

Birchester Care Limited

# Shirelodge Nursing Home

## Inspection report

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Corby  
Northamptonshire  
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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Shirelodge Nursing home provides accommodation, personal and nursing care for up to 54 older people, some of whom live with a dementia. At the time of the inspection, 43 people were living at the service.

### People's experience of using this service

There was a lack of oversight in monitoring and acting on risk and overall governance of the service. This had the potential to place people at risk of harm.

Accident and incident forms were not always completed following incidents. This impacted on the overall monitoring of people's risks. Actions to reduce further risks were not identified.

In some areas of the home, the environment continued to be poor. This was identified at the previous inspection and an action plan was in place to address the concerns. However, timely action had not been taken by the provider to ensure furniture and fittings were fit for purpose.

Systems and processes required improvement to ensure information gained at the assessment stage was followed through when people moved in to the home.

The systems and processes in place to monitor the safety and quality of the service required strengthening. Concerns identified at this inspection had not been identified by the provider, however, they took immediate action to respond to the concerns raised.

Staff understood their roles and responsibilities to safeguard people from the risk of harm. People were mostly supported to access relevant health and social care professionals. People were protected from the spread of infection. Personal protective equipment such as gloves and aprons were readily available.

People received care from staff they knew and thought the staff were kind and caring. Staff had a good understanding of people's needs, choices and preferences. People were encouraged to make decisions about how their care was provided and their privacy and dignity were protected and promoted. Staff gained people's consent before providing personal care.

People and their relatives were involved in the planning of their care which was person centred and updated regularly. People were supported to express themselves, their views were acknowledged and acted upon. There was a complaints system in place and people were confident any complaints would be responded to appropriately.

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.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection:

The last rating for this service was requires improvement (published 17 January 2019). The service remains rated requires improvement. This service has been rated requires improvement for the last two consecutive inspections.

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Enforcement

We have identified breaches in relation to risks and good governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

#### 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?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Shirelodge Nursing 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 was carried out by an inspector, inspection manager 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.

#### Service and service type

Shirelodge nursing 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

We reviewed the information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We asked Healthwatch if they had any information to share with us. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. 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.

#### During the inspection

We spoke with six people who used the service about their experience of the care provided. We also spoke with eight family members of people using the service. We spoke with three members of care staff, two team leaders, a senior carer, an activity co-ordinator and the registered manager. We observed the care people received and reviewed a range of records. This included nine people's care plan records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures and audits were reviewed.



# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Systems and processes to safeguard people from the risk of abuse

At our last inspection the provider had failed to safeguard service users from abuse and improper treatment. This was a breach of regulation 13 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found the provider was now meeting this regulation.

- The provider had systems in place to safeguard people from abuse and they followed local safeguarding protocols when required. However, accident/incident forms were not always completed, and this resulted in not all incidents being investigated and measures put in place to reduce risks.
- Staff had received training to recognise abuse and protect people from the risk of abuse. They understood how to report any concerns if they needed to by following safeguarding or whistleblowing procedures.
- People and their relatives told us they felt safe with the staff that supported them. One person said, "I am perfectly safe here. There is always someone around to help me and the staff know me well." A relative told us, "All the family are confident [person] is safe living here."

Assessing risk, safety monitoring and management

- Risk assessments were in place; however, these were not always followed, and this placed people at risk of harm. One person was assessed as requiring a low profiling bed to reduce the risk of impact if they had a fall; it was not in place. Another person had a risk assessment stating that bed rails must not be used because there was a risk they could be climbed over. The bed rails had been used and the person attempted to climb over them and fell out of bed resulting in avoidable harm.
- There was not a consistent approach to managing falls prevention. The falls policy did not contain information about under what circumstances people would be referred to the falls prevention team and after how many falls. As a result, this happened on an ad hoc basis at a frequency determined by the individual staff on duty. Some people had multiple falls and had not been referred to the NHS falls prevention team. Where people had been referred and there were actions for the service to complete, these had not been completed which left people with unmanaged known risks.
- Preventative fire measures did not always meet the required standards. One bedroom with a fire door fitted had approximately a two-inch gap at the bottom of the door. The fire door would not have proved effective in preventing the spread of fire.

The provider failed to ensure risks were managed and mitigated. This was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

### Staffing and recruitment

- There were enough staff to ensure that people's needs were met safely. One person said, "There is always staff around if you need them."
- There were systems in place to plan staffing levels according to individual's needs.
- The provider followed safe recruitment procedures to ensure people were protected from staff that may not be fit and safe to support them. Disclosure and Barring Service (DBS) security checks and references were obtained before new staff started their probationary period. These checks help employers to make safer recruitment decisions and prevent unsuitable staff being employed.

### Using medicines safely

- People received their medicines safely. They told us they had their medicines on time. We saw people being given their medication. The staff member was friendly and didn't rush them.
- People's care plans included details of the support they needed to take their medicines, which included any preferences about how people took their medicine.
- Staff had undertaken training so that they could give people their prescribed medicines safely.
- Regular medicines' audits informed managers of any issues which were rectified in a timely manner.

