

Shawcare Limited

ShawCare@HighWray

Inspection report

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Date of inspection visit:
20 February 2018

Date of publication:
19 March 2018

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

Shawcare@HighWray is set in rural surroundings on the outskirts of Ormskirk. HighWray is a large detached property that has been extended to provide individually designed rooms with modern ensuite facilities. The home is set in extensive grounds with garden areas and a variety of outdoor seating areas. There are two communal lounges, a dining room and quiet areas to sit and view the surrounding landscapes. At the time of the inspection visit there were 27 people who lived at the home.

At the last inspection in August 2015, the service was rated 'Good'. At this inspection we found the service remained Good. At this inspection we found evidence continued to support the rating of Good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

We observed during the inspection visit staff provided care and support for people in a patient caring manner. This was confirmed by visitors and people who lived at the home we spoke with. Comments included, "The staff are so kind and caring." Also a relative said, "Staff are really patient and never appear rushed."

The registered manager had procedures in place to minimise the potential risk of abuse or unsafe care. Staff spoken with were able to identify different types of abuse and had received training in safeguarding adults.

The management team had in place safe infection control procedures and staff had received infection control training. During the inspection visit staff wore protective clothing such as gloves and aprons as appropriate. This reduced the risk of cross infection.

We looked around the building and found it had been well maintained, was clean and hygienic and a safe place for people to live. We found equipment had been serviced as required.

Medicines were stored in a clean and secure environment. We observed staff followed correct procedures when they administered medication during the day of our visit.

Risk assessments had been developed to minimise the potential risk of harm to people during the delivery of their care. Care records showed they were reviewed and any changes were recorded.

People had been supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Staff had been appropriately trained and supported. They had the skills, knowledge and experience required to support people with their care and social needs.

Staff had a good awareness of people they supported and provided a personalised service in a caring and professional manner. Care plans were organised and had identified care and support people required. We found they were informative about care people needed and what action was needed to support people and promote their independence.

People who lived at the home were very complimentary about the standard of food and cooks that prepared them. Comments about the quality of food were all positive and included, "Love the food what I like is there is always a choice." Also, "Lovely homemade meals and cakes. We are very fortunate to have good cooks here."

People told us staff and the management team were very caring and supportive towards them. Staff we spoke with understood the importance of high standards of care to give people meaningful lives. One staff member said, "I was really impressed by the way I was inducted and it gave me a lot of confidence to support residents."

The service had information with regards to support from an external advocate should this be required by them.

The service had a complaints procedure which was on display in the hallway for people's attention. People who lived at the home and relatives told us they had no complaints, they were happy with the service and found nothing to complain about.

Activities were arranged for people and they had an input into what events took place. For instance on the day of the inspection visit they had a singer and guitarist playing in one of the lounge areas. We spoke with people about the activity and one person said, "I really enjoy [singer] he is fantastic."

The management team used a variety of methods to assess and monitor the quality of the service. These included regular audits, weekly staff meetings and resident meetings to seek their views about the service provided and what improvements should be made.

Further information is in the detailed findings below.

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 remains good.

Is the service effective?

Good ●

The service remains good.

Is the service caring?

Good ●

The service remains good.

Is the service responsive?

Good ●

The service remains good.

Is the service well-led?

Good ●

The service remains good.

ShawCare@HighWray

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 20 February 2018 and was unannounced. The inspection team consisted of an adult social care inspector.

Before our unannounced inspection, we checked the information we held about Shawcare@HighWray. This included notifications the provider sent us about incidents that affect the health, safety and welfare of people who lived at the home. We also contacted other health and social care organisations such as the commissioning department at the local authority and Healthwatch Lancashire. Healthwatch Lancashire is an independent consumer champion for health and social care. This helped us to gain a balanced overview of what people experienced living at HighWray.

In addition we looked at the Provider Information Return (PIR) the provider had sent us. 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 spoke with a range of individuals about this home. They included six people who lived at the home, two relatives, four care staff, two cooks, the deputy manager, registered manager and the provider. In addition we spoke with a visiting healthcare professional and the catering manager.

We observed care and support in communal areas and looked around the building to check environmental safety and cleanliness. This enabled us to determine if people received the care and support they needed in an appropriate environment.

