Family Star Limited

Shirley View Nursing Home

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This unannounced inspection took place on 4 April 2018.

At our last comprehensive inspection in January 2017 we gave the service an overall rating of 'Requires Improvement'. This was because medicines and risks to people were not always appropriately managed and the provider's audits had failed to detect this. We served the provider with warning a notice. In May 2017 we carried out a focused inspection of the service. Whilst we found improvements were made we did not improve the service's overall rating. This was because the provider needed to demonstrate consistent good practice in all aspects of the care over a longer period of time.

Shirley View Nursing Home 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 is registered to provide accommodation, nursing and personal care for up to 22 people. At the
time of our inspection there were 11 people using the service.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People received their care and support safely. People's risks were assessed and reduced by staff who understood how to protect people from improper treatment. People's medicines were stored securely and administered in line with the prescriber's instructions. Staff followed appropriate personal care and food safety practices to prevent infection.

Staff were supported in their role by the registered manager who delivered supervision and appraisal and coordinated staff training. People's needs were assessed and they received the support they required to eat and drink. Staff delivered care in line with the principles of the Mental Capacity Act 2005 and people accessed healthcare services whenever required.

Caring staff maintained people's privacy and dignity. People were supported to maintain relationships with relatives and friends. Visitors were made to feel welcome and people were supported to practice their faith.

People had personalised care plans which detailed how they wanted staff to meet their individual needs. Keyworkers were allocated to support the implementation of people's personalised care. A range of activities were provided by staff for people to participate in. Information was available for people to access the provider's complaints procedure. The registered manager understood the provider's procedure for handling complaints that we saw was clearly documented.

The registered manager had improved quality assurance processes and brought the service out of regulatory breach. There was an open culture at the service and the views of people, relatives and staff were gathered. The service worked in partnership with other agencies to secure positive outcomes for people.

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. People's medicines were stored appropriately and administered safely.

People's risks were assessed and mitigated.

Robust procedures were used to recruit staff.

The environment and equipment were checked for safety.

Is the service effective?

Good

The service was effective. People's needs were assessed.

People were treated in line with the Mental Capacity Act 2005.

People received the support they required to eat well.

Staff supported people to access health care services whenever they were required.

Is the service caring?

Good

The service was caring. Staff respected people's privacy and treated them with dignity.

People's spiritual needs were identified and supported.

Visits from relatives and friends were encouraged and welcomed.

Is the service responsive?

Good

The service was responsive. People's care plans were personalised.

Individualised care records guided staff as to people's preferences for care and support.

A range of activities were available for people to participate in.

Is the service well-led?

Good

The service was well-led. The registered manager audited the quality of the service and made timely improvements.

The service had an open atmosphere.

People, relatives and staff contributed to the shaping of service delivery through feedback and consultation.

The service worked collaboratively with other health and social care agencies.

Shirley View 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 checked 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 4 April 2018 and was unannounced. The inspection was carried out by one inspector and one Expert By Experience. An Expert By Experience is a person who has personal experience of using or caring for someone who uses this type of care service. Their expertise was in care for older people and people living with dementia.

Before the inspection we reviewed information we held about the service. This included reports from previous inspections and statutory notifications submitted by the provider. Statutory notifications contain information providers are required to send to us about significant events that take place within services.

During the inspection we spoke with nine residents, two relatives, four staff, the registered manager, operations manager and the managing director. We read seven people's care records and five staff files. We read the minutes of team meetings, health and safety information and records relating to the management of the service including quality checks.

Good

Is the service safe?

Our findings

At our last comprehensive inspection in January 2017 we gave the service a rating of 'Requires Improvement' in this key question. This was because medicines were not stored securely and risks were not appropriately assessed.

At this inspection we found that medicines were stored appropriately and securely. Medicines were kept in a locked cupboard inside a locked clinical room. Medicines which needed to be kept cool were stored in a lockable fridge. Staff monitored and recorded the temperature of the clinical room and the lockable fridge to ensure they remained safe. The clinical room was monitored by CCTV to enhance security. We reviewed nine people's medicines administration record [MAR] charts. These had been completed appropriately and there were no gaps in recording. Staff had guidance for the administration of people's 'when required' medicines. This advice included dose frequency and the maximum number of doses in 24 hours.

People were protected from the risk of neglect and improper treatment. Staff who were trained to recognise and take actions if they suspected abuse, told us the actions they would take to keep people safe. These included reporting their concerns to the registered manager or the nurse in charge. Staff confirmed to us their understanding of whistleblowing and stated their preparedness to raise issues of people's safety with external agencies if the provider did not take action to keep people safe. Staff also stated their confidence in the registered manager and provider organisation to take prompt action to protect people should a safeguarding concern arise.

The risk of people experiencing foreseeable harm was reduced. Staff assessed people's risks and reviewed them regularly. Care records contained comprehensive risk assessments which included areas such as eating and drinking, moving and transferring and creating a safe home environment. Staff took action to reduce risks where they were identified. For example, where people presented with poor appetites their risk of malnourishment was reduced as a result of staff making referrals to healthcare professionals and following their guidance.

