Shaw Healthcare (Group) Limited

Shaw Red Hill Care Centre

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?	**Requires Improvement**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

The inspection took place on 6 and 7 December 2016. On 6 December 2016 the inspection was unannounced. On 7 December 2016 the inspection was announced. Shaw Redhill Care Centre provides accommodation and nursing care for up to 90 people. There were 57 people living at the home at the time of our inspection.

The home consists of four units. Three of these were being used to provide care to people at the time of our visit. Topaz unit provides care to people living with dementia. Sapphire unit provides nursing care to people and the Entimos unit provides care to people with brain injuries.

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

During the previous inspection on 11 and 15 December 2015 we found the way people were cared for required improvement and that the provider was not meeting the law. This was because people were not always treated with dignity and respect and people's privacy was not always maintained. The provider had sent us a plan to say how these matters would be addressed. At this inspection we found people were not consistently supported by staff to maintain their dignity and people's rights to privacy were not always acted on.

We also found at this inspection people did not always receive the individual care they needed when they were anxious. Staff did not always find out why people were distressed, or take action so their needs would be met.

People had plans in place which detailed how they preferred their care to be given and their risks managed. However, we found staff had not always taken action to follow the plans so people would receive the care they needed. We also saw people's plans did not consistently reflect their preferences or care needs as their circumstances changed. Some people enjoyed the interesting things staff had provided for them to do, but other people's needs were not met and they were withdrawn.

The provider and registered manager checked people's experiences of living at the home, but this did not consistently drive improvements in the care people received.

People's safety and care needs were understood by staff, but people were not consistently supported by staff so their needs were met in the ways they preferred. There were enough staff to meet people's safety needs, but some people told us they did not always receive care from staff who knew them well, in a timely way.

Staff had received training so they would have the skills and knowledge they needed to care for people, but we found staff did not always use their training to inform how they supported people.

Most people had built good relationships with staff who were permanently employed to care for them. People told us it was more difficult to do this with temporary staff. People were supported by staff to make their own day to day decisions about their care. There were systems in place so complaints raised would be investigated.

Staff were confident action would be taken if they raised any concerns for people's safety or well-being, and we saw examples where staff took action to promote people's safety. Some people administered their own medicines, with other people receiving support from staff to do this.

Staff cared for people in ways which recognised people's rights to make their own decisions. Staff supported people in ways which protected their freedom and recognised their independence. People were able to make choices about the meals and drinks they wanted and had enough to eat and drink to remain well. People received help from staff to see health professionals when this was needed.

You can see what action we told the provider to take at the end of this report.

Full information about CQC's regulatory response to any concerns found during inspections is added to reports after any representations and appeals have been concluded.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service requires improvement.

There were risks people's safety and well-being needs would not always be met. This was because plans had not consistently been updated to reflect people's safety needs and staff did not consistently take action to address people's well-being needs. There were enough staff to care for people so their safety needs were met, but people were not always supported by staff who new them well, in a timely way. There were systems in place to manage people's medicines so they would receive these safely.

Is the service effective?

Requires Improvement

The service was not consistently effective.

Staff did not always apply their training and skills to care for people in ways which met their needs. Where people needed help to make some of their own decisions support was provided by staff. People were supported by staff so their health and nutritional needs were met.

Is the service caring?

Requires Improvement

The service was not always caring.

People did not benefit from living in a home where their rights to dignity and privacy were always met. Staff did not consistently take action to relieve people's anxiety. People were supported to make their own day to day decisions about their care.

Is the service responsive?

Requires Improvement

The service was not always responsive.

People did not benefit from living in a home where their individual needs were consistently met. Staff did not consistently focus on the needs of the people they cared for. Systems were in place to manage complaints, and compliments had been received about the quality of the care provided.

Is the service well-led?

Requires Improvement

The service was not always well led.

