

Birchester Medicare Shirelodge Nursing Home

Inspection report

281 Rockingham Road
Corby
Northamptonshire
NN17 2AE
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N/A

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Ratings

Overall rating for this service		Good	
Is the service safe?		Good	
Is the service effective?		Good	
Is the service caring?		Good	
Is the service responsive?		Good	
Is the service well-led?		Good	

Overall summary

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, and to provide a rating for the service under the Care Act 2014.

This inspection was unannounced. Three responsive inspections had taken place during the previous year and

the service was found to not be meeting standards in a number of areas. We had carried out an inspection in March 2014 to check on non compliance and found the necessary improvements had been made.

Shirelodge Nursing Home is situated on the outskirts of Corby in Northamptonshire and provides accommodation, nursing and personal care for up to 54 older people. Fifty two people lived at Shirelodge at the time of our visit.

Summary of findings

A registered manager is currently employed at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service and shares the legal responsibility for meeting the requirements of the law with the provider.

The CQC is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) Deprivation of Liberty Safeguards (DoLS) and to report on what we find. We saw that there were proper policies and procedures in relation to the MCA and DoLS to ensure that people who could make decisions for themselves were protected. Staff we spoke with were knowledgeable about these policies. We saw that people were encouraged to make decisions for themselves. Where people were unable to do this the service considered the person's capacity under the Mental Capacity Act 2005. We saw records that showed a person's relatives and health care professionals had been involved in a best interest decision process for that person.

The registered manager and deputy manager provided good leadership and support to the staff. They were also involved in day to day monitoring of the standards of care

and support that were provided to the people that lived at Shirelodge. This ensured that people received care and support that met their needs. All the people we spoke with said, or indicated, that they were happy living at the home.

The provider had good systems in place to keep people safe. Assessments of the risk to people from a number of foreseeable hazards had been developed and reviewed. We saw that staff followed these guidelines when they supported people who used the service.

People's needs and choices had been clearly documented in their care plans. We saw that people took part in regular activities that they had an interest in such as gardening.

During our observations over the course of the day we saw that people were treated with kindness and compassion. Visitors we spoke with and people that we contacted by telephone, all told us that the people were supported by kind and caring staff. Staff were able to tell us about the people they supported, for example their personal histories and their interests.

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 who used the service told us they felt safe living at the home. Staff had a clear understanding of what to do if they had concerns about a person's safety.

Staff we spoke with had an understanding of the Mental Capacity Act 2005, and the Deprivation of Liberty Safeguards. They knew what to do if someone lacked the capacity to understand a decisions about their care and the legal requirements were if someone's freedom was to be restricted.

We saw from staff rotas, and our observations, that there were enough staff on each shift to meet the needs of people that lived there.

Good



Is the service effective?

The service was effective

People had access to external professionals such as doctors, dentists and specialist nurses. People had up to date care plans which recorded information that was important to them . These included information about their health and support needs which included food and drink.

People were cared for by staff who had regular training and supervision. Staff understood how to support people as a result of this.

Good



Is the service caring?

The service was caring

People we spoke with told us they thought staff were very caring and always had time to sit and talk with them. During the day we saw staff treated people in a caring manner. People were spoken to respectfully and in the way that was detailed in their care plans.

Staff treated people with dignity and respect, for example knocking on doors and waiting for an answer before entering rooms. We saw that when a person asked for assistance the staff responded very quickly.

Good



Is the service responsive?

The service was responsive

We observed that information had been provided to people in a suitable format. This meant that people who used the service and their relatives, had access to information in an appropriate format to meet their needs. This ensured they could be actively involved in making decisions about their care and support.

There was information about how to make a complaint available in the reception area and in the service user guide that each person had received. At the time of our visit there had been one complaint received and records we saw showed us that the registered manager had investigated the complaint and fed the outcome back to the complainant.

Good



Summary of findings

Where accidents had happened the manager had completed a detailed investigation and action had been taken to reduce the likelihood of a similar occurrence.

Is the service well-led?

The service was well-led.

The provider promoted a positive culture for staff to work in. The staff we spoke with had a clear understanding of why they were there and what their roles and responsibilities were.

