

MDJ Homes Limited

Shaws Wood Residential Care Home

Inspection report

Mill Road, Strood, Kent, ME2 3BU
Tel: 01634 721053
Website: www.shawswood.co.uk

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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?

Good 

Is the service well-led?

Requires Improvement 

Overall summary

The inspection took place on 04 December 2014 and it was unannounced, which meant that the provider did not know that we were coming.

Shaws Wood Residential Care Home offers accommodation and long term care and support to up to 36 older people. Some people were living with dementia, some had mobility difficulties, sensory impairments and some received their care in bed. Accommodation is arranged over two floors. There is a passenger lift for access between floors. There were 30 people living at the home on the day of our inspection.

The registered manager left the home in July 2014. The head of operations and strategic development as the provider's representative explained that the new manager was in the process of making their application to become a registered manager. 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.

Summary of findings

We last inspected Shaws Wood Residential Care Home on 01 May 2014 where we found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. We took enforcement action against the provider. We asked the provider to take action to make improvements in the consent to care and welfare, care and welfare of people who use services, meeting nutritional needs, safeguarding people who use the service from abuse, management of medicines, safety and security of premises, supporting workers, assessing and monitoring the quality of service provision and records.

During our inspection on 04 December 2014, we checked to see whether improvements have been made to meet the relevant requirements. We found that significant improvements had been made. Not all of these had been embedded into the practices within the home, there were further improvements to make and we identified one area where there was a further breach.

Staff had received training relevant to their roles. A new system was in place to make sure staff were supervised, but this had not yet been embedded but staff felt they received good support.

A thorough audit of the home had not been carried out. The mock inspection toolkit within the provider's quality assurance tools had not been used. Therefore there was no record to demonstrate that the quality of care, records, environment, health and safety had been monitored and reviewed. Suitable arrangements were not in place to ensure quality assurance systems are effective, and used to drive continuous improvement. This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Staff knew and understood had to protect people from abuse and harm and keep them as safe as possible. The home had a safeguarding policy in place which listed staff's roles and responsibilities.

People's safety had been appropriately assessed and monitored. Each person's care plan contained individual risk assessments in which risks to their safety were identified, such as falls, mobility and skin integrity. Guidance about any action staff needed to take to make sure people were protected from harm was included in the risk assessments. Each person had a personal

emergency evacuation plans (PEEPs) in place. Each PEEP provided information to staff about the level of assistance people would need in the event of an emergency at the home and provided guidance on how to safely evacuate the home.

The home had undergone a number of repairs and alterations. For example, corridors had been decorated and they were colour coded, the skirting boards were painted with contrasting paint to assist people with visual impairments. A new sensory garden had been developed; this area had been planted up with flowers, herbs and strawberry plants. The garden was secure and well kept.

People told us that they did not have to wait for their care needs to be met. For example, call bells were answered promptly. One person said, "I have my own carer at night, she comes quickly when I press this".

There were enough staff on duty to meet people's needs. Staffing numbers had been regularly monitored and amended to meet people's assessed and changing needs.

Medicines were stored, administered and disposed of safely.

Staff had undertaken training relevant to their roles and said that they received good levels of hands on support from the management team. Some people had sensory impairments; however we noticed that staff had not received sensory training. This meant that staff may not have had training and guidance to enable them to provide care and support to people who had sensory loss.

We recommend that training is provided to ensure that staff have the knowledge and understanding to meet people's sensory needs.

There were procedures in place and guidance was clear in relation to Mental Capacity Act 2005 (MCA) that included steps that staff should take to comply with legal requirements. Staff had a good understanding of the MCA 2005 and Deprivation of Liberty Safeguards (DoLS).

People had choices of food at each meal time. People were offered more food if they wanted it and people that did not want to eat what had been cooked were offered alternatives. People with specialist diets had been catered for. The chef had a good understanding of how to

Summary of findings

fortify foods with extra calories for people at risk of malnutrition. Menus were available as large text and pictures which helped people understand these and make choices.

People received medical assistance from healthcare professionals when they needed it. A district nurse told us that the staff had been responsive and approachable; they had listened to advice and had been proactive in referring people to special teams such as the Community Mental Health Team.

People were able to find their way around the home independently. Bathrooms, shower rooms and toilets had symbols on the doors to help people identify where they were.