We looked at care records of two people and arrangements for meal provision. We also looked at records relating to the management of the home and the medication records of people who lived there. We looked at recruitment records for two staff and checked staffing levels. In addition we checked the building to

ensure it was clean, hygienic and a safe place for people to live.

Is the service safe?

Our findings

We asked people who lived at HighWray if they felt safe and confident in the care of the management team and staff. We only received positive comments and they included, "I always feel safe here. This is a lovely environment to live nice and peaceful." Also, a relative wrote in a survey returned in October 2017, 'No problems [relative] is cared for and safe.'

The registered manager had procedures in place to minimise the potential risk of abuse or unsafe care. Staff had received safeguarding training and were able to describe good practice about protecting people from potential abuse or poor practice. Staff we spoke with were knowledgeable and aware of whistleblowing procedures and knew which organisations to contact if the service didn't respond to concerns they had raised with them. One staff member said, "We have had training and always have the chance to update to keep well informed of any safeguarding guidance."

We found staff had been recruited safely as was at the previous inspection in August 2015. They had skills, knowledge and experience required to support people with their care. We spoke with a staff member recently recruited by the home and they were complimentary about the recruitment and induction training programme. They said, "I was really impressed by the way I was inducted and it gave me a lot of confidence to support residents."

Care plans we looked at contained completed risk assessments to identify potential risk of accidents and harm to staff and people in their care. They included medication, personal care needs and the premises. Risk assessments had been kept under review with the involvement of each person or a family member to ensure support provided was appropriate to keep the person safe. We noted changes had been updated on people's care plans to ensure their safety.

We looked at how medicines were prepared and administered. Medicines had been ordered appropriately, checked on receipt into the home, given as prescribed and stored and disposed of correctly. We observed one staff member administering medication during the lunch time round. We saw the medication storage room was locked securely whilst they attended to each person. People were sensitively assisted as required and medicines were signed for after they had been administered. Only trained staff gave out medicines and this was confirmed from staff we spoke with.

There were controlled drugs being administered at the time of our visit. We found controlled drugs were stored correctly in line with The National Institute for Health and Care Excellence (NICE) national guidance. This showed the registered manager had systems to protect people from unsafe storage and administration of medicines.

We looked at how accidents and incidents were managed at the home. There were documents for accident and incidents to monitor for trends and patterns. Records looked at were completed and had information related to lessons learnt from any incidents. This meant the management team monitored and managed the care people received to keep people safe and learn from any incidents that occur.

We looked around the home and found it was clean and maintained. Staff had received infection control training and understood their responsibilities in relation to infection control and hygiene. We observed staff making appropriate use of personal protective clothing such as disposable gloves and aprons. Hand sanitising gel and hand washing facilities were available around the home. This meant staff were protecting people who lived in the home and themselves from potential infection when delivering personal care and undertaking cleaning duties.

Is the service effective?

Our findings

People who lived at HighWray told us staff were competent and knew how to treat people individually. For example a relative we spoke with said, "All residents are different but the staff here know everyone and appear to me well trained in what they do. The care is second to none." In addition a person who lived at the home said, "They do know and care for everyone. I cannot fault the competencies of all the people who work here."

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The staff employed at HighWray made sure people had choice and control of their lives and support them in the least restrictive way possible; the policies and systems in the service support this practice. We observed during our visit people were not deprived of their liberty or restricted.

We spoke with the cook and catering manager about quality and quantities of food provided. They told us there was a sufficient budget available to ensure people received a healthy diet with plenty of homemade cooking and fresh produce. We confirmed this was the case through our observations and talking with people. For instance one person who lived at the home said, "We have great cooks always plenty to eat and the Manchester tart is lovely, all home made." Staff were knowledgeable about the dietary needs of the people at the home and knew who required special diets such as soft diets and sugar controlled diets due to diabetes.

The cooks operated a set menu which ran on a four weekly basis. People who had any swallowing issues, were assisted to eat by staff, we saw this happen on the day of the inspection. People were seen to use adaptive equipment to assist them to eat and drink such as sipping cups, plate guards and specialist cutlery. Comments about the quality of food were all positive and included, "Love the food what I like is there is always a choice." Also, "Lovely homemade meals and cakes. We are very fortunate to have good cooks here."

