

# Shaw Healthcare Limited

# Deerswood Lodge

## 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 caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

# Summary of findings

## Overall summary

The inspection took place on 8 June 2016 and was unannounced. Deerswood Lodge is a residential service providing accommodation and personal care for up to 90 older people including those living with dementia. The service is one of a group of 54 services owned by Shaw Healthcare Limited. The service was last inspected on 8 April 2013 and no concerns were identified.

Deerswood Lodge is a purpose built service with accommodation provided over two floors divided into smaller units of ten single bedrooms with ensuite bathrooms. Each unit has an open plan lounge and kitchen/dining area and all rooms on the first floor can be accessed by a passenger lift. There are additional communal areas throughout the building and accessible, secure gardens and grounds. On the day of inspection there were 82 older people living at Deerswood Lodge with a range of physical disabilities including people living with dementia, requiring varying levels of support to manage their daily activities and maintain good health.

The service had 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. The registered manager was present throughout the inspection.

Individual risks were not always identified and plans in place did not contain sufficient guidance for staff to reduce known risks. For example, one person was a smoker but there was no risk assessment or plan in place to manage the risk to themselves or the environment. Another person had a catheter in place but there was no clear guidance for staff on how to recognise if the catheter was blocked and what to do in the event of a blockage. This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service was meeting the requirements of the Mental Capacity Act (MCA) 2008 and the Deprivation of Liberty Safeguards (DoLS). Conditions attached to standard DoLS applications were met however they were not detailed in people's individual care plans to ensure that staff consistently upheld people's rights and this is an area that needs improvement.

Feedback regarding the quality of food was varied. People told us and we observed that people had sufficient to eat and drink. However, risks and nutritional preferences were not always clearly identified and guidance for staff lacked detail. For example, one person's care plan stated they should have a modified diet. However the reason for the modified diet was not given and not all of the recommendations made by the Speech and Language Therapist had been incorporated into the care plan. This meant that there was insufficient guidance for staff on how to support the person to minimise the risk of choking. This was identified as an area of practice that needs improvement.

Staff had received training in safeguarding adults and had a good understanding of their role in keeping people safe, how to recognise abuse and report any concerns. One person told us they felt, "Safe and comfortable." There were safeguarding and whistleblowing policies in place and a robust recruitment process to ensure that any staff employed were safe to work with people.

Environmental risks were well managed. There were health and safety and equipment checks in place and any repairs were attended to promptly by maintenance staff. Accidents and incidents were recorded and monitored for trends with actions plans in place to reduce the risk of recurrence.

There were sufficient numbers of suitable staff to keep people safe and meet their needs. Staffing levels were calculated according to people's needs. Any gaps in the rota due to staff vacancies were managed effectively through the deployment of regular agency staff. Staff were knowledgeable and well trained. There was a training plan in place and staff received regular supervisions and spoke positively of the support and development they received.

People told us they received their medicines correctly. The management of medicines was safe and in accordance with current professional guidelines and people received their medicines as prescribed.

Staff supported people with kindness and consideration. People told us they got on well with staff and that staff listened to them. Staff used people's preferred form of address when addressing or referring to them and delivered support sensitively and discreetly.

There were regular residents meetings and the provider undertook bi annual residents surveys to capture the views and opinions of people. The complaints procedure was displayed and all complaints were dealt with appropriately and within a reasonable time frame.

Care plans were person centred. People's individual records contained life histories which detailed their social histories, hobbies and interests. There was a dedicated activities team and activities were delivered morning and afternoon seven days a week. Visitors were free to come and go as people wished and people were supported to establish and maintain friendships.

There was a comprehensive quality system in place to monitor quality and identify areas for improvement. Feedback from audits and action plans were communicated through regular team meetings.

The management team had good oversight and knowledge of the needs of individual people. Staff said they were approachable and that they could go to them for advice or if they were unsure about anything. The provider was open to new ideas and the service was working collaboratively with other health care professionals to deliver best practice initiatives to improve outcomes for people.

We identified two breaches of the Health and Social care Act 2008 (Regulated Activities) Regulations 2014. 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?

**Requires Improvement** 

The service was not always safe.

Individual risks were not always managed safely. Some risks had not been identified and there was insufficient guidance for staff to follow to manage other identified risks effectively and this was identified as an area that requires improvement.

