

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?	Good	
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	

Overall summary

Shaw Red Hill Care Centre is registered to provide accommodation and nursing care for up to 90 people who have nursing or dementia care needs. There were 82 people living at the home at the time of our inspection. The home is purpose built and consists of four units. The Topaz unit specialises in the care of people with dementia. The Sapphire unit provides nursing care to people and the Entomos unit provides care for people with brain injuries. The intermediate care unit provides

nursing and personal care to people who may require rehabilitation or have been discharged from hospital but need extra support before they return home or to another service.

This inspection was unannounced and was carried out over two days on the 18 and 19 January 2015. The inspection was carried out by two inspectors and a specialist advisor.

In September 2014, our inspection identified breaches in regulations relating to care and welfare, infection control

Summary of findings

and assessing and monitoring the provision of the service. Following the inspection the provider sent us an action plan to tell us the improvements they were going to make. We spent our inspection time in all areas of the home. We found that improvements had been made to infection control. However there remained one area which remained as a breach, this was in care and welfare.

At the time of our inspection there was 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 told us they felt safe. We found that people were kept safe by staff who knew how to protect people and knew how to report concerns. We found that people were mostly cared for in a supportive way that did not restrict their freedom. People told us and we found there were enough staff on duty to meet people's care needs.

We looked at how people's medicines were stored and managed. We found that this was done so in a safe way.

At our last inspection we raised concerns about the prevention and management of infection control. At this inspection we found that people were better protected against the risk of infection.

People were cared for by staff who had the knowledge and skills to meet people's care needs. We found that where training needs for staff had been identified, there were plans in place which ensured that staff received this training. There were also arrangements in place, such as one to one meetings with senior staff. This supported staff to provide effective and appropriate care to people.

At our last inspection we found that people were not always supported to drink enough fluid to keep them healthy. At this inspection we saw that staff supported people with drinks and with their meals. People we spoke with were complimentary about the food and their dining experience. Staff knew people's likes and dislikes and respected their wishes. We observed that staff would offer people more to eat and drink, and that requests were also listened and responded to.

We found that people's health needs were not always monitored at our last inspection. Which meant that deterioration in a person's health was not always identified and the correct health care received in a timely way. During this inspection we found that on three units, Topaz, Sapphire and Entomos appropriate monitoring of people's health care needs was in place. We saw examples where if someone's health had deteriorated, it had been identified by staff and prompt action had been taken. We found on the intermediate care unit, that proper steps were not in place to ensure people had access to the healthcare that they required when they needed it.

People and relatives told us that all the staff were caring and that staff were respectful. We observed many situations where staff spoke kindly to people and maintained their dignity when providing assistance.

We found that staff were beginning to build positive relationships with people. Staff were working towards involving people, their relatives and friends to gather more background to people's pasts. These practices would help to provide stimulation which was tailored to meet the individual needs of people. The provider recognised that more work was needed in this area.

People, relatives and staff who lived on Topaz, Sapphire and Entomos told us they found the registered manager approachable, promoted a positive culture in the home and they felt able to raise any complaints or concerns should they need to. People who were cared for on the intermediate care unit were not aware of who the registered manager was. Some people and relatives told us that when they had complained improvements had been made. However, other relatives told us that although they were listened to and improvements had been made, these were not always maintained.

We found that the registered manager had a good understanding of the running of the three units Topaz, Sapphire and Entomos. However we found the registered manager had less understanding of the running of the intermediate care unit. This was reflected in what people and relatives told us.

The provider had systems in place to ensure that the quality of the care was monitored in all areas of the service. Checks in areas such as care planning and staff recruitment had been carried out. However, we were

Summary of findings

unable to evidence that these actions and checks were followed up. People did not benefit from a service that was continually looking at how it could provide better care for people.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

People were kept safe as staff recognised signs of abuse and how to respond to any concerns correctly. We found that there was enough staff on duty to meet people's needs and keep them safe. People's medicines were stored and managed in a safe way.

