Care Quality Commission

Shaw Healthcare (Group) Limited

Shaw Red Hill Care Centre

Inspection report

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Date of inspection visit:
11 December 2015
15 December 2015

Date of publication:
28 April 2016

Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

At our previous comprehensive inspection of this service on 18 and 19 January 2015 there was a breach of legal requirements. After the inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to person-centred care, Regulation 9 of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014.

We inspected the provider to see if they were now meeting the legal requirements. This inspection took place on 11 and 15 December 2015. The inspection on the 11 December 2015 was unannounced. We visited the service again on the 15 December 2015, which was announced, to conclude our findings. We checked that they had followed their plan and to confirm that they now met legal requirements. We found that the provider had followed their plan which they had told us would be completed by the 30 April 2015 and we found that the legal requirements had been met. The provider ensured people were assessed for their individual care needs and care and treatment was followed in-line with the plan of care.

Shaw Red Hill Care Centre is registered to provide accommodation and nursing care for up to 90 people. There were 72 people living at the home at the time of our inspection.

The home is purpose built and consists of four units. Topaz unit specialises in the care of people living with dementia. Sapphire unit provides nursing care to people and the Entomos unit provides care for people with brain injuries. The Worcester Intermediate Care Unit (WICU) provides nursing and personal care to people who may require rehabilitation. People who are on this unit may have been discharged from hospital but need extra support before they return home or to another service. The inspection team made checks in all four areas of the home.

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 who lived on Sapphire, Entomos and WICU told us that staff treated them kindly, with dignity and their privacy was respected. We spent time on the Topaz unit to understand how staff supported people to maintain their dignity. However, we found staff did not always promote or maintain people's dignity and privacy. For example, ensuring people's clothes protected their privacy, or that doors were always shut when people received personal care in their bedroom. We raised our concerns with the registered manager who agreed that this was not acceptable.

People lived in a safe environment as staff knew how to protect people from harm. We found that staff recognised signs of abuse and knew how to report this. Staff made sure risk assessments were in place and took actions to minimise risks without taking away people's right to make decisions.

People and relatives told us there were enough staff to help them when they needed them. Staff said there were enough staff to provide safe care and support to people. We found when staff raised concerns about low staffing levels during a night shift the provider had responded and put further staff in place.

People who lived on Sapphire, Entomos and WICU units told us that their medicines were managed in a safe way and received their 'as required' medication, such as pain relief, when they requested it. We found that medicines were handled and stored in a safe way.

People felt staff cared for them in the right way and that staff were competent in their roles. Care and support was provided to people with their consent and agreement. Staff understood and recognised the importance of this. Where it had been deemed that the person did not have the capacity to make decisions on their own behalf the provider had taken steps to ensure the Mental Capacity Act (MCA) had been followed.

We found people were supported to eat a balanced diet and were supported with enough fluids to keep them healthy.

People had access to healthcare professionals, such as their doctor or the district nurse when they requested it or when staff recognised that the person required external advice and support.

While most people felt involved in the planning of their care, there was a lack of communication between staff and people which meant that people were not always actively involved or updated in the planning or support of their care. People's views and decisions they had made about their care were not always acted upon by staff in the way that was individual to the person.

People were supported to continue their hobbies and interests by those who worked in an activity co-ordinators role. However, care staff were focused on completing task orientated roles and missed opportunities to bring people's interests and hobbies into people's everyday lives. Opportunities to reminisce or explore different personalised interests with people were missed which meant people were not engaged through-out the day. Staff we spoke with explained they were always busy with tasks, staff did not recognise opportunities to involve people within the home.

People knew how to complain and felt comfortable to do this should they feel they needed to. Where the provider had received written complaints, these had been responded to. Learning had been taken from complaints received and actions were put into place to address these.

The provider had not fully promoted a positive culture within the home to empower people and relatives. While people were given the opportunity to discuss improvements to the service, some people felt they were not always empowered to make changes and improvements to the service provision.

Staff felt supported by the registered manager. They told us the registered manager was visible within the home. Staff said the registered manager was approachable and listened to them.