There were sufficient numbers of staff employed to meet the needs of people. Recruitment processes were robust to ensure that staff were safe to work with people. Staff had received training and understood their responsibilities regarding keeping people safe from harm.

Medicines were managed safely and according to current professional guidelines.

### Is the service effective?

**Requires Improvement** 

The service was not consistently effective.

People were not always supported to eat and drink safely and their preferences were not always recorded or respected and this was identified as an area that needs improvement.

The legislative requirements of the Mental Capacity Act 2005 (MCA) were met however guidance for staff did not always ensure that people's rights were upheld consistently.

Staff had the knowledge and skills to meet people's needs. They received regular supervision and appraisal. People's health and wellbeing was monitored any referrals to health care professionals were appropriate and timely.

### Is the service caring?

**Good** 

The service was caring.

Staff treated people with courtesy and kindness and people felt cared for.

There were regular residents meetings and people were

encouraged to be involved in day to day decisions and make their own choices.

People were treated with dignity and respect and were supported to maintain contact with family and friends.

### **Is the service responsive?**

**Good** ●

The service was responsive.

Care plans were person centred and staff knew people well. Staff responded quickly to people's needs as they arose. They were unobtrusive and supported people with discretion.

There was a dedicated activities team and people enjoyed activities every day including weekends.

There was a complaints procedure and all recorded complaints had been dealt with effectively within the stated time frame.

### **Is the service well-led?**

**Good** ●

The service was well-led.

There was an established registered manager in place supported by a cohesive management team.

There were quality systems in place to monitor the quality of the service and identify areas for improvement.

The service had strong links with other health care organisations and a willingness to engage in projects to improve the wellbeing of people.

# Deerswood Lodge

## 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.

This inspection took place on 8 June 2016 and was unannounced. The inspection team consisted of three inspectors, a specialist advisor 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. The expert-by-experience for this inspection was an expert in residential care for older people and people living with dementia. The service was last inspected on 8 April 2013 and no concerns were identified.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what they do well and improvements they plan to make. We looked at this and other information we held about the service. This included previous inspection reports and notifications. Notifications are changes, events or incidents that the service must inform us about. We contacted stakeholders, including health and social care professionals involved in the service for their feedback. Four health and social care professionals gave feedback regarding the service and gave their consent for their comments to be included in this report.

During the inspection we observed the support that people received in the lounge dining and communal areas and where invited, in their individual rooms. We spoke to 10 people, 13 members of staff, four relatives and a visitor to the service. Not all people were able to communicate their opinions due to complex support needs. We therefore spent time observing how people were cared for and their interactions with staff and visitors in order to understand their experience. We took time to observe how people and staff interacted at lunch time and during an activity. 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 reviewed staff files, medication records, staff rotas, policies and procedures, health and safety files, compliments and complaints recording, incident and accident records, meeting minutes, training records and surveys undertaken by the service. We also looked at the menu and activity plans. We looked at care

records related to 14 people; these included care plans, risk assessments and daily notes. We pathway tracked some of these individual records to check that care planned was consistent with care delivered.

# Is the service safe?

## Our findings

People and their relatives said that they felt safe and free from harm and would speak to staff if they were worried or unhappy about anything. One person said, "The staff make you feel safe and comfortable." People were at ease with staff and we saw people talking with staff and looking relaxed and happy in their company.

We found that people's individual risks were not always managed safely. Care plans contained risk assessments specific to health needs such as mobility, risk of falls and continence care. However, not all individual risks were appropriately managed and some individual records lacked sufficient guidance for staff to support people safely. For example one person was a smoker but did not have a risk assessment or plan in place to reduce the risk to themselves or the environment such as only smoking in a designated area. Another person had a catheter in place but the associated risk assessment and care plan did not explain to staff how to recognise if the catheter was blocked or what they should do in the event of a blockage. A blocked catheter can cause a person discomfort and where prolonged could cause physical harm. The district nursing team were supporting this person with their catheter care and there was a separate care plan completed by the district nurses in the team leaders office. However, the risk assessment did not indicate that the district nursing team were involved in the care of this person's catheter and did not direct staff to the district nurse care plan for further guidance. The provider had not therefore ensured that risks to people's safety and welfare were assessed and mitigated. This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff were aware of their responsibilities in relation to keeping people safe. Staff had received training in safeguarding people and were able to describe the different types of abuse and what action they would take if they suspected abuse had taken place. There was a safeguarding policy and a whistleblowing policy in place. Whistle blowing is where a member of staff can report concerns to a senior manager in the organisation or directly to external organisations. One staff member said, "We have had regular training on how to keep people safe. If I ever witnessed any form of abuse I would take action immediately and report it to the manager or outside, for example, the social services." There were information leaflets about safeguarding people displayed in the entrance hall and in staff areas.

