

Wellington Healthcare (Arden) Ltd

Shaw Side Care Home

Inspection report

77 Oldham Road
Shaw
Oldham
Greater Manchester
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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Shaw Side Care Home provides residential and nursing care for up to 150 people. Accommodation is across five separate houses which are set within extensive grounds. At the time of inspection 120 people were living at the home. We inspected three of the houses – Oldham, Miller and Royton House.

People's experience of using this service and what we found

Care was person-centred and people's care records described their likes and dislikes and how they wished to be supported. However, provision of meaningful activities was limited, and people had very little to do during the day. Staff commented, and we observed during our inspection, that they were extremely busy, with little time to socialise with people who used the service.

People told us they felt safe living at Shaw Side Care Home. The staff recruitment process was robust. The home looked clean and staff followed good infection control practices. Equipment safety checks were up to date. Medicines were managed safely. However, improvement was needed in the management of fluid thickeners.

We have made four recommendations. These are in relation to the provision of activities, the completion of care charts, staffing numbers and the management of fluid thickeners.

There had been a very recent change in the management of the service, with a new manager and clinical services manager employed. Auditing and governance systems were in place. However, these had not identified inconsistencies in the completion of some care charts. We could not be sure these had always been completed accurately.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (report published 6 March 2020).

Why we inspected

The inspection was prompted in part by concerns we received in relation to the cleanliness of the home and staffing levels. As a result, we undertook a focused inspection to review the key questions of safe, responsive and well-led only. We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

We looked at infection prevention and control measures under the safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the

service can respond to COVID-19 and other infection outbreaks effectively.

We found evidence the provider needs to make improvements. Please see the responsive and well-led sections of the full report. The overall rating for the service has changed from good to requires improvement. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Shaw Side Care Home on our website at www.cqc.org.uk.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Shaw Side Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by three 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 care service.

Service and service type

Shaw Side Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a new manager who was in the process of registering with the Care Quality Commission. The registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was so we could be assured the service was free from COVID-19 infection.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We gathered feedback from the local authority. The provider was not asked to complete a provider information return prior to this

inspection. This is information providers are required to send us with key information about the service, what it does well and improvements they plan to make. We took this into account in making our judgements in this report. We used all of this information to plan our inspection.

During the inspection

During our visit we reviewed a range of records. These included ten people's electronic care records and risk assessments. We looked at five staff personnel files to review the recruitment process and reviewed the training and staff supervision records. We reviewed a variety of records relating to the management of the service, including policies and procedures and audits. We spoke with the interim manager, three care assistants, a nurse, a house manager and two housekeepers. We also spoke with eight people who used the service. The Expert by Experience spoke with five relatives on the 'phone.

Is the service safe?

Our findings

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

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

Staffing and recruitment

- The staff recruitment process was safe. Staff personnel files were comprehensive, and all the necessary pre-employment checks had been completed to ensure people recruited were of good character. The provider kept accurate records of the recruitment and induction process for newly recruited staff.
- We received mixed views about staffing levels. Several relatives told us they felt the service was short staffed, while others told us they felt staffing levels were appropriate. The majority of staff we spoke with felt the service needed more staff. One staff member said, "No, we need more [staff] as we are very busy all the time." Another said, "We don't have enough time to sit and talk to people. It is one task after another."
- During our inspection we saw that staff were extremely busy, and there were few opportunities for them to spend time with people, keep people company or help with activities. However, we did not find evidence that people were put at risk due to staffing numbers.
- There was an on-going recruitment drive to employ more care staff and nursing staff. In the meantime, the service used agency staff to cover staff shortfalls and absences.

We recommend the service review it's staffing numbers to ensure they are appropriate for the level of dependency and number of service users.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives were happy with the care and support provided by staff. One relative said, "The staff are lovely and caring and so kind." A person living at the home told us, "I do feel safe."
- Staff had received safeguarding training and understood safeguarding procedures and how to report concerns.
- Where incidents occurred, they had been investigated and reported to the local authority safeguarding team. Good oversight of safeguarding incidents was maintained by the provider.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks to people's health and well-being had been assessed. Up to date information was available to help staff minimise identified risks. These included, for example, risk assessments for pressure ulcers.
- People had access to equipment when needed. For example, pressure relieving mattresses to help minimise the risk of skin break down.
- People lived in a safe environment. All the appropriate servicing of equipment had been carried out and regular maintenance checks were completed, with oversight by the provider. Staff had completed fire training and fire drills were completed at regular intervals.

- Accidents and incidents were recorded, investigated and monitored by the management team using their electronic care recording system. The provider analysed the data on incidents, accidents and complaints to identify any themes or trends.