People told us they found the staff caring, and that said they like living at Shaws Wood. One person told us that it was the “Next best thing to home”. Relatives gave us positive feedback, which included “Staff are kind and respectful” to their family member. Staff were kind, caring and patient in their approach and had a good rapport with people. Staff supported people in a calm and relaxed manner.

People had been involved in planning their own care. All the records we viewed had consent to care and treatment forms that had been signed by the person or their relative. Relatives told us that they were involved with reviewing their family members care on a monthly basis.

Staff were careful to protect people’s privacy and dignity and people told us they were treated with dignity and respect, for example staff made sure that doors were closed when personal care was given.

People and their relatives and visitors had access to a number of shared areas which meant that they could spend private time together. People’s information was treated confidentially. Personal records were stored securely.

The home worked with a local hospice to ensure that people who were at the end of their life were supported to receive appropriate medicines and support. This included support to discuss their funeral wishes.

People told us that the home was responsive and when they asked for something this was provided.

Care plans included information on; personal care needs medicines, leisure activities, nutritional needs, as well as people’s preferences in regards to their care. Some people’s risk assessments lacked detail.

People were engaged with activities when they wanted to be. The activities plan for the home showed that activities took place every day of the week. This included two activities per week led by outside organisations including a local church. Two people mentioned the church services, with one saying, “It’s very important. The one that comes is the church I used to go to, and they visit me”. Another said, “It’s like I go to church”.

The complaints policy was displayed on the wall of the home. The policy was dated September 2014 and detailed the arrangements for raising complaints, responding to complaints and the expected timescales for a response.

A ‘Family and friends survey’ had been completed in September 2014 with generally positive results which were displayed for people to see. Relatives told us that they were kept well informed by the home and they were able to attend regular relatives meetings.

People told us they were happy with the changes the provider had made to the home. People said, “What we suggest, they do” and “I love the new colours; I’m really pleased with it all”.

Staff were well supported by the management team. They told us that communication had improved and staff meetings had taken place. Staff were confident that the management team and provider would deal with any concerns relating to bad practice or safeguarding issues appropriately. The provider and management team were visible throughout the home. Staff told us that they felt confident to contact the management team during evenings and weekends and were confident that they would gain support.

The registered manager left Shaws Wood in July 2014. A new manager was appointed. The new manager was on planned leave when we visited the home. The manager had started their application to CQC to become a registered manager, but this had not been completed.

Summary of findings

The Provider had acted on advice given by Kent Fire and Rescue Service (KFRS) in May 2014. They had worked hard to achieve compliance. KFRS revisited the home on 20 October 2014 and advised them that they now met The Regulatory Reform (Fire Safety) Order 2005.

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

Summary of findings

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 home was safe.

Staff had a good knowledge and understanding on how to keep people safe. Safeguarding policies and procedures were in place. Medicines were appropriately stored, administered and recorded.

The home and grounds had been appropriately maintained. Repairs were made in a timely manner.

There were sufficient staff on duty to ensure that people received care and support when they needed it.

Good



Is the service effective?

The home was effective.

Staff had received training relevant to their roles. A new system was in place to make sure staff were supervised, but this had not yet been embedded but staff felt they received good support.

Staff had a good understanding of the Mental Capacity Act and Deprivation of Liberty Safeguards.

People had choices of food at each meal time which met their likes, needs and expectations. People with specialist diets had been catered for.

People received medical assistance from healthcare professionals when they needed it.

Good



Is the service caring?

The home was caring.

People told us they found the staff caring, and that said they like living at Shaws Wood.

People had been involved in planning and had consented to their own care.

Staff were careful to protect people's privacy and dignity and people told us they were treated with dignity and respect. People's information was treated confidentially. Personal records were stored securely.

Good



Is the service responsive?

The home was responsive.

Care was being offered to people in response to their care needs which had been planned with their involvement.

Good



Summary of findings

People were engaged with a variety of activities of their choosing. People and their relatives had been asked for their views and these had been responded to. Relatives told us that they were kept well informed by the home.

Is the service well-led?

The home was not always well-led.

There was no record to demonstrate that the quality of care, records, environment and health and safety had been monitored to identify where improvements might be needed. Although when shortfalls had been drawn to the attention of the provider action had been taken.

The registered manager had left the service and the new manager had begun the process of applying to become registered.

The service had a clear set of values and these were being put into practice by the staff and management team.