Good



Is the service effective?

The service was not consistently effective. We found that some people did not have their health needs properly assessed to ensure they were received care and treatment in a timely way.

We found that people were supported with enough food and drink to keep them healthy.

Requires Improvement



Is the service caring?

The service not consistently caring. We found that people were not always involved in the planning of their care, treatment and support

We saw that staff spoke to people with respect. We found that people's privacy and dignity was respected.

Requires Improvement



Is the service responsive?

The service was not responsive.

People took part in some hobbies and interests. The provider recognised that people's social activities required improvement.

People felt confident to raise a complaint should they need to. However this was not consistent throughout the service. Action was taken but not always sustained. We could not evidence that learning from patterns of complaints took place.

Requires Improvement



Is the service well-led?

The service was not consistently well-led.

Not all people who used the service were given the opportunity to be included in the way in which the service was developed.

There were procedures in place to monitor the quality of the service. Where issues were identified there were action plans in place to address these. However we could not evidence that the actions set had been met, continually monitored or maintained.

Requires Improvement



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.

The unannounced inspection took place on the 18 and 19 January 2015. The inspection was carried out by two inspectors over two days. On the first day of our inspection a specialist advisor joined the team. The specialist's area was in skin care and pressure sore prevention and care.

During our inspection we looked at and reviewed the provider's information return (PIR). This asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also looked at the notifications that the provider had sent

us. Notifications are reports that the provider is required by law to send to us, to inform us about incidents that have happened at the service, such as an accident or a serious injury.

We spoke with seven people who lived in the home and eight relatives. We also spoke with eight staff, the cook, the cleaner, the registered manager and the deputy manager. We spoke with three staff in a senior management position for the provider. We also received information from a doctor and a social worker. Not everyone who lived at the home was able to communicate verbally with us. We observed how staff supported people throughout the day. As part of our observations 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 looked at the care records of 13 people, we looked at the medicine management processes and at records about staffing, training and monitoring the quality of the service.

Is the service safe?

Our findings

People who lived at the home told us they felt safe. One person told us, “Yes, I feel safe”. Another person told us they felt safe as, “They answer the bell when I call them”. The relatives we spoke with told us they felt that people were safe. One relative said, “I think they keep people safe, the staff are very good and would let me know if anything was wrong”. We observed people in the home, how they interacted with staff and others who lived there. We saw that staff spoke with people in a respectful manner and people looked comfortable with the care provided.

Staff were able to tell us what they believed poor practice meant and examples of what they would immediately report to the management team. All staff we spoke with told us they would report any concerns they had to a more senior person. We found there were suitable arrangements to safeguard people against the risk of abuse, including reporting procedures and a ‘whistleblowing’ process. We saw that advice about how to report concerns was displayed and included contact details for the relevant local authority. The registered manager documented and investigated safeguarding incidents appropriately and had reported them to the local authority and the Care Quality Commission (CQC) where necessary.

Staff we spoke with knew about the risks of people they cared for and how to report new risks to the management team. We saw risk assessments were in place that identified when and how people were to be supported. For example, one person was at risk of falls, we reviewed the person’s accidents reports and found that staff followed the correct procedures. Staff we spoke with told us that they assisted the person to the floor safely so they would not injure themselves. This meant that the person was supported in a safe way that reduced their risk of injury.

We observed and spoke with people about staffing levels in the home. People told us there were enough staff on duty to keep them safe and meet their care needs. One person told us, “I think there are enough staff, I don’t have to wait too long”. Staff that we spoke with told us that there were enough staff on duty to meet people’s care needs. One staff member who we spoke with said, “If we are short staffed, management do their best to get the shift covered”. We observed during our inspection that there were enough staff which meant people were responded to without delay.