The service had been awarded a five-star rating following their last inspection by the 'Food Standards Agency'. This graded the service as 'very good' in relation to meeting food safety standards about cleanliness, food preparation and associated recordkeeping.

Prior to admission to home the registered manager had completed a full assessment of people's individual needs and produced a plan of care to ensure those needs were met. We found evidence in care records we looked at they or a family member had been involved with and were at the centre of developing their care plans. Daily records completed were up to date and maintained. These described support the person received and activities they had undertaken. People signed forms throughout the documentation to agree consent to each part of care they required.

People were supported by a trained staff team who had a good understanding of their assessed needs. We

were able to establish through our observations and discussions with people who lived at the home they received care which was meeting their needs and protected their rights. All staff had achieved or were working towards national care qualifications. Comments from staff about training included, "Any training we require or want is always supported by the management team. Also, If you feel you need specific training you will always be supported to do it." This meant people were supported by staff who had the right competencies, knowledge, qualifications and skills.

People's healthcare needs continued to be met. They were carefully monitored and discussed with the person. Care records seen confirmed visits to and from General Practitioners (GP's) and other healthcare professionals had been recorded with the outcome and action required recorded.

We looked around the premises and garden areas and found it was appropriate for the care and support provided. Bedrooms all had ensuite facilities. There were bathroom/shower rooms and toilets available also. There was a lift that serviced the building to ensure it could be accessed by people with mobility problems. Each room had a nurse call system to enable people to request support if needed. Aids and hoists were in place which were capable of meeting the assessed needs of people with mobility problems. Doorways into communal areas, corridors, bedrooms, bathing and toilet facilities offered sufficient width to allow wheelchair users access. Large lounge areas were available for access for people who lived at the home and people had freedom of movement. One person said, "The place is absolutely stunning." Another said, "The rooms are high class hotel standard, really luxurious."

Is the service caring?

Our findings

During our inspection visit we spent time observing interactions between staff, management team and people who lived at the home. This helped us assess and understand whether people who lived there received care that was meeting their individual needs. We observed many examples of staff being caring and attentive towards people. For example one person was struggling with their morning drink. A staff member quickly recognised this and attended to the person and changed their utensils to make it easier for them. We spoke with the person later who said, "The staff are so caring and nothing is too much for them to help you." Other comments from people about the caring attitude of staff included, "The staff are so kind and caring towards everyone." Also a relative said, "The staff are so patient and caring I am glad [relative] is here."

We looked at people's care records and saw evidence they had been involved with and were at the centre of developing their own care plans. For example each person completed a 'personal care book'. This contained their likes, dislikes, favourite hobbies and personal history. In addition the plan contained information about their current needs as well as their wishes and preferences. Daily records completed were up to date, maintained and informative. We saw evidence to demonstrate the care plan had been reviewed and updated on a regular basis. This ensured information documented about the person's care was relevant to their needs.

There was clear information in care records we looked at between people who lived at HighWray and staff that cared for them. For example, people's preferences and histories had been recorded. Additionally, the service had carefully considered people's human rights and support to maintain their individuality. This included checks of protected characteristics as defined under the Equality Act 2010, such as their religion, cultural background and sexual orientation. Information covered any support they wanted to retain their independence and live a meaningful life.

The registered manager had a good understanding of protecting and respecting people's human rights. They were able to describe the importance of promoting individual's uniqueness and there was an extremely sensitive and caring approach observed throughout our inspection visit.

We spoke with the registered manager about access to advocacy services should people require their guidance and support. The service had information details available if this was required. This ensured people's interests would be represented and they could access appropriate services outside of the service to act on their behalf if needed.

We saw staff had an appreciation of people's individual needs around privacy and dignity. For example we witnessed staff knocked on bedroom doors before entering. In addition people who lived at the home told us staff respected them and treated them with patience and understanding. One relative said, "The staff are so patient and never seem rushed. They are always willing to spend time with [relative]." Also a person who lived at the home said, "How can you not like it here the views are spectacular, the building is beautiful and the staff are so kind, caring and respectful."

Is the service responsive?