Emergency plans were in place, for example, around what to do in the event of a fire. The provider had a business continuity plan in place and instructions on how to evacuate people, The registered manager was able to describe how people would be supported in the event of an emergency.

Good



Shirelodge Nursing Home

Detailed findings

Background to this inspection

This inspection was completed by an inspector and an expert by experience of older people living with dementia. 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 our inspection we looked at and reviewed the provider's information return. This is information we have asked the provider to send us about how they are meeting the requirements of the five key questions we always ask. We also reviewed the information we held about the home and contacted the commissioners of the service to obtain their views.

We spoke with six people living at the home, three relatives, seven staff members, including the deputy manager and the registered manager.

We observed some people receiving care and interacting with staff because some people had complex care needs which meant that they were not able to speak with us. We consulted staff and used people's care plans and other information to help us with our communications.

We looked at six people's records and other records that related to people's care including, service user quality assurance survey questionnaires, staff recruitment and supervision records.

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?'

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

Is the service safe?

Our findings

We spoke with six people who used the service. We asked them whether they felt safe and all reported that they did.

We asked people how they let staff know if they were worried or unhappy. One person replied, "I would tell the staff and something would be done about it." Another person said, "I cannot look after myself at home now as I had a lot of falls so I came here to live. I feel safe here as I was frightened of having falls if I lived on my own. There are plenty of staff to look after me here." People we spoke with were confident that their support was provided safely.

The registered manager and other staff were following the Mental Capacity Act (MCA) 2005 for people who lacked capacity to make a decision. Staff had completed training on the MCA and Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act 2005. They were able to tell us the action they would take if a person's capacity to make decisions changed, or if they suspected this. Following recent legal judgements the provider was reviewing each person's care needs to confirm that appropriate safeguards were in place which ensured that people were not unlawfully deprived of their liberties. At the time of our visit, no one living at the service was subject to a DoLS. The registered manager told us the staff would alert them if they felt someone was at risk of being deprived of their liberty. They said they would then refer that person to the local DoLS team for an assessment.

We observed that people's needs were quickly attended to and staff had time to talk with people. This indicated that there were enough staff on duty to meet people's assessed needs.

Staff we spoke with were very knowledgeable about the people they supported. They were also knowledgeable about the procedures for identifying and reporting any abuse or potential abuse. A staff member told us, "We have had training about keeping people safe and I would always report anything of concern to my manager. I would go above if I needed to. I also believe my colleagues would do the same."

As well as being included in the service user guide, information was displayed in the home so that visitors and staff had access to other organisations they could report abuse to if this was required. Relatives we spoke with told us that they felt very confident about their family member's safety at Shirelodge.

Our observations demonstrated that staff had positive relationships with the people they supported. The demeanour of all the people who were being supported was seen to be open and trusting of the staff. One person told us how the staff explained things to help them make choices and decisions. They said, "If I want to go out they advise me what to wear because I don't know whether it's hot or cold."

We saw that people were supported with necessary equipment that was well maintained which ensured their safety. A staff member told us, "We have no problems in accessing equipment to safely transfer residents."

Risk assessment records we looked at demonstrated that people's individual identified risks were safely managed. This included reducing the risk where possible and actions taken which ensured people's safety in relation to their nutrition and pressure sore risks.

We found that medicine arrangements were safe. Medicines were being stored safely and records showed staff were administering medicines to people as prescribed by their doctor. This meant people were protected from the risks associated with unsafe medicines management.

The provider had a robust recruitment process in place. Records we looked at confirmed that staff were only employed by the home after all essential safety checks had been satisfactorily completed. Staff we spoke with told us that they had not been offered employment until these checks had been confirmed.

We observed that the premises were safe and well maintained and a programme of refurbishment was underway. We saw that the service had regularly tested safety equipment such as fire alarms and emergency lighting. Floors and carpets were in good condition, which minimised the risk of people tripping.

Is the service effective?

Our findings

People were supported to maintain good health and had access to healthcare services. People told us they had access to healthcare professionals such as doctors. The care records we looked at provided evidence that people had contact with a range of healthcare professionals. For example, we saw that where people had lost weight they had been referred to the appropriate healthcare professional and prescribed a dietary supplement. Food and nutrition charts were in place for these people and we saw that they were completed appropriately.

