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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 ●

Summary of findings

Overall summary

About the service

Shortwood House is a care home that offers care and support to up to 12 older people, some of whom are living with dementia. There were 10 people using the service at the time of our visit.

At our last inspection in October 2015 we rated the service good. At this inspection we found the evidence continued to support the rating of good. There was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns.

People's experience of using this service

- People were very happy living at Shortwood House. They felt safe and liked the staff who supported them. Relatives were very satisfied with the service and they felt welcomed when they visited and said that staff contacted them to inform them of any changes. Staff were proud to be working at the service and enjoyed their job. Everyone said they would recommend the home.
- Everyone praised the care manager and the provider and said they were approachable and supportive. There were enough staff to meet people's needs in a timely way. Staff went through a thorough recruitment process so the provider knew they only employed suitable staff.
- The provider had systems in place to keep people safe from avoidable harm. Staff knew who to report any concerns to and risk was identified and managed so that people were as safe as possible. Staff had received the training they required so they had the knowledge and skills to do their job and meet people's needs.
- Staff gave people their prescribed medicines safely. They followed good practice guidelines to help prevent the spread of infection. People had access to the healthcare services they required.
- There was a variety of nutritious meals based on people's choices and nutritional needs. Staff were flexible so they could meet people's individual needs.
- People made choices in all aspects of their lives. Staff knew each person well, including their likes and dislikes and their preferences about how they wanted staff to care for them.
- Staff respected people's privacy and dignity and encouraged people to be as independent as possible. People had opportunities to decide on the care they wanted and to review and change the care if it was not meeting their needs.
- The staff team were all involved in arranging a wide range of activities for people to do. They organised group and individual activities.

- People knew how to complain and were confident that the care manager would resolve their complaints.
- There were effective quality monitoring processes in place including seeking the views and feedback of people who used the service and their relatives. Shortwood House was homely and staff did everything to make people's lives as comfortable and fulfilling as possible.

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

Rating at last inspection

At the last inspection we rated this service Good (report published October 2015).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received 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 safe

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.

Good ●

Shortwood House

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 planned this inspection to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team

One inspector carried out this inspection.

Service and service type

Shortwood House 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 we looked at both during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they 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 carried out the inspection visit on 6 February 2019. It was unannounced.

What we did

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. We reviewed the PIR as part of the planning process for this inspection, as well as other information we held about the service, including previous reports and statutory notifications sent to the Care Quality Commission (CQC) by the provider. Statutory notifications are information about important events at the service, such as safeguarding concerns, which the provider is required to send to us by law.

During our inspection we saw how the staff interacted with people who lived at Shortwood House. We spoke with four people who lived there and one person's relatives. We spoke with three care workers, the cook, the

care manager and the provider.

We looked at two people's care records as well as other records relating to the management of the home.

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives felt safe. One person said, "It is safe in here. If I had a concern staff would listen and take action."
- The provider had systems in place to protect people from abuse and avoidable harm.
- Staff had received training and knew what to do if they had any concerns about people's safety. This included contacting other authorities such as the CQC or local authority safeguarding team. A member of staff told us their manager would take any safety issue seriously and would take action to protect people from harm.

Assessing risk, safety monitoring and management

- Risk assessments were in place and staff were knowledgeable about what action to take to reduce risk. For example, the risk of falling and the risk of malnutrition were assessed. Where risk was identified, staff knew what action they should take such as which equipment to use or how to encourage a nutritious diet. Staff knew how to manage behaviour which may be risky while also upholding people's human rights.
- Routine maintenance and safety checks were carried out on the equipment and on the premises to make sure it was safe for people and staff to use. This included checks of the fire safety equipment to ensure it would all function properly in the event of a fire.
- Each person had a personal emergency evacuation plan in place so that staff and others such as the fire service would know how to help evacuate the person in an emergency.
- Staff knew what to do in the event of an accident or incident.

Staffing and recruitment

- People and staff felt there were enough staff to meet people's needs. We saw that there were enough staff on duty on the day we visited. Although staff were busy, they were not rushing around and they met everyone's needs. Staff responded to people's needs and requests promptly.
- Staffing numbers were calculated and adjusted in accordance with people's dependency needs.
- The provider had safe staff recruitment checks in place. This meant that checks were carried out before employment to make sure staff had the right character and experience for the role.