We found that the provider did not always have adequate checks in place to ensure the equipment, such as hoists and slings were safe for use. We raised this at the time of our inspection as people were put at risk. The registered manager informed us that action would be taken promptly to ensure checks were in place to ensure the equipment was safe for use.

We found one breach of the Health and Social Care Act (Regulated Activities) Regulations 2014. This was in

relation to Regulation 10, Dignity and Respect.

You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People were cared for by staff who had the knowledge to protect them from the risk harm. People were supported by sufficient numbers of staff to keep them safe and meet their needs. People received their medicines in a safe way.

Is the service effective?

Good

The service was effective.

People were supported by staff who had the knowledge and skills to do so. People received care they had consented to and staff understood the importance of this.

Is the service caring?

Requires Improvement

The service was not always caring

People had different experiences of care dependant on where they lived. People who lived in the Topaz unit did not always have their privacy and dignity promoted or maintained. While people who lived in the other areas of the home had their dignity and privacy maintained. People's decisions about their care were not always followed.

Is the service responsive?

Requires Improvement

The service was not always responsive.

People received support with their hobbies and interests by the activities co-ordinators. However staff who worked on the Topaz unit were task orientated in their approach, and did not always engage with people in a way that was meaningful to them.

People's concerns and complaints were listened and responded to.

Is the service well-led?

Requires Improvement

The service was not always well-led.

People were given opportunities to drive improvement, such as meetings, however, these suggestions were not always acted upon to drive and improve the service.

Staff felt supported and listened to by the registered manager.

There were procedures in place to monitor the quality of the service provision; however, aspects for maintaining the safety of hoists and slings had not been identified by the provider.

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.

At our previous comprehensive inspection of this service on 18 and 19 January 2015 there was a breach of legal requirements. After the inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to person-centred care, Regulation 9 of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014

This inspection took place on 11 and 15 December 2015. The inspection on the 11 December 2015 was unannounced. On the 15 December 2015, we announced our visit to conclude our findings.

The inspection team consisted of two inspectors, a specialist advisor, who specialises in health and safety and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

As part of the inspection we reviewed information we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us by law. We also spoke with the local authority and Clinical Commission Groups (CCGs) about information they held about the provider. The CCGs informed us that they had undertaken a recent visit to the provider.

We spoke with 11 people who used the service and four relatives. We also spoke with seven care staff, a social worker, two visiting ambulance personnel, six nurses, the activities co-ordinator, the chef and kitchen assistant, the deputy manager, registered manager and area manager. 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 12 people's care records and four medication records and the staff daily handover log. We also looked at, environment and maintenance checks, complaints and compliments, incident and accident audit, two staff recruitment records and the surveys sent by the

provider to people, relatives and health care professionals.

Good

Is the service safe?

Our findings

People who lived on Sapphire, WICU and Entomos units told us they felt safe living at the home. One person said, "When they give me a shower they are careful and go at my pace". They also said, "When they are moving me they make sure that I'm safe". Another person said, "If I need to go somewhere the staff will walk with me to keep me safe from falling over". All relatives we spoke with felt that their family member was safe. Two relatives who have family members who lived on the Topaz unit felt that people were safe. One relative said, "We have no concerns for our relative's safety". Another relative said, "It's absolutely fine. [Person's name] is safe". We spent time in the communal areas of Topaz unit where staff cared for people with dementia related illnesses. We saw staff followed safe practices, such as when they supported people to move with the aid of specialist equipment to keep people safe from harm.

Staff who we spoke with showed an awareness of how they would protect people from harm. They shared examples of what they would report to management or other external agencies if required. One staff member told us about the training in abuse they had received and how it had made them more aware about the different types of abuse. We found that information was on display and a staff member we spoke with confirmed they had used this in the past. The registered manager had a good awareness of the procedures for keeping people safe from abuse and worked with the local authority to ensure people were kept safe.

People's individual risks had been assessed in a way that protected them and promoted their independence. For example, one person was at risk of falls. Staff told us they made sure the person always had their walking frame to hand and had an alarm sensor mat to alert them if the person had stepped out of bed. We spoke with one relative for a person who lived on the Topaz unit. They told us staff had assessed the risk to the person from falling from their bed and reviewed this as the person's care needs changed.

