Care Quality Commission

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Shortwood House

Inspection report

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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?	Good

Overall summary

This inspection took place on 30 October 2015 and was unannounced.

Accommodation for up to 12 people is provided in the home over three floors. There were 12 people using the service on the day of our inspection. The service is designed to meet the needs of older people.

There is a registered manager and she was available during the inspection. 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.

People felt safe in the home and staff knew how to identify potential signs of abuse. Systems were in place for staff to manage risks and respond to accidents and

Summary of findings

incidents. The premises and equipment were checked to keep people safe. Sufficient staff were on duty to meet people's needs and they were recruited through safe recruitment practices. Medicines were safely managed.

Staff received appropriate induction, training, supervision and appraisal. People's rights were protected under the Mental Capacity Act 2005. People received sufficient to eat and drink. External professionals were involved in people's care as appropriate and adaptations had been made to the design of the home to support people living with dementia.

Staff were caring and treated people with dignity and respect. People and their relatives were involved in decisions about their care.

People's needs were promptly responded to. Care records provided sufficient information for staff to provide personalised care. Activities were available in the home. A complaints process was in place and staff knew how to respond to complaints.

People and their relatives were involved in the development of the service. Staff told us they would be confident raising any concerns with the management and that the registered manager would take action. There were systems in place to monitor and improve the quality of the service provided.

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 service was safe.

People felt safe in the home and staff knew how to identify potential signs of abuse. Systems were in place for staff to manage risks and respond to accidents and incidents. The premises and equipment were checked to keep people safe.

Sufficient staff were on duty to meet people's needs and they were recruited through safe recruitment practices. Medicines were safely managed.

Good

Is the service effective?
The service was effective.

Staff received appropriate induction, training, supervision and appraisal. People's rights were protected under the Mental Capacity Act 2005. People received sufficient to eat and drink.

External professionals were involved in people's care as appropriate and adaptations had been made to the design of the home to support people living with dementia.

Good

Is the service caring?
The service was caring.

Staff were caring and treated people with dignity and respect. People and their relatives were involved in decisions about their care.

Good

Is the service responsive?
The service was responsive.

People's needs were promptly responded to. Care records provided sufficient information for staff to provide personalised care. Activities were available in the home. A complaints process was in place and staff knew how to respond to complaints.

Good

Is the service well-led?
The service was well-led.

People and their relatives were involved in the development of the service. Staff told us they would be confident raising any concerns with the management and that the registered manager would take action. There were systems in place to monitor and improve the quality of the service provided.

Good

Shortwood House

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 30 October 2015 and was unannounced.

The inspection team consisted of two inspectors.

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 the service does well and improvements they plan to make. Before our inspection, we reviewed the PIR and other information we held about the home, which included notifications they had sent to us. A notification is information about important events which the provider is required to send us by law.

We also contacted the commissioners of the service, health and social care professionals who regularly visited the home and Healthwatch Nottinghamshire to obtain their views about the care provided in the home.

During the inspection we observed care and spoke with three people who used the service, one visitor, two care staff, the care manager and the registered manager, who was also one of the two directors of the provider company. We looked at the relevant parts of the care records of five people, the recruitment records of three staff and other records relating to the management of the home.

Good

Is the service safe?

Our findings

People told us they felt safe at the home and they had no concerns about the staff caring for them. They told us they would speak with staff if they had any concerns. Staff told us they had received training in safeguarding vulnerable adults and were able to describe the signs and symptoms of abuse. Staff told us if they had a concern they would report it to the registered manager immediately. They were aware of reporting to the local authority safeguarding team and the CQC and said they would report concerns in the absence of the registered manager. However, they said the management team would act promptly to address any concerns raised with them.

We observed that staff supported people safely. A safeguarding policy was in place and staff had attended safeguarding adults training. Information on safeguarding was in the guide for people who used the service to give guidance to them and their relatives if they had concerns about their safety. Accurate records of any potential safeguarding issues were maintained by the home.

Risks to people who used the service were managed so that they were protected from harm. Individual risk assessments had been completed for people in relation to their mental health, moving and handling, behaviour, physical health, falls and nutrition. All risk assessments had been reviewed monthly.

Specific risk assessments for the use of bed rails had not been completed, although mental capacity assessments and best interest decisions had been documented which meant that the risks of using bedrails for a person who lacked capacity had been considered and steps taken to minimise the risk. Accident and incident forms were being completed and contained information as to how any injury had occurred and any steps taken to prevent similar incidents in the future.

Staff were able to describe the actions required of them in an emergency such as a fire. A business continuity plan was in place to support staff if events occurred that could affect the running of the service. We saw that individual personal emergency evacuation plans (PEEP) were in place for people using the service. A PEEP provides information to staff on how to support people to safely evacuate the home in the event of an emergency.