Using medicines safely

- People received their prescribed medicines safely. One person told us that staff gave them their prescribed medicines at the right time. People could manage their own medicines if they wanted to and following a risk assessment.
- Staff managed people's medicines well. They had undertaken training and competency checks so that they could give people their prescribed medicines safely. Staff knew what to do in the event of a drug error and made sure that people's medicines were frequently reviewed by the doctor.

Preventing and controlling infection

- The service was very clean, fresh and tidy. People told us their room was cleaned every day and the home was always kept clean.
- Staff had undertaken training and knew how to reduce the risk of infection. They had access to protective equipment such as gloves and aprons.

Learning lessons when things go wrong

- Lessons were learned when things went wrong. For example, action had been taken to reduce further risk following a fall. Risk assessments and care plans were reviewed and additional equipment was provided to prevent further falls.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People had their needs assessed before they began using the service to check that their needs were suited to the service and could be met.
- The registered manager considered people's protected characteristics under the Equality Act to make sure that if the person had any specific needs, for example relating to their religion, culture or sexuality, the staff could meet those needs.

Staff skills, knowledge and experience

- People told us that staff knew how to meet their needs. One person said, "They look after you very well."
- Staff had the training they required Staff had the training they required to do their jobs and also received supervision and appraisal. This meant that staff had opportunity to discuss their learning and development needs and their performance.
- The 'care certificate' was used to provide induction training for new staff. The care certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of job roles in the health and social care sectors.
- Staff also had access to ongoing training including nationally recognised qualifications in care.

Supporting people to eat and drink enough with choice in a balanced diet

- People were supported to eat and drink enough and maintain a balanced diet. People told us they enjoyed their meals and were always offered a choice.
- People's nutritional needs were assessed and catered for. Care staff and catering staff were knowledgeable about people's needs and how to meet them. One person had a small appetite and was not drinking enough fluids so staff were monitoring their weight and fluid intake. They were also flexible in their approach and offering food and drinks they knew the person liked at different times of the day and night.
- Mealtimes were relaxed and unhurried. People were offered choices. People made choices about everything they ate or drank and people who needed support received this in a sensitive manner.

Staff working with other agencies to provide consistent, effective, timely care

- Staff worked closely with other agencies such as people's doctors and community nurses. Staff followed advice provided by healthcare professionals and ensured that changes were communicated and acted upon.
- Information about people's specific health conditions and how these affected the person were available to staff.

Supporting people to live healthier lives, access healthcare services and support

- People told us they had access to the healthcare professionals they required. Doctors visited the service every two weeks to review people's medical needs.
- Staff knew people well and recognised when someone's health was changing. The staff referred people to other professionals such as the dietician or the falls team.

Adapting service, design, decoration to meet people's needs

- The environment was homely and decorated and maintained to a high standard. There was a choice of communal lounges and a dining room. People had personalised their own rooms to suit their tastes and needs.

Ensuring consent to care and treatment in line with law and guidance

- 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).
- We checked whether the service was working within the principles of the MCA. People had their capacity to make decisions assessed. There was no one being deprived of their liberty at the time of our visit.
- Staff had undertaken training about the MCA and DoLS and were aware of how this legislation affected their work. Staff asked people for their consent in all aspects of their lives. A staff member explained how one person had the same thing for breakfast every day but staff always went through the options available to them so they could choose. One person said, "Staff never ask you to do anything you don't want to."
- One person often declined personal care. Staff explained how they encouraged personal care by giving the person the time and space they required but always respecting the persons decisions.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well-treated and supported; equality and diversity

- People and their relatives made very positive comments about the staff. One person said, "I am lucky to be here."
- A relative told us staff were always kind. They were made to feel welcome and were always offered a hot drink when they visited.
- Staff made people feel they mattered. They knew people well and understood their needs. One person said, "The staff were very friendly." People were relaxed with staff and interactions were positive. Staff offered people reassurance when this was required.
- Staff knew each person well, including their likes and dislikes and their preferences about the way staff gave them care and support.

Supporting people to express their views and be involved in making decisions about their care

- One person told us they made decisions about their care and support and the things they preferred to do. They told us, "I like to be independent and do everything for myself but if I need the staff they will help me."
- Staff described how they involved people in making decisions about their care and support. A care staff member explained even though some people had preferred routines, it was important that staff continued to offer them the choices available to make sure they were involved and getting what they wanted. Some people were able to be involved in the weekly on-line food order.
- Meetings were held and people were consulted about the menu, activities and choosing colours for decoration and soft furnishings.
- People had access to advocacy services should they require support making decisions about their care and support.