We spoke with people who lived on the Sapphire, WICU and Entomos units. All the people we spoke with told us they felt there was enough staff on duty to keep them safe. One person told us that, "There is plenty of staff to look after me". Another person told us that, "If I press my nurse call they (staff) come and see me within a few minutes". A further person confirmed, "There seems to be enough staff around to care for us all and they answer my nurse call bell within a few minutes so that's good". One person from Entomos told us, "I have never had to use my nurse call as there are staff around all the time". From observation on the Topaz unit, we found that people were promptly assisted with their care needs and staff did not rush people. Throughout the home there were staff within the communal areas and they responded to people's requests for assistance. We found that call bells were answered in a timely way.

All relatives we spoke with raised no concerns about staffing levels in the home. Two relatives who we spoke with commented that there was a reduction in agency staff being used. They both felt this had made a positive improvement to the continuity of care for their relatives.

All staff we spoke with told us they felt there were enough staff on duty to keep people safe. Staff told us that the team worked together to cover any shortfalls in staff.

The registered manager told us that most absences were covered by their own staff. They explained that agency staff were used, however, where possible, the same agency staff worked at the home. The registered manager told us that they had vacancies and were recruiting to fill these positions. At the time of our inspection the registered manager was conducting interviews for potential staff to work in the home. The registered manager told us that staff had raised concerns about a potential risk to people's safety on the Topaz unit during the night shift due to low staffing levels. The registered manager showed us that immediate action was taken and a further staff member worked on the Topaz unit at night. They told us that this was working well. Staff who worked on the Topaz unit confirmed that this had happened.

Staff we spoke with told us that they had completed application forms and were interviewed to assess their abilities. The provider had made reference checks with staff previous employers and with the Disclosure and Barring Service (DBS). The DBS is a national service that keeps records of criminal convictions. The provider used this information to ensure that suitable people were employed, so people who lived at the home were not placed at risk through recruitment practices.

We spoke with people who lived on the Sapphire, WICU and Entomos units. All people we spoke with did not have any concerns about how their medication was managed. One person said, "If I'm in pain I talk to the nurse and they will give me some painkillers. Staff give me my medication everyday including my diabetes injections. They stay with me until I have taken my tablets." Another person said, "The nurses come and give me my medication at the same time every day". A further person said, "The nurses give me my medicines every day at the same time and they have never missed giving it to me". Another person we spoke with said, "They always wait and watch me take my medicine". We spoke with a staff member who administered medication. They had a good understanding about the medication they gave people and the possible side effects. We saw that when staff administered medication to people they did so in a safe way. We reviewed the medication on the Topaz unit; we found that people received their medication as it was prescribed. It was recognised by the registered manager that more robust record keeping was necessary. For example, clear recording of where medication may not have been given. However, we found that this did not have a negative impact to people who lived on the Topaz unit.

Good

Is the service effective?

Our findings

At our previous comprehensive inspection of this service on 18 and 19 January 2015 there was a breach of legal requirements. This was because the provider did not always ensure that people's health needs were properly assessed for care and treatment in a timely way on the WICU unit. After the inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to person-centred care, Regulation 9 of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014. We found at this inspection that the provider had followed their plans and were now meeting the legal requirement.

People we spoke with who lived on the Sapphire, WICU and Entomos units felt staff who cared for them knew how to look after them well and in the right way. One person said, "The staff are very good at caring for me, I have a named key worker and nurse who help me if I'm worried about anything". Another person said, "The care has been good and they are really nice people". Another person said, "I have been looked after very well, the cares good". A further person told us, "Care is good and staff are mainly competent in their role as either carers or nurses so there are no concerns there". A visiting relative we spoke with told us, "The staff seem to be trained sufficiently to do the job they are paid to do". We spoke with two relatives whose family members lived on the Topaz unit. One relative told us, "[Person's name] is in good hands".

Staff told us they had received training that was appropriate to the people they cared for, such as end of life and Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) training. Staff gave examples of how learning and sharing experiences helped them to understand why and how to provide the right care for people. For example, a staff member told us how the mental capacity act training helped them to understand how they determined whether a person had the capacity to make a particular decision for themselves.