Staff told us they were well supported by the management team and they had confidence in how the home was run.

Requires Improvement



Shaws Wood Residential Care 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 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 04 December 2014 and was unannounced. The inspection team consisted of two adult social care inspectors 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 service.

Before the visit we reviewed previous inspection reports and notifications we had received. A notification is information about important events which the home is required to send us by law.

During the inspection we spoke with four staff, including the deputy manager, 16 people, seven relatives, a district nurse and a chiropodist. We also spoke with the head of operations and strategic development of the home.

Some people were unable to tell us about their experiences, so we observed care and support in communal areas. We looked at six people's care records, 12 people's medication records and looked through management records. Before we inspected we had received positive feedback from four relatives through our website.

We asked the head of operations and strategic development to send us information after the inspection. We asked for the staff training plan to be sent. This was received the day after our inspection.

Is the service safe?

Our findings

People told us that they felt safe at Shaws Wood and with the staff. One person showed us that they had a call bell in their room and we saw that other people had their call bells in reach. All the relatives felt that their loved ones were safe; with two praising the “Peace of mind” the home has given them after traumatic experiences elsewhere.

Shaws Wood had a safeguarding policy which had been updated in May 2014. This detailed what staff should do if they suspected abuse. The policy listed the possible signs and symptoms of abuse. It detailed the names and numbers of organisations that abuse should be reported to. The policy linked directly to the local authority multiagency safeguarding vulnerable adult’s policy, protocols and guidance. This policy is in place for all care providers within the Kent and Medway area, it provides guidance to staff and to managers about their responsibilities for reporting abuse. We asked the staff who they would contact if they had safeguarding concerns. They said they would initially raise the issue with the manager. They told us they were aware they could report safeguarding incidents to the local authority’s safeguarding team. One staff member said, “I would make sure we document [abuse] and then report it to social services, CQC and family”.

Each person’s care plan contained individual risk assessments in which risks to their safety were identified, such as falls, mobility and skin integrity. Guidance about any action staff needed to take to make sure people were protected from harm was included in the risk assessments. Some people’s risk assessments lacked detail. For example, one person’s falls risk assessment recorded that the person had a history of falls, but lacked detail on the person’s falls history. However, the person’s care record did contain a care plan to address falls risks. For example, ‘Ensure floors are uncluttered and free from hazards’.

We looked through the falls log sheets and found that the home had conducted a thorough investigation in to the number of falls and time of falls for people. The investigation highlighted the key times of day for falls. For example, one person frequently fell during mid-afternoon. The home asked the G.P to review the medicines for this person. The GP stopped one medicine and extra checks on this person were put in place by staff. This was successful in significantly reducing the number of falls for this individual.

Each person’s care file had personal emergency evacuation plans (PEEPs) in place. Each PEEP provided information to staff about the level of assistance people would need in the event of an emergency at the home and provided guidance on how to safely evacuate the home. This meant that staff had up to date, detailed information on how to evacuate people. This had been successfully tested during fire drills.

Since the last inspection the home had undergone a number of repairs and alterations. Shower rooms had been re tiled and new shower chairs were in place. Corridors were decorated and colour coded. The skirting boards were painted with contrasting paint to assist people with visual impairments. Lighting had been replaced in corridors, which meant that they were well lit. Bedroom doors were replaced with fire retardant doors and windows had been replaced.

Records showed that the handyperson carried out regular checks on the fixtures and fittings in the home including bathrooms, toilets, gardens, glazing, boilers and the driveway. Any issues found were recorded in a maintenance record and allocated a maintenance number. This enabled the handyperson and management team to monitor when tasks had been completed. Repairs had been completed in a timely manner.

One lounge area in the home had been decorated and furnished with older style furnishings and contained items such as an old typewriter, a radio, a standard lamp, an old style tennis racket, handbags with items of interest, tobacco tins with items of interest and dominoes sets. This was named a reminiscence lounge. Published guidance by the Alzheimer’s Society shows that reminiscence can be a powerful way of communicating with a person living with dementia. It can help a person to gather personal memories and awaken memories of life years ago. Staff told us that several people used this area and reminiscence activities are carried out in the room on a regular basis.

