

HC-One Oval Limited

Shelton Lock Care Home

Inspection report

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Shelton Lock
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Ratings

Overall rating for this service	Good ●
Is the service safe?	Requires Improvement ●
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

We inspected this service on 13 December 2018. This inspection was unannounced.

The last inspection took place on 11 September 2017 when the provider for this location was Bupa Care Homes (CFH Care) Limited. This was the first inspection of the service since the provider changed to HC One Oval Limited.

A comprehensive inspection took place during September 2017 and the overall rating awarded was 'Requires Improvement.' The provider was meeting the regulations that we checked, however improvements were needed to ensure the service was 'safe' and 'responsive'. Staffing levels were not always sufficient to consistently meet the needs of the people using the service. Improvements were also needed to ensure people's well-being was promoted through social activities. At this inspection we saw that there were sufficient staffing levels to support people and people were given the opportunity to take part in activities. However further improvements were required under 'safe' to ensure management of medicines was safe.

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

Shelton Lock Care Home is situated in the Shelton Lock area of Derby. Shelton Lock provides long term and respite care for adults with a range of physical nursing needs, including palliative and end of life care and respite care for adults. The home is registered to provide personal care and accommodation for up to 40 older people and younger adults. At the time of our inspection there were 30 people using the service.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The management of medicines was not always safe. We found that the medication trolley was not locked and left unattended. In the clinic room we saw medicines were left on the side and not locked away securely.

People were protected from the risk of abuse. People told us they felt safe with the care provided by staff. Staff had received training in safeguarding people and knew how to report their concerns including external agencies such as the local authority.

People told us they felt safe. Sufficient staff were employed to support people. Recruitment procedures were thorough to ensure prospective staff were suitable to care and support people at Shelton Lock Care Home.

Risks were managed according to individual need and we saw staff support people safely and appropriately with transfers.

People were protected by the provider's infection control procedures, which helped to maintain a clean and hygienic environment.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

People were supported to maintain their health and well-being and had access to healthcare professionals such as GP's when required. People were supported with their dietary needs.

People were cared for by staff who were kind and caring. Staff respected people's privacy and dignity. People were supported with their independence by staff. Visitors were welcomed at Shelton Lock Care Home.

The provider's complaints policy and procedure were accessible to people who used the service and their representatives. People knew how to make a complaint and felt the provider would take action to address any concerns.

Quality assurance processes were in place to monitor the quality of care delivered. The registered manager worked in partnership with external health and social care professionals to ensure people's health and social care.

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 consistently safe.

The management of medicines was not always safe. People were safeguarded from avoidable harm because staff knew what action to take if they suspected abuse. Recruitment procedures were robust to ensure staff suitability to work with people was checked. Risks to people's health and welfare were assessed. There were sufficient staff to support people. People were protected against the risk of infection.

Requires Improvement ●

Is the service effective?

The service remains effective.

Good ●

Is the service caring?

The service remains caring.

Good ●

Is the service responsive?

The service was responsive.

People were supported to participate in activities and hobbies they enjoyed. The provider's complaints policy and procedure was accessible to people and their representatives. People received personalised care. People could be assured they would receive appropriate end of life care.

Good ●

Is the service well-led?

The service remains well-led.

Good ●

Shelton Lock 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.

We inspected Shelton Lock Care Home on 13 December 2018 and the visit was unannounced. The inspection was carried out by two Inspectors and a specialist advisor, who had a background in nursing care.

We checked the information we held about the service and the provider. This included notifications the provider had sent to us about significant events at the service and information we had received from the public.

Due to a technical issue a Provider Information Return (PIR) was not sent out. This is a form that tasks the provider to give some key information about the service, what the service does well and improvements they plan to make. During the inspection visit we gave the provider the opportunity to tell us about their business development plans for the next 12 months.

We spent time observing care and support in the communal areas. We observed how staff interacted with people who used the service. We spoke with eight people using the service and two relatives. We did this to gain people's views about the care and to check that standards of care were being met.

We also spoke with the area quality director, deputy manager, two nurses, three care assistants, the cook, domestic and three visiting professionals. The registered manager was on leave when we carried out the inspection and the area quality director and deputy manager facilitated the inspection.

We looked at the care records for eight people. We checked that the care they received matched the information in their records. We also looked at records relating to the management of the service, including quality checks and three staff recruitment files.

Is the service safe?

Our findings

At our previous inspection on 11 September 2017, comments from people and staff stated that staffing levels were not always sufficient to consistently meet the needs of people using the service.