We spoke with a staff member who had recently begun working for the provider. They explained to us how they were supported in their role and how their knowledge was developed. They told us that they shadowed an experienced staff member. They told us that they did not provide care tasks until they had received the training. We spoke with the team leader of the Topaz unit who told us they ensured the staff member was utilised within the team, so that newer staff worked alongside more experienced staff.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People we spoke with told us staff sought their agreement before carrying out any personal care and staff respected their wishes. One person told us that staff respected their decision to stay in bed. Staff we spoke with understood their roles and responsibilities in regards to gaining consent and what this meant or how it affected the way the person was to be cared for. Staff told us they always ensured that people consented to their care. We spoke with a relative who confirmed they had power of attorney which gave them the legal

rights to be consulted regarding decisions about their family members care. They told us staff respected this and had involved them when decisions needed to be made about their family members care.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

The registered manager was aware of the Deprivation of Liberty Safeguards (DoLS) and told us that some people who lived in the home had their liberty restricted lawfully. The registered manager had made applications to the local authority where it was assessed that there were restrictions on people's liberty in order to meet their care needs and keep them safe. We saw staff practiced in a way which promoted people's liberty; for example one member of staff told us, "(The person) wants to leave, so we take them out when they want to go." We saw people's movements were not restricted as their aids were placed within their reach. People were able to move around the home freely.

There were mixed views about the food served at the home. One person said, "Food's good with a few choices, and there's plenty to eat and drink during the day". Another person said, "I enjoy the food that they give me and there are several choices, if there wasn't anything I liked they would find something else for me to eat". A relative we spoke with said, "I can't fault the food. [Person's name] enjoys it". While another person we spoke with said, "The food, it's awful". It was noted that in a meeting held with people who lived at the home in November 2015 concerns were raised around the quality of some of the food. However, from speaking with this person they felt the food had not improved.

We saw people were offered hot and cold drinks throughout the day and staff ensured people had drinks to hand. We spoke with staff about what steps they took to ensure people received adequate fluids. Staff told us and we found people who required support with drinking were assisted by staff to do this. Staff we spoke with explained who required their fluid intake to be monitored. Staff showed us how they recorded what people had drunk to ensure people were drinking enough fluids to keep them healthy.

Staff told us about people who required their weights to be monitored monthly and what action they took when they found a person's weight had changed. People's weights were monitored monthly; we found that where it had been noted that a person had lost weight a referral to the person's GP for a dietician referral had been made in a timely way. Staff who worked in the kitchen were kept up-to date with people's dietary needs. Staff said if they had concerns about a person's food intake they would raise this with the senior member of staff. For example, staff had noticed a decline in a person's ability to swallow their food. We saw that a referral had been made to the speech and language therapist to assess the person's ability, to ensure they were on the right diet for them.

People we spoke with told us they had access to healthcare professionals when they needed to and that visits were arranged in a timely manner when they requested them. One person we spoke with said, "I see the Chiropodist every now and again". Another person said, "Staff would get me a doctor if I needed one". A relative told us, "If our relative needs a doctor or other health professional the nurses arrange this and let us know what happened". Staff recognised when a person became unwell and contacted the relevant health care professional where necessary. Staff were aware of people's healthcare appointments and ensured that people made these appointments where they had been arranged. Care records that we looked at showed that referrals to relevant members of the multi-disciplinary team including physiotherapy, opticians, dentists, tissue viability nurses and GPs had been made.

Requires Improvement

Is the service caring?

Our findings

People who lived on the Topaz unit did not always have their dignity and privacy maintained by staff. We spent time on the Topaz unit to understand how staff supported people to maintain their dignity. We saw an example where staff provided personal care to a person with the door to their bedroom open. In the communal lounge we observed two staff members hoist a person from a wheelchair into their chair. During this time the person's underwear was exposed and staff did not take action to cover the person's legs. On both days of our inspection we found the people who were sat in the lounge had items of their clothing that had ridden up, which had caused them to become exposed. Staff who were in the lounge did not attempt to re-arrange people's clothing to maintain their dignity. We found that once staff had assisted people into their chairs in the lounge, they did not ensure their clothing covered them. We raised our concerns with the registered manager. Upon us raising this with the registered manager, they agreed that this was not acceptable and took action to address this.