We also saw staff spent time talking with people on a one to one basis or in groups. Staff were not rushed and spent time providing people with any assistance they required. For example, by assisting a person to drink their tea or sitting in the lounge singing along with people as a person played the piano. We spoke with the management team about staffing levels and we were told that they had the flexibility to adjust staffing levels should people’s needs change. We saw that people’s dependency needs were reviewed on a regular basis. The information was used to make decisions about staffing in a way that reflected people’s changing needs, so that there were enough staff to meet people’s needs and keep them safe.

We looked at how the provider managed medicines at the service. We spoke with people who used the service and they told us they received their medicines at the right time. One person told us, “They always give me my tablets and ask if I’m in any pain”. Staff told us that they had received training in safe handling of medicines and their competency was checked regularly. We saw training records that confirmed this. An audit of medicines found that medicine administration charts (MAR’s) were used to record what medicines were given and when. Staff used photographs to make sure the right person was given the correct medicines. This showed that risks had been reduced to ensure people received the right medicine at the right time by staff who were trained to do so.

There were suitable arrangements for the safe storage, management and disposal of medicines. Medicines were stored securely and where necessary, in a temperature monitored environment. However, on the Intermediate Unit the temperatures of medicines stored in people’s rooms were not effectively monitored. This meant action was not taken when the temperature of the room became too warm for safe storage of the medicines. A failure to store medicines at the correct temperature could mean that they would not be effective to treat the conditions they were prescribed for. We recommend that the provider find alternative ways to ensure the medicines are stored at a safe temperature at all times.

We looked at the recruitment files of four staff. We saw that pre-employment checks had been carried out to help reduce the risk of unsuitable staff being employed by the service and found that checks were in place to ensure the person was safe to work at the service.

Is the service effective?

Our findings

We found that the registered manager and staff had a good understanding of people's health needs on three of the units in Red Hill. However, we found that the registered manager and the staff on the intermediate unit did not have a good understanding of people's care needs. Over the two days of our inspection we reviewed three people's care records on this unit. We found that people who had been admitted on a Friday onto the unit were most at risk of poor care as staff had not completed timely assessments of the persons health care needs, to ensure they were receiving appropriate care. One relative told us, "Nothing seems to happen on the weekend, and then it all starts back up again on the Monday". For example, we found that two people who were recently admitted to the unit had pressure damage. No assessment had been completed or appropriate action taken to reduce the risk to people who had fragile skin. Nursing staff who we spoke with, did not know what the care needs of the persons were, or what care and treatment they required that day. This meant that those people were at risk of further pressure damage had not received appropriate care for two days. A staff member said, "We would look to have these assessments completed within 12 hours. Forty-eight hours is too long".

The records held conflicted with staff knowledge and staff were unaware if people had dressings that required changing or wounds that required reviewing. We raised our concerns with the registered manager. This meant that people on the intermediate unit were at risk of inappropriate care as proper assessments had not been completed in a timely way, which delayed appropriate care and treatment for the person.

We found that this was in breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People who lived on Topaz, Sapphire and Entomos told us they thought the staff knew them well and were confident when they supported them. One person told us, "The staff are lovely". We spoke with relatives who gave mixed responses. One relative told us, "The staff are very good and helpful. On the whole I'm quite happy with the care [the person] has". Another relative told us, "They didn't ask

about [the persons] likes or dislikes. [The person] is in their room alone all the time. We still do not know if they have seen a physiotherapist". Another relative said, "We had a meet and greet, but nobody asked us about [the person]".

We spoke with staff about the training they received. One staff member told us, "Any further training you feel that you need the manager arranges it for me". All staff told us they were supported by management in learning and developing. For example, a newly qualified nurse was supported to work alongside experienced nurses until they had completed their induction and had met the competency levels set by the provider. New staff were required to complete an induction programme and not allowed to work alone until assessed as competent in practice. All staff had been set annual goals and targets to support both their personal and professional development. The staff member told us, "I have been well supported; if I need more training I can have it".