People had specialised seating or mobility aids to help them maintain their mobility and they were well maintained. A visitor told us their relative needed to use equipment to support their mobility and staff used this competently. Appropriate checks of the equipment and premises were taking place and action was taken promptly when issues were identified.

Systems were in place to ensure there were enough qualified, skilled and experienced staff to meet people's needs safely. People told us they felt there were enough staff to care for them. Staff told us there were enough staff to meet people's needs. They felt they were able to spend time with people and provide personalised care.

The registered manager told us that staffing levels were based on people's dependency levels. They told us that any changes in dependency were considered to decide whether staffing levels needed to be increased. We looked at records which confirmed that the provider's identified staffing levels were being met. We observed that people received care promptly when requesting assistance in the lounge areas and in bedrooms.

Safe recruitment and selection processes were followed. We looked at recruitment files for staff employed by the service. The files contained all relevant information and appropriate checks had been carried out before staff members started work.

Medicines were safely managed. People we talked with said they received their medicines regularly and staff always remembered to provide them. One person said, "I have a range of tablets and they hand them out at the set times." We observed the administration of medicines and saw staff explained what the medicines were to people and stayed with the person until they had taken them.

Staff told us they had received training in medicines administration which was provided by the pharmacy who supplied the medicines to the home. Both of the staff we talked with said they had had had their competency to administer medicines checked within the last few months.

Medicines were stored securely in a locked trolley and locked cupboards and the required temperature checks of the storage areas were recorded. Liquid medicines were labelled with the date of opening as were topical creams and ointments. We looked at the Medicines Administration Records (MAR) and the front sheet for each person contained a photo of the person for ease of identification,

Good

Is the service safe?

details of any allergies and their preferences in relation to taking their medicines. We found the MARs had been completed consistently but there were two gaps on the MAR for one person and a gap on the MAR for a second person. We carried out a stock check of the medicines and found the amount remaining suggested the medicines had been given. The registered manager was informed and they told us they would address the issue.

We found that when handwritten entries were made on the MARs, the transcription had been checked and initialled by two staff except in the case of two people's medicines where there was no witness initial recorded. This meant that there was a greater risk that the handwritten entries for these two people contained errors as a second staff member had not checked them. The registered manager was informed and they told us they would address the issue.

The administration of topical creams and ointments and nutritional supplements were recorded on copies of the person's MARs which were kept in their room. We examined these and the food and fluid charts for two people and found the application of creams were recorded but the record of administration of nutritional supplements was not documented on four out of five days in the current week for one person. It was therefore unclear as to whether the person was receiving their supplements. The registered manager was informed and they told us they would address the issue.

Good

Is the service effective?

Our findings

People received effective care from staff who had appropriate knowledge and skills. A relative told us staff were skilled and knowledgeable and understood their family member's needs. We observed that staff were confident and competently supported people.

Staff told us they received induction, training, supervision and appraisal. Staff felt supported by the management team. Training records showed that staff were up to date with a wide range of training including equality and diversity training. Supervisions took place regularly and also included a wide range of learning as well as an opportunity to discuss the developmental needs of staff. Appraisals were also taking place and contained appropriate detail.

Consent to care and treatment was sought in line with legislation and guidance. We saw that staff clearly explained what care they were going to provide to people before they provided it. Where people expressed a preference staff respected them.

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.

The requirements of the Mental Capacity Act (2005) were adhered to. When a person lacked the capacity to make some decisions for themselves, a mental capacity assessment had been completed and there were details of the involvement of others in reaching a best interest decision for the person. Assessments were decision-specific and linked to a care plan which was clearly identified as having been developed in the person's best interest.

The registered manager told us that no applications had been made for people who might be being deprived of their liberty. From our observations and looking at care records we felt that potential DoLS issues should be considered. The registered manager agreed to contact the local authority DoLS team to discuss whether they needed to make any applications for people living in the home. Staff had attended MCA and DoLS training and were able to describe the implications of the mental capacity act and DOLS for their practice.

We saw a person had behaviours which challenged others and their care records identified the action staff should take to manage this behaviour and distract the person.

We saw the care records for people who had a decision not to attempt resuscitation order (DNACPR) in place. DNACPR forms had been accurately completed.

People were supported to eat and drink enough. People told us the food was very good. One person said, "The quality is excellent, there is terrific choice and there is plenty of it. I have enjoyed the food." A relative told us the food was, "Beautiful."

A person told us they needed a special diet and had a food intolerance. They said staff had tried a wide range of different food products to find out if the person liked them. They said, "They get everything I need. They try to ensure that there is variety for me." They told us breakfast was served between 8.30am and 9am but if they were late breakfast would still be provided.