People were only supported by staff who had been checked to ensure they were safe and suitable to work with them. Before new members of staff were allowed to start work, checks were made on their previous employment history and with the Disclosure and Barring Service (DBS). A DBS check helps employers make safer recruitment decisions and prevents unsuitable people from working with people who require care and support. All potential employees were interviewed by the provider to ensure they were suitable for the role. A new member of staff told us that the recruitment process was thorough and they had not been able to start work until all the checks had been carried out.

There were sufficient trained and experienced staff to ensure people's individual needs were met and to ensure their safety. The staff duty rotas showed that staffing levels had been consistent over the four week



period checked. Some people accessed call bells when they wanted the support of staff. We observed that staff answered these promptly. We looked at the record of responses that was held and saw that no one in the preceding three days had been left waiting for more than 11 minutes before their bell was answered and that the large majority of bells were responded within a couple of minutes. Two people told us that they thought there were enough staff and people and their relatives told us that call bells were responded to promptly.

Staff said that they were busy but made time to give people the individual attention they needed and followed people's individual preferences. One staff member said, "You can never have enough staff. At times when we can be short of staff, when someone goes sick, bank or agency staff are brought in." The service had increased staffing to respond to the higher needs of people. The registered manager told us, "We did forty-eight hour diaries that determined the care hours that individual residents needed but needs change and we review regularly to ensure we safely meet people's needs."

People were cared for in a safe environment. Maintenance records showed that regular safety checks were carried out on both the environment and the equipment to ensure it was all safe. These included call systems, emergency lighting, fire doors, fire alarms and water temperatures. The maintenance staff member told us that they received reported faults in the maintenance book located in the front foyer and these were rectified promptly. One person told us, "If something is broken they fix it very quickly." Any repairs required to the environment or the equipment were addressed locally or referred to an expert for their attention. Staff were able to describe how they would respond in an emergency such as a fire and told us they had regular fire training and had taken part in fire drills in the past year. Each person had a Personal Emergency Evacuation Plan (PEEP) in place. This explained the support each person would need in the event of an emergency. From the training records we noted that all staff received regular training in first aid so they would be prepared to respond to a medical emergency.

There were systems in place to manage medicines safely. Medicine administration record (MAR) charts clearly stated the medicines people had been prescribed and when they should be taken. The MAR charts were up to date, and with the exception of creams, completed fully and signed by staff. We observed staff when they gave out medicines and saw that this was done safely. Medicines were kept in locked trolleys, which were kept secure. We saw medicines were given to people individually; the trolley was closed and locked each time medicines were removed. Staff signed the MAR only when people had taken the medicine. There was a guidance in place to support staff with the administration of 'as required' medicines, such as paracetamol for pain relief. Senior staff were trained to administer medication and undertook medication rounds. A senior member of staff carried out regular checks on the medicine system to ensure that people had been given their medicine safely and as prescribed.

The service also implemented an electronic medication administration system in September 2015 to improve the administration of medications and reduce the risk of errors. The system also advises when stocks of medicines are running low and generates repeat prescription requests. The system allows for regular monitoring of the administration of medication and since the implementation of the system in September 2015 there have been no recorded medication administration errors.

People were protected by robust infection control measures. Staff wore freshly laundered uniforms. They used personal protective items such as aprons and gloves which they were seen to change regularly. This reduced the potential for cross infection between the staff member and other people being supported. The environment appeared clean and well maintained with no malodours. One person said, "This place is spotlessly clean and well painted."

## Is the service effective?

### Our findings

The service was not always effective. 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. 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, and whether any conditions on authorisations to deprive a person of their liberty were being met. Some staff had received training in MCA and DoLS and there was a policy in place for Mental Capacity Decision Making and Deprivation of Liberty Standards. However the policy had not been updated to reflect Supreme Court judgement in March 2014 which meant that staff did not have up to date guidance available to them to support them to apply the MCA and DoLS effectively.