At our last inspection we found that staff did not always identify or monitor those who were at risk of poor health. At this inspection we found that staff were actively involved in people's care and worked alongside health care professionals. For example, we found staff had identified those who were at risk of losing weight. Those people had been seen by a healthcare professional and had weekly weights recorded in order to monitor their weight. We found that most people were steadily gaining weight. Staff told us about one person who was not gaining weight as expected. All staff caring for the person was able to demonstrate what action had been taken to ensure the person received the care and treatment required to keep them healthy. We also found healthcare professionals had been contacted promptly. We saw evidence that staff had undergone training into learning why monitoring and recording was important. Staff we spoke with understood why they monitored people's health. It also meant that staff were able to keep themselves up to date with the people's care needs and that people received the right care at the right time.

All staff we spoke to were complimentary about the support they received. Staff told us they had formal supervision and received regular support from staff that were senior to them and the registered manager. They told us that team meetings were beginning to happen regularly which gave staff the opportunity to contribute into the way the service was run. One staff member told us, "We are

Is the service effective?

supported here. We have a good skill mix and are working to improve care for people". They went on to say that if they had any concerns between meetings they would speak to management and not wait until the next meeting. Staff told us these meetings were mainly held to discuss changes at the service, if people's care needs had changed and the best practice to follow.

We looked at how the provider was meeting the requirements of the Mental Capacity Act 2005 (MCA). The MCA ensures that the human rights of people who do not have the mental capacity to make particular decisions are protected. All staff we spoke with understood the implications of the MCA and how this affected their practice. Staff gave examples of how they helped people understand their choices by using plain language. The registered manager told us that most staff had been trained in MCA and Deprivation of Liberty Safeguards (DoLS) and other staff were due to have the training. We saw that people's capacity was considered when consent was needed or when risk assessments were carried out. We saw that where decisions were made on people's behalf, best interest meetings had been held in line with the requirements of the MCA. These decisions included matters relating to medicines and people's finances.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The provider and registered manager had followed the requirements of the Mental Capacity Act [MCA] including (DoLS). Two people were subject to a DoLS and we saw appropriate authorisation was in place alongside an assessment of each person's capacity. The provider was complying with the conditions

applied to be authorised because staff spoken with told us whose liberty was restricted and how staff managed this. A plan was in place to provide detailed guidance to staff to support each person and staff we spoke with had the knowledge to ensure that each person was safe from having their rights restricted inappropriately.

People told us they enjoyed the food. One person said, "The food is very good. I enjoyed it". Another person said, "It is nice". We observed lunchtime on the Topaz unit. This was a positive experience for people, the table was nicely laid and people chose where they wanted to sit. We saw people chatting and laughing with each other and staff. People were offered a choice of food and were given time to enjoy their food with staff ensuring that they were happy with their meals. Staff knew who required assistance with their food and provided this at a pace which suited the person.

People we spoke with told us they had access to health care professionals when they needed to and that visits were arranged in a timely manner when they requested. One person we spoke with said, "I can see a doctor whenever I need one". During our inspection we saw that one person was supported to a hospital appointment with a member of staff. We saw in care records that people were visited by psychiatrists and a GP and attended routine appointments such as the dentist, optician and physiotherapists. Information received from the GP and social worker showed that the provider worked closely with them to ensure people received timely and appropriate care. This demonstrated the staff worked closely to make sure there was a joined up approach to effectively meet people's health needs.

Is the service caring?

Our findings

People we spoke with told us they felt cared for by the staff. One person told us, “(Staff) are very kind and nice”. Another person said, “Yes, the staff are good to me here”. A relative told us, “Their doing a very difficult job and they do it well”. Another relative told us, “The staff are caring and approachable”. Throughout our inspection we observed staff talked with people in a kind and friendly way. Staff did not rush people and respected people’s personal space.

