

Family Star Limited

# Shirley View Nursing Home

## Inspection report

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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 well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

The last inspection of this service was carried out on 26 January 2016 when we found the provider was in breach of the regulations. This was because the provider had failed to ensure staff received appropriate support through regular supervision and appraisal of their work performance, operate effective governance systems to routinely monitor the quality and safety of the service and notify the Care Quality Commission (CQC) in a timely way about incidents involving people using the service.

After the service's last inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to all the breaches described above. We undertook an unannounced focused inspection of the service on 5 and 8 July 2016 to check the provider had followed their action plan and now met legal requirements.

We also received concerning information from the London Fire and Emergency Planning Authority (LFEPA) who last inspected Shirley View Nursing Home in February 2016 who found the provider in breach of fire safety regulations. During this inspection we also checked the provider had complied with the requirements they had received from the LFEPA following their last inspection of the service.

This report only covers our findings in relation to this topic. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for 'Shirley View Nursing Home' on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

Shirley View Nursing Home provides accommodation, nursing and personal care and support for up to 22 people. The home specialises in supporting older people living with dementia. There were 19 people living at the home when we inspected the service.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

During our inspection, we found that the registered provider had implemented the action plan they had sent us in February 2016. Specifically, we saw the provider now gave staff on-going support through regular supervision, operated effective governance to monitor the quality and safety of the service people received and informed the CQC without delay about the occurrence of any incidents that might have adversely affected the health, safety and welfare of people living at the home.

However, while we saw the provider had made improvements, we identified one new breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 during this inspection. This related to the providers failure to manage risks in the event of a fire by making sure their fire safety equipment was always well maintained and fit for its intended purpose. Specifically, not all fire doors would fit properly into their frames when closed. You can see what action we told the provider to take in relation to this breach of

regulations, 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?

Some aspects of the service were not safe.

We found failures by the provider to maintain a safe environment, particularly in regards to fire safety arrangements, may have put people using the service, their visitors and staff at risk of harm.

**Requires Improvement** ●

### Is the service effective?

We found that appropriate action had been taken by the provider to improve the effectiveness of the service.

The provider ensured staff were appropriately supported to carry out the duties they were employed to perform.

While we saw improvements had been made we have not changed the rating for this key question. To improve the rating to 'Good' would require us to see evidence over a longer period of time of consistent good practice in this area.

**Requires Improvement** ●

### Is the service well-led?

We found that appropriate action had been taken by the provider to improve the way the service was managed.

The provider had improved the way they monitored the quality and safety of the service people received and ensured they now notified the CQC without delay about the occurrence of any incident or event they were legally required to.

While we saw improvements had been made we have not changed the rating for this key question. To improve the rating to 'Good' would require us to see evidence over a longer period of time of consistent good practice in this area.

**Requires Improvement** ●

# Shirley View Nursing Home

## **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 checked 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.

This unannounced inspection took place on 5 and 8 July 2016. The inspection team consisted of one inspector and an expert by experience. Our expert by experience was a person who had personal experience of caring for someone who is living with dementia and uses this type of care service. This inspection was completed to check that improvements to meet legal requirements planned by the provider after our comprehensive inspection in January 2016 had been completed. We inspected the service against two of the five questions we ask about services: Is the service effective? Is the service well-led?

Prior to the inspection we reviewed the information we held about the service. This included the improvement plan we asked the provider to send us setting out the action they intended to take to meet legal requirements and statutory notifications we have received since January 2016. Statutory notifications are notifications that the provider has to send to the CQC by law about key events that occur at the service.

During our inspection we spoke with 12 people who lived at the home, a visiting fire safety maintenance contractor, the registered manager, a company director and head of clinical governance, a senior nurse and two care workers. We undertook general observations of the care and support provided by staff on both days of the inspection. We also looked at five staff files and a range of documents that related to the management of the service, including medicines and clinical governance records.

# Is the service safe?

## Our findings

During this inspection we found that the provider's fire safety arrangements were not sufficiently robust to keep people living in the home, safe. The LFEPA inspected the service in February 2016 and were concerned that some aspects of the provider's fire safety arrangements contravened fire safety regulations.

At this focused inspection we found the provider had taken appropriate action to address some of the fire safety issues identified by the LFEPA, but had failed to meet all of them within the agreed timescales for action.

During a tour of the premises on the first day of our inspection we saw a fire door leading to a wet room on the first floor was being prevented from self-closing because a plastic apron had been used to tie the door handle to an adjacent handrail. We also found four other fire doors on the first floor did not fit properly into their frames when we closed them. Records showed the LFEPA had highlighted this issue about fire doors not being adequately maintained during their last inspection of the home, which they had required the provider to rectify by 26 April 2016. This failure to ensure adequate arrangements were in place to manage risks in the event of a fire and to maintain a safe environment may have put people living at the home and others such as staff and visitors at risk of avoidable harm.