At this inspection visit we saw there were sufficient staff on duty throughout the day and people's requests for assistance were responded to promptly. Most of the people felt there were sufficient staff on duty. However, one person said, "If I want to have a bath, this is not always possible as there are not enough staff. A relative stated, "Sometimes there are no staff in the communal areas. People are also taken to the dining room half an hour before the meal is served. When call bells are answered, staff will say they will be back in a minute, however a minute can be a long time." Staff we spoke with told us there were enough of them to do the tasks required. A staff member said, "There are enough staff, so long as there is a skill mix of staff on duty." We saw there were six care staff and a nurse available throughout the day.

The deputy manager told us that staffing levels were determined by the dependency level of each person and was kept under review as occupancy levels increased. They confirmed that if people's needs increased management at the home would make a request for additional staff via the head office.

We found that further improvements were required to ensure the service was consistently safe. We saw medicines were not always kept securely or safely. Our observations showed a staff member did not lock the medication trolley when taking medication to people. We raised this with the management team. We were informed that the lock on the trolley was faulty. Management told us with immediate effect the medication round would either be supervised or medicines would be prepared in the medication room, until a new medicines trolley would be delivered. Following the inspection visit we received confirmation that a new medication trolley had been purchased.

In the clinic room we saw that some medicines for a person who had passed away had not been stored safely and had been left on the side, which could be accessed by people who were not authorised to have access to medicines. We discussed this with the management team who confirmed that the providers procedure was that these medicines should be kept in a locked cupboard. They told us it would be reinforced to all staff the importance of keeping medicines securely in a locked cupboard.

Medicine administration records were completed correctly and the stock balance of people's medicines were correct. Medicines fridge temperatures and medicine room temperatures were taken daily to ensure medicine were stored safely. We observed people being supported to take their medicines at lunchtime and were supported by a member of staff to take their medicines in a safe way.

People told us they felt safe at Shelton Lock Care Home. One person said, "I feel safe here." Another person stated, "Oh yes, I do feel safe here, I have a buzzer if I need the staff." A relative confirmed that they felt their family member was in safe hands.

Staff understood the procedures in to follow in the event of them either witnessing or suspecting the abuse

of any person using the service. One member of staff said, "I would report it to the manager." They also knew external organisations they could report any concerns to, such as the Care Quality Commission. They were able to describe what to do in the event of any alleged or suspected abuse occurring. They told us they received training for this and had access to the provider's policies and procedures for further guidance. Safeguarding records showed that any issues were reported to the local authority.

Risks to people were assessed and relevant actions recorded to mitigate these risks. We saw risk assessments relating to physical health needs such as mobility, skin integrity and falls were included. For example, one person required the use of creams to minimise skin damage. Records showed these risks were reviewed and care plans were updated regularly

We saw personal emergency evacuation plans (PEEPs) were in place. The PEEPs provided information on the level of support people would require in the event they needed to leave the premises safely in an emergency.

Recruitment practices were safe and ensured only suitable people skills were employed. Appropriate pre-employment checks had been undertaken before staff began working at the service. This included identification information, full employment histories and Disclosure and Barring Service check (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

The provider ensured that the premises were clean and that staff understood how to prevent infections. There was personal protective equipment available. One staff member said, "There are always plenty of gloves and aprons." Staff undertook relevant training to ensure they kept people safe from the risk of infection. There were checks and audits undertaken on a regular basis to ensure standards of cleanliness were maintained.

The provider understood their responsibilities to ensure accidents or incidents were reviewed to identify any trends or patterns. A record of accidents and incidents was maintained and these were analysed by the provider to enable them to learn from these events and try to prevent reoccurrence.

Is the service effective?

Our findings

People told us they were supported by staff who were skilled to provide them with effective care and support. One person said, "The staff are competent, they know what they are doing."

Assessments of people's needs were completed prior to their admission to the home to ensure their needs could be met. These assessments contained information regarding people's individual needs including people's physical needs and nutritional needs. Staff we spoke with were knowledgeable about people's individual needs.

Staff were provided with training and support ensuring they had the required skills and knowledge to meet people's needs. Staff we spoke with were positive about their work. A staff member said, "I enjoy working here." Staff told us they had regular training, supervision and support to carry out their duties. One staff member said, "You can ask about anything you need to know." Another described the training as, "Good." They told us they had received training in dementia, which was relevant to the needs of the people they supported. However, a couple of staff told us that since the new provider had taken over, they were completing majority of the training online which they found challenging. Staff also told us they received supervision and guidance to support them in their role and that senior staff were supportive and helpful.

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 and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met. At time of this inspection five people using the service were subject to a DoLS authorisation. We identified that one person's DoLS authorisation was subject to conditions, which were being met by the provider.