We asked people if staff encouraged them to do things for themselves and make their own decisions about their care. We found that people were able to make day to day decisions themselves, and staff gave people encouragement. Two relatives told us that they were involved with people’s care, treatment and support. However six relatives told us that involvement into people’s care and treatment did not happen. Three relatives told us that, communication was lacking. For example, one relative told us, “We arrived onto the unit and had a meet and greet, however they never asked us about [the person]”. They went onto say that staff learnt about

significant health issues by the relatives raising them over the weeks. One relative told us that after two weeks some staff had been unaware that their family member was registered partially blind. This showed that the provider did not always provide people with the support to make decisions about their care and treatment.

We talked with people about how their privacy and dignity was promoted by staff. One person told us, “Staff treat me with respect”. People told us and we observed that staff spoke kindly to them and in a respectful way. People said that staff listened to what they had to say and spent the time to respond to any questions. We observed people were assisted in a quiet and discreet way and staff were professional at all times when assisting people to maintain their dignity. We saw that people were dressed in their individual styles of clothes which maintained their dignity. One relative told us that they had raised concerns about the person’s hair not being brushed and their nails were not always kept short and clean. They said that this had improved recently but there were times when this had not always been done. Following this discussion we raised these concerns with the registered manager.

Is the service responsive?

Our findings

Some people who lived at Red Hill told us that staff asked about their preferences and choices in regards to social activities. However people and relatives told us that activities did not take place. One person said, "I get bored at times". A relative told us, "I think the lack of activities has impacted on [the persons] mental health". We spoke with staff who explained they were working towards creating meaningful activities for people. We spoke with the registered manager and others in a senior position. They recognised that individual hobbies and interests were lacking and that meetings were being held with staff and people to ensure this area of support was explored. The day we visited we saw one person playing the piano, and other people sat singing along to the music. Staff sat with people and joined in. Staff told us that they were beginning to have more time to spend with people to support people's hobbies and interests.

At our last inspection we found that people's requests for drinks were ignored. At this inspection we saw improvements had been made. People were offered hot and cold drinks throughout the day. We observed staff supported and encouraged people to drink. Staff did not rush people and took their time to assist people to enjoy their drink. Staff we spoke with knew who required support to maintain a healthy fluid intake. This showed staff supported people to drink enough to keep them healthy.

Every person we spoke with said that they felt confident enough to speak with staff or people in management if they had any concerns or complaints. One person said, "I would talk to [the registered manager] if I needed to, I don't have any complaints". One relative said, "I have no concerns or complaints. Nothing for me to complain about". Two relatives told us that they had raised concerns before. One relative told us that the concerns were acted upon but the changes made were not always sustained. Another relative told us that the complaint would be discussed with no action arising from the discussion. For example, one relative told us that they felt the lack of activities for the person impacted on the person's mental well-being. They said that discussions with the registered manager had taken place, but no activities had taken place to help the persons mental well-being.

All of the staff we spoke with explained what they would do if someone made a complaint to them. The provider had a complaints procedure in place, the information was clear and easy to understand and accessible to people. The provider had received complaints since our last inspection in September 2014, all of which had been responded to. We found that complaints raised had a common theme about the behaviour of some staff in one area of the home. The provider could not demonstrate that the complaints were looked at collectively to identify learning and what improvements could be made to the service and people's lives.

Is the service well-led?

Our findings

People told us they felt happy to approach the registered manager. We saw people were comfortable approaching them during our inspection. People told us they knew what was happening for themselves as individuals and what plans were in place for the overall service. The provider had sent surveys to some people who lived at Shaw Red Hill, relatives and healthcare professionals. Following the feedback from the survey results, the provider had organised meetings to discuss and resolve the issues raised. The group meetings gave people the opportunity to discuss what was important to them. For example, the topic of meal times and types of food were discussed. We found that they had been listened to and people were provided with the traditional home cooked foods that they had requested. Relatives meetings were also held where topics such as involvement in care plans and personalised activities for people were discussed. We saw the minutes of these meetings which enabled relatives to voice their opinions in the way the service was run.