Three people had a DoLS authorisation in place and the provider had made further appropriate applications to the local authority. Where an authorisation had expired a further application had been made in good time. Standard DoLS authorisations are made subject to the provider adhering to certain conditions to support a person whose liberty is restricted. One person's DoLS authorisation had the condition that they be taken out for a walk or for lunch twice a week and their activity record demonstrated that this had happened. However the condition was not documented in their individual care plan and a senior member of staff told us that they were not aware that the person had conditions attached to their DoLS authorisation. This meant that there was insufficient guidance to staff to ensure that the person's rights were consistently upheld and was identified as an area that needs improvement.

People did not consistently enjoy the food, nutritional risks were not clearly identified and people were not always given the support they needed to eat and drink. People's experience of meal times and the food varied although everyone we spoke to felt that people had sufficient to eat and drink. One person said of the food, "Not too bad, nutritious enough, you can always ask for more." Two people told us that the food was ok. However one person said that the, "Food is not very good. It's tasteless and too much repetition." Another commented that the "Food is poor." A relative told us, "The food varies." Three people said that they could ask for more if they wanted it and that snacks were available should they feel hungry in-between meals.

The service had sought feedback on food in a resident's survey in December 2015 and at a residents meeting in February 2016. At that time the feedback was positive. Comments included, 'Love the food.'

Risks associated with eating and drinking were not managed consistently and guidance for staff lacked detail or was unclear. For example, one person was identified as having difficulties swallowing fluids and they had been referred to the Speech and Language Therapist (SALT). A SALT will assess a person's ability to swallow and make recommendations on how to support that person to eat and drink. However, not all the

recommendations made by the SALT had been included in the care plan for this person. The care plan gave guidance to staff regarding thickened fluids but did not detail how thick the fluids should be or that the person should be supported to be as upright as possible when drinking. This meant that staff lacked vital information to manage the risk of choking which could put the person at risk of harm and this was identified as an area that needs improvement.

We observed the lunchtime experience in two of the dining areas at the service and found that people had mixed experiences during this time. In one area the lunchtime experience was limited to the service of food which was placed in front of people without comment. Staff were supporting people to eat but were not chatting with them during the meal and one member of staff who was supporting a resident to eat stopped abruptly and left that person without giving an explanation. One person's nutritional risk assessment stated that they should be supported at mealtimes but this person did not receive support from staff to eat their meal. In another area the lunch time experience was a relaxed, sociable experience. People were sat at the dining room table or in the lounge area according to their preferences. There was easy banter from the member of staff serving plates of food to people and they addressed each person individually and by name. People sitting at the dining table engaged in light conversation while those in the lounge area engaged with staff or watched the television while they ate.

There was a 4 week menu in place and alternative menu choices were available. However, nutritional support was not always person centred. Food preferences were not consistently recorded or followed which meant that people were given inappropriate foods that they did not want or like. For example staff told us that one person had a soft diet but their care plan stated that they enjoyed a normal diet. Staff said another person was a vegetarian but their food chart demonstrated that they had been given a meat dish for lunch the previous day. This meant that people's food preferences were not recorded or adhered to and recording and supporting people to enjoy the food and drink that they prefer has been identified as an area that needs improvement.

Three people and two relatives said that they thought staff were well trained, one person told us, "They are well trained and do a good job." A member of staff said, "Training is good." New staff received induction training consisting of eLearning and shadow shifts until competent and the service has introduced the Care Certificate for new members of staff. The Care Certificate is a nationally recognised set of minimum standards that social care and health workers should adhere to in their daily working life. An agency member of staff told us that they had received induction training and undertaken shadow shifts. They also told us that they always worked with a permanent member of staff so that there was someone to ask if they did not know something.

There was a training plan in place for essential training, such as infection control and food safety, and a social care professional told us that staff at the service regularly accessed local training opportunities. The service had also received input from the Dementia In Reach Team and the Integrated Response Team (IRT) who support services with training and workshops specific to the needs of people living with dementia or residing in a care home. One member of staff told us how she was a 'Hydrate Project' champion. The 'Hydrate Project' is an initiative delivered by the IRT to improve the hydration of people in care homes. On the day of inspection the IRT ran a training session for champions and staff introducing the project which was well attended. Staff confirmed that they received supervision and appraisal and that this was tracked to ensure that every member of staff received supervision regularly. One member of staff described the management team as, "Supportive," and said that, "Training was very good."

