

Shawcare Limited

# ShawCare@HighWray

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

ShawCare@HighWray is a residential care home providing personal care to up to 43 people. The service provides support to older people and people with a physical disability. At the time of our inspection there were 28 people using the service. The home is a large building set over 4 floors with good sized communal areas and gardens for people to use.

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

Risks to people's health and safety were assessed and managed, some changes were required to assessment of choking risks. People were supported to take their medicines safely. People were supported by enough staff who knew them well. People and relatives spoke highly of the staff, a relative said, "Staff are really caring and kind. They always take time to speak to me." Another person said they received "Extremely good care." People were kept safe, and all relatives told us they thought the home was safe. The home was clean and comfortable, and people were protected from the risk of mistakes being repeated.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The home was managed well and a relative said, "They are strong managers. The owner is involved in the day to day running and decisions." People were involved in making decisions and managers engaged well with people, their relatives and staff. There was a positive culture and staff said it was a good working environment.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was good (published 19 March 2018).

### Why we inspected

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 received concerns in relation to recruitment of staff. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has remained good. We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe section of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for ShawCare@HighWray on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Is the service safe?**

**Good** ●

The service was safe.

Details are in our safe findings below.

### **Is the service well-led?**

**Good** ●

The service was well-led.

Details are in our well-led findings below.

# ShawCare@HighWray

## 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 Health and Social Care Act 2008.

#### Inspection team

The inspection was undertaken by an inspector 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

ShawCare@HighWray is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. ShawCare@HighWray is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations. At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us

annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 5 people that used the service and 10 relatives. We spoke with 9 members of staff including senior staff, care staff and kitchen staff. We looked at a range of documents including 4 care plans and risk assessments, medicine records and rotas. We looked at policies and procedures, audits, and 4 staff recruitment records.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

### Using medicines safely

- People were supported to take their medicines safely; some improvements were required around guidance and recording.
- Some people had medicines prescribed 'as and when required'. There was not always guidance in place for staff to follow. This was addressed by the registered manager immediately after the inspection.
- Staff did not always record the date of opening of topical creams and eye drops, and some prescribed creams were not stored securely. The registered manager addressed this after the inspection.
- All other medicines were stored securely and at the correct temperature.
- We looked at people's medicines records and staff signed to say people's medicines were administered as prescribed.
- There were thorough medicines policies and regular medicines audits to check whether improvements in practice were required.
- Where appropriate, people were encouraged to manage their own medicines.

### Assessing risk, safety monitoring and management

- Although most risks to people's health and wellbeing were assessed and managed, some changes were required to improve the management of people who may be at risk of choking.
- It was not clear whether everyone with a modified diet had been assessed by a dietician to make sure any choking risks had been assessed by a professional to provide proper guidance to staff. We fed this back and the registered manager sought advice from the speech and language team.
- Health and safety checks had been made and the service was compliant regarding electrical safety testing, gas safety, water safety and fire safety.
- There was a maintenance system in place and items were fixed or replaced timely.
- Risk assessments regarding people's health and wellbeing were reviewed regularly.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

#### Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse.
- The service had a safeguarding policy and arranged safeguarding training for staff.
- Staff could describe what they would do if they had any safeguarding concerns.
- People said their relatives were kept safe, 1 relative said, "My [relative] is safe, staff are always checking on her."

#### Staffing and recruitment

- People were supported by enough staff and the provider undertook safe recruitment.
- There were good staffing levels and there were no staff vacancies. The provider was not currently using agency staff.
- We looked at staff recruitment files and found necessary safety checks such as references, and Disclosure and Barring Service (DBS) checks had been made. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

#### Preventing and controlling infection

- People were protected from the risk of the spread of infection.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider's infection prevention and control policy was up to date.
- The provider supported visiting in line with guidance.

#### Learning lessons when things go wrong

- People were protected from the risk of mistakes being repeated.
- There was an incident recording process in place and the registered manager analysed themes and trends to identify whether changes were required to improve outcomes.



# 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 our last inspection we rated this key question good. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People benefitted from a positive culture within the home.
- People and relatives spoke highly about staff, and 1 person said, "Care and the staff are good, very good."
- Staff enjoyed their jobs, 1 staff member said, "I really enjoy working here", and another said, "I love my job."

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

- The provider understood their responsibilities regarding the duty of candour.
- The registered manager kept people and their relatives up to date with any changes or concerns. A relative said, "If I have any issues to raise, they are dealt with very quickly and in an open and transparent way."

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

- Managers were clear about their roles, understood quality performance, risk and regulatory requirements.
- There was a clear governance structure and regular governance meetings.
- The registered manager monitored performance and addressed issues with staff.
- The registered manager undertook audits regularly and monitored themes.
- The registered manager made statutory notifications which is a statutory requirement.

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

- The registered manager engaged well with people, their relatives and staff.
- Residents told us they attended residents' meetings and had regular contact with the registered manager.
- Relatives told us they were invited to give feedback during meetings and managers kept in touch with them regularly.
- There were 'catch up Fridays' for staff to discuss issues and share learning.

Continuous learning and improving care; Working in partnership with others

- The registered manager was committed to continuous learning and improving care and worked effectively with other agencies.

- The registered manager participated in local forum meetings and completed further learning to keep up to date with current guidance.
- The service had good links with the frailty team, district nurses and the care home network. They also had links in the local community such as churches.