Advice from all health professionals was recorded in care plans so that their advice could be followed by staff. Staff told us they thought the service was excellent at referring people appropriately. We spoke with a nurse on duty and they were able to confidently describe to

us in detail the healthcare needs of the people we asked them about. This showed us nursing staff were aware of people's healthcare needs which enabled people to receive appropriate care and treatment. This meant that people could be confident that their health care needs would be reliably and consistently met.

Our observations throughout the day provided strong evidence that people receiving care and support, trusted the staff. Their demeanour was positive around staff and one person spoke about how the staff looked after them. They said, "I can go out to shop and go for lunch when I want to and the carers help me to do this."

Staff we spoke with were knowledgeable about dementia and the registered manager told us about training they had

organised around this subject. Records we looked at confirmed that all staff had completed dementia training. Staff we spoke with told us the training they had received had enabled them to have a better understanding of the needs of people with dementia and how their needs could be met.

We saw people were regularly offered drinks and (where needed) they were supported to drink them. We saw that people were supported to be as independent as possible. One person told us, "I am able to get out and do the things I want to do."

At lunch time we saw that if people changed their mind about what they had chosen for their meal, they were offered an alternative. The registered manager explained that if people asked for something else it was always possible to provide this. We saw that the meal time was not rushed. We observed that throughout the mealtime staff maintained social interaction with people and ensured that each person was supported effectively and appropriately with consideration for their dignity.

Training records we looked at and staff we spoke with demonstrated to us that where people's care needs changed, staff were effectively supported with additional training which enabled them to provide the necessary care and support. The registered manager told us that the service changed in response to people's care and support needs.

There was a comprehensive training plan in place for each staff member. Staff had received training to enable them to meet the individual needs of people they supported.

Is the service caring?

Our findings

People confirmed to us that staff were caring and people we spoke with told us they were happy with the care that staff provided. We observed staff respected people's privacy and choice to spend time in their rooms and they always knocked on doors before entering.

One person we spoke with said, "I feel safe here as I was frightened of having falls when I lived on my own. There are plenty of staff to look after me here. I can go out when I want and they come with me to help me." Another person told us, "My curtains are closed because the staff said it was going to be raining and thundering. I am frightened of storms so I asked them to close my curtains."

We asked staff about people's individual needs and preferences and found staff had a good understanding about each person's support needs, for example, where they liked to spend time and what activities they liked to be involved in. Staff we spoke with told us they thought people in the home were well cared for and they did not have any concerns regarding the care and compassion displayed by other staff members.

A relative we spoke with said, "We have viewed several care homes for my relative and this one is by far the best." Another relative told us they really liked and trusted the staff. They said "The staff and manager are very, very good."

People's dignity and diversity was respected. Staff understood the importance of ensuring people's independence was maintained. For example, we saw people were able to leave the home, access the facilities in the lounge, or spend time in their room.

During our observations of care we saw staff behaved in a caring manner to people who used the service and treated them with respect. We saw staff addressing people in a dignified manner and they treated people with kindness and compassion. For example, we saw a staff member encouraged someone to eat their lunch and when they refused, the staff member tried several alternatives until the person managed to eat something.

We observed staff responding in a caring way if a person became upset or distressed. This included verbal and non-verbal communication techniques to calm them down and reassure them. Staff listened well to people and responded to their requests, for example, in supporting them to have a drink.

Staff told us that people were asked for their views on the care informally on a daily basis and that they were listened to. This meant that people's views were always taken into account.

There was evidence that people had been fully involved in the development of their plans. This meant steps were taken to involve people in making decisions about their care and support. We saw that each person's care plan had been reviewed each month and were up to date. Relevant risk assessments had also been reviewed and up-dated where any changes had been required.

Is the service responsive?

Our findings

People told us staff were responsive to their needs. One person told us, “I only have to ask for something and the staff help me.” On observing care and reviewing people’s daily records, we found it was clearly recorded that people were asked for their views about activities and routine care and support tasks. There was evidence that staff had respected their decisions including refusals. An example of this was when a person refused personal care and the staff member respected this and then returned later to ask them again.