Our findings

During the inspection visit we talked with people at the home who told us staff were responsive to their needs. For example one person said, "If ever I don't feel well and tell them they do something straight away." People also told us care they received was focussed on them and they were supported and encouraged to make their views known about how they wished to be cared for. One relative said, "They always keep me in the know and updated if any changes occur in [relative] health"

Care plans of people who lived at HighWray were reflective of people's needs and had been regularly reviewed to ensure they were up to date. Staff spoken with were knowledgeable about support people in their care required. Completed assessments of the person's expressed needs, preferences and ongoing requirements were included in people's care plans.

We looked at what arrangements staff and management team had in place taken to identify, record and meet communication and support needs of people who lived at HighWray. Documentation had identified information about whether people required support with communication needs. Such as easy read or large print reading.

The registered manager had a complaints procedure which was on display in the entrance hall. The procedure was clear in explaining how a complaint could be made and reassured people these would be responded to appropriately. Contact details for external organisations including social services and CQC had been provided should people wish to refer their concerns to those organisations. People who lived at the home and relatives told us they were happy with the system of how to make a complaint but did not have any issues. One person who lived at the home said, "I have never had to make a complaint but would speak with [registered manager] if I needed to."

People's end of life wishes had been recorded so staff were aware of these. The registered manager informed us this allowed people to remain comfortable in their familiar surroundings, supported by staff who knew them well. Staff we spoke with told us 'end of life care' training had been completed and was part of the management team's training programme. This showed the registered manager understood the importance of providing end of life support and how this should be delivered.

A formal activity programme was on display in the home. However people who lived at the home told us they would change games and events to suit people who chose different activities. On the day of the inspection visit they had a singer and guitarist playing in one of the lounge areas. We noted it was well attended and people appeared to enjoy the event. We spoke with people about the activity and comments included, "I really enjoy [singer] he is fantastic." Also, "He comes very often and always gets a good response from us."

Is the service well-led?

Our findings

People who lived at the home and relatives told us they were satisfied the home was well run and operated to the benefit of people who lived there. For instance a relative said, "I love the place because the management build everything around the residents." Also a person who lived at the home said, "They (management team) don't just sit in the big office they are always around joining in with things."

A registered manager was in place. 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

We found the home had lines of responsibility and accountability with a structured management team in place. That consisted of the owner, registered manager and deputy manager. The management team had experience of managing and working at senior level in care homes. The registered manager was knowledgeable and familiar with the needs of people they supported. We found this was the case by talking with relatives and people who lived at HighWray. One relative said, "[Registered manager] knows the details of my [relative] and can always explain how she feels and when something is wrong." Also another relative said, "The [registered manager] is so approachable any time day or night."

The management team had a number of ways to monitor and collate the views of relatives and people who lived at the home. This was so the home could continually evolve and improve. For example surveys were sent to relatives/residents and staff annually. The latest surveys conducted in 2017 produced positive comments and included, 'I am happy and content.' Also, 'It is a lovely home that is run really well.' The registered manager informed us any negative responses would be looked into and acted upon. This showed they ensured any issues would be addressed.

The registered manager had systems in place to audit the service and identify any issues and act upon them. Audits included medication, Infection control, incidents / accidents analysis and the building. Any issues found on audits were quickly acted upon and lessons learnt to improve care for people and keep them safe. This showed they monitored the care provided and made improvements where required.

The management team held regular staff and relative/resident meetings and minutes were taken. In addition they held 'catch up Friday' meetings. These consisted of staff discussing daily and the week's events as well as people's welfare and care plans. One staff member said, "These meetings are really good and keep people informed." Any suggestions from meetings were discussed and implemented if felt it benefited the people who lived at the home. For example a recent 'resident' meeting suggested a change of bread for sandwiches that people preferred. This was implemented by the cooks. One person who lived at the home said, "We do give our opinions and the staff will take them on board."

We saw evidence of the management team working with other organisations in the ongoing improvement of people's lives. For example social workers and care co-ordinators. The service also worked closely with

Independent Mental Capacity Advocates (IMCAs). IMCAs represent people subject to a DoLS authorisation where there is no one independent of the service, such as a family member or friend to represent them.

The service had on display in the hallway their last CQC rating, where people could see it. This has been a legal requirement since 01 April 2015.