

Wellington Healthcare (Arden) Ltd

Shaw Side Care Home

Inspection report

77 Oldham Road
Shaw
Oldham
Greater Manchester
OL2 8SP

Tel: 01706882290

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30 January 2020

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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?

Requires Improvement ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Shaw Side Care Home provides residential and nursing care for up to 150 people. Accommodation is provided across five separate units or 'houses'. At the time of inspection 130 people were living at the home.

People's experience of using this service and what we found

We have made a recommendation about involving people and/or their relatives in the care planning and review process. People received personalised care which met their needs and wishes. However, people or their relatives involvement had not been captured within care files, nor did we see evidence bi-annual reviews had been carried out as per company policy. The home provided a range of activities during the week, though there was some question as to whether all people's needs and interests had been catered for. People had not needed to complain and were happy with their care. Where complaints had been made, these had been addressed promptly.

People told us they felt safe living at the home. Staff had all received training in safeguarding and knew how to identify and report concerns. Enough staff had been deployed to meet people's needs and keep them safe. The provider carried out checks and assessments to ensure risks to people had been identified and managed appropriately.

Staff received sufficient training and support to carry out their roles. People received nutritional support in line with their assessed needs. Their health needs were also met via access to range of healthcare and medical professionals. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People found staff to be kind, caring and provided support in line with their wishes. People were treated with dignity and respect and their independence promoted as much as possible. People and their relatives views and opinions were gathered via meetings and annual surveys. The home also had an open door policy and welcomed feedback at any time.

The home was well run, with a clear leadership system in place. Staff all enjoyed their roles and felt supported, with good practice recognised through an award and recognition scheme. The home used a range of systems to monitor the quality and effectiveness of the care and support provided. Action plans had been generated to address any issues.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This is the first inspection since the home was re-registered in January 2019 due to a change in the provider.

Why we inspected

This inspection was part of our scheduled plan of visiting services to check the safety and quality of care people received. Newly registered services or providers are inspected within 12 months.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

Details are in our responsive findings below

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Shaw Side Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection team consisted of two inspectors, an assistant inspector and an Expert by Experience on the first day of inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. One inspector returned to complete the inspection on the second day.

Service and service type

Shaw Side Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

Prior to the inspection we reviewed information and evidence we already held about the home, which had been collected via our ongoing monitoring of care services. This included notifications sent to us by the home. Notifications are changes, events or incidents that the provider is legally obliged to send to us without delay. We also sought feedback from partner agencies and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service

does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with 12 people who lived at the home and eight relatives about their experience of the care provided. We spoke with 11 members of staff including the registered manager, nursing staff, senior carers and care staff.

We reviewed a range of records. This included 12 people's care records, eight staff personnel files and multiple medication records. We also looked at other records relating to the management of the home and care provided to people living there.

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.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People felt safe living at Shaw Side. Comments included, "I feel very safe" and "I'm very happy here and I'm very, very safe."
- Staff had received training in safeguarding which was refreshed annually. Staff knew how to both identify and report any abusive practice. One stated, "I would go to the house manager. If I couldn't go to them, I would go to the home manager, who would report it."
- Safeguarding concerns had been reported in line with local authority guidance, with a log kept to track referrals and outcomes.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- The home had assessed risks to people's safety and wellbeing. Care files contained a range of both standardised and person specific risk assessments, which provided guidance to staff on how to support people safely.
- Where people were at risk of skin breakdown, skin integrity plans had been completed and followed. Pressure relieving equipment was in place, including air flow mattresses, which we found to be at the correct settings for people's weight.
- Accidents, incidents and falls had been recorded consistently. We found the review and lessons learned processes could be strengthened, as it was not always clear what action had been taken to prevent a reoccurrence. We discussed this with the registered manager and will follow up at the next inspection.
- A robust electronic system was used to ensure the premises and wider environment were safe. This was monitored by the provider's estates manager, to ensure checks had been carried out and any issues addressed timely.

Staffing and recruitment

- Enough staff were deployed to meet people's needs. The home used a system to determine the number of staff needed per shift, based on people's needs and the amount of staff required to meet these. Rotas confirmed staffing was allocated based on this system.
- The majority of staff confirmed there were enough staff on shift to meet people's needs and keep them safe. However, some felt another would be useful, due to how busy they were. Comments included, "Yes we do, we have five carers in the morning and five in the afternoon" and "We have enough to keep people safe, but another would be useful at times."
- Staff were recruited safely. Personnel files contained all required documentation.

Using medicines safely

- Medicines were being managed safely. Staff administering medicines had received training and had their competency assessed. We noted one issue with the administration of a person's insulin by an agency nurse. Guidance was strengthened to prevent a reoccurrence.
- Documentation, including medicine administration records and the controlled drugs register had been completed accurately and consistently.
- People were happy with the support they received and confirmed medicines were given as prescribed. Comments included, "They're very good with medication" and "I always get my medicines on time."