We looked at the care plans for six people and we saw their needs had been assessed prior to them moving into the home. The information from the assessment had been used to develop their individual care plans.

Plans of care we looked at showed us that where people had suffered a fall or their health condition had changed appropriate steps had been taken to put measures in place to reduce the potential for re-occurrence. Examples of this included regular weight checks to identify if anyone was at risk of malnutrition. Where a weight loss had been identified as concerning, nutrition charts had been commenced and those we saw had been completed correctly.

Care plans were regularly reviewed and up-dated by nursing staff. A range of assessments were in place which provided information to staff on how to support people. Specialist assessments were in place where people had specific risks, for example one person’s care plan we saw had a skin assessment in place as they had been identified as being at risk of getting pressure sores. The advice in the

care plans we looked at was personalised and specific to the individual in order to guide staff to deliver appropriate care. We observed staff followed the guidance in people’s care plans.

A number of activities were arranged for people who used the service. There was a mix of internal activities and external activities in the community. We saw from the care plans that these activities met people’s individual interests. People we spoke with told us there was always something to do. One person said, “I don’t like Bingo but I do enjoy going out.”

Mental capacity assessments had been completed for people who lived at the home. This and staff’s understanding of the Mental Capacity Act 2005 meant that people were supported appropriately. Best interest meetings had been held where a person had been assessed as not having the capacity to make specific decisions and people were assured that they would be provided with care only where they had provided a valid consent or where this was in the person’s best interests.

Since our previous inspection in March 2014, the service had received one formal complaint. Records we saw showed us that the manager had investigated the issue and had dealt with it appropriately. They had then fed back the outcome to the complainant. Relatives told us that they had very regular communications with the managers and that any changes or improvements did not have to wait for a formal meeting. One relative said, “I can’t remember the last time I had to suggest something. The manager knows our (family member) at least as well as we do.” Two relatives we spoke with confirmed they had not had to raise any concerns.

Is the service well-led?

Our findings

We saw the registered manager interacted well with people who used the service and it was clear they were aware of people's care and support needs. People who used the service praised the registered manager. They told us they were approachable and often visible. This showed us that the registered manager was involved in the day to day delivery of the service so they were more likely to understand what was good and what required improvement in the service.

Staff recruitment records we looked at showed us that staff turnover was low. Throughout our inspection visit we saw that staff were motivated in the way they provided people's care.

We saw that the registered manager was supported by a deputy manager and that they worked in conjunction with each other which ensured there was always management cover for the service.

We saw that audits had been completed on things such as infection prevention and control, medicines administration, health and safety, fire safety and environmental audits. This ensured that where improvement actions were identified, plans were put in place which ensured that any future potential for re-occurrence was prevented.

The provider completed a number of checks which ensured they were providing a good quality service. For example the provider carried out regular visits to the home to speak with people and staff, and check that records had been completed correctly. Where issues had been identified, action plans had been generated. These were monitored at follow up visits to ensure they had been completed.

Staff we spoke with, including managers, told us that if ever they had the need to whistle blow on poor standards of care that they would have no hesitation in doing this. All of the staff we spoke with told us that the manager's door was always open and that if ever they had any concerns the registered manager or deputy manager listened and acted promptly if this was required.

The home had a registered manager who had been in post for more than a year, having previously worked at the service as a qualified nurse. From speaking with people, staff and relatives we were provided with evidence that the manager was meeting their legal obligations above the required standard.

During the day we saw the registered manager and the deputy manager were in constant contact with the staff to ensure they were alright and that people's needs had been met. One staff member told us that the registered manager's door was "always open" to them and they felt confident to raise any issue they may have with them.

We looked at the provider's records for accidents and incidents. The registered manager explained that the shift handover and communications record was used where urgent action had been required. We saw that where incidents such as people suffering a fall or other untoward event that appropriate action was taken and that this was checked which ensured the actions taken had remained effective.

Where investigations had been required, for example in response to accidents, incidents or safeguarding alerts, the registered manager had completed a detailed investigation. This included information and detail about the issue and the actions that had been taken to resolve it.