

Indigo Care Services Limited

Shevington Court Nursing Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Shevington Court Nursing Home is a residential care home providing personal and nursing care to 30 people. The service can support up to 46 people. The home provides accommodation on the ground floor in one building.

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

Systems in place to monitor the quality of the service were not effective and failed to highlight or address concerns identified during this inspection. Improvements were needed to make the external environment safer.

The care planning and recording systems in place did not always ensure that up to date information was available in relation to people's needs being met.

We have made a recommendation in relation to the deployment of staff.

People felt safe using the service and received their medicines on time. Safe recruitment practices were in place to help ensure that only suitable people were employed at the service.

People's needs and wishes were assessed prior to moving into the service. People received care and support from appropriately trained staff. People were offered a nutritious and balanced diet and their healthcare needs were understood and met.

People were protected from abuse and the risk of abuse and staff understood their role in relation to this. People and their family members told us that the service was safe. Infection control practices were followed to minimise the risk of the spread of infection. Regular safety checks were carried out on the environment and equipment.

Staff knew people well and were knowledgeable about individual's needs and how they were to be met. People and their family members knew how to raise a concern or make a complaint about the service. People were treated with kindness by staff. Staff provided care and support that people were happy with.

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.

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

Rating at last inspection (and update)

The last rating for this service was Requires Improvement (published 2 July 2018). At this inspection improvements had been made however, the provider was still in breach of regulations as further areas of improvement had been identified during this inspection. This service has been rated requires improvement for the last three consecutive inspections.

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified breaches in relation to Regulation 12 safe care and treatment and Regulation 17 good governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

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 effective?

The service was effective.

Details are in our effective section 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 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 ●

Shevington Court Nursing 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.

Inspection team

This inspection was carried out by one 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.

Shevington Court Nursing 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.

There was no registered manager in post at the time of this inspection. Recruitment procedures were underway for the recruitment of a permanent manager for the service. The service was currently being managed by representatives of the provider's improvement team.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We reviewed information we had received about the service and sought feedback from the local authority and Healthwatch.

Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

During the inspection

We spoke with 14 people who used the service and five visiting family members about their relatives experience of the care provided. We spoke with ten members of staff including the manager, deputy manager and area director.

We reviewed a range of records. This included five people's care and medication records. We looked at four staff files in relation to recruitment and staff training. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from information that the provider provided to us. This included training information and procedures in place within the service.

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 as Requires Improvement. At this inspection this key question has remained the same. This meant people were not always protected from avoidable harm. This meant some aspects of the service were not always safe. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess the risks relating to the safety and cleanliness of people's living environment. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. During this inspection we identified other areas of improvement required around the environment.

- Outside paths were uneven, and the surrounding of a drain cover situated outside of a fire escape route had worn away which created a trip hazard.
- Broken tiles were seen on the exits of two fire escape routes which presented further trip hazards. These risks had been reported to the provider's estates department. No assessment was in place to identify how risks relating to trip hazards could be reduced. Following discussions with the management team a risk assessment was completed and arrangements made for work to commence in rectifying the areas of improvement identified.
- Contingency plans for use in the event of an emergency contained out of date information.
- A seating area within proximity to the kitchen was being used as a smoking area at a time when the kitchen door was open.
- A staff member was seen in the dining room whilst carrying two bags of soiled waste which created an infection risk..

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at ongoing risk of harm. This was a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff had access to policies and procedures in relation to health and safety and had received training in this area.
- Risks to people were identified and plans were in place to minimise those risks.

Systems and processes to safeguard people from the risk of abuse

- Safeguarding procedures were in place. Staff had completed safeguarding training and had access to information about how to protect people from harm. Staff knew how to refer any concerns they had about people's safety.
- People told us they felt safe living at the service. Comments included "I feel very safe as there are lots of people to look after me" and "I feel safe and I know this is the best place I could be as far as I am concerned."

- Family members told us they were confident that their relative was safe from harm. Comments included "I feel my [Relative] is safe because he gets the care he needs" and "I have no concerns about safety, as I have seen how nice and helpful the staff are. I've been here at all times of the day and he has always been well cared for."

Staffing and recruitment

- Sufficient numbers of suitably trained and experienced staff were on duty to meet people's needs. However, we had difficulty in locating staff on occasions, for example, during the daily team meeting. In addition, during lunchtime in one dining room staff were not always available to support people all of the time. One family member told us "I am concerned about the number of staff sometimes as I can be here for an hour and a half and no one knocks on the door to check he is alright."

We recommend that the provider continually reviews the deployment of staff around the service.

- The recruitment of staff was safe. Appropriate checks were carried out on applicant's suitability for the role before they were offered a job.
- People had access to call bell to request staff assistance. People told us and we saw that staff responded to people's call bells quickly.