People did not benefit from living in a home where action was consistently taken to improve people's experience. Checks the registered manager and provider undertook had not driven through the improvements required in relation to the culture of the home, and people's support to live dignified lives.

Shaw Red Hill Care Centre

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 6 and 7 December 2016. On 6 December the inspection was carried out by two inspectors and an Inspection Manager and was unannounced. On 7 December 2016 the inspection was undertaken by two inspectors and an Expert by Experience and was announced. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, the provider completed a Provider Information Return (PIR). 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. As part of the inspection we looked at information we held about the service provided at the home. This included statutory notifications. Statutory notifications include important events and occurrences which the provider is required to send us by law.

We requested information about the home from Healthwatch, the local authority and the Clinical Commissioning Group, (CCG). Healthwatch is an independent consumer champion, which promotes the views and experiences of people who use health and social care. The local authority and the CCG have responsibility for funding people who used the service and monitoring its quality.

During our inspection we spent time with people in the communal areas of the home and spoke with 13 people, 18 relatives and one friend of a person who was living at the home.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with the registered manager, one provider's representative, nine nursing and senior staff and eight care staff. We also spoke with two cleaning staff and a catering staff member. As part of this inspection we also spoke with two social workers and one local authority commissioner of the services.

We looked at five people's care and medicines records. We looked at the records showing how staff checked people were enjoying the best health possible. These included records showing when people had seen health care professionals.

We looked at records of staff training and rotas and records about how people were supported to stay as safe as possible, including incident forms. We also looked at information about how the registered manager and provider monitored the quality of the service, minutes of meetings with people living at the home, minutes of staff meetings and records of complaints and compliments. We also sampled questionnaires which had been completed by people who lived at the home.

Requires Improvement

Is the service safe?

Our findings

We received mixed views from people about staff's understanding and response to their safety needs. One person said staff supported them to move in ways which promoted their comfort and safety. The person told us, "Staff understand the areas I am weak, and take this into account when they help me." However, another person said the way staff helped them to move increased their anxiety. Relatives we spoke with felt their family member's safety needs were met. One relative told us they were reassured because of the measures in place regarding the security of the building. Another relative told us staff cared for their family member so their safety needs were addressed when they walked round the home.

We saw people were relaxed when they were in the company of staff, but we also saw other instances where people did not receive the support they needed to reduce their anxieties. This included when one person was upset and was asking for reassurance from staff which was not given to them.

We saw risks to people's well-being were taken into account when people's care was planned. These included risks to people's physical health and well-being. We saw staff had considered if people's risks had changed over time, but this was not consistently reflected in people's care plans. For example, we saw on the files we sampled the number of staff required to assist one person to move had not been clearly recorded on their care plan. There was therefore a risk staff that were not familiar with the person's safety needs would not have the information they required to assist them to move safely.

People told us there were enough staff to meet their safety needs, but they sometimes experienced delays in receiving care. One person said, "They [staff] do their best if you ring the bell but it just seems a long time." Another person told us, "It depends who is on, it's usually worse at night." People and relatives said care was often provided by temporary staff. People said their care needs were not met so well by staff who were not permanently employed. One person told us the registered manager had talked to people about the plans to reduce the number of temporary staff. We received mixed views from relatives about how staff were deployed to meet their family member's needs. Some relatives highlighted they visited the home at different times, and felt staffing levels were sufficient. Two other relatives told us they sometimes had to locate staff. One relative said they had on one occasion had to help another person living at the home because they could not locate staff to help the person. We saw there were occasions when people did not receive the support they needed promptly from staff.

Staff told us there was enough staff to care for people and meet their safety needs. Two staff members said if staff had unplanned leave, senior staff took action to obtain replacement staff.

The registered manager told us the provider had introduced electronic staffing rotas in August 2016. We were told these were not being used as the provider's systems required further development. The registered manager had devised their own systems to set staffing levels, which took into account the needs of the people living at the home and the hours staff were available to work. The registered manager told us the provider had been supportive when they asked for additional staffing resources to meet people's needs. We saw examples where the number of staff had been increased as people's safety and care needs changed.