Staff told us they had opportunities to contribute to the running and development of the service. They said that team meetings were beginning to happen more regularly and they felt more included in the running of the service. For example, staff had raised concerns over the lack of activities for people and were working towards developing more individual activities for people who lived there. Staff told us that they felt supported and one staff member said, "Everybody is prepared to help everybody. I enjoy working in the team". This meant the registered manager recognised the importance of an open and transparent culture where staff could raise ideas with confidence.

It was clear the registered manager knew people who lived in the home well. Throughout our inspection we saw the registered manager listened to people and provided reassurance. People and relatives told us that seeing the registered manager regularly meant they were able to voice their thoughts and opinions and they were listened too. However we found that due to the separation of the units the open culture in the intermediate unit was not the same. Relatives were unclear of who was in charge of the unit. Some relatives told us that there was a heavy reliance on agency staff at the weekends. One relative said, "If I had concerns I would speak to whoever was in the office, but you don't know who you are speaking to". People and

relatives who we spoke with on this unit, felt they did not have the opportunity to discuss what was important to them. Such as, staff having the understanding and knowledge of what the person was capable of before they became ill. One relative said, "They don't know what is normal for [the person]". Relatives told us they felt they were not given these opportunity to express ideas for the way the service was run at the time of the persons stay.

Relatives told us that any maintenance problems were dealt with. We saw monthly checks took place to identify any areas in the home that may need attention, for example, fire safety and bed rails were checked.

At our last inspection we found that there were no systems in place to ensure the service was delivering good quality care. We found that since our last inspection the registered manager had a good overview of the health care needs of people who lived on three of the four units. Unit leaders were responsible for the day to day running of the unit, staffing levels and skill mix of staff. They reported to the registered manager who had a good overview of the three units, Topaz, Sapphire and Entomos. This meant that the units were managed more efficiently and this gave staff and people a more visible leader. For example, the unit leader was able to ensure that there were enough staff on duty to meet people's individual needs. However, we found these good standards were not maintained because the registered manager had less input and overview of the intermediate care unit. This was because when the unit leader for the intermediate care unit was away for a period of time, good standards of care were not maintained. This impacted on people receiving good quality care consistently because there was no clear leadership on the unit to ensure all peoples care needs were being met.

We looked at how incidents and accidents were monitored that occurred in the service. Records showed that each incident was recorded in detail, describing the event and what action had been taken to ensure the person was safe. Accident forms had been reviewed by the registered manager so that emerging risks were anticipated, identified and managed correctly.

The provider is required by law to notify the CQC of serious incidents that have happened in the home. We found that the provider had notified us when there had been an incident. This showed they promoted an open culture and met the legal requirements.

Is the service well-led?

At our last inspection we found the provider did not have an effective quality monitoring audit system in place. At this inspection we found that the provider had completed a quality monitoring audit in December 2014. This looked at areas such as care plans, home environment, medication, training and recruitment. We saw that dates had been set to meet the actions where shortfalls had been found. For example, we could see that some care records required updating and some staff required further training, supervisions and appraisals. The provider was unable to effectively demonstrate that this audit was robust in ensuring people received high quality care. This was because some target dates were set to be completed by 15

January 2015 and we found that they had not been achieved. The provider did not have further plans in place to demonstrate how they would achieve this target given that the time had lapsed. For example, a target for staff to complete fire safety training remained outstanding, with no further actions for how this was to be achieved and by when. This meant that the provider had a system in place to assess and implement high quality care, however the on-going evaluation of the audit process was lacking. This showed that the provider did not have a robust system in place to ensure high quality care was being met and continually maintained.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity

Regulation

Accommodation for persons who require nursing or personal care

Treatment of disease, disorder or injury

Regulation 9 HSCA (RA) Regulations 2014 Person-centred care

The care and treatment of service users must be appropriate, meet their needs, and reflect their preferences.

To do this the registered person must carry out, collaboratively with the relevant person, an assessment of the needs and preferences for care and treatment of the service user.

Regulation 9 (1)(a)(b)(c) (3)(a)