A new sensory garden had been developed; this area had been planted up with flowers, herbs and strawberry plants. The garden was secure and well kept. Raised planters were available so that people could get involved with gardening when the weather permitted. Seating was available in the garden as well as a shelter for people that wanted to smoke. The garden contained donations from local businesses such as a bus stop sign at the smoking shelter with the homes name on and a post box.

Is the service safe?

People told us that they did not have to wait long for their buzzers to be answered. One person showed us where their call bell was and we saw that others had the call bell within reach. People said, “I have my own carer at night, she comes quickly when I press this”, “They come as soon as I press my buzzer” and “They come quickly here”. Call bells were answered in a reasonable time and people’s needs were responded to quickly.

There was enough staff on duty when we inspected the service. Relatives said that the staffing levels have generally been good. Two relatives told us that sometimes at weekend the staff numbers could be a bit low. We checked the staffing rotas and found that the staffing was the same at the weekend as it was during the week. One relative told us “The home is so different to what it was”.

The home had introduced a staffing levels review tool to demonstrate how many staff were needed on shift to meet the assessed needs of people. Staffing levels had been recalculated monthly between September 2014 and November 2014 to reflect changes to the numbers of people living in the home. The head of operations and strategic development told us that the home would review the staffing levels using the tool quarterly or as and when there were changes to the level of need or numbers of people. The staffing levels tool showed us that at the time of our inspection there was a surplus of staff to provide responsive and safe care for people.

We did not check staff recruitment files during our inspection because the inspection was focussed on checking that the breaches of regulation found at the last inspection had been met. The last inspection had not included breaches of regulation 21.

We observed a trained staff member administering people’s medicines during the home’s morning medicines round. The staff member checked each person’s medication administration record (MAR) prior to administering their medicines. The MAR is an individual record of which medicines are prescribed for the person, when they must be given, what the dose is, and any special information. We asked the staff member about recording when people’s prescribed medicines had not been given. They told us that staff would record this on the person’s MAR record using a code from the MAR sheet. They told us that staff would then record an explanation of why the medicines had not been administered on the reverse of the person’s MAR record. Records we viewed confirmed this.

Medicines were stored in the home’s medicines room. The medicines room was securely locked. The room temperature was recorded twice a day, and these records were up to date. This meant that the home could be sure that the room temperature was appropriate for the storage of medicines. The deputy manager told us, “We know to only store medicines in the medicines room. There was an issue in the past with creams being stored in the laundry. We are very careful about it now”.

The home had facilities for the storage of controlled drugs in the home’s controlled drugs cabinet which was locked when not in use. Controlled drugs (CD) were recorded in the controlled drugs register. The deputy manager told us, “We use the CD register to audit amounts. We do a physical count and stock balance every time we administer controlled drugs. We do a further physical count and stock balance every month. We also record medicines that are returned to the pharmacy.

Is the service effective?

Our findings

One person told us, “I’m the type of person who has to have things done a certain way, and they [the staff] do”. Another person told us, “They [staff] always try to help” and one person said, “They [staff] are so helpful. You have only to ask”. One person said “I prefer to have lunch in my room and that’s fine”. We observed that staff communicated with people in a way that met people’s needs and helped them to understand their care.

Relatives told us that communication was effective. One relative said “They call me when they need to and always tell me what she’s [mum’s] eaten” and “This home is a godsend. The staff are so observant”. Another relative was pleased to use the home’s website, and receive emails from them. Another relative told us “They keep in touch if anything is wrong”.

Staff told us they had undertaken training relevant to their roles. A new system was in place to make sure staff were supervised, but this had not yet been embedded but staff felt they received good support from the manager, head of operations and strategic development and the provider to carry out their roles.

Staff training records showed that staff had received training and guidance relevant to their roles. For example, 37 out of 42 staff had attended safeguarding training. The five staff who hadn’t attended the training were new and were completing their induction which included completing a number of training courses including safeguarding training. 41 out of 42 staff had attended fire safety training and seven further staff had completed further fire training to become fire wardens. Staff had attended Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) training. The staff training records did not detail that sensory training had been carried out by any staff at the home.

We recommend that training is provided to ensure that staff have the knowledge and understanding to meet people’s sensory needs.

There were procedures in place and guidance was clear in relation to MCA that included steps that staff should take to comply with legal requirements. Guidance was included in the policy about how, when and by whom people’s mental capacity should be assessed.