Two people told us they managed some of their own medicines, such as pain relief medicines. One person said, "I do my own medicines when I need them." Most people needed support from staff in order to have the medicines they needed. People told us where this was the case, they received the support they needed from staff. One person told us, "I see them [staff] think quite carefully about if I need extra medicines, especially paracetamol." We found the system had not been developed for one person who may require pain relief but was not able to directly tell staff. We were given assurances these would be developed.

Staff told us they were not able to administer medicines until they had received training and their competency had been checked. We saw this included newer staff being supported by experienced staff. By doing this, senior staff gained assurance staff had the knowledge and skills to issue people's medicines in ways which helped people to stay as safe as possible.

Staff we spoke with knew the links between people's medicines and increased risks to their well-being such as the risk of increased falls. One senior staff member told us how one person's medicines had been reviewed by their GP as result of staff raising this with them. We saw checks on people's medicines were regularly undertaken by senior staff so they were assured people received their medicines in safe ways. We saw staff kept clear records of the medicines administered to people. We saw one instance where an item prescribed to a person had not been securely stored, and drew this to the attention of the staff member.

Staff we spoke with knew how to recognise abuse, and what action they needed to take if they suspected someone was being abused. Staff we spoke with were confident senior staff would address any concerns they raised for people's safety. One staff member we spoke with gave us an example of when this had happened and told us about the plans that had been put in place to help to keep people safe. We found staff knew how to report any concerns they had to other agencies with responsibilities for helping to keep people safe.

Staff told us they found out about people's risks by talking to people, checking their care plans and by communicating information about people's needs at regular meetings. Staff explained by doing this, they knew what action to take to support people to manage risks to their safety. One staff member gave us an example of actions they had taken to promote one person's safety. The staff member told us they had seen a person's ability to stand had changed. The staff member told us they had reported this to senior staff and action had been taken so the person would have the equipment they needed to stand safely. The registered manager gave us an example of when specialist advice had been obtained so a person at the home would benefit from having the equipment needed to help them to move safely.

Requires Improvement

Is the service effective?

Our findings

We saw records which showed us staff had undertaken training so they had opportunities to develop their skills and knowledge, but we saw instances where staff were not supported to apply their learning. For example, in the way people's dignity was not consistently promoted and the way people's care needs were not consistently met. One person told us staff did not have the breadth of skills and knowledge required to care for them. The person told us, "There's a gap in their [staff] mental health training." The person also said staff skills when helping them to move were not consistent and this sometimes led to them experiencing discomfort. The experiences of other people living in the home were different. One person said, "They are top class professionals and know how to look after me."

Relatives were positive about the skills staff had. One relative told us staff were very good at reassuring their family member, so their anxieties were reduced. Another relative said they were assured staff had the skills to look after their family member, as they always looked comfortable when they visited. We spoke to one friend who told us despite guidance provided to staff by NHS professionals they felt their friend was not supported appropriately with their hearing needs.

Staff told us they had access to regular training. Staff said this included specific training to help them to support individual people, such as autism and catheter training. One staff member told us, "We can ask for training, and we know we will get it." Another staff member told us they were waiting for a date for dementia training. The staff member said, "I want to understand more about dementia, so I know how it feels for them." Two members of the cleaning staff told us dignity training was being arranged for them.

Staff who had recently started to work at the home said they had a programme of training to complete before they worked unsupported with people. One staff member explained this helped them to make sure they were assisting people to move safely. Another staff member told us how they were supported by more experienced staff, who knew people's needs well, before they became responsible for caring for people.

The registered manager and provider had systems in place to check staff had undertaken the training they needed to care for people. Further training had been identified for staff including a five day dementia specialist course devised by the provider.