Staff supporting people were assessed as suitable to do so by the registered manager. All of the staff at Shirley View Nursing Home had successfully completed the application and interview stages of the provider's recruitment process. The registered manager confirmed the work experience of prospective staff by reviewing their references and assessing their safety by checking criminal records and barring lists information. Additionally, all staff provided proof of their identities, addresses and right to work legally in the UK.

The home environment and staff practices minimised people's risk of infection. Staff received training in infection prevention and control and we saw that hand sanitising gel pumps were available throughout the service including bathrooms, the reception area and along corridors. Staff wore personal protective equipment (PPE) when delivering personal care to people. Kitchen staff wore additional PPE including aprons and hairnets. The service had a policy which
prevented kitchen and laundry staff from entering each other's areas of work. This practice was in place to

prevent staff from inadvertently spreading potentially harmful bacteria.

The registered manager took action when people experienced unsafe care. We found that when people returned to the care home unsafely from hospital the registered manager took action. For example, when one person was discharged from hospital without discharge notes the registered manager raised a safeguarding concern. In another example, when another person was discharged from hospital with a pressure sore the registered manager again raised a safeguarding concern. By doing so the registered manager highlighted when things had gone wrong in order to keep people safe by preventing recurrence.

Good

Is the service effective?

Our findings

At our last comprehensive inspection of Shirley View Nursing Home in January 2017 we found the service was planning and delivering effective care and support. As a result the service was rated, 'Good'. At this inspection we found the service continued to be 'Good'.

People's needs were assessed before they moved into the service. Assessments were carried out by health and social care professionals and additionally by the registered manager. Assessments reviewed people's health, mobility, psychological and emotional needs and informed the care plans which guided staff in delivering care. People were supported with reassessments when their needs changed.

People received their care and support from staff who were skilled. The registered manager ensured staff undertook ongoing training. This included training in areas such as manual handling, first aid, infection control and health and safety. Additionally, staff received training specifically around people's needs. This training included dementia awareness, supporting people's behavioural needs and pressure area care. One member of staff told us, "I do a lot of training. I find it helpful and thought provoking." All staff had been enrolled on and were undertaking the Care Certificate. The care certificate is a nationally recognised training programme that sets the standard for the essential skills required by staff who are delivering support to people. The registered manager maintained a training matrix to ensure staff had timely refresher training.

New staff at Shirley View Nursing Home received an induction before delivering care to people. During their first week at the service new staff shadowed experienced colleagues to see how they delivered care effectively and in line with people's preferences. One member of staff told us, "My induction involved clarifying my role and where I should go if I have concerns. I felt equipped to begin when I started [to deliver care and support]."

Staff continued to be supervised by the registered manager and nurse in charge. Supervision sessions were undertaken in one to one meetings and minutes of them were retained to review progress and the achievement of objectives. Staff also received annual appraisals from the registered manager. These meetings were used to evaluate staff performances in areas including communication and team work. Appraisals were used to identify areas for personal development including training and invited staff to reflect upon their work by discussing what they enjoyed and areas for improvement.

People received the support they required to meet their assessed nutritional needs. Where people were assessed as requiring a soft food diet, we observed them eating foods prepared to the appropriate consistency. Where people required the support of staff to eat we observed staff supporting people in line with their care plans. A member of staff told us, "Mealtimes are leisurely and unrushed. The gentle pace means everyone eats and has time for it to be a social occasion."

Staff ensured that people had timely access to healthcare professionals and services. Records showed that people were visited by a range of healthcare professionals including, dieticians, Parkinson's nurses, diabetic nurses, continence nurses, the GP and podiatrists. Staff entered notes from people's appointments into their

care records for the purposes of tracking and later review.

Improvements had been made to the environment of the care home since our last inspection. The communal areas of the service had been redecorated and handrails had been placed along the corridor to support people's mobility. New profiling beds were placed in people's bedrooms and new armchairs purchased for the lounge. The service was wheelchair accessible throughout and had a lift for people who did not use the stairs.

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 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. We found that people who lacked capacity and required restrictions to be put in place to keep them safe were supported appropriately. For example, we found that people had mental capacity assessments within their care records which had been undertaken by social care professionals. People who lacked capacity to make specific decisions were supported with best interest's decision meetings. Two people were supported by Independent Mental Capacity Assessors who regularly met with people and monitored their DoLS.

Good

Is the service caring?

Our findings

People continued to receive care and support from staff who were caring. One person told us, "The staff are kind and I get the care I need." Another person said, "Staff are kind to me." We observed warm interactions between staff and people throughout our inspection. We saw staff who were finishing their shifts say goodbye to people individually and inform people when they would be working next. We saw that this reassured people.

People were supported to maintain relationships with those who mattered most to them. Staff supported people to maintain contact with relatives and, with people's agreement, kept them abreast of important matters. People's relatives and friends were made to feel welcome when they visited the service. Staff offered visitors refreshments as well as privacy if they chose.