We spoke with a nurse who worked in the Topaz unit. They told us they had completed dignity training and felt that this was a valuable piece of training. However we found that they had not always recognised when staff treated people in an undignified manner. For example, the nurse told us, "They (care staff) did not know I was listening, but I could hear them tempting a person into the bathroom with marshmallows". The nurse told us they felt that the care staff had treated this person in a dignified way and did not see that this practice did not promote dignified care.

On the Topaz unit some people received a negative experience. For example, one staff member who assisted a person to eat their food did not interact with the person. They intermittently watched the television, left the person part way through their meal and when the person had finished the food, the staff member said, "All done now" and walked away. The person was not offered anything further to eat. Another person repeatedly requested a drink and a pudding from staff. However they waited over 20 minutes to receive their pudding. We spoke with a relative of a person who lived on the Topaz unit; they told us that when the person was supported to eat their food in the dining room, the staff member would also assist another person at the same time. They stated staff had always done this, and thought it was, "The done thing".

A doctors round took place while people were having their lunch on the Topaz unit. One person was examined by the doctor to assess the care and treatment they would need while at the dining table. Staff did not take any action to advocate for the person's dignity or privacy. We spoke with the nurse who told us that the weekly doctors round and people's lunch time were at the same time and this happened consistently. We spoke with the registered manager about this; they advised that the doctor's surgery was unable to move the timings of the weekly round. However, staff had not taken steps to ensure that people received their doctor's appointment in a private area and allowed the doctor to do this in the dining room.

People who lived at the home and relatives told us staff had asked them about people's likes and dislikes. However, from speaking with people staff did not ensure this was acted upon. For example, we spoke with a friend of a person who lived at the home. They told us, "They still get things wrong though, my friend would

never wear nail varnish but staff paint her nails. The staff took my friend to the local pub. They would be horrified; my friend never went to pubs or restaurants. It's those kinds of things they should know from their life history".

Through conversations with the registered manager it had been identified by the provider that dignity training was an area for improvement. While we found that some staff had received dignity training, this had not been put into practice by the staff who worked on the Topaz unit. Therefore people continued to receive care and support that did not always promote their dignity.

All of above evidence supported this was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014.

We spent lunch time in three units of the home, Sapphire, WICU and Topaz to understand what people's experience of their lunch time was like. We found that it was not always a positive experience for people as staff were focused on tasks rather than interacting with people.

Observation in the Sapphire unit showed staff interacted well between themselves leaving people to talk to themselves. However, there was little interaction, stimulation or encouragement between the staff and people who lived there.

On WICU, the rehabilitation unit, there was no opportunity for people to serve their own food. One person told us that they were not given access to preparing their own meals or snacks. This did not promote people's independence for when they returned home. The member of staff who was serving the food did not interact with people during this time and stood with their back to the dining table. We asked people if staff provided them with opportunities to regain their own level of independence. Two people we spoke with told us that while they had their clinical needs met for rehabilitation, there were no activities that they had been involved in which prepared them for returning home.

Some people were not always supported by staff to be actively involved in decisions around their care and support. For example, one person told us, "I'm going home today but nobody has talked to me about it yet so I don't know what will happen". When we asked staff about the person, they confirmed that they were not going home, however they had not made the person aware of this. Another person told us that they had been involved in the recruitment of staff, however they told us, "I was asked to be part of the recruitment panel, which I felt worked very well, but for some reason this doesn't happen now and I haven't been told why".

All the people we spoke with who lived on Sapphire, Entomos and WICU told us that staff were kind and caring towards them. One person said, "It's good living here, the staff are good to me". Another person told us, "If I needed any help I would talk to the staff who I know would help sort things out". A further person said, "Care has been good and they are really nice people". All relatives we spoke with told us that the staff were caring. One relative said, "All the staff are kind and caring. [The person] puts their thumb up and smiles when they see the staff". Another relative said, "From what I have seen, the care is good".