Staff told us they had meetings with senior staff which gave them opportunities to discuss any concerns they had for people's wellbeing. Staff told us that in addition to the meetings which happened as each staff shift changed, there were meeting to discuss the needs of people on each of the units. Staff also told us they were supported through one to one meetings with their managers.

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. We checked whether the service was working within the principles of the MCA.

People told us they were supported and encouraged by staff to make their own decisions, such as decisions about how they wanted to spend their time, and where in the home they wanted to be. One person told us about their life at the home and said, "Nobody [staff] is pushy." Relatives we spoke with told us the provider had checked to see if they had the legal rights to make some decisions on behalf of their family members.

Staff told us they had received training so they would know how the MCA affected the way they needed to care for people. One staff member said the MCA training, "Gives you more of an understanding of how we can support different residents."

We saw staff supported people in ways which helped people to make their own decisions. This included staff showing people items to choose from. We also saw staff gave enough people time to consider their decisions. We found staff knew how to check if people were in agreement for their care to be given. Two staff members told us if people were not able to directly tell them they looked for visual clues so they could determine if people were agreeing to their care. Staff gave us examples of actions they took to encourage people to receive the care they needed if they were initially reluctant to accept this, such as offering the care again at a later stage. Staff we spoke with knew what actions to take if they were concerned people could not make their own decisions. One staff member explained how they would alert senior staff if they felt a decision needed to be made in a person's best interest.

The registered manager gave us an example of how people's families were consulted and other health professionals were involved in the process where decisions needed to be made in people's best interests.

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). MCA DoLS require providers to submit applications to a 'supervisory body' for authority to deprived people of their liberty. We found the provider had considered if any authorisations were required for any person living at the home, and had submitted applications for the supervisory body to consider authorising. We also found the provider had complied with the supervisory body's decisions. Staff told us, and we saw, decisions made by the supervisory body were discussed at regular staff meetings, so staff would know what actions to take to support people to receive appropriate care.

People told us they were able to choose what they wanted to eat from menus. Some people said they decided where they wanted to eat. We received mixed views about people's enjoyment of their meal time experiences. One person on the Sapphire unit told us staff had arranged for a health specialist to provide some advice on the type of foods which would help them to remain able to eat comfortably and independently. Relatives highlighted how appetising some of the food prepared looked. One relative told us they were reassured their family members had enough to eat and drink as staff kept detailed records. Two relatives told us their family members needed to have a particular texture of food, and said this was often not served hot enough for their family members. One relative told us they raised this with staff, but it remained a concern as action had not been taken to consistently address this.

Staff we spoke with knew about people's food preferences and nutritional requirements. Staff gave us examples of how they had adapted food so it would meet people's health needs. For example, if people required specific diets due to health conditions such as diabetes, or because they needed support to make sure they had enough to eat. We saw some people on the Entimos unit made their own drinks. People on the Sapphire and Topaz units were supported by staff to have enough to drink so their health needs were met.

People told us staff took action to support them to see health professionals when they needed this. One person said, "I found it hard to swallow and staff got the GP out straight away." People said staff made arrangements for them to see opticians when required. One relative said "I was concerned about [person's name] teeth I spoke to [staff member's name] and a couple of days later the dentist visited and sorted it out." People's records showed they had been supported to receive support to maintain their health and well-being, such as assistance to maintain their skin health, and to prevent their health deteriorating. For example, support to have 'flu inoculations or to obtain support from health professionals so plans could be developed to meet people's mental health needs.

Requires Improvement

Is the service caring?

Our findings

During the previous inspection on 11 and 15 December 2015 we found the way people were cared for required improvement and that the provider was not meeting the law. This was because people were not always treated with dignity and respect and people's privacy was not always maintained. The provider had sent us a plan to say how these matters would be addressed.