The service maintained relationships with faith organisations to ensure people's spiritual needs were met. People who wanted to were supported to attend a service delivered each week by a Catholic priest. A Church of England vicar also delivered a service to people each month. People told us they enjoyed singing at these services.

Staff supported people to make choices about how they received their care and support. For example, one person's care records noted that they liked to dress formally each day. We observed this person to be clean shaven and wearing a suit and tie when we arrived at the service in line with their preference. A member of staff told us, "We give people choice with everything. People chose a bath or shower, breakfast in bed or in the dining area. Choice is offered all day every day."

Staff respected people's privacy. Staff knocked on people's bedroom doors and waited to be invited in before entering. People's care records were kept in a locked room and could not be viewed by visitors. This meant people's personal information remained confidential. People continued to have their dignity respected. People had their personal care needs met by a staff member of their preferred gender. Personal care was delivered with bathroom and bedroom doors shut and towels were used to ensure people did not feel exposed. We observed that when people returned from using the toilet independently staff discreetly assisted them to adjust their clothing when this was required.

Good

Is the service responsive?

Our findings

At our last inspection we found that people did not have personalised care plans. Accordingly we rated the service 'Requires Improvement' in this key question. At this inspection we found that people's care records contained information that was unique to them. Care records contained information about people's personal histories as well as their preferences. People and their relatives participated in reviews of their care plans.

Care records reflected people's assessed and changing needs. Care records guided staff in the delivery of care and support to people. For example, when people needed support to reposition themselves, care records stated how this should be done. Where people required two staff to support them to mobilise and transfer, this was stated in care records too.

People had personalised bedrooms which were arranged in line with their preferences. For example, people had photographs on display and arranged flowers. Bedrooms had televisions and radios. People's names and photographs were placed on their bedroom doors as an aid to independence. Photographs on bedroom doors helped people recognise their bedrooms when moving unassisted within the care home.

The provider arranged activities for people to participate in. One person told us their favourite activity was painting. Another person said, "I like singing and dancing." The service had an activities coordinator who led group and individual activities. Among the activities provided were card games, painting, puzzles, bingo, crafts, music and gentle exercise, talk time, bowling, bingo and pampering sessions. To the rear of the service was a large accessible garden in which a marquee had been erected in the previous summer and people were supported to hold a summer party.

Shirley View Nursing Home used a key working system to support people. Keyworkers are members of staff with specific responsibilities for people such as helping people to manage their bedrooms, coordinating activities and appointments for them, liaising with families and ensuring that people were well stocked with toiletries. Additionally people also had named nurses. This meant that people and relatives had known staff with whom to discuss the planning and delivery of personalised care

The service had a complaints procedure which people and relatives understood. The complaints procedure was available on the notice board in a communal area and in people's bedrooms. The service had not received any complaints since our last inspection. Records of all historic complaints, investigations and findings were kept by the registered manager. These were periodically reviewed by the registered manager for patterns and trends to prevent any causes of dissatisfaction recurring.
None of the people receiving care and support at Shirley View Nursing Home had been identified as requiring end of life care at the time of our inspection. However, the service had experience in this area and were supported in end of life care by specialist healthcare professionals. The registered manager told us that these resources would again be available should the need arise.

Good

Is the service well-led?

Our findings

At our last inspection we rated the provider 'Requires Improvement'. This was because the provider's quality assurance checks were not sufficiently robust. They had not identified the shortfalls we found in risk assessing, health and safety and medicines. At this inspection we found that significant improvements had been made. The registered manager and operations manager undertook frequent quality assurance checks. These audits covered areas including health and safety, care records, supervision and staff training, and the recommendations arising from the involvement of health and social care professionals. The registered manager had completed a safe handling of medicines assessor course to enable him to effectively audit the medicines administration practices of staff. The service's clinical lead was a registered nurse and led the auditing of medicines records and storage. Where quality audits identified shortfalls, action was taken. For example, when an audit identified that a number of taps and sinks were in need of repair they were replaced by the time of the next audit a month later.

People told us they knew the registered manager and he maintained a visible presence at the service. Staff told us the management of the service was supportive. One member of staff said, "The management are very helpful. Managers are flexible and accommodating." Another member of staff told us, "I have always found the registered manager to be a nice man. He cares about people and staff."

There was an open friendly atmosphere at the care home. The registered manager coordinated regular team meetings. These were used to discuss changes in people's care and support needs, operational practice and important information. Staff told us they felt comfortable sharing their views during team meetings.

People and their relatives were invited to develop the service being delivered. The provider asked people and their relatives to complete regular surveys. These asked respondents to evaluate the quality of care, the cleanliness of the home, staffing and food. All of the responses we read within the surveys were positive. The registered manager shared the results of surveys with the staff team and kept a folder of compliments and thank you cards. These were shared with staff and used to highlight good practice.

The service worked in a collaborative way with other agencies. In particular the service liaised with the local authority, healthcare services, faith groups and provider forums. The registered manager kept CQC abreast of develops at the service through timely notifications.