### Preventing and controlling infection

- People were protected by the prevention and control of infection.
- Staff had the appropriate personal protective equipment to prevent the spread of infection. For example, staff wore disposable gloves and aprons when providing support with personal care.
- Staff told us, and records confirmed they received infection control training and there was an infection control policy in place

### Learning lessons when things go wrong

- We saw evidence of learning from incidents and these lessons were shared with staff. For example, after a person had a fall, the care plan was updated and a memo was sent out to staff to direct them to read the updated guidance.



# 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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- Some areas of the home required improvements to be made to the environment. We saw that some bedrooms were in a poor state of repair. Furniture and flooring required replacing in multiple rooms. We discussed this with the registered manager and on day two of the inspection immediate action had been taken to fully refurbish six bedrooms.
- Other areas of the service were homely and inviting. One person told us, "I like to spend a lot of time in my room and I have got it just how I like it."
- The enclosed garden was fully accessible and provided a welcoming outdoor space for people to relax.

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

- People's needs were assessed before they were able to move into the home. This included people's likes and preferences and healthcare needs. However, the assessment outcomes were not always followed in practice. For example, a person required a low profiling bed to reduce the risk of falls. This was not in place.
- Care plans showed all aspects of a person's needs were considered including the characteristics identified under the Equality Act 2010 and other diversity needs such as people's cultural needs.
- Staff used evidence-based tools to assess people's risks and needs.

Staff support: induction, training, skills and experience

- People were supported by skilled and competent staff. Staff received an induction that included shadowing experienced staff to learn about their role in supporting each person and completing care duties effectively and safely.
- Staff had completed a range of training relevant to their role and responsibilities in meeting people's individual needs. Staff also had opportunities for continued development. They spoke of having achieved qualifications relevant to their role.
- Staff received supervision and guidance to support them in their roles and felt supported by the management team.

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

- People's nutritional and dietary needs were assessed and understood by the service. Staff were knowledgeable about people's cultural, religious and other dietary needs. One person told us how their individual dietary needs were met, and they received guidance from staff to manage their health condition.
- We received mixed feedback on the quality of the meals provided. However, we saw that people were offered choices of meals and meals were presented well.

- Food and fluid charts were in place where required to ensure people ate sufficiently and stayed hydrated. We saw this was completed accurately and monitored throughout the day.

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

- Staff told us, and records showed, they worked in partnership with health and social care professionals to maintain people's health. This included GPs, district nurses, occupational therapists and physiotherapists.
- Staff had a good knowledge and understanding about people's healthcare requirements. People had an individual emergency grab sheet on their file. This ensured people received co-ordinated and person-centred care in case of medical emergency.
- People had oral healthcare care plans in place and we saw these were detailed. They gave guidance to staff about what support each person required and their preferences.

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.

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 and we saw that they were.

- Staff demonstrated they understood the principles of MCA, supporting people to make choices. People confirmed the staff always asked their consent before providing their care. One person told us, "The staff always ask me if I want help, some days I can do things myself and other days I need them to help me."
- Staff completed mental capacity assessments to establish people's insight and understanding of their care needs. This enabled people to make informed decisions about their care, or health and social care professionals make best interest decisions about people's future care which included the wishes of the person.
- We saw that applications for DoLS had been completed and submitted appropriately.

# 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were encouraged and supported to make decisions regarding their day to day routines and express their views about their personal preferences. Staff showed patience, giving people time to answer questions about the support they wanted.
- The provider ensured people and their families could feedback regarding the service in several ways to gather people's views on the service provided. However, this was not always acted on in a timely manner.
- The provider had information to refer people to an advocacy service where people needed additional support to make decisions. Advocates are independent of the service and they support people to decide what they want and communicate their wishes.
- Staff were able to listen to people, spend time with them in an unhurried manner and be observant for non-verbal feedback.

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

- People living at the home were treated with kindness and respect. We observed staff taking their time to explain interactions and offering a choice of activities.
- Staff took pride in people's progress and spoke positively about the people they cared for. One staff member told us, "[Person] came here quite poorly, but we have seen a big difference in them. They also spend more time out of their room and joining in now."
- Staff understood the importance of promoting equality and diversity. Care plans contained information about people's religious beliefs and their personal relationships and how to meet their individual needs.

Respecting and promoting people's privacy, dignity and independence

- Staff supported people to maintain their privacy and dignity. Personal care was delivered in private. On staff member told us, "I always try to make sure when I am giving [person] a wash that they are comfortable with me being there, and I explain everything."
- People's independence was promoted. Staff ensured people were encouraged to do as much as they could for themselves.
- People's information was stored securely within the office, and all staff were aware of keeping people's personal information secure.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

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

- People and, where appropriate, their relatives had been involved in creating and updating their care plans.
- Care plans were detailed and personalised. They were regularly reviewed, and changes made as appropriate. They included information for staff on how best to support people with personal care, eating and drinking, medicines, managing emotions, behaviour and other day to day activities. They also included information about their health needs and the care people required to manage their long-term health conditions.
- People's care plans reflected their preferences and cultural needs. Staff used this information to ensure people received their care in the way they preferred.