On the second day of the inspection we met a specialist fire safety maintenance contractor who told us they had been tasked by the provider to repair all the damaged fire doors, which we saw they were in the process of completing. Staff we spoke with were clear about their fire safety responsibilities and fire evacuation procedures. The registered manager told us staff had been reminded about their fire safety responsibilities following issues we identified on the first day of our inspection.

Some aspects of medicines management in the home was not safe. We found some medicines prescribed to people using the service in an unlocked cupboard in the office. We discussed this with the registered manager who told us these medicines were no longer required and that they were in the process of returning them all to the dispensing pharmacist. Medicines records and our checks of stocks and balances in relation to people's prescribed medicines confirmed this. However, while we saw the office door was fitted with a keypad device and therefore remained locked when this room was not in use, the registered manager acknowledged it was unsafe to store people's prescribed medicines in this way and that the practice contravened the provider's safe handling of medicines procedures. On the second day of the inspection we saw these medicines had all been returned to the dispensing pharmacist for disposal.

The above paragraphs show that there was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

## Is the service effective?

### Our findings

People using the service spoke positively about the staff and typically described them as "nice". Comments we received included, "Staff help me to my chair and take me back upstairs to my bedroom. I like it here. I'm very happy", "The staff treat me well and they are all very helpful and caring" and "I am happy with the care I receive here. The staff are nice to me and there is nothing I would change or add".

At our last inspection we found the provider had failed to ensure staff were appropriately supported to carry out the duties they had been employed to perform. Specifically, staff did not have enough opportunities to attend individual supervision meetings with their line manager or have their overall work performance appraised annually by the registered manager. This meant opportunities for staff to review and develop their working practices had been limited.

At this focused inspection we found the provider had taken appropriate steps to follow their action plan and address the staff support issues described above. We found people received care and support from staff who were now being appropriately supported by their line managers.

Records showed staff had each attended three individual supervision meetings with a manager or senior nurse in the past six months, which was confirmed by discussions we had with staff. Staff's overall work performance had also been individually appraised by the registered manager during this six month period. Two staff told us through the meetings and appraisals described above they felt they had ample opportunities to discuss their learning needs and any work related issues they might have with managers or senior staff. One member of staff said, "I meet with my line manager every two months to discuss how I'm getting on and what I might need", while another member of staff told us, "Yes – I had my work appraised the other week by the manager who said I was doing well."

## Is the service well-led?

### Our findings

At our last inspection of the service in January 2016 we found governance systems the provider had established to monitor the quality of the care people received were not always operated effectively. Specifically, we found not all the quality monitoring audits the provider assured us they regularly carried out at the home had been documented along with any actions taken to remedy issues identified following these checks.

At this focused inspection we found the provider had taken appropriate steps to follow the action plan they had sent us and improve their governance systems. Records showed daily, weekly and monthly quality monitoring audits were now carried out by managers and senior staff which covered various aspects of the service's operation including, care planning, infection prevention and control, environmental checks and staff training and supervision. A company director showed us an improvement plan they had developed which identified the action the service had taken to rectify issues identified as part of the routine audits described above.

At our last inspection we also found the provider had failed to notify the Care Quality Commission (CQC) in a timely manner about all the incidents and events involving people who lived at Shirley View Nursing Home. This related specifically to several incidents that had resulted in people being injured and the service not notifying us about the outcome of applications they had made to the local authority to deprive people of their liberty. This meant the CQC did not always have enough up to date and accurate information about these incidents or events so that where needed, we could take follow-up action to assure ourselves the provider had responded appropriately to them.

We found the provider now notified the Care Quality Commission (CQC) about all the incidents and events involving people who lived at the home. The provider's records of all the accidents and incidents involving people living at the home which had occurred since our last inspection matched the information we held about the home. For example, one notification we recently received from the service had informed us about an incident which was also documented in the home. It was clear from comments we received from the registered manager demonstrated a good understanding of their role and responsibilities in relation to their legal obligation to notify the CQC without delay about significant incidents or events involving people using the service.

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 will check that this action is taken by the provider.

| Regulated activity   | Regulation  |
|--|---|
| Accommodation for persons who require nursing or personal care | <p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider must do all that is reasonably practicable to mitigate risk. The provider should follow good fire safety guidance and adopt fire safety control measures to make sure fire risks people using the service, their visitors and staff may face is as low as it is reasonably possible to be. Regulation 12 (2) (b).</p> |