Preventing and controlling infection

- Overall the home was clean with effective cleaning and infection control processes in place. We noted an unpleasant odour on one unit, which although disappeared after cleaning returned a short while later. The registered manager confirmed this unit was due for refurbishment, which would eliminate the issue.
- Personal protective equipment such as gloves and aprons, were readily available and used as required by all staff.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Assessments had been completed prior to people moving into the home. These helped ensure the home could meet people's needs and the environment was suitable.
- Information from pre-admission assessments and by talking to people and their relatives was used to complete care plans, which ensured care was provided in line with people's wishes and preferences.

Staff support: induction, training, skills and experience

- Staff received sufficient training and support to carry out their roles. The training matrix confirmed staff training was completed and refreshed regularly, to ensure knowledge was up to date.
- There was no clear system for the completion of supervision, with the providers policy stating frequency depended on each individual staff member. However, staff told us they were happy with the level of supervision they received and could ask for support whenever they wanted.
- A detailed induction programme was provided to new staff which included completion of training sessions the provider consider mandatory and shadowing of existing staff. A checklist was used to monitor completion and competency.

Supporting people to eat and drink enough to maintain a balanced diet

- People's dietary needs were being met. People assessed as requiring a modified diet, received these in line with guidance. Care files clearly explained people's dietary needs and we observed people being given the correct consistency of food and drink during the inspection.
- We found the management of meal times varied across the home. On one unit breakfast was not served until after 10am and it was not clear people had been provided with a drink prior to this. We were told the inspection process had impacted on breakfast provision and this was not normal practice. The registered manager agreed to monitor the unit in question moving forwards.
- However, across the other units breakfast was served by 9.30am as advertised and in some cases earlier to meet people's needs. We saw people were offered a drink upon rising and then regularly throughout the day.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People received support to stay well and access medical services as required.
- People had access to a variety of other medical and health related services, such as podiatrists, speech and language therapists and dieticians. Feedback and guidance following any appointments or assessments had been documented in people's care files.

- Where issues had been identified such as unplanned weight loss, skin breakdown or history of falls, referrals had been timely to the necessary professionals. We noted one occasion when a request for an appointment had not been followed up. This was addressed during the inspection.
- A visiting professional spoke positively about the home and their management of people's health needs, telling us, "The staff are good here, they are switched on. They are timely with ringing me about people, I've got no concerns."

Adapting service, design, decoration to meet people's needs

- Consideration had been taken to ensure the environment met people's needs. This included the use of plain walls and flooring with contrasting handrails, memory boxes, tactile items on the walls and pictorial signage, to help people navigate and identify communal rooms and areas.

Ensuring consent to care and treatment in line with law and guidance

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 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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- DoLS had been applied for where necessary, with a tracker used to monitor progress of each application and their expiry date. Staff's knowledge of DoLS and MCA frameworks was varied and most could not name which people had a DoLS in place, though knew where this information was located.
- Mental capacity assessments had been completed and the best interest framework used, to help make decisions for people who lacked capacity and had no legal representative to act on their behalf.
- People did not always consent to care. There was a lack of consent forms relating to care and treatment. People had consented to their care as part of the admissions process, but the only signed consent forms on file related to the taking and use of photographs. We discussed this with the registered manager, who agreed to address this when the new electronic care planning system was introduced in February. We will follow this up at the next inspection.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were happy with the care they received and described staff as being kind and caring. Comments included, "Staff are always helping you and they are very kind" and "Some [staff] are very good."
- Overall relatives were also complimentary about the care provided. One told us, "The carers are wonderful. They look after my [relative] and they do seem to care." Another stated, "The staff have good intentions, but as in every place, some are better than others."
- There was a positive culture at the service and people were provided with care that was sensitive to their needs and non-discriminatory. Care files explained whether people had any specific spiritual, cultural or lifestyle needs and how these would be met.

Respecting and promoting people's privacy, dignity and independence

- Staff treated people with dignity and respect. One person told us, "The worst thing is having pads, but [staff] change them very well." A relative stated, "The areas of dignity and respect have got better."
- Staff sought people's consent before entering their rooms and providing care and explained what they were going to do. One person stated, "The staff always knock on my door before coming in." A staff member told us, "I always ask how the residents want personal care to be provided and check they are comfortable."
- Where able, staff supported people to maintain their independence, by encouraging them to complete tasks for themselves they could manage, such as dressing, shaving or brushing teeth.

