kind and during the inspection, we observed this to be the case. Providers, management and staff knew people well. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and their best interests; the policies and systems in the service supported this practice.

People received care and support that was person-centred. We saw examples of how the care and support people received enriched their lives through meaningful activities. The service had a robust complaints policy and people said that they were confident that if they raised issues, they would be dealt with quickly.

The values and culture embedded in the service ensured people were safe and at the heart of the care and support they received. The registered manager and senior staff planned and promoted holistic, person-centred, high-quality care resulting in good outcomes for people.

There was an end of life policy that could be used if appropriate. Staff members had been trained around this and were able to ensure best practice was applied during times when people were at the end of life.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 23 March 2017).

Why we inspected

This was a planned inspection based on the previous rating of the service.

Follow up

We will continue to review information we receive about the service until we return to visit as part of our re-inspection programme. If any concerning information is received, we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Shardlow Manor Residential Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector 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.

Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The registered manager was unavailable at the time of the inspection on annual leave. The provider and two deputy managers assisted in the registered manager's absence.

Notice of inspection

The first day of this inspection was unannounced. We returned to the home on 12th September 2019 to conclude the inspection.

What we did before the inspection

Before our inspection, we reviewed all the information we held about the service. We checked for feedback

we received from members of the public, ambulance service and local authorities.

We asked the service to complete a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with four people who used the service and four visiting relatives. We completed checks of the premises and observed staff interacting with people in communal areas of the service. We spoke with the provider and a total of five members of staff. These were two deputy managers, two members of care staff and a cook. We spoke with a healthcare professional on the telephone shortly after the inspection seeking feedback.

We reviewed a range of records relating to the way the service was run. This included four people's care and two medicines records, four staff recruitment files, minutes from meetings, audits and checks completed in the service and a sample of policies and procedures.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from abuse and other types of harm. Staff were well skilled and trained in safeguarding. They applied this and followed the service's policy to ensure people were safe. Staff were also aware of the types of abuse which could occur in a care home setting and raised referrals to safeguarding authorities when abuse was suspected. A member of staff said, "I am mindful of issues and we are encouraged to be proactive around anything that could harm our residents."
- People and their relatives told us they felt safe using the service. One person said, "I feel very safe and comfortable here." A healthcare professional said, "I'm really comfortable with this service. It is safe and people are not at risk of harm."

Assessing risk, safety monitoring and management

- The service managed risks to people's safety including risks to their health and well-being. Senior staff completed an assessment of the risks relevant to people and strategies were in place to manage the identified risks. Senior staff reviewed these strategies regularly to ensure they remained relevant to people's needs.
- Regular checks, including those by external specialists, were made to ensure fire equipment, including alarms, were safe. We found personal emergency evacuation plans for all people who used the service. This can assist staff and the emergency services to ensure people are safe in the event of a fire or other emergency.
- People's care files included risk assessments based on their support needs. Risk assessments covered areas such as the home environment, falls, behaviours, cognition, communication, mobility, nutrition, continence and medicines. Staff were aware of people's risks and knew how to support people in a safe way, while maintaining their freedom.
- The provider had a contingency plan to safely maintain the business and continuation of support to people in the event of an emergency. On a recent occasion when the area had a power cut, people told us they felt safe and the service continued. One person said, "They [the staff] still came round to check on me and there were no problems really."

Staffing and recruitment

- The provider had a robust recruitment system and process. We reviewed four recruitment files. We were satisfied staff had been safely recruited but in one case, some pre-recruitment checks had not been completed. Evidence of other checks, such as criminal record and identity checks were present. This issue was addressed during the inspection.
- We received positive responses from people in relation to staffing levels. Staff rotas confirmed there were enough staff members available to manage and support people's needs. We also noted a good staff

presence during the inspection. The provider told us they had a stable staff team who lived in the locality and did not rely on agency staff. One person said, "Whenever I use the buzzer, staff are usually prompt. You don't have to wait long at all."

Using medicines safely

- The service had a medicines policy which covered the recording, storage and administration of medicines. Records showed that staff were up to date with medicines training.
- People were supported with medicines and had a medication administration record. These were accurately completed and showed people received their medicines as prescribed. Where there were issues, we noted action was taken quickly to ensure people were safe.

Preventing and controlling infection

- People were protected against the risk of infection. We noted the home was clean and tidy and there were systems to ensure all areas of the home were clean.
- We noted staff wore personal protection equipment (PPE) when required. Staff wore PPE when serving food and people told us it was also worn when members of staff provided personal care.
- The kitchen was clean and staff had been trained in food hygiene. The service had recently been awarded a five star rating for food hygiene by the local authority.

Learning lessons when things go wrong

- The provider had systems to learn lessons when things went wrong and make improvements. Staff recorded incidents and these were reviewed by the registered manager, provider or senior staff. We noted, on occasions, these were discussed in staff meetings and supervision sessions.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The registered manager and provider met people's needs by carrying out appropriate assessments. This also included and took account of views and advice from relatives and health and social care professionals.
- People were given choices in their daily life. For example, we saw a person was asked whether they wanted to join others in an activity in the main lounge or remain in their room reading.
- Staff knew people's preferences, likes and dislikes. They provided support in line with legislation, standards and guidance to achieve effective outcomes.
- Information within care records included food preferences, sleep and personal hygiene routines. A member of staff said, "We have regular staff handovers when there is a change of shift and this helps us keep on top of any issues." We looked at records of handovers and noted they were concise and covered essential changes in support requirements in order to guide staff.