People told us they were asked for their consent and that any tasks were explained well. One person said, "They [staff] listen and offer alternatives." Most staff understood the principles of the MCA and DoLS. They were able to describe what they would do if they felt someone's liberty was being restricted for their safety. They told us they had received training in this area and records we saw confirmed this. However, two staff members had limited knowledge around MCA.

We observed the lunch time meal, people were supported appropriately and treated respectfully. The lunchtime meal looked appetising and there was a choice on the menu. Comments from people included, "We have plenty to eat and drink. The food is good, there are two choices on the menu. For breakfast we can

have a cooked breakfast or cereal and toast" and "The meals are good." A relative told us their family member's diet had improved since being at the home and they had gained weight. Kitchen staff were knowledgeable about people's diets and were able to cater for a range of dietary preferences such as vegetarian as well as cultural and medical dietary needs. We saw there were specific items in stock for medical diets such as diabetes. Kitchen stocks were plentiful and the kitchen was clean and tidy.

People were supported to access relevant health professionals when they needed to. A relative told us staff were "Definitely on the ball" regarding their family member's health needs and described the nurses as "Very good." They said their health problem was well managed and their family member no longer needed to attend a specialist clinic. A visiting professional stated, "The registered manager is excellent and knows all the people well. All the nurses are very good and liaise well with people's families.

Care plans were not always detailed to ensure staff had clear guidance on how to support people. For example, one person's care plan stated they had a normal diet, but in another part of the plan it stated they required fortified food and drinks. For another person the diet and fluid care plan stated 'normal diet and fluids' but did not mention the person had a specific medical condition. A relative told us it was necessary for their family member to have a bath daily due to a medical condition. However, the person's care records made no reference to this and according to the records they had only had one bath in November and none during December. We discussed this with management who confirmed they would be looking into this and would review the records to ensure all the relevant information was available.

The home was in the process of undergoing a planned program of refurbishment. Accommodation was across two floors, there was a lift to enable people to access other floors. Corridors were wide allowing easy wheelchair access or for people using walking aids. There was space available if people wanted to spend quiet time or talk privately with their visitors. An outdoor garden area was provided which people could access.

Is the service caring?

Our findings

People, their relatives and professionals thought staff were kind and caring. Comments included, "The staff are most kind," "Staff are caring and listen to me" and "I feel very at home here and get on well with the staff."

Staff spoke positively about people and we saw they had friendly and warm relationships with them. Staff described how people came first and they wanted to do their best for them.

We saw staff were polite and respectful when speaking with people. We saw interactions between staff and people were warm and compassionate. Staff understood how to communicate with people, and they changed their approach depending on the needs of the person. Staff communicated with people effectively and used different ways of enhancing that communication, for example, by touch and altering the tone of their voice appropriately.

We saw staff respected people's dignity, privacy and choice. People told us their dignity was maintained when personal care was being carried out. One person said, "They're never indiscreet." Throughout the inspection, we observed staff were courteous, polite and consistently promoted people's rights by listening carefully, offering choices and respecting decisions. A relative confirmed their family member was cared for in a dignified manner.

Staff consistently showed they understood the importance of ensuring people's dignity in care. They were able to give examples of how they did this, including closing curtains, approaching people quietly, giving clear explanations and covering people when they received personal care. One member of staff said, "I try to explain everything clearly."

People were listened to and were comfortable with staff. People told us they were pleased that staff listened and their views were taken into account. People told us staff encouraged them to be independent in a safe way. Staff told us they encouraged independence and for people to make decisions for themselves wherever possible.

People told us that they were supported to maintain relationships which were important to them and had experienced no restrictions on receiving visitors. During the inspection visit, we saw some people received visitors.

People told us they were aware of their care records. We saw staff explained things as much as possible. A relative told me they were always kept informed about their family member's care.

Management told us if required they provided people with information on how to access advocacy services. This is an independent service which is about enabling people to speak up and make their own, informed, independent choices about decisions that affect their lives. Currently no one at the service were using an advocacy service.

Care files and information related to people who used the service had been stored securely and accessible by staff when needed. This meant people's confidential information had been stored appropriately in accordance with legislation.

Is the service responsive?

Our findings

At our previous inspection on 11 September 2017, we found that people's access to activities and stimulation was inconsistent, and further measures were needed to reduce the risk of social isolation.

At this inspection visit we found that improvements had been made in this area. The provider employed a specific member of staff to organise activities and social events. The home had a variety of activities for people to enjoy and had photos of past events displayed. There was a notice board providing information on events, called "What's happening at Shelton Lock." This contained details of events, including upcoming Christmas festivities. We saw people joining in a game and quiz. One person told us they played bingo and dominoes and other games. A relative said "There is always something going on." One person had a keen interest in gardening and during the warmer months they helped to look after the gardens at the home. The person had been encouraged to create an indoor garden which was a focal point in the conservatory. We saw the indoor garden area which had allowed the person to carry with their interest indoors. The home had a cat which people were fond of and there were rabbits which were kept in the garden.