People's health and wellbeing was monitored and they were referred to health care professionals appropriately and without delay. A visiting health care professional told us, "They are up to speed with care."

Another told us they had no concerns regarding care. They told us the service referred people to them appropriately and were always well prepared for their visits. A relative described an incident where their family member had a nose bleed and the staff called a doctor promptly.

## Is the service caring?

### Our findings

People were happy and felt cared for. Six people and four relatives said that they got on well with staff. One person said, "We get on very well and they listen." Another person said, "Everyone is very helpful they try to look after me." One relative told us how staff had, "Bent over backwards," to support and encourage her family member. Another relative explained how staff supported them. They said, "They have all been very nice to me."

People were supported in a kind and respectful manner. One person knocked over a drink and staff immediately responded by clearing up and removing the table cloth without drawing attention to that person or making a fuss. Two people supported a person who needed support to move using a hoist. They explained what they were doing and gave reassurance to the person throughout the procedure which was unhurried. A visiting health care professional told us how they had been particularly impressed by some members of staff who they had observed communicating effectively with residents with dementia.

Visitors were welcome at any time and friends and family were coming and going throughout the day. One person told us how the provider had supported them to go out and meet their friends whenever they wanted to. Friendships had also established between people living at the service. One person was saving a seat for another at skittles. Others linked arms to stroll in the corridor while smiling and chatting to each other.

Two people told us that there were relatives and residents meetings and a poster was on display advertising a meeting in June. One person had attended meetings and said, "We talk about food, washing and bed linen." Minutes of a meeting held in February showed that food, housekeeping and activities were discussed. The provider conducted a bi-annual resident's survey for people and regular visitors to the service and the results were collated and shared with staff. Comments included compliments about the food and activities and a request for more opportunities to use the grounds and engage in personal interests.

Staff addressed people by their preferred name. One person's care plan stated that they preferred to be called by their nickname. Staff used this name when they addressed or referred to this person and their nickname was on their bedroom door.

People were supported discreetly and with dignity. For example during the medication round the member of staff knelt down to speak with people who were seated and spoke quietly to them about their medication. Staff supported people at their own pace without hurrying them. One person receiving support was anxious about the amount of time they were taking. The member of staff said to them "Take your time, no rush." Staff knocked on doors before entering people's bedrooms and doors were closed to give privacy to people receiving personal care. One person preferred to keep the door to their bedroom locked and had their own key. Individual records were kept in a locked office and not left out in communal areas.

People were supported to be independent where possible. One person explained how staff supported to go out on their own and told us how they regularly met up with friends outside of the service. On the day of

inspection a member of staff was supporting people to exercise their right to vote. They showed people their polling cards and asked them whether or not they wished to vote so that appropriate support could be arranged in good time.

## Is the service responsive?

### Our findings

Staff knew people well and were responsive to their needs. One person said, "They are getting to know me." And another told us that staff, "Help me choose." Two relatives said they thought that staff knew their family member well, one said, "Yes they know him. He likes a laugh and a chat and speaks to them all."

Care plans were person centred and staff spoke knowledgeably about people's preferences. For example one member of staff told us how a person preferred to have a bath and a hair wash and that they liked to be supported to put their hair in rollers. One person's care plan said that they liked to have their window open in the summer and this person had the window open in their bedroom. We had some concerns about the accuracy and clarity of people's care records related to their health and personal care needs. This has been addressed in the SAFE and EFFECTIVE domains of this report.

People were supported to make day to day choices and decisions for themselves. For example during the lunch service a member of staff asked a person if they would like to wear an apron to protect their clothes. When the person declined their offer of an apron they offered them a napkin and supported them to position it so that their clothes were protected.

The provider had employed a dedicated activities team to plan and deliver activities. Activities took place every morning and afternoon including over the weekend. There was an activities plan on display which included activities such as quizzes, coffee mornings and music activities such as Music for Health. A member of the activities team told us that many people enjoyed arts and crafts and some of the artwork produced by people was framed and on display in the foyer. There was a minibus available for outings which took place at least once a month. One person told us, "They cover everything pretty well there is gardening, bowls, card making. Keeps us busy." Another person told us they were never bored and a social care professional commented on how people were always engaged in activities whenever they visited. A relative told us that their family member particularly enjoyed playing cards and quizzes and that they had been on a trip to a stately home.