Using medicines safely

- Staff followed safe medicines policies and procedures and good practice guidance. All aspects of medicine management was safe.
- Staff responsible for managing people's medicines had completed training and their ability to manage medicines safely had been assessed.
- People told us that they received their medicines when they needed them. Their comments included "They give me my medication every day." A family member told us "They give [Relative] his medication and there is never a problem, they often review the meds to make sure they meet his needs."

Preventing and controlling infection

- Systems were in place to prevent the spread of infection. Staff had received training and procedures were in place to maintain a safe and clean environment for people to live. People told us that their bedrooms were cleaned daily and that their bed sheets were changed regularly.
- Personal Protective Equipment (PPE) was available throughout the service. Staff were seen to use PPE appropriately when supporting people.

Learning lessons when things go wrong

- An electronic reporting system was in place that assisted with the monitoring of incidents and accidents. This information was available to the provider for analysis.
- Family members told us that they were always informed if their relative had experienced an accident or if an incident had taken place.

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.

At the last inspection this key question was rated as Requires Improvement. At this inspection the rating had improved to good. This meant 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

- Systems were in place to assess and review people's needs and wishes in line with legislation and best practice.
- People's individual needs were assessed to ensure they could be met at the service.
- People and when appropriate, their family members were involved in the assessment and planning of people's care. One person told us "The staff had a chat with me before I came to the home and then I came here for a while whilst I found out what it is like. A family member commented "Before [Relative] came here, they came to our house to find out about him before he was settled in to the home. Now he is here I am invited to review meetings regarding his needs if his needs change."
- Information gained during assessments contributed to people's care plans.
- People told us that staff consulted with them prior to delivering care and support. Their comments included, "The staff always ask permission before they support me and they are very polite."

Staff support: induction, training, skills and experience

- Staff had the right knowledge, skills and experience to meet people's needs effectively.
- Staff told us that training was available to ensure that they had up to date knowledge for their role.
- Agency staff who worked at the service on a regular basis said they felt very well supported by the deputy manager.
- A programme of induction and continual mandatory training was in place for staff. Arrangements had been made with local health care professionals to deliver training in relation to pressure areas.
- The provider was implementing a system to ensure that staff received regular one to one support sessions to ensure that staff received an appropriate level of support for their role.

Supporting people to eat and drink enough to maintain a balanced diet

- People were protected from poor nutrition and dehydration. People had access to sufficient food to meet their dietary needs.
- People had a choice of where they ate their meals with several people eating in their bedrooms and lounge. Pictorial menus were available to assist people with choosing what they wanted to eat.
- People spoke positively about the food provided. Their comments included, "The food is good I get plenty to eat, I am never hungry in fact I think I have put on weight. There is always a choice of food at every single meal" and, "I am a fussy eater so they do their best to please me. They have at times made a completely different meal to me to everyone else."

Supporting people to live healthier lives, access healthcare services and support. Staff working with other agencies to provide consistent, effective, timely care

- Where people required support from health care professionals this was arranged. Staff requested visits from nurse practitioners, opticians and a podiatrist when people required these services. GP services visited people on a regular basis.
- With the effective intervention and support of community tissue viability nurses the number of reported pressure sores experienced by people had reduced.
- Staff had access to professional guidance relating to people's specific medical conditions.
- Systems were in place to ensure that important information about people's needs was shared when they were admitted to hospital.
- People and their family members told us that staff would always arrange for them to see a doctor if they were unwell.

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

- The layout of the building enabled people freedom of movement around the service. One person told us "I have the freedom to wander around the home whenever I wish and there is a nice outside area to go in if I wish."
- Clear signage was in place around communal living areas to assist people to locate areas around the service.
- Discussion took place with the management team about consideration being given to implementing elements of the providers 'Dementia Environmental Strategy' to further assist people with wayfinding and orientation.
- A continual programme of redecoration was in place. This was an improvement from the previous inspection.

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 when this is in their best interests and legally authorised under the MCA. 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. We found that they were. Records demonstrated that when required DoLS applications had been submitted.

- A system was in place for the management team to monitor DoLS in place for people.

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.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has improved to good. This meant people were treated with dignity and respect.

Respecting and promoting people's privacy, dignity and independence

At our last inspection the provider had failed to respect people privacy and dignity. This was a breach of regulation 10 (Dignity and Respect) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 10. However, we did see one member of staff leave a medicines trolley blocking the view of people and a member of staff discussing details of a person using the service. We raised this with the management team who addressed the situations immediately.

- The majority of staff treated people with dignity and respect.
- Staff provided people with personal care in private. People told us that staff always closed the window blinds and doors to maintain their dignity. They felt that the staff respected their independence and choices and that staff were kind.
- Staff ensured that people's confidentiality was maintained. People's personal information was stored securely and only accessible to authorised staff.
- People told us they were given choice and control over their day to day lives. People had a choice of what time they got up in a morning and went to bed at night, the clothing they wished to wear and where they ate their meals.