Staff had a good understanding of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. One staff member explained that if a person could not retain information, weigh up information and make a decision, a best interests meeting would be held with the person and relatives. The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. Most people living at the home were currently subject to a DoLS. The manager and head of operations had a detailed log of the DoLS applications made so far, those that had been granted and those that were outstanding. The head of operations and strategic development understood when an application should be made and how to submit one and was aware of a Supreme Court Judgement which widened and clarified the definition of a deprivation of liberty.

Decisions made to keep people safe had been made lawfully. For example, one person had bed rails fitted to their bed to prevent them from falling from their bed. The person had lacked capacity to make the decision to have the bed rails fitted. The home had carried out a best interests meeting and a decision had been made that the bed rails should be fitted in order to keep the person safe.

All the records we viewed had consent to care and treatment forms that had been signed by the person or their relative.

People told us the food was “All right” or “Good”. People had choices of food at each meal time. One relative stayed to lunch, although they had not planned to, we heard them telling their family member that the food was nice. People were offered more food if they wanted it and people that did not want to eat what had been cooked were offered alternatives. One person had not eaten any of their meal and had declined any offers of food but did have a nutrient enriched milkshake instead. A relative told us they were “Pleased that snacks were served” explaining that their family member liked to snack regularly. Relatives told us that the chef made homemade cakes and puddings.

There was plenty of food in stock. This included fresh fruit and vegetables, meat, tinned, dried food, frozen and dairy foods. We saw that appropriate foods had been purchased for people with a specific dietary requirement such as diabetes, gluten free diets and vegetarian. The chef had a good understanding of how to fortify foods with extra calories for people at risk of malnutrition. Nutritional needs

Is the service effective?

and food likes and dislikes had been recorded within people's care files. The chef had copies of the relevant information and used these to provide the foods people liked and needed.

The menus were clearly shown on walls, upstairs and downstairs. These were displayed as laminated photos and large print text. The chef told us that the picture menus worked better as people could see what the options available were.

When people required their food and fluid intake to be monitored this was being done regularly and consistently by the staff. Staff understood the importance of doing this to make sure they had enough to eat and drink to maintain their health and wellbeing. People had been weighed monthly to monitor if they gained or lost weight and action was taken as a result of these checks.

People received medical assistance from healthcare professionals when they needed it. For example, one person's records showed that they had seen the GP for

general ailments such as ear pain, anaemia, constipation and they had seen a nurse for a flu vaccination. A district nurse who was visiting the home during our inspection told us that the staff had been responsive and approachable; staff had listened to advice and had been proactive in referring people to special teams such as the Community Mental Health Team. Staff responded to people's changing health needs. One person told staff that their legs were more inflamed than usual. Staff followed this up and spoke with relevant healthcare professionals.

People's needs were met by adaptation, design and decoration of the home. People who were able to find their own rooms without difficulty had door numbers on their bedroom doors. People who were living with dementia who were confused about their surroundings had pictures on their bedroom doors. Bathrooms, shower rooms and toilets had symbols on the doors to help people identify what was behind the closed door. This made it easier for people to find their way around the home independently.

Is the service caring?

Our findings

People told us they found the staff caring, and they like living at Shaws Wood. One person told us that it was the “Next best thing to home”, and the staff were “All good”. Another person said, “I am friendly with all the staff. They are all good”.

Relatives told us “They [staff] have so much patience here”; “They know her [their family member] well and are very understanding when she gets upset”. Another relative said that they had “No complaints about the caring”. They added, “I haven’t a bad word to say about them [staff]. They always have time to chat, even when they are busy”. Another relative told us “Staff are kind and respectful” to their family member.

Staff were kind, caring and patient in their approach and had a good rapport with people. Staff supported people in a calm and relaxed manner. They did not rush and stopped to chat with people, listening, answering questions and showing interest in what they were saying. We observed staff initiating conversations with people in a friendly, sociable manner and not just in relation to what they had to do for them.

Staff demonstrated respect for people’s dignity. They were discreet in their conversations with one another and with people who were in communal areas of the home. Staff were careful to protect people’s privacy and dignity and people told us they were treated with dignity and respect, for example staff made sure that doors were closed when personal care was given.

The home contained a number of rooms and smaller lounges which could be used to hold confidential

meetings. Staff told us that reviews and meetings with families took place in these rooms to ensure that confidential information could be discussed. One relative told us about a visiting dietician that had conducted a meeting with their family member in a communal lounge with other people present. However, they recognised that their family member had made the choice not to move to a more suitable, private room for the meeting.