Activities staff spent one to one time with those people unwilling or unable to join in with group activities such as discussing articles in the newspaper or giving a manicure or hand massage. When outside entertainers such as singers came to the service they performed in the wide corridor area, known as 'The Street.' and this meant that everyone, even those in their rooms could enjoy the music. During the course of the day we observed people taking part in a game of skittles and there was a quiz held in the garden in the afternoon. People appeared to be happy and occupied throughout the day. People were engaged in chatting to each other or to members of staff, knitting, watching television and people watching. One person was sitting in, 'The Street' exchanging a word or two with people as they passed by and it was clear that this was her routine and that she took pleasure and purpose from it.

Individual plans contained life maps which detailed people's social histories, hobbies and interests. A member of the activities team told us that they used this information to plan the activities programme. They told us that one person's life plan stated that they liked Scottish music and so a bagpipe player was booked

to perform at the service. The same person also enjoyed football so staff supported them to watch football matches on the television.

Staff were attentive to the needs of people. Staff responded to requests for assistance promptly and asked people if they were ok or if they wanted a drink. One person was given a mug of tea and encouraged to drink. The mug was too heavy for her to manage so the member of staff said, "Let me get a smaller mug for you." They decanted the tea into a smaller cup which the person managed better. Another person became distressed and shouted out. A member of staff immediately went to offer them reassurance and the person settled.

There was a complaints policy and procedure on display in the foyer and complaints were recorded and managed appropriately within a reasonable time frame. One person told us that she had exercised her right to complain and had met with the registered manager. Another person said that they would go to their key worker if they had any complaints or concerns.



## Is the service well-led?

### Our findings

The service had an established registered manager who demonstrated good oversight and was knowledgeable about the individual needs of people living at the service. One person told us that the registered manager was, "Quite good, quite nice." Another said, "She's ok I get on with her." A health care professional told us that the registered manager was, "Very approachable."

The registered manager was supported by two unit managers. Two health and one social care professionals expressed confidence in the management team. One social care professional described the management team as, "Robust." A relative told us, "Management is very good they keep you informed." Another relative told us that the unit manager on their floor was, "Marvellous." The management team demonstrated an open and transparent approach. Two members of staff described the management team as supportive and one said they could go to them if they needed any advice or if they were not sure about something.

The registered manager understood their responsibilities in relation to their registration with the Care Quality Commission (CQC). They had submitted notifications, in a timely manner, about any events or incidents they were required by law to tell us about. Staff and social and health care professionals told us that the registered manager acted in accordance with the requirements following the implementation of the Care Act 2014. For example, the Duty of Candour. This is where a registered person must act in an open and transparent way in relation to the care and treatment provided.

A staff member told us that Shaw Healthcare values are encapsulated in the three words, 'Wellness: Happiness: Kindness.' These values are extended to staff as well as people and there was a provider led initiative to reward and celebrate staff called the STAR Award. The registered manager told us how a team leader from Deerswood Lodge had been nominated and awarded a STAR Award for their efforts to overcome difficulties and succeed.

There was a comprehensive quality assurance system in place to monitor quality and identify areas for improvement. Monthly Service Quality Audits included checks of care plans, the environment, infection control and risk assessments. The administration of medication was checked daily for administration errors and a full medication audit was conducted every two months. The provider also had a Quality Team that undertook bi-annual Quality of Life Audits at the service. These audits covered every aspect of care and generated action plans to drive improvements where identified. The service was also subject to local authority visits and targeted audits such as a catering audit in April 2016.

Team meetings were held monthly and there were also regular team leader meetings where audit results and progress on action plans were discussed. The registered manager also attended quarterly regional managers meetings as well as local managers forums to keep up to date and share best practice

A health care professional told us that the registered manager was committed to continuous improvement and took on board any recommendations to improve the service and implemented these where possible. A social care professional told us that the service was engaged with learning opportunities within the local

health care community and at the time of the inspection the service was working alongside the Integrated Response Team (IRT) to implement the Hydrate Project. The IRT works to reduce hospital admissions by promoting good practice in care homes. The hydrate project is a nationwide initiative to improve hydration in care homes to reduce the incidence of falls and infections. Participating in the hydrate project demonstrates a commitment to improving the lives of people and the training session was well attended and four 'hydrate champions' had been identified to take the project forward.

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	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  Risks to service users were not assessed and/or managed safely. 12(1)(2)(a)(b)