At this inspection we found although some improvements had been made people were not consistently supported by staff to maintain their dignity and people's rights to privacy were not acted on. For example, people living with dementia on the Topaz unit experienced episodes where their dignity needs were not met. On the first day of our inspection we saw two instances where one person was not appropriately supported by staff when they went to a toilet located on a communal corridor on the unit. Inspectors advised staff the door to the toilet had been left open, leaving the person exposed. Despite being advised, staff did not take action to close the door so the person's dignity needs would be met. Inspectors took action so the person's dignity would be maintained. This was repeated on the second day of the inspection and we saw staff did not take steps to check the person was supported to maintain their dignity. Inspectors again ensured action was taken so the person's rights to dignity were not further compromised.

We saw examples on both the Topaz and Sapphire units where people's privacy had been compromised as people's care records, including their personal details and healthcare needs, had not been securely stored. We also saw instances where people's privacy was not respected when they were having care and treatment. This included one person's routine blood checks being undertaken in a communal area of the home, with other people present. Systems had not been put in place so this could either be done discreetly in a communal area when needed, or for staff to promote the person's dignity by offering them choice in respect of where this was undertaken. Staff subsequently advised us the person often became distressed if asked to be moved when they were already comfortable. We also saw where external health professionals visited people, staff did not take action to ensure people were supported to have their consultations in private areas of the home. As a result, people were denied privacy as their consultations could be overheard. When we spoke to senior staff about this they said this would occur in a hospital environment. Inspectors advised the senior staff member that this would not be acceptable in a person's own home.

Whilst staff spoke warmly about the people they cared for we did not always see staff took practical action to care for people in ways which promoted their dignity. For example, we checked how one person who was at the end of their life was supported. We found staff did not take action to provide comfort to the person or to relieve their distress. We saw staff did not provide the care the person needed. Staff did not take action to investigate the cause of the person's distress, or to seek to reduce their anxiety by providing comfort to the person. We saw on five occasions staff were in the vicinity of the person's room, heard their distress but did not respond to their needs. Inspectors took action to obtain appropriate care for the person.

We spoke with staff about the person's care. Staff told us the person often called out. Staff told us they checked the person regularly but staff did not understand what action to take if the person was distressed. We found plans had been developed to let staff know what action to take if the person required pain relief.

However, we found staff did not have a system in place which would assist them to decide if the person needed medication to assist them with any pain they were experiencing. We also found plans had not been developed to reflect what the person's wishes and preferences would be at the end of their life.

We also saw one person was slumped over a table in the Topaz unit for an extended period of time. Several staff saw this person, but did not ask the person if they wanted to be repositioned to increase their comfort, or ask the person if they wanted a pillow.

This was a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Regulation 10 Dignity and respect.

We received mixed views from people about how caring staff were. One person we spoke with said, "I love this place, staff are ever so kind. There's no problems with the staff." Another person told us staff had come in on days they were not due to work, so people at the home would have the opportunity to enjoy going out of the home for a meal. People we spoke with told us they were looking forward to going out with staff. Another person said some staff who supported them were very caring, but they highlighted there had been a number of staff changes recently. The person said as a result of this they were sometimes supported by staff that did not know them well. The person told us, "Staff don't understand what happens for me."

Relatives we spoke with were complementary about the staff who supported their family members, and said caring relationships had been built between their family members and staff. One relative told us, "A couple of carers really stand out, they know [person's name] really well. I know it's their job, but it's not just a job for them." Three relatives we spoke with told us recent staff changes had meant their family members were no longer consistently supported by staff who knew their preferences and interests.

Staff told us they got to know people by chatting to them and their relatives, through checking people's care plans and speaking to staff who knew people well. We found staff knew what was important to people, but staff did not consistently use this knowledge to support people during their day to day care. For example, staff told us how people had been supported to bring together objects related to their personal histories on the Topaz unit, but did not see staff using these to promote discussion about what was important to people.