One of the three care records we reviewed indicated the person had been weighed monthly. The other two people were confined to bed and weighing them would have caused them unnecessary discomfort. Their nutrition had been discussed with their GP and a decision had been made to encourage them to eat and provide them with nutritional supplements. We saw people at risk nutritionally had a record of their food and fluid intake indicating this was being monitored.

We observed lunch. Tables were set with tablecloths, condiments, cutlery and napkins. We saw at least four different choices of main meal were offered and food was provided to each person in the best way to allow them to eat independently where possible. Each person's preferences were met throughout the meal with each dish being served according to the person's wishes. Teapots and milk jugs were brought to the table and people served with

Good

Is the service effective?

tea and coffee and then left on the table to allow people to help themselves. Staff were very attentive to people during the meal, checking with them, offering additional items where appropriate and encouraging them to eat.

People were supported to maintain good health. A person with a long term health condition told us they had their preventative medicines regularly and staff would contact their GP promptly if they needed attention. A visiting professional told us that staff asked for advice where required and followed any guidance given.

There was evidence of the involvement of external professionals in the care and treatment of people using the service. The care records we examined contained a shared care plan compiled by the local GP practice. Staff were aware of people's long term health conditions and the implications of these on their care and support needs.

People at high risk of developing pressure ulcers had pressure relieving mattresses and cushions in place which were set correctly. There was a record of two hourly position changes indicating that appropriate pressure care was being given even though there was no care plan for this. Pressure relieving mattress checks had been carried out daily.

People's needs were met by the design of the home. People told us that there were very happy with the home. Adaptations had been made to the home to support people living with dementia. Bathrooms, toilets and people's bedrooms were clearly identified. Directional signage was in place to support people to move around the home independently. Lounge areas were comfortable and easily accessible for people.

Good

Is the service caring?

Our findings

People told us they had developed good relationships with staff and they said everyone was friendly and kind. One person said, "Staff are attentive and kind." Another person said, "[Staff] make sure you are happy." A relative said, "They are brilliant, absolutely." Visiting health professionals told us that staff were caring and knew people well.

People clearly felt comfortable with staff and interacted with them in a relaxed manner. Staff greeted people when they walked into a room or passed them in the corridor. They checked they were alright and whether they needed anything. Staff were kind and caring in their interactions with people who used the service.

Staff knew the people they cared for very well and understood their needs in detail. A staff member said, "We try and make the residents as comfortable as possible; it is what they deserve. We want them to have the best." Another staff member said, "The home is small enough for us to get to know everybody really well. It is lovely to spend time with them all."

People were actively involved in making decisions about their care. A person told us that staff had discussed their care plan with them and shown it to them. Another person said that when they first came to the home, the care manager had asked lots of questions to find out their needs and ensure they received the care they needed. Records showed that people had been involved in decisions about their care and relatives had also been consulted where appropriate.

Where people could not communicate their views verbally their care plan identified how staff should identify their preferences. We saw there were some visual communication aids in one person's bedroom where they were unable to communicate verbally. There was also a visual communication aids booklet in the dining room. Advocacy information was also available for people if they required support or advice from an independent person.

People's privacy and dignity were respected. People told us staff knocked on their bedroom doors before entering and closed curtains to protect their privacy during personal care. One person said staff were, "very good" and, "They hide your embarrassment." Staff told us they knocked on people's doors before entering, and took people to their room if they needed to talk with them privately.

We saw staff knocking on people's doors before entering rooms and taking steps to preserve people's dignity and privacy when providing care. We observed that information was treated confidentially by staff. The home had a number of areas where people could have privacy if they wanted it. Some staff had been identified as dignity champions. A dignity champion is a person who promotes the importance of people being treated with dignity at all times. Staff had attended privacy and dignity training.

A relative said, "Staff let [people who used the service] do as much as possible." We observed staff spending considerable time encouraging a person to stand and suggesting how they could do this most easily. We were told that the person could manage themselves most of the time although they were sometimes more mobile than at other times.

People told us that their families and friends could visit whenever they wanted to. Relatives told us they were able to visit when they wanted to. We observed that there were visitors in the home throughout our inspection. People were supported to maintain and develop relationships with other people using the service and to maintain relationships with family and friends.

Good

Is the service responsive?

Our findings

People received personalised care that was responsive to their needs. One person said, "I get more satisfaction out of being here than I dreamed of. There should be more places like it." They went on to talk about the homely atmosphere and the positive relationships with staff. They talked about the Halloween celebrations the previous day and the way in which their grandchildren had been able to join in, which added to their enjoyment. They said, "We had a good time."