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

- People were treated with kindness. People's comments included, "The staff are very good as they are all very kind and friendly", "The staff are lovely, I can't fault them."
- Staff knew people well and it was evident from their interactions with people that positive relationships had been formed.
- Staff understood and supported people's communication needs. Staff spoke with people clearly whilst maintaining eye contact and where it was required they used non verbal methods to communicate with people.
- People, along with family members, had been given the opportunity to share information about their likes, dislikes and preferences.
- People were supported to maintain their religious and spiritual needs.
- Policies and procedures were in place to promote people's right in relation to equality, diversity and human rights.

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

- People and their family members were encouraged to share their views about the care provided.
- Regular care reviews gave people and relevant others the opportunity to express their views about the care provided and make any changes if they wished to.
- Family members confirmed they had been involved in supporting their relatives to make decisions about their care and support.

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 as Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant people's care planning and records were not always effective.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- An electronic care planning system had been introduced several months prior to the inspection. The management team explained that further work was required to ensure that all relevant information relating to people's up to date needs and wishes were reflected in their care plans.
- Care planning records did not always clearly demonstrate that people had received the care and support that was planned. Records lacked information to show that people had received support with their personal hygiene and positional changes.
- The management team explained that the internet system currently in use at Shevington Court did not always update the care planning system in a timely manner. This meant that we could not be assured that people had received their planned care and support.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate the current care planning system was effective in maintaining up to date records of the care and support people had received. This placed people at risk of not receiving or a delay in their planned care. This was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Family members told us that they received regular updates about their relative's care needs and were involved in their care plan reviews.
- The majority of staff were person-centred in their approach when speaking to and about the people supported.

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

- Staff engaged people in activities and people had a choice of whether they participated. Comments included "They do provide activities for the residents. Yesterday they had a big game of snakes and ladders for everyone to join in with", "There are activities but I don't do them, I just do my own thing as I get three newspapers each day which I like to read", and one family told us "I have observed activities taking place, but for me the best thing is that the [Staff] spend time with mum talking to her. When she first came she was very unsettled and one [Staff] sat with her and sang songs with her to make her feel better."

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.

- People's sensory needs were recorded in their care plans.
- People were supported by staff who understood their communication needs.
- The provider had facilities to provide written documentation in different formats to meet people's needs and wishes.

Improving care quality in response to complaints or concerns

- A complaints procedure was in place and made accessible to all. A record was maintained detailing complaints, how they were investigated, the outcome and any lessons learnt.
- People and the majority of family members knew how to make a complaint, or who they would speak to and were confident that their complaint would be dealt with in the right way.

End of life care and support

- People were given the opportunity to record their specific wishes about how they wanted to be cared for at the end of their life. Where appropriate family members were involved in this planning.
- Specific care planning took place for people who were on an end of life care pathway. This included anticipatory medicines being available for use when needed.
- The service worked with local health care professionals to ensure that people's needs and wishes were maintained in their end of life care.

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 Requires Improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Systems in place had failed to identify and make improvements within the service.

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

At our last inspection the provider had failed to robustly assess the risks relating to quality monitoring. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Systems in place for the monitoring and ensuring quality and safety were still not effectively used. The systems in place had failed act on areas of improvement needed to the environment and in ensuring that appropriate systems were in place to support the electronic care planning system. In addition, regular checks carried out by the provider and management team had failed to identify areas of improvement required in relation to the deployment of staff around the service.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate that governance within the service was effective. This placed people at risk of not receiving their planned care. This was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Staff had a clear understanding of their role and responsibilities.
- Staff told us that the deputy manager was accessible and always available to offer support and guidance.
- The management team were clear about their responsibilities and had a good understanding of regulatory requirements.
- Policies and procedures to promote safe, effective care for people were available to staff.

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

- Staff engaged and involved people using the service, family members and staff. People's comments included, "There are meetings that I can attend with other relatives to discuss issues about the home. I am informed of these meetings through letters."
- Family members felt engaged with the home. Their comments included "They make me feel comfortable when I visit", "There is information about the service in the foyer" and, "I was given lots of information about the home when [Relative] moved in."

- Staff were engaged and involved through regular team meetings.
- Staff sought advice and worked in partnership with others such as health care professionals to ensure the best possible support 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

- The provider had a clear understanding of their responsibilities in responding to people who use the service under the duty of candour following incidents and when things have gone wrong.

Continuous learning and improving care

- Staff received regular training and support for their role to ensure their practice was up to date and safe.
- Learning took place from accidents and incidents to minimise the risk of re-occurrence.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	Action needed to be taken to address issues within the premises that posed a risk to people.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	Quality monitoring systems were not robust enough to maintain standards within the home.