We saw there were occasions on the Topaz unit when staff focused on tasks associated with caring for people, but did not take opportunities to interact with people. For example, we saw on the first day of our inspection one person was supported by a staff member to eat. There was no conversation or eye contact from the staff member. The person was living with dementia and found it difficult to communicate, but the staff member did not attempt to offer encouragement or reassurance to with the person. We saw the mealtime was treated as a task rather than an opportunity to spend time with the person so they felt valued. We discussed this with the provider and saw staff interaction during mealtimes had improved on the second day of our inspection, but we will need to see if this is consistently applied over time.

We also saw another person on the Topaz unit had been left in their wheelchair, facing a wall. The person was not provided with anything interesting to do and did not have any interaction with staff during the time we observed this. In addition, we saw a further person was seeking reassurance from staff when they were in the reception area of the home. This happened after the person had received some new which made them anxious. Staff did not attempt to engage with the person, to offer reassurance, so their distress continued.

People living on Sapphire and Entimos units told us they were given opportunities to be involved in making decisions about their day to day care. One person gave us an example of decisions they made about which interesting things they might choose to do. The person told us staff listened to their decisions. Another

person told us they had been involved in decisions about how their room was arranged, so they would enjoy living at the home. Further people explained how they were encouraged to decide what they would like to eat and where they wanted to spend their time. We saw people on the Topaz were supported to choose their meals.

Requires Improvement

Is the service responsive?

Our findings

During the previous inspection on 11 and 15 December 2015 we found the way people's needs were responded to required improvement. This was because people were not always supported to have positive interactions with staff or opportunities to do things that interested them. At this inspection, we found people still did not always receive the care they needed to address all of their needs. One person explained they were anxious when they attended health appointments. The person said they were not always supported to attend these with staff who would be able to offer them the care they needed, and this increased their anxiety.

One person on the Entimos unit told us about the support they needed when they were being moved by staff. The person told us they had to wait for over an hour the previous week for enough staff to support them. The person told us this made them feel anxious. On the second day of our inspection we saw a person on the Sapphire unit asked for assistance for their personal care. The person told us they had been waiting for assistance from staff for what, 'Seemed like a long time.'

Another person on the Sapphire unit said, "If I want a shower it depends on them (staff)." We saw the person's care plan stated they needed help from a staff member when showering. The registered manager was not initially able to confirm when the person had last been offered a shower or prompted with personal care. The registered manager told us this was because staff had not consistently recorded where personal care was offered. It was therefore difficult to ascertain whether the issues were about recording practice of the person choosing to decline support offered. We were told the person's care needs had changed in the previous twelve months and their needs had increased. The registered manager agreed this was not reflected in the plans for the person's care.

One relative told us staff did not always support their family members to receive the breadth of care they needed. The relative said, "They (staff) don't help [person's name] to shave." The relative told us their family member's preference for how their care was to be given were not always followed by staff, so they were less inclined to agree to the care they needed.

People's views of the support they received to do interesting things was mixed. Some people told us they enjoyed pamper sessions and meals out, or going out of the home to spend time independently. One person told us they had stopped going to some of the social events within the home because their view was blocked by equipment. Another person told us they tended to spend time on their own as most of the events offered did not meet their needs. However, the person said they enjoyed the times when pets visited the home. The person said, "I really get something out of this, and they (staff) do try, but I am often bored." A further person told us, "Staff do what they have to, they don't chat."

One relative told us staff adapted interesting things for their family member to do if their relative was unwell. The relative told us this included individual pamper sessions when their family member preferred to do this quietly. Another relative told us they had requested their family member had support to do things based on their histories and interests. The relative said they had to prompt staff to give their family member the

support they needed to enjoy these.

People had the opportunity to take part in a pamper session on the first day of our inspection. We found there were extended periods of time on the first day of our inspection when people on the Topaz unit were not supported by staff to engage in conversation or to do things they enjoyed doing. We saw people were supported by staff to do fun things on the second day of our inspection but these did not appear to be based on the known preferences of all of the people living on the Topaz unit.

This was a breach of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Regulation 9, Person-centred care.