Supporting people to express their views and be involved in making decisions about their care

- People received care in line with their wishes from staff who knew people well and what they wanted.
- People's views and opinions were captured through bi-annual resident and relative meetings. It was not clear whether people had been consulted and agreed with the frequency of meetings. The registered manager agreed to discuss this at the next meeting, document responses and hold future meetings in line with people's wishes.
- People's views had also been captured via annual surveys. These asked for feedback on areas such as the standard of care, if people felt safe, if staff were competent and complaints dealt with appropriately. The latest survey had been sent out in December 2019, with the home still awaiting some responses.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- The home provided personalised care which met people's needs and wishes. People's care files contained a range of person centred information, including their background history, likes and dislikes, which helped staff understand them as people.
- People were not routinely involved in planning and reviewing their care. The type and level of information within care files indicated people and/or their relatives had been involved in its initial completion, however no signatures had been captured to evidence this. Six monthly reviews were also scheduled to occur, but we found no evidence of these in people's care files.
- People could not remember being involved and relatives told us care plans were not discussed with them, though communication was generally good. Comments included, "I've not seen [relatives] care plan, its not hidden but I'm not involved" and "I'm not involved in the care plan and they don't ask me, but they look after [relative] well."

We recommend the provider reviews the systems in place for evidencing people and/or relatives have been involved in the care planning and review process.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People had communication care plans, which explained any difficulties they had and how best to communicate with them. Details of any aids or equipment required to assist with communication was included, such as reading glasses and hearing aids.
- Information was available in a range of formats, to cater for people's varying needs, this included easy read and large font.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The home had a varied week day activities programme, facilitated by four wellbeing coordinators. Staff were responsible for providing activities at the weekends.
- We observed a number of activities during the inspection. This included choir practice on one unit, which was well attended and enjoyed by those involved. We also observed people using a device which projected interactive games and activities onto a table, to enhance socialisation and engagement as well as stimulate

cognitive abilities. This also proved popular.

- Some staff, people and relatives told us, aside from the group activities, which were popular and well attended, they felt the activity programme did not cater for everyone. One staff member stated, "They tend to focus on the same people when it comes to activities, those that like to do puzzles, art and craft and so on. Some are not interested, so don't get involved." We discussed this with the registered manager who agreed to review provision and ensure this met everyone's needs.

Improving care quality in response to complaints or concerns

- The complaints procedure was clearly displayed across the home and on each unit, to ensure people knew what to do should they need to raise a concern.
- People told us they had not needed to raise any complaints and were happy with their care but would report any concerns to a staff member. Comments included, "I've got no complaints at all" and "No complaints, everything's fine."
- Complaints received had been handled as per policy and procedures, with a log used to detail action taken and outcomes.

End of life care and support

- Where people had agreed to discuss, their wishes for when at end of life captured within care plans.
- Unit managers had completed specific training in end of life care. On the nursing units, the home's nurses took the lead, whereas external professionals such as district nurses and GP's were used to support residential units.
- Staff told us enough support was available and they all felt comfortable supporting people at this stage of their life.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The home was well-led by an experienced registered manager, who had worked at the home for many years. They were supported by five managers, who oversaw the day to day running of their respective units.
- The registered manager understood their regulatory requirements and had submitted relevant statutory notifications to CQC, to inform us of things such as accidents, incidents, safeguarding's and deaths.
- A range of audits and monitoring systems had been used to assess the quality and performance of the home and care provided. Alongside internal audits, provider level checks had also been completed, with action plans generated and used to address any issues noted.
- To promote good practice and continuous improvement, the provider had introduced a policy of the month procedure, which involved staff having to read key policies each month and confirm they understood what was required of them.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The home was an inclusive environment, with people and staff's views sought and acted upon. People told us they were happy at the home and enjoyed living there. Comments included, "I don't want to leave here at all" and "On the whole, I am happy."
- There was an open-door policy in place, with people, relative and staff's views welcomed.
- Staff told us they enjoyed their jobs and felt supported. Comments included, "I love working here and feel supported, 100 percent" and "It's a good place to work, I feel supported and comfortable in bringing things up."
- Staff meetings were held, which was confirmed through staff interviews, albeit the frequency of meetings was not clear, as consistent minute taking had not occurred. Daily meetings were held for senior staff and unit managers, with actions and information filtered to staff through handovers.
- The provider had introduced an employee awards scheme, with people, relatives and staff encouraged to nominate staff to receive the award and accompanying gift voucher. One staff told us, "It's nice to get recognition."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager and provider were aware of their responsibility regarding duty of candour. Duty of

candour ensures providers are open and transparent with people who use services and other 'relevant persons' (people acting lawfully on their behalf) in relation to care and treatment.

- People and staff had no concerns in this regard. Communication was maintained through meetings, ongoing discussion during visits and the open-door policy.

Working in partnership with others

- Staff worked closely with relevant health and social care professionals which helped to ensure people received effective care and support.

- The home had forged links with the local rotary club, post office, churches and schools, who visited the home to spend time with people and promote intergenerational activity.