We spoke with people who lived on the Sapphire, Entomos and WICU units. All the people we spoke with told us they were treated with dignity and their privacy was maintained. One person told us, "They respect my dignity and privacy making sure the doors are closed and no one can see me". Another person told us, "They close the curtains and make sure the doors closed, keeping my dignity and privacy".

Requires Improvement

Is the service responsive?

Our findings

At our previous comprehensive inspection of this service on 18 and 19 January 2015 there was a breach of legal requirements. After the inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to person-centred care, Regulation 9 of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014.

We spoke with people about how staff supported them to pursue their hobbies and interests. The provider employed two activities co-ordinators and people confirmed that activities did happen. One person said, "There are basic activities and sometimes we go out. Dominoes, board games that kind of thing. A couple of people came into the home and we had a debate about local history which was good. There are a couple of church services during the month and the usual type of care home activities". We spoke with the activities co-ordinator and saw evidence that people were offered pub lunches, visits to the garden centres and one to one interaction and stimulation.

However, through conversations with people and interactions we saw, care staff provided care-led tasks and opportunities for interacting with people in a meaningful way did not always happen. For example, we found that a laundry room had been created for people who lived on the Topaz unit. This enabled them to get involved in everyday tasks and household duties which they may have done prior to living at the home. However we did not see anyone use the room and there was no encouragement from staff to utilise the facilities. Within the Topaz unit there were opportunities for people to reminisce and use boxes with interesting items in. Staff did not bring these into people's everyday lives and opportunities to reminisce or explore different interests with people were missed. We spoke with staff about having time to spend with people. Three staff members told us they were busy with tasks, such as loading dishwashers, or preparing the dining room for people's next meal. Staff did not recognise these as opportunities to involve people with completing daily tasks within the home.

We spoke with three people who preferred to stay in their room. From what they told us, they did not receive personalised activities from staff who cared for them. One person said, "I'm mainly in bed most of the time so I don't get to see much that happens here. I don't know or have not seen the activity coordinator. I didn't know we had one". Another person said, "I don't do any activities because I'm mainly in my bedroom". A relative told us, "Our [person's name] doesn't do any of the activities because they stay in bed. It would be nice every now and again for someone to come and sit and chat, read the newspaper or talk about current affairs things like that".

We spoke with the registered manager about staff supporting people's hobbies and interests. They told us that activities within the home had improved. They told us about pamper days that people enjoyed and found relaxing. They told us that within the WICU unit a lounge room had been created to provide people with the choice to use a communal setting to meet other people who were staying on the unit. They told us the room was not used much, but the option was there for people.

People were involved in the development and review of their care. People's care was when their needs

changed. People told us they felt staff understood their needs and provided appropriate support in response to them. One person told us, "If I have any worries or concerns I would talk to my named key worker or named nurse. If they aren't around I can talk to any staff and I'm sure that they would help me". Another person said, "When I first came here people talked to me about what my care needs were and what I wanted from the staff. If I was concerned I would speak to the ward nurse they will help me I'm sure". A further person told us, "I did complain about my mattress being hard and they changed it straight away which pleased me".

A relative told us "Staff involve us in the review of care plans or any medication changes and we feel listened to". Another relative we spoke with told us that when their family member's health had changed the staff had recognised this and had contacted them. They told us that staff worked with them and they attended meetings to ensure the person received the right care that met the person who lived in the home needs.

We spoke with staff about some people's care needs. All staff we spoke with knew about each person's health care needs and what support the person required. Staff had handover of information before they began their shift, to ensure they had the most relevant and up-to date information about the person's care and support needs. Staff told us that they would speak with the person to ensure they were providing care to them the way in which they preferred. Staff told us that people's most recent information was in people's care records.

People who we spoke with knew who the registered manager was and told us they felt confident to raise a concern with them should they need to. Two relatives who we spoke with told us that they had raised concerns previously; they told us that prompt action had been taken to resolve the concerns shared.

The provider had a complaints procedure for people, relatives and staff to follow should they need to raise a complaint. We found that the provider had provided information to people about how to raise a complaint. This information gave people who used the service details about expectations around how and when the complaint would be responded to, along with details for external agencies if they were not satisfied with the outcome.