Staff support: induction, training, skills and experience

- Staff were well trained and supported. When new staff joined the service, they completed an induction programme which included shadowing more experienced staff. Staff said they felt supported and received regular supervision.
- Training was provided in areas including medicines, dementia care, fire safety, moving and handling, safeguarding adults, infection control, first aid, equality and diversity and the Mental Capacity Act 2005. We noted that half of the staff members had been trained in end of life care and support. The provider told us the remaining staff members would be trained in this area within the next six months.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to eat and drink enough. One person said, "The home caters for my special dietary needs but I still have a choice." Another said, "I am surprised at the quality; they cook it on the premises."
- We observed a lunch-time sitting and noted there was a friendly atmosphere with laughter and light-hearted conversation. Where people required support with their meals, this was unrushed and considerate. One person said, "Sometimes my grip is weak and I need help to cut up my food. This is always provided."
- Where appropriate, staff recorded what people ate and drank in the daily care logs to enable them to monitor their food and fluid intake.
- Care records showed how people's dietary needs were assessed, such as their food preferences and how they should be assisted with their meals. We spoke with a member of the kitchen staff and noted there was a system to ensure they were aware of people's requirements and food was prepared to ensure people were safe.

Staff working with other agencies to provide consistent, effective, timely care

- The registered manager, provider and senior staff worked with other agencies and professionals to ensure people received good care. We noted, where appropriate, information was shared with other agencies.
- Where people required support from other professionals, staff followed any guidance provided and gave appropriate feedback to the professional.

Adapting service, design, decoration to meet people's needs

- The service was homely and people could decorate their bedrooms with their personal items including photographs and ornaments. The communal lounge and dining areas were bright and spacious. There were outside areas where people could relax. One person said, "Earlier in the year we were outside enjoying the sun." People looked relaxed and comfortable in the environment.
- Some people who used the service had a physical disability and consideration had been made around this with the availability of specialised equipment around the home. This included a lift to help mobilise between floors.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to be healthy. Staff were aware of what action to take if people were unwell or had an accident. Records supported that emergency services were contacted where appropriate
- The service worked well with other agencies to promote people's health. This included speech and language therapists, GPs and specialist nurses. A visiting health care professional had recorded they were pleased with how staff had monitored and cared for their patient.

Ensuring consent to care and treatment in line with law and guidance

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, 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. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- The registered manager, provider and senior staff completed mental capacity assessment forms during people's needs and support assessments. This helped to find out whether or not they had capacity to make decisions related to their care and treatment. Where people did not have capacity to make their own decisions in relation to complex issues such as those relating to support needs and finances, they consulted with relatives and external professionals. This would ensure people were supported to be safe with the appropriate levels of support. The provider also said staff supported people in the least restrictive way possible, the assessments helped them with this.
- At the time of the inspection, four people were being deprived of their liberty. There were other applications in the process of consideration by the local authority. We considered three applications and were satisfied they had been properly raised.
- The provider said if there were concerns about whether people's liberty may need to be restricted, the

service would work with the local authority and any authorised people such as a next of kin to ensure decisions made on behalf of people were lawful and in their best interest.

- We noted that in one case, a person's mental health had changed and the service worked with external professionals to see if their needs could be met at the home or in a specialist service elsewhere. The service had liaised with the person's family around this and we were satisfied with the work that had been done in this case.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were well supported and cared for. People and their relatives were positive about staff members', the provider and registered manager's caring attitudes. One person said, "I couldn't think of anywhere else that's better. I couldn't be happier. There's stable staffing, there's continuity and they seem to genuinely care."
- People told us staff knew their preferences and used this knowledge to care for them in the way they liked. Each person had their life history recorded in care plans which staff said they used to get to know people and build positive relationships. One relative said, "My relative has more company than at home. She regards the staff as her family. It was a strain for us at first but now we can't grumble."
- We observed positive interactions between people, relatives and staff. One relative told us they visited very regularly and was made to feel welcome by staff and was always offered tea and coffee. They said, "I'm able to visit at any time; I feel part of the set-up."

Supporting people to express their views and be involved in making decisions about their care

- People were supported to make decisions about their care. On occasions, we noted the provider and senior staff sought external professional help to support decision making for people. For example, the service had access to advocacy services. Advocacy can help when a person needs an independent voice and relatives may be unavailable.
- People had choice and control in their day to day lives. One person said, "We all have a say about how the home is run."