Respecting and promoting people's privacy, dignity and independence

- People told us staff protected their privacy and dignity. They described ways in which staff promoted and protected their privacy and dignity. Five staff members had completed additional training to become 'dignity champions'. They supported people and staff to explore what dignity meant to them and the best ways to promote dignity for all.
- Staff encouraged people to be as independent as they wanted to be. We saw a member of staff supporting a person to get up from their chair and use their walking frame. The staff member gave clear and appropriate instruction and gave the person time to complete the manoeuvre independently.
- Staff did not talk about people in front of others and they made sure that they stored any confidential information about people securely.
- Maintaining relationships with friends and family was encouraged. People were supported to visit their friends and family and their visitors were made welcome when they came to the service.

People had access to telephone and internet services to support them to keep in touch with people that were important to them. Some people had developed important friendships with other people who used the service and staff encouraged and supported these friendships.

- We saw throughout our inspection that staff were sensitive and discreet when supporting people, they respected people's choices and acted on their requests and decisions.

Is the service responsive?

Our findings

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

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People had a plan of care based on their needs and preferences. Staff had also gathered information about people's life histories and the things that were important to them. This information helped staff to provide personalised care and support even when people had difficulty communicating their wishes. A staff member told us how they knew one person liked motorbikes so they had brought in a picture of a Harley Davidson motorbike and used this to engage the person in conversation and find out more about them.
- People and their relatives were involved in planning their care and reviewing the plan regularly to make sure it still met their needs.
- Staff were knowledgeable about people and knew how to meet provide care and support in the way they preferred.
- They knew the best way to communicate with people. People received information in accessible formats and the registered manager knew about and was meeting the Accessible Information Standard. From August 2016 onwards, all organisations that provide adult social care are legally required to follow the Accessible Information Standard. The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss. Picture cards had been used to assist with communication as well as computers and large print documents.
- People were able to follow their hobbies and interests and take part in activities they enjoyed. During our visit people were involved in cake decorating and a game of dominoes. People were engaged and chatted to each other and to staff and appeared to enjoy these activities. People told us they could do the things they wanted to and were rarely bored.
- Some people were able to take part in day to day catering and cleaning activities such as meal preparation and cleaning their rooms. People had access to the kitchen so they could help themselves to drinks and snacks if they were able to.

Improving care quality in response to complaints or concerns

- People and their relatives told us they would talk to the staff or to the care manager if they had a complaint. They felt confident they would be listened to and action would be taken. One person told us they had made a complaint and this had quickly been resolved.
- The provider had a complaints policy and procedure. The care manager monitored all complaints received and used them as an opportunity to learn and improve. For example, security of the premises had been improved following a complaint.

End of life care and support

- People's end-of-life wishes were recorded in people's care plans. Staff had received training about 'end of life care' and felt confident about providing this care with the support of people's doctors, community nurses and palliative care specialists.

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.

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility.

- People and staff all made very positive comments about the service and said they would happily recommend it. There was a clear vision and culture that was shared by managers and staff. The culture was person centred and staff knew how to empower people to achieve the best outcomes.
- A regular visitor to the home said, "The staff are all friendly and my relative gets well looked after.
- The care manager and provider promoted transparency and honesty and were accessible and approachable.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Staff were supported and respected by their manager. Staff supervision and appraisal was carried out. Staff meetings were held and staff were asked for their feedback and this was acted upon. A suggestion box had been introduced to assist staff who may not feel confident speaking out to share their views.
- Staff were happy and proud to be working at Shortwood House. They felt they worked well as a team and were proud of how they supported people. A staff member explained the progress made by one person since they had moved to the home.
- The provider and care manager understood their legal duties and sent notifications to CQC as required.
- There was a quality assurance system in place to monitor all aspects of care and support provided and ensure that staff continued to give high quality care. For example, staff checked daily that medicines had been given at the right time and in the right way. This system was introduced in response to inaccurate medicine records and made sure all records were completed correctly.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People who used the service and their relatives were asked for their feedback and encouraged to participate in the development of the service. Residents and staff meetings were held and feedback and suggestions were encouraged.

Continuous learning and improving care

- The service was continually striving to improve. Plans were in place to provide staff training on the importance of culture and to ensure that policies and procedures reflected the needs and preferences of

people who used the service.

- The provider and care manager kept up to date with best practice guidance through training and working with health care and other professionals.

Working in partnership with others

- Staff worked in partnership with other agencies. Information was shared appropriately so that people got the support they required from other agencies and staff followed any professional guidance provided.