We looked at the provider's complaints over the last 11 months and saw that 18 complaints had been received. We found that these had been responded to with satisfactory outcomes for the people who had raised the complaint. The registered manager showed us how they ensured staff were able to learn from these complaints, such as team meetings or arranging further training where it was specific to an individual staff member. We found that where concerns had been raised regarding the service provision action had been taken. For example, it was raised that a person went home without adequate information for the district nurses. A discharge protocol was put in place for staff to follow, to ensure that sufficient information was in place at the time of a person's discharge.

Requires Improvement

Is the service well-led?

Our findings

The provider gave people the opportunity to be inclusive and share their opinions about the service provision; however people we spoke with felt their opinions and suggestions were not always responded to by the provider. People who we spoke with did not always feel empowered by this form of communication. One person told us that the lack of response from the provider was, "Very wearing" as they did not always have feedback or updates regarding their suggestions. For example, one person told us that they had raised their concerns at three meetings before they saw action had been taken. They continued to say, "We are still waiting for the shelter that residents have asked for, so they can smoke outside in the dry". A further person told us, "We have residents meetings every now and again but I'm not sure if there are any changes from what we talk about".

We looked at the meeting minutes from a relatives meeting that was held in November 2015. One area that was raised was about the management of laundry. Three relatives who we spoke with told us that they had raised their concerns to staff about how people's clothes were kept. One relative said, "They just ram my friend's clothes into the wardrobe and draws so when I come I have to take everything out to fold them up properly." Another person said, "They are never hung up, just rammed into the wardrobe. I hang everything up, but it's all just creased". Relatives told us that they had raised this with staff previously, however, one relative said, "Nothing has changed".

We spoke with the registered manager about the meetings held for people. The registered manager told us that most actions had been followed up, for example, people had requested fire drill procedure and this had been arranged for people. They told us that people wanted to meet people who worked in senior management. The registered manager told us that this had been planned for the next meeting.

People who we spoke with on the Sapphire, Entomos and WICU units told us that they knew who the registered manager was. One person said, "I know the manager but I don't see her very often". Another person said, "I know who the manager is and see her every now and again but it's the carers and nurses that help us". Relatives confirmed they knew who the registered manager was. One relative told us, "Sometimes I feel like [the registered manager] is helpful, sometimes they are not". This was in relation to providing support with a person's care needs. They told us that they would speak with the registered manager again; however felt that the registered manager should be more proactive in following through with their offers of support.

Staff told us they felt supported by the registered manager and their colleagues. All staff members we spoke with told us they enjoyed their role. Staff had confidence in the registered manager to be able to make positive changes should they have any concerns. One staff member said, "The [registered] manager is trying their best". Another staff member said, "[The registered manager] is approachable and visible around the home". A staff member told us that they could ask them at any time for advice.

The registered manager told us that they were supported by the provider. They said that they had weekly contact with their manager. They told us that requests to the provider were responded to and acted upon.

The registered manager confirmed that the provider did not conduct internal hoists and slings checks and relied on the approved supplier to conduct the thorough examination of slings. However, as hoists and slings are work equipment and subject to regular use and deterioration, regular checks by the provider are required to ensure the equipment is in good working order. The registered manager confirmed that immediate action would be taken to ensure the equipment was safe for use.

The registered manager had checks in place to continually assess and monitor the performance of the service. They looked at areas such as environment, care records, staffing, training, incidents and accidents. This identified areas where action was needed to ensure shortfalls were being met. For example, it was recognised that an area for improvement was staffs knowledge and understanding for people with a dementia related illness. The registered manager told us that extra training was being provided to staff along with practice discussions at team meetings to raise awareness in supporting people with a dementia related illness in a dignified way.

The provider had submitted surveys to people, relatives and healthcare professionals in October 2015. The registered manager showed us that they had not received any responses from the healthcare professionals; however they had received replies from people who lived at the home and relatives. We found there were positive comments from people and relatives. Where comments had been received, action had been taken. For example, where one relative had raised their concerns about missing items of laundry, they had met with the relative to try and resolve this.

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 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 10 HSCA RA Regulations 2014 Dignity and respect People's were not always treated with dignity and respect. People's privacy was not always maintained. (1) (2)(a)