People’s information was treated confidentially. Personal records were stored securely. People’s individual care records were stored in lockable filing cabinets in the staff room to make sure they were accessible to staff. A coded lock had been fitted to the door to this room to provide additional security for people’s personal information.

The head of operation and strategic development told us, “We are working with the manager of the local hospice. They have visited and advised us on end of life care planning”. People’s records contained ‘Do Not Attempt Cardiopulmonary Resuscitation’ (DNAR) information on an advanced decision the person had made in regards to receiving cardiac life support. People who were receiving end of life care had been asked about the end of life support they wanted and asked if they wished to have a DNAR in place. The head of operations and strategic development told us that end of life care planning discussions were planned with every new person who had moved to the home. They also planned to discuss DNAR’s on the agenda at the friends and families meetings. This meant work was in progress to ensure the home could follow any advanced decisions people had made. The district nurse told us that the district nursing team had done quite a lot of work with Shaws Wood related to end of life care.

Is the service responsive?

Our findings

People told us that the home was responsive. They said “I asked for a different commode and it was changed quickly”; “They [the home] got me hot chocolate in, especially, because it’s all I can drink. And when my back was sore, they got me a special mattress” and “They [the staff] really listen to you, which is important”. One person said, “I’m diabetic. They know that and they help me with it”.

Relatives told us “They don’t make her [family member] get up if she doesn’t want to, they’ll do her eye drops here [in the bedroom], and bring her medication”.

People’s needs were fully assessed with them before they moved to the home to make sure that the home could meet their needs. People’s care records contained care plans, risk assessments, and care reviews that had been signed by the person whose care was being reviewed. The care plans included information on; personal care needs medicines, leisure activities, nutritional needs, as well as people’s preferences in regards to their care. Relatives told us that they were involved with reviewing their family members care on a monthly basis. This meant that staff had up to date, relevant information to enable them to provide care and support.

People were engaged with activities when they wanted to be. Staff told us that they spent time with people in their bedrooms if people received care in bed. They explained that they read to people or provided hand massage. A pantomime took place during our visit and 19 people watched this. Many people sang, clapped and joined in. The activities plan for the home showed that an activity

took place every day of the week. This included two activities per week led by outside organisations including a local church. Two people mentioned the church services, with one saying, “It’s very important. The one that comes is the church I used to go to, and they visit me”. Another said, “It’s like I go to church”. A relative told us that their family member had recently been out into the community to visit a local garden centre which they had enjoyed

The complaints policy was displayed on the wall of the home. The policy was dated September 2014 and detailed the arrangements for raising complaints, responding to complaints and the expected timescales. There had been no complaints received by the home in 2014. We saw that compliments and thank you notes and cards had been displayed on the notice board outside of the office.

Arrangements were in place to encourage feedback from relatives and friends. The Provider had conducted a ‘Family and friends survey’ in September 2014. The feedback from the survey was displayed on the notice board in the hallway. 12 relatives had responded to the survey. Overall the responses were positive. Feedback gained in the surveys had been responded to and discussed with family and friends within relatives meetings.

Relatives told us that they were kept well informed by the home. They attended regular relatives meetings. One relative told us that the provider had met with them after the May 2014 inspection to discuss what had gone wrong and to discuss the planned changes including the redecoration. They also received a letter from the provider. Relatives confirmed that they had received a feedback survey from the home.

Is the service well-led?

Our findings

People told us that the home had improved since we last inspected the service. People told us they were happy with the changes the provider had made to the home. One person said, “What we suggest, they do”. They added they had chosen the colours for the lounge next to their room. Another person said “I love the new colours; I’m really pleased with it all” and another person said “Look at all the new paint and pictures”.

A visitor commented on the “Great atmosphere” in the home. Two relatives told us that the friends and relatives meetings were beneficial because they “Get to meet the other relatives and talk to them”. All said that if they had any problems, they would raise them. One relative whose family member had recently moved to the home told us “I asked around, and this home had a good reputation”. They explained that they were “Quite happy with the way things are run. They try to make it all homely for them”. Another relative commented that “The staff have changed and the management has changed for the better. It’s really improving”.

Relative and friend survey results showed that 100% of relatives felt their family members were treated well by staff. 78% of relatives said that staff members had discussed their family members care and support needs with them and 83% of relatives said that they felt senior team members and management were available to them to discuss issues.