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.

- During the assessment process people's communication needs were assessed and discussed and a care plan was completed which supported people's requirements. This included use of picture boards and visual menus.
- The provider complied with the Accessible Information Standard, they ensured people with a disability or sensory loss had access to and understood information they were given.

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

- People were supported to maintain their interests and take part in new activities. Two activity co-ordinators were employed in the home and delivered a range of activities for people which included arts and crafts, chair exercises, bingo and nail painting. Where people were cared for in bed, the activity co-ordinators spent time with people on a one to one basis. One person told us, "The staff are kind and remind me when activities are on."
- The service arranged celebrations for people's birthdays and other special occasions, including wedding anniversaries, for which staff received warm thanks and compliments from relatives.

Improving care quality in response to complaints or concerns

- People and their relatives were aware of how to make a complaint but told us they generally had had no

reason to. One person said, "I have a moan now and again and they always sort it for me" and this was echoed by relatives' comments. One family member said, "If I have any minor concerns I always speak to the [registered] manager and it is sorted straight away."

- There had been a complaint since the last inspection and we saw a detailed audit of the action taken and the response to people involved. Policies and procedures were in place to effectively manage any complaints that were received.

#### End of life care and support

- The service worked closely with GPs and palliative care teams when supporting people with end of life care, to ensure people were cared for in line with their wishes in a pain-free and dignified manner.
- Where people were being cared for at the end of their life; a 'my future wishes' document was in place. People had the opportunity to record their end of life wishes.
- The service was working towards the Gold Standard Framework (GSF) for end of life care. GSF is an evidence-based approach to optimizing care for people nearing the end 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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection the provider had failed to ensure that systems and processes in place to monitor the effectiveness of the quality of the service were effective. This was a breach of regulation 17 (1) (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- Improvements were required in the quality and monitoring systems at the service. This is to ensure that issues are identified and acted upon.
- Risk assessments were in place but not always followed which placed people at risk of harm.
- Systems and processes required improving to ensure information gained at the assessment stage was followed through when people moved in to the home.
- Improvements were required with monitoring falls and accidents/incidents. The managers 'daily walkaround' was proving ineffective because it either wasn't completed fully or not completed at all. This was because the manager was working care shifts to fill the gap in unexpected staff shortages.
- The environment continued to be poor in some parts of the building. The provider had plans in place to refurbish parts of the building once an extension had been built; however, they failed to acknowledge and act upon some people's bedrooms had deteriorated and required immediate attention.

This was a continued breach of regulation 17 Good Governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider and registered manager had acted responsively following the first day of the inspection and had been open and transparent in their responses to us. The registered manager informed us of the immediate action they had taken to improve the environment.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The service worked with people, relatives and health professionals to ensure the service people received

was person centred.

- Systems were in place to manage staff performance. Staff told us they felt confident going to the registered manager with any concerns and felt supported. There was a supervision, appraisal and training programme in place.

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 was aware of their responsibility to display the ratings of their previous inspection report. Although this was available in the reception area it wasn't displayed. The registered manager ensured it was displayed by the end of the inspection.
- The registered manager worked in an open and transparent way. They understood their responsibilities in line with the duty of candour.
- Timely notifications were sent to the Care Quality Commission (CQC) and the local authority safeguarding adults' team. Investigations into concerns were detailed.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People living at the service were given opportunities to give their views on all aspects of their care and support. However, there were areas where this could be improved. Information about the building extension had not been shared with all people living at the service.
- Feedback from quality assurance surveys was mostly positive, however timely action had not always been taken. For example, relatives had requested to have a board with staff members names on. The agreed timescale was October 2019 and at this inspection it had not been completed. Feedback about the decoration of some areas of the home had not been responded to in a timely manner.
- Members of the community came to the home and supported people with their religious faith.

Working in partnership with others; Continuous learning and improving care

- The service worked in partnership with other professionals to provide holistic, timely support. This was especially important with people's complex health needs and with those living with dementia.
- People had not always been referred to specialist teams in a timely way when their needs had increased. For example, falls prevention teams. Other referrals to health professionals had been made appropriately.
- The service was working towards the Gold Standard Framework for end of life care. This included staff increasing their knowledge on end of life care best practices.

This section is primarily information for the provider

## Enforcement actions

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	The provider failed to ensure risks were managed and mitigated.

### The enforcement action we took:

We imposed conditions requiring monthly action plans demonstrating how they are to achieve and maintain compliance with the regulations.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	The provider failed to ensure that systems and processes in place to monitor the effectiveness of the quality of the service were effective.

### The enforcement action we took:

We imposed conditions requiring monthly action plans demonstrating how they are to achieve and maintain compliance with the regulations.