Using medicines safely

- Medicines were stored and administered safely.
- Staff with responsibility for medicines had received training in medicines management and had their competency checked.
- There was guidance for staff on when 'as and when required' (PRN) medicine should be given.
- Medicine administration records (MAR) had been completed accurately. However, where people required time sensitive medicines, such as early morning or before food, time of actual administration had not been recorded. We were assured the correct amount of time had been left between doses and times would be added in future.
- Improvement was needed in the management of prescribed fluid thickeners. Their use was not always recorded correctly in care records and tubs of thickener were not stored correctly.

We recommend the provider review its use of fluid thickeners to ensure it is carried out in line with national guidance.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated requires improvement. At this inspection this key question has remained the same. This meant people's needs were not always met.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Improvements were needed in the provision of activities.
- People, their relatives and staff all commented that there was not enough for people to do or to occupy their time. One relative said, "I think the home does provide some activities, but they are limited in choices."
- The COVID-19 pandemic had meant that it was not possible for the home to have visiting entertainers. However, the choice of 'in-house' activities was very limited.
- We reviewed the weekly schedule, which showed activities were facilitated by three activity coordinators. On some days, no activities were provided on one or two of the five units. On the three units we visited during our inspection we did not see any activities taking place. No activities were planned for weekends.
- Oldham house had a sensory projector, which projected interactive games onto a table. However, we did not see anyone encouraged or helped to use this during our inspection.
- During the COVID-19 pandemic staff had helped people stay in contact with their relatives via telephone calls and video calls and through outdoor and indoor visiting, in line with government guidance.

We recommend the provider review the provision of activities to ensure there are opportunities for people to socialise and engage in enjoyable, meaningful and stimulating interests, suited to their abilities and preferences.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

- The service used an electronic care planning system. Staff had easy access to care records via mobile devices.
- Care records we viewed contained detailed information about people's personal history, likes and dislikes and how they wished to be supported. Information had been regularly reviewed.
- People spoken with could not recall being involved with writing or reviewing their care plans. However, they told us they received the care and support they needed.
- Care charts, such as those used to record people's food and fluid intake, had not always been completed consistently. This has been discussed further in the well-led section of this report.
- The service was able to provide end of life care and support, when required.
- Care records contained information about people's end of life wishes, where this was appropriate.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to

follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service was meeting the requirements of the Accessible Information Standard.
- Care records described any communication difficulties people had, and their preferred method of communication.

Improving care quality in response to complaints or concerns

- The service had a process in place for recording and responding to any complaints or concerns. Relatives told us they knew who to speak to if they had any worries or concerns about the home.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

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

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- There had been a recent change to the management team of the home, with the appointment of a new manager and new clinical services manager, who were in their induction period. There was an experienced interim manager in post in the meantime.
- A range of audits to monitor the safety and effectiveness of the service were completed regularly. These included a detailed monthly physical audit which checked on a number of areas, including the environment, equipment and staff knowledge. Results were shared with unit managers and the facilities manager so that any actions could be taken promptly.
- Closer oversight was needed of the way care charts were completed by staff, as we found inconsistencies and gaps in records. These had not been identified by the auditing system. For example, food intake charts did not always contain an accurate record of the quantity of food eaten and where there were gaps in food charts there was no explanation. Fluid charts did not show a recommended daily intake, and where fluid thickener was added to people's drinks this had not always been recorded in their care notes. Some oral care charts had not been completed so it was difficult to see if people had received the appropriate oral care.

We recommend the provider review the care documentation system to ensure care charts are consistently and accurately completed.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- We observed good rapport and interactions between people and staff. People told us they were happy living at Shaw Side Care Home.
- Care records were person-centred and described people's likes and dislikes and how they wished to be supported and cared for. However, this information had not been used to any significant extent to inform an activity plan. The choice of available activities at Shaw Side Care Home was very limited. This has been discussed in more detail in the responsive section of this report.
- The provider understood it's responsibility around the duty of candour and showed commitment to openness and honesty when something went wrong.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- There was good communication between the management team and staff through daily handovers and clinical meetings.
- There was regular contact between the management team and the provider, including a daily video call.
- Staff could provide feedback about their working day. This was reviewed by the provider.
- Although it had not been possible to engage with relatives face to face during the pandemic, a satisfaction survey had been sent out during 2020.
- The provider had an online newsletter which people and relatives could access.
- The service liaised with key stakeholders and agencies, including the local authority and clinical commissioning group.
- The service worked closely with other health and social care professionals, such as physiotherapists, dieticians, speech and language therapists and GPs. This ensured people's health needs were met.