We observed the use of items that provided comfort to a person. The area quality director told us about the introduction of 'doll therapy'. Dolls can provide comfort to people living with dementia. For example, one person spent time 'caring for' a doll. We saw that the person gained comfort from interacting with the doll. Staff were sensitive in their approach to the person, whilst the person interacted and cared for the doll.

People told us the service responded to their needs and that it was beneficial. One person told us they felt "Healthier" since being at the home as their health needs were met. We saw a written survey response form a person that stated, "I feel well looked after here." A relative stated, "My family member is a lot better than when they moved in."

Staff knew people's likes and preferences and we saw that people's preferences were recorded. In their care plans.

We checked if the provider was following the Accessible Information Standard (AIS). The AIS aims to ensure that people with a disability, impairment or sensory loss are provided with information that is accessible and that they could understand. AIS requires services to identify, record, and meet the information and communication support needs of people with a disability or sensory loss. Management confirmed that information could be provided in accessible formats for people including information in large print and pictorial format.

We found complaints were well managed and people's concerns were responded to appropriately. There were written records of responses that showed these were dealt with in a timely manner. People told us they were confident any issues would be dealt with in a courteous manner. One person said, "Any problems and I can go to the manager." A relative told us, "They are good at rectifying things." Staff we spoke with knew how to respond to complaints if they arose. They told us if anyone raised a concern with them, they would share these with the management at the service.

At the time of the inspection no one at the service was receiving end of life care. Care records we looked at contained end of life care wishes care plans, which had not been completed. We were told that these were completed if a person received end of life care.

There were good links with GP's which helped to ensure people received the care they needed around end of life care. We spoke with a visiting professorial who told us how a person received person centred care, towards the end of their life. The person remained at the service until the end of their life, with the required care and support provided by staff who knew them in familiar surroundings. There was a 'garden of memories' at Shelton Lock Care Home to remember those who had passed away. Relatives of people who had passed away were able to visit the garden.

Is the service well-led?

Our findings

People we spoke with were very happy with the support that was provided by the service and expressed no concerns with how Shelton Lock Care Home was managed.

Since our last inspection there was a new registered manager at Shelton Lock Care Home, who had worked as the deputy manager at the service for three years. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. The registered manager was supported by the area quality director, deputy manager, nursing and care staff.

Staff members spoke highly of the registered manager. They described them as kind and supportive. A staff member said, "[Name], will be a brilliant registered manager." Staff felt supported by the management team. Staff meetings were also held regularly and staff felt they were able to suggest improvements.

The provider gathered feedback about the service, to enhance the lives of people they supported, through satisfaction surveys. The survey results for May 2018 showed people were mostly happy with the service provided. Comments included, "Staff are very friendly and approachable," "I feel safe leaving my family member here" and "I feel well looked after here." Less positive comments related to the environment and décor, described as "old and tired." The provider was in the process of introducing meetings for the residents and their relatives. As well as publishing a monthly newsletter informing people of any changes or events to take place.

The provider had measures in place to monitor the quality of the service and drive improvements and to ensure the service was well run. There were audits and checks in place to make sure any incidents were identified and action plans were developed to mitigate any risks. For example, where a person had had a fall, action to prevent further recurrence, such as referral to other professionals and additional supervision, was in place. The provider had an improvement plan in place to monitor and drive improvements.

The provider had arrangements in place to monitor the safety of the premises and maintaining the environment. We saw a sample of health and safety records, which showed that the servicing of equipment and building were up to date. This included gas servicing and hoist servicing.

We saw that some areas of the home looked tired. The paintwork on the top floor required attention. One of the door's in the dining room was damaged. There was an odour in the clinic room on the top floor and there were stains on the wall where the air conditioning unit was. A relative said, "The home appears to be clean, but paint work needs touching up in places. One of the lounges is looking sparse, not sure why this is." We discussed this with the management team. They confirmed that the home was undergoing a program of refurbishment, which had already commenced. For example, as bedrooms become vacant the provider planned to redecorate these. Also, to replace furniture as required. We saw that refurbishment the ground floor had been painted, which included the lounge next to the dining room.

The provider was clear about their responsibility in notifying the CQC of the incidents that the provider was

required by law to tell us about, such as any restrictions and allegations. We received notifications from management in a timely manner and they responded to our requests for additional information when required.

It is a legal requirement that a provider's latest CQC inspection report is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had displayed their rating in the home and their website.

The registered manager and staff worked in partnership with other agencies such as local GP practices and commissioners ensuring people received the support they required.