Other people told us they did receive the care they needed from staff so their care needs were met. One person told us staff supported them to move in the way they preferred. Relatives also gave us examples of the actions staff took so their family members received the care they needed. For example, care given by staff to promote their family member's health and well-being. One relative we spoke with told us they saw records which showed their family member's physical needs had been met. The relative said because of the support given by staff their family member's health had improved. Another relative told us because of the way staff met their family member's needs, "[Person's name] is happy, and wants to stay there." We saw there were occasions on both days of the inspection when staff on the Sapphire and Entimos units took opportunities to chat to people.

People gave us contrasting views about their involvement in deciding what care they wanted. One person told us they had decided what care they wanted and how this was to be given before they moved to the home and this had been reflected in their care plans. The person said as a result of this they were receiving the support they wanted in the way they preferred. Another person told us they did not feel their views were taken into account when plans to assist them to move around the home were put in place.

Relatives told us their family member's care needs and risks to their well-being had been discussed before they moved into the home. One relative said, "We were very involved in [person's name] care plan and worked out a summary to show [person's name] history and limitations." Relatives told us they had been consulted as their family member's needs changed. One relative said, "We were asked what we thought about [person's name] room being changed, and if we agreed to the use of bed rails." Another relative told us, "I am asked to sign risk assessments and get to consider plans for [person's name] care at reviews." A further relative said they visited their family member regularly and this meant, "I am involved in [person's name] care."

People told us their relatives were able to visit them at any time. One relative told us staff had made arrangements for them to host a party with all their family at the home, so their family member would be able to enjoy a special occasion.

Two people told us they had made a complaint about the care they received from temporary staff. One person said, "They [temporary staff] speak to each other in their own language when they are in here, so I made a complaint. They said it would stop but they still do it."

Two relatives we spoke with told us there were opportunities to discuss any concerns they had about their family member's care with staff. The relatives told us by doing this staff resolved their concerns and they did not need to make formal complaints. One relative told us they had made a complaint about the care their family member received. The relative said staff had taken action to resolve their complaint, so their family member would receive the care they needed. Staff we spoke with knew what action to take if people needed

support to make a complaint. We saw the registered manager had systems in place to address complaints received, that these had been investigated and responses provided to people or their relatives promptly.

We also saw compliments had been received from people's families, regarding the support people had received to enjoy celebrations such as birthdays and special events.

Requires Improvement

Is the service well-led?

Our findings

During the previous inspection on 11 and 15 December 2015 we found the way the service was led required improvement. This was because people felt their opinions and suggestions were not always responded to by the provider. People and their relatives had raised concerns about the management of the laundry. We also found the provider did not undertake their own checks on the equipment needed to move people safely. One relative told us they had not consistently received support from the manager so their family member's care needs would be met.

At this inspection we found people were still not benefiting from living in a well-led service. We saw the way staff were managed led to staff focusing on tasks rather than people's individual care needs. The registered manager acknowledged this was still happening and told us, "I recognise that care on Topaz [unit] can be task orientated. It's difficult to change this." The registered manager told us some staff had received training to increase their skills but we did not see this had led to consistent improvements in the way staff cared for people at the time of our inspection.

We saw checks on the suitability and safety of equipment were now undertaken by the provider. The registered manager and provider also undertook checks on the quality of the care people received. The registered manager had also introduced initiatives such as dignity champions and had held dignity meetings. We could not see this had consistently improved people's experience of living in the home. For example, people's right to dignity was not always promoted by staff.

Some of the checks the registered manager made looked at trends relating to individual people's care and well-being needs. We saw the registered manager completed a "Monthly Adverse Incident Summary Report", based on information provided by senior staff. We saw an example where senior staff had not taken the action required to alert the registered manager to concerns they had for one person's skin health. As a result of this, the registered manager did not know the full needs of the person and was not able to decide if additional care was required to support them. We had to take action to prompt senior staff to communicate this information to the registered manager.