Staff felt well supported by the management team. They felt communication between managers and staff had improved. Staff meetings had taken place and the minutes from October 2014 showed that staff had been involved in discussions about improvements and changes to the home. The management team invited staff to make suggestions on further improvements to the home. Staff told us that they had worked as a team to support and drive the changes. One staff member said “It’s a much better place to work”. Another staff member said “Things have improved in leaps and bounds since the last inspection. The communication from the management is much better”.

Staff were confident that the management team and owner would deal with any concerns relating to bad practice or safeguarding issues appropriately. The head of operations

and strategic development had a good understanding of the needs of people within the home and was involved in supporting staff to get the right treatment. For example, the head of operations and strategic development contacted local mental health services to chase up a referral and arrange a review for a person who had declined in health. They were also in the process of reviewing all documents that the home used to make sure these were up to date and provided staff with consistent guidance. This showed that the management team had a good understanding and knowledge of what was required to drive improvements.

The home’s website lists the home’s mission to ‘Provide excellent care respecting each person as an individual, supporting people of all or no faith to meet every physical, emotional and spiritual need’. The aims of the home were clear. The culture within the home showed that staff had a good understanding of the aims, which was evidenced in the care and support they provided. Feedback gained from people, relatives and staff was positive, which showed that this had been achieved. We observed that the home was warm, friendly and happy.

The owner and management team were visible throughout the home. Staff told us that they felt confident to contact the management team during evenings and weekends and were confident that they would gain support. There was an on call system in place so that staff could contact the management team when required.

The registered manager left Shaws Wood in July 2014. A new manager had been appointed and was on leave when we visited the home. The manager had not completed their application to CQC to become a registered manager, but had started the process by completing a disclosure and barring service (DBS) form. A DBS check verifies if a staff member has a criminal record or is barred from working with children or adults. The check supports decision making about suitability for the role as registered manager. We spoke with the head of operations and strategic development about this and they informed us that the application will be progressed when the manager returns from leave in January 2015.

Staff had notified CQC of incidents and events that they were required to by law. For example, Deprivation of Liberty Safeguards (DoLS) authorisations and any other incidents.

The head of operations and strategic management told us that the owner had given them control of finances so that

Is the service well-led?

improvements could be carried out. They also had a clear understanding of further work that was required to ensure that improvements to the home were sustained. For example, they told us that they were planning to review all of the policies and procedures, develop a quality assurance tool and embed staff supervisions.

The Provider had acted on advice given by Kent Fire and Rescue Service (KFRS) in May 2014. They had worked hard to achieve compliance. KFRS revisited the home on 20 October 2014 and advised them that they now met The Regulatory Reform (Fire Safety) Order 2005.

Although the home had audit systems in place, which included a mock inspection toolkit. An audit and mock inspection had not been carried out. Therefore there was no record to demonstrate that the quality of care, records, environment, health and safety had been monitored and reviewed. A medicines audit had taken place the week before we inspected. The environmental audit had not recognised that a fridge for food storage was running at too high a temperature and we pointed this out to the staff. Once this was reported immediate action was taken and a new fridge arrived during our inspection. However, the provider should be carrying out effective audits to recognise shortfalls themselves. Suitable arrangements

were not in place to ensure quality assurance systems are effective, and used to drive continuous improvement. This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

One fridge on the ground floor of the home within the serving kitchen showed that over a period of several months had been showing a high temperature. This fridge contained food which had been opened and had not been dated; therefore it was not clear when the food needed to be used by. The handyperson checked the fridge after we reported our findings to the head of operations. They found that the seal had broken on the fridge which is why the temperatures had been high. The provider purchased a replacement fridge during our inspection and this was collected and delivered to the home. This evidenced that the provider had responded quickly to the identified issue. Had appropriate auditing and monitoring been taking place, the broken deal may have been identified and rectified earlier.

The provider had a clear maintenance plan in place. This showed that further work to the fabric of the building was planned for 2015. This included replacing carpets in the home, replacing armchairs in communal areas and there was a plan to provide internet access for people so that people could keep in contact with relatives using the internet.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service provision</p> <p>How the regulation was not being met:</p> <p>The registered person had not assessed and monitored the quality of the services provided. Regulation 10 (1) (a).</p>