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was supported. The provider and staff treated people well and understood their needs. Staff showed genuine concern for people. When we spoke with staff members, they said they were keen to ensure people's rights were upheld and they were not discriminated against in any way.
- One person had expressed a preference to administer and control their own medicines. The service fully supported this practice and the provider said they felt this was important to some people and helped to promote independence.
- Relatives told us staff members were always available to speak about their family member. We noted confidential documents were locked away with only authorised staff having access to them.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Care planning was person-centred and reflected people's needs. People said the registered manager, provider and staff were dedicated to meeting people's needs and providing a good service. The provider said, "We make sure that individual needs are met and this is the ethos of the home."
- Staff knew people's likes, dislikes and preferences and used this information to care for people in the way they wanted. During the inspection, we noted staff knew people well and their relatives.
- People's relatives, where appropriate, were involved with people in making choices and were consulted around care planning and reviews. One relative said, "I'm fully involved in my relative's care and have been invited into the home today for an annual review of their care plan."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider said the service could provide important documentation in any accessible forms including braille, easy to read and pictorial formats.
- The service used technology to improve the lives of people. For example, we noted everyone who used the service had access to the internet and we saw examples of where staff had assisted people to contact relatives who lived overseas by video conferencing.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People had access to planned activities most days of the week. A dedicated activities coordinator was employed. We noted celebration activities were arranged when people had anniversaries and special birthdays. The service had also employed professional entertainers.
- There were positive views about the quality and type of the activities at the home and real enthusiasm for the trips that were organised outside the home. People were especially positively about a recent boat trip and picnic along a local waterway. People also spoke about a recent trip to a zoo and garden centre. The provider said they were in the process of speaking to football fans in the home to gauge feelings about visiting a local pub to watch a special game.
- The provider had also ensured people's religious needs were met by arranging visits from local church leaders.

Improving care quality in response to complaints or concerns

- The registered manager and provider responded to people's concerns and suggestions. From notes at a recent meeting, we noted the service had revised the menu to reflect people's meal preferences.
- People's relatives knew how to raise a concern or provide feedback about their relative's experiences of care and the service. They said they felt these would be listened to and acted upon in an open and transparent way. One relative said, "My relative broke their bed-side lamp. We only reported it earlier today and the maintenance man ordered a new one and put a temporary one in straight away."
- The service had a comprehensive complaints policy and this was provided to people when they started to use the service. It had not received a complaint during the past 12 months.

End of life care and support

- The service had a comprehensive policy around end of life care. The service used the Gold Standard Framework model of care planning. This is a framework used by care providers and hospitals to enable earlier recognition of patients with life-limiting conditions, helping them to plan ahead to live as well as possible right to the end. This process incorporates extensive involvement with family members, community nurses and GPs.
- Many staff members had completed training in end of life care and support. A health care professional commented positively about the service's support of people and relatives at this sensitive time.

Is the service well-led?

Our findings

Well-led - this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider and staff members were committed to providing high-quality care which reflected the preferences of people living in the home. One person said, "The owner [the provider] is really one of the staff. Everyone helps out at this home. I can tell the difference between a businesswoman and an owner who cares and this lady and her staff team cares."
- The provider and staff team were experienced, knowledgeable and familiar with the needs of the people they supported. People were positive about the quality of service they received. One person said, "I am happy here. I feel part of the set-up."
- People told us their views about the running of the home were sought by the provider, registered and deputy managers and their views listened to. One person said, "We all have a say in what happens and what we do."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider told us they were always honest with people if things went wrong and made the necessary referrals to the local authority safeguarding team. Documentation supported this. A relative told us, "There is an openness about the service and they're very approachable."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Regular audits and safety checks were completed in line with the providers policy. There was management oversight in the service the registered and deputy managers completed audits and checks. There was appropriate oversight by the provider and we noted they completed many environmental checks such as the condition of the home's decoration and fire equipment integrity.
- The registered manager and provider were aware of the need to respond to incidents and report them to the appropriate organisations. This included notifying CQC of incidents.
- Staff understood their roles and responsibilities. The provider had policies and procedures to support staff in their work. There was an on-call system that provided support to people and staff. Staff members said they appreciated this and it provided reassurance when a situation may develop out of 'office hours'.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider had systems that engaged and involved people, relatives and staff. The registered manager and provider used formal meetings, surveys and daily interaction to gain feedback about the service.
- Staff told us they could contribute to the way the service was run. The registered manager and provider organised regular meetings for all staff to give them an opportunity to discuss working practices and raise any suggestions for improving the service. At the last meeting in May 2019, staff raised concerns about some people's conditions and feedback from relatives.

Continuous learning and improving care

- There were systems to learn from people's experiences and improve care. The registered and deputy managers assessed, monitored and improved the quality of the service provided. They completed audits of care plans and the administration of medicines and, where required, raised learning issues with staff individually or in a group setting.

Working in partnership with others

- The registered manager and provider had engaged with health care professionals and local community resources and services. People had benefitted from access to these. One person said, "We still feel part of the community and are certainly not isolated." Another said, "They have recently worked really well with my specialist in improving my condition."
- After the inspection, a healthcare professional spoke with us and explained how the service worked well with external professionals in improving lives of people.
- The service was involved in an initiative with a local NHS trust around innovative ways of reducing falls in homes and was part of local authority approved schemes for the delivery of quality care.