We saw senior staff did not consistently take action or learning from an incident relating to one person's care as this was not explored with staff. Inspectors prompted senior staff to put a system in place so the risk of the person not receiving the care they needed were reduced.

We received contrasting views from people about their opportunities to make suggestions to develop their own care and the home further, and how often they saw the registered manager. One person told us they had made suggestions about things they would like to do, and had received feedback from the registered manager about this, to explain why their suggestion was not possible. Another person told us, "I see [registered manager's name] occasionally. They pop their head round the door to check I am okay." Another person said they did not see the registered manager regularly. The person told us "I have to go and find [registered manager's name]." This person told us they no longer chose to go to resident's meetings, as they felt suggestions they had put forward had not been acted on.

The registered manager told us there were plans to refurbish areas of the home, such as the kitchen area on the Sapphire unit, but that people and their relatives were not usually part of the decision making processes when areas of the home were refurbished. The registered manager told us they would consult with people's relatives about the refurbishment of the kitchen area on Sapphire at the next relatives' meeting.

Most relatives told us they had not made suggestions for developing the home further. Some relatives told us this was because they considered the way the home was managed met their family member's needs well. One relative said they had made suggestions to improve the showering facilities at the home, as their family member's personal care preferences could not be met, but this had not been resolved. Another relative explained they attended relatives meetings and had made suggestions for improving people's experience of using the garden. The relative told us staff had listened to their suggestions, but improvements made had not been sustained.

Two relatives said there continued to be problems with the way the laundry at the home was managed. One relative said as a result of delays in items being returned from the laundry their family member was not able to benefit from using the clothes they found to be most comfortable. Another relative told us there were occasions where their family member was not supported to wear their own clothes.

Two people told us there had been staff changes recently. One person said, "It was lovely when we first came but they [staff] have all gone now. It's touch and go, especially at night with these agency workers." One staff member said the provider had introduced a new process for organising staff member's shifts. The staff member said as a result of this, several staff who knew people well had left. Three relatives we spoke with said they often saw staff who their family members would not be familiar with. One relative told us this did not present any problems for their family member, but two relatives said they were concerned this would impact on the care their family member received. One of these relatives said they were concerned about the use of temporary staff, as this made their family member more anxious. The relative told us, "They [temporary staff] will not know [person's name] little ways so well."

One staff member told us, "They [senior staff] need to ask staff if they want to take on more hours and keep to staff who people know." The registered manager confirmed some staff who knew people well had left at the point the provider had changed how staff were allocated to care for people. The registered manager told us about the positive steps they had taken to resolve this. The registered manager explained they had raised their concerns with the provider about this, and the provider had withdrawn this practice.

People and their relatives were positive about the way the home was managed. One person said, "Overall the atmosphere is good, and I am happy here." Four relatives told us communication was very good if their family member was ill, or anxious. Another relative said, "I have been very pleased with the care [person's name] receives and Shaw staff are always straight with me." A further relative told us the way the home was managed meant, "They are like a family and I know [person's name] is well looked after."

Staff told us they felt the senior staff were approachable and said they were able to obtain advice from senior staff when they had concerns for people. Three staff highlighted communication across the teams was good. One staff member said as a result of this they were able to provide better care to people, such as responding to people's needs more quickly.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations 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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 9 HSCA RA Regulations 2014 Person-centred care People did not benefit from living in a home where their individual needs were consistently met. Staff did not consistently focus on the needs of the people they cared for.

This section is primarily information for the provider

Enforcement actions

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 10 HSCA RA Regulations 2014 Dignity and respect People were not treated with dignity and respect and people's privacy was not always maintained. This was a continued breach of Regulation 10 HSCA 2008 (RA) Regulation 2014, Dignity and respect.

The enforcement action we took:

Full information about CQC's regulatory response to any concerns found during inspections is added to reports after any representations and appeals have been concluded.