Another person said, "There is always something going on, I don't get bored." They told us they played games such as dominoes and monopoly, but could also stay in their room if they wished and watch the TV or DVDs. They said they sometimes went out for a meal, or to the garden centre. Several people told us about the Halloween party they had had the previous day. They said they had two singers who came to entertain them and they had dressed up and had a really enjoyable time. We saw a child come to the home with their parent (a member of staff) during the inspection in Halloween costume and we saw people's faces' light up and they talked to the child and clearly enjoyed the visit.

We were told by one person that staff took them down to the park in their wheelchair and they also went to the local library. The care manager told us they brought a pet dog into the home a couple of times a week and people related really well to the dog. Staff told us they were encouraged to coordinate as many activities as they could. Records confirmed that people took part in a range of activities.

People told us they were able to make choices. A person said, "When I want a bath, I tell them and they let me know when they can help me with it." Another person said staff understood their needs and said, "I don't know how they do it. Everything is successfully handled." A person we talked with said, "Staff pop in and check on you regularly to see if you need anything."

Care records contained information about people's preferences in relation to their care and support and there was also a document which had a section, 'What is important to (name)' and 'How best to support (name)'. This provided useful information about the person and their care preferences. There was also a document with the person's life history.

A person's care record indicated the person had a religious belief and contained information on those beliefs and the things which were important to them. When we talked with staff they knew about the person's beliefs and the implications for their care. The person was no longer able to communicate verbally and lacked capacity to make decisions for themselves. Staff told us the person had lived at the home for a number of years and had been able to communicate their wishes in the past. Staff told us when they had to act in the person's best interests they took into account the person's previous views and wishes.

People told us they would know how to make a complaint. They said they regularly saw the care manager and registered manager and were able to talk about any issues or concerns. However, they told us they had never needed to make a complaint. Staff told us that if someone raised a concern or wanted to make a complaint they would report it to the registered manager, fill in a complaints form and document it in their care records.

Guidance on how to make a complaint was contained in the guide for people who used the service and there were booklets and notices on display in the dining room with details of the complaints process and how to make a complaint. There was a clear procedure for staff to follow should a concern be raised. The home had not received any recent complaints.

Good

Is the service well-led?

Our findings

People were involved in developing the service. A person said, "Yes, they listen to what I have to say or I'd soon tell them." People told us they had meetings regularly. They were encouraged to participate and plans for the home were discussed with them. They said they could always talk to the registered or care managers if they had an issue and were encouraged to contact them if they were uncertain about anything. Some people we talked with recalled being asked to complete a questionnaire to give feedback on the quality of the service provided.

Regular meetings for people who used the service and their relatives took place and actions had been taken to address any comments made. Questionnaires were completed by people who used the service and their families. We also saw completed questionnaires from visiting professionals and staff. The feedback from all questionnaires was very positive. The home had received a lot of compliments from people who used the service and their relatives regarding the quality of care provided by staff.

The premises had a warm, friendly and homely feel. A person said, "It is a good atmosphere here. Staff are very good with everyone." The care home's philosophy of care was in the guide provided for people who used the service and displayed in the home. We observed that staff provided care in line with those values. The PIR submitted by the provider stated, '[We] aim for a management approach that creates an open, positive and inclusive atmosphere throughout the home.' We saw clear evidence of this during our inspection.

A whistleblowing policy was in place and contained appropriate details. Staff told us they would be comfortable raising issues.

People knew who the registered manager was and said they were always available and easy to talk to. They talked of very positive relationships with the registered manager and staff. Staff said they had regular staff meetings. One staff member said, "We discuss everything at staff meetings. We are able to make suggestions on how thing could be improved. We are always looking at improving." They said the registered manager was available throughout the week. "Oh gosh, yes, she is very approachable." Another staff member said, "[The care manager] and [the registered manager] are always here." A visiting professional told us that the registered manager had a good understanding of her role.

A registered manager was in post and available during the inspection. She clearly explained her responsibilities and how other staff supported her to deliver good care in the home. She felt well supported by the provider. We saw that all conditions of registration with the CQC were being met and notifications were being sent to the CQC where appropriate. We saw that regular staff meetings took place and the registered manager had clearly set out their expectations of staff.

The provider had a fully effective system to regularly assess and monitor the quality of service that people received. Staff told us the results of quality audits were provided for them to read and learn from. We saw that regular audits had been completed by the registered manager. Audits covered infection control, care records, medication, health and safety, laundry, kitchen and domestic areas. Actions were taken in response to any issues found.

The registered manager of the service told us were continually seeking to improve the quality of the service people received and develop the knowledge and experience of the staff who support them. For example the home had successfully gained the local authority's 'Quality Dementia Mark' (QDM). This is awarded to services that have shown that they provide a high standard of care to people with living with dementia.