

Birchester Care Limited

# Shirelodge Nursing Home

## Inspection report

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## Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service well-led?

Good 

# Summary of findings

## Overall summary

Shirelodge Nursing Home is a care home providing personal and nursing care. The service can support up to 54 older adults, including care for people with dementia, mental health and physical disabilities. At the time of the inspection the service was providing care for 33 people.

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

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. However, further work was needed to record Mental Capacity Assessments (MCA) and best interests' decisions to ensure they follow good practice guidance.

Risks were managed, and people's care plans detailed current risks and individual needs. Medicines were managed safely, and infection control measures were followed. During the COVID-19 pandemic safe visiting processes were followed to support people to maintain relationships with friends and relatives.

Staff were recruited safely and there were enough trained staff to meet people's needs safely.

People and their relatives were involved in the planning and reviewing of their care. People were supported to maintain a balanced diet. People and their relatives were involved in planning their care. Care plans detailed people's individual needs and preferences.

The quality monitoring processes and actions following incidents had improved. The registered manager and provider were proactive in implementing changes in order to improve the quality of care provided. People using the service, relatives and staff commented the registered manager was approachable and making a positive difference to the quality of the service.

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 (and update)

The last rating for this service was requires improvement (report published 22 May 2021) and there were breaches of regulations 12 (Safe Care and Treatment) and 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities).

Following the last inspection, the provider was required to submit monthly action plans to show what they were doing to improve the service.

At this inspection we found enough improvement had been made and the provider was no longer in breach of the regulations.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection. The

inspection was also prompted in part, due to risks identified for further follow up during our direct monitoring of the service. A decision was made for us to inspect and examine those risks.

We found no evidence during this inspection that people were at risk of harm from the areas identified.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

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

#### Follow up

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 safe.  
Details are in our safe findings below.

Good 

### Is the service effective?

The service was not always effective.  
Details are in our effective findings below.

Requires Improvement 

### Is the service well-led?

The service was well-led.  
Details are in our well-led findings below.

Good 

# Shirelodge 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.

This was a focused inspection to check whether the provider had met the requirements of the Imposed Conditions in relation to Regulation 12 (Safe care and treatment) and Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities). On specific concerns we had about the management of falls, accident and incidents and the systems and processes to monitor the effectiveness of the quality of the service.

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

#### Inspection team

The inspection was carried out by one inspector a specialist nurse advisor 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

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

The service had a 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

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 healthcare professionals who work with the service. 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 used all of this information to plan our inspection.

We sought feedback from Northampton Healthwatch, which is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

#### During the inspection

We spoke with five people who used the service and five relatives to hear their experiences of the care provided. We spoke with seven members of staff including the registered manager, registered nursing staff, care staff and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records both on site and via electronic file sharing. This included three people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision and training. A variety of records relating to the management of the service, including policies and procedures were reviewed.

# 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 now improved to good. This meant people were safe and protected from avoidable harm.

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

Systems and processes to safeguard people from the risk of abuse

- Staff had received training to recognise abuse and protect people from the risk of abuse. They understood how to report any concerns following the safeguarding / whistleblowing procedures.
- Records showed the registered manager had safeguarded people from the risks of abuse and followed the local safeguarding protocols when required.
- People and their relatives told us they felt safe with the staff that supported them. One person said, "I feel safe because of my trust in the staff." Another said, I feel safe and happy, they [staff] come in at night to check on me." One relative said, [Relative] is safe and well looked after." Another relative said, [Relative] is safe and seems much happier."

Assessing risk, safety monitoring and management

- We observed electronic floor sensor mats were placed beside the beds and the armchairs of people at high risk of falls. The sensor mats are used to alert staff when a person who is at risk of falls is mobile, so staff can provide support to mobilize safely. However, some people in their bedrooms did not have call bells within their reach to summon help and assistance. This was brought to the immediate attention of the registered manager who took immediate action to ensure all people spending time in their bedrooms had a call bell within their reach.
- Records showed people at a high falls risk were promptly referred to the NHS local falls prevention team, for further advice and support in managing the risks. One relative said, "[Relative] has had a couple of falls, I can't fault the staff they are on it straight away. They called the paramedics out."
- Risk assessments were in place to manage known risks, such as falls, and pressure damage and records showed they were regularly reviewed and updated as and when people's needs changed.
- The systems to monitor accidents and incidents had been reviewed and improved. This meant that any issues were highlighted and acted upon in a timely manner to reduce the risk of repeat incidents.
- Each person using the service had a personal emergency evacuation procedure (PEEP) in place. In the event of a major incident requiring the home to be evacuated. Records in relation to check and tests on the fire system and firefighting equipment, emergency lighting, water temperatures and gas and electrical certificates, were all in order.

### Staffing and recruitment

- There were enough staff available to ensure people's needs were met safely. One person said, "The staff come in to see me regularly." Another said, "It takes only a wee minute or two for them [staff] to come when I ring."
- The provider had an active staff recruitment programme in place. Systems were in place to plan staffing levels, which included using regular agency staff to fill staff vacancies.
- The provider followed safe recruitment procedures to ensure people were protected from staff that may not be fit and safe to support them. Disclosure and Barring Service (DBS) security checks and references were obtained before new staff started working at the service. These checks help employers to make safer recruitment decisions and prevent unsuitable staff being employed.

### Using medicines safely

- People using the service told us they received their medicines on time and had no concerns about how they received their medicines. One person said, "The nurse always stays with me while I take my medicines."
- Some people had 'covert' medicines protocols in place. Covert administration is when medicines may need to be given without a person's knowledge, for example, hidden in food or drink. We saw the medicines were administered in line with best practice guidance. However, they lacked information to demonstrate capacity assessments and best interests' decisions had taken place. This was brought to the attention of the registered manager who said they would ensure capacity assessments and best interests' decisions were completed without delay.
- All medicines were stored securely.
- Staff were trained in the safe administration of medicines and had their competency assessed.
- Medicines to be taken on an 'as required' basis (PRN) had information to direct staff how and when these medicines should be given. This ensured people did not receive PRN medicines unnecessarily.

### Preventing and controlling infection

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

### Learning lessons when things go wrong

- The systems to record and review and monitor incidents and accidents had been improved. This included detailing incidents to ensure staff learning took 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 this key question remains requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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 make decisions, any made on their behalf must be in their best interests and as least restrictive as possible. 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 and we saw that they were.

- Mental capacity assessments were completed, however, they were not always decision specific. In addition, records did not demonstrate best interests' decisions for people, lacking capacity, insight and understanding of their specific care needs were followed. For example, decisions that had been made involving healthcare professionals regarding the covert administration of medicines. The MCA assessments lacked detail to demonstrate decisions had been made taking into consideration the wishes of the person. The registered manager said they would carry out a full review on the assessments for all people using the service to ensure they all followed the MCA best practice principles.
- Staff received MCA training and understood the principles of MCA, when supporting people to make choices. People confirmed the staff always asked their consent before providing their care. One person told us, "The staff always ask before they do anything for me."
- Records showed applications for DoLS authorisations had been submitted to the local authority and approvals notified to the Care Quality Commission.

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

- People at risk of malnutrition and dehydration had their food and fluid intake recorded. However, one person identified at risk of malnutrition did not have their food and fluid intake closely monitored and at times only drank very small amounts of fluids over a 24-hour period. This had not been identified in the audit process. The registered manager took immediate action to improve the electronic records so the food and fluid monitoring system would flag up any shortfalls in the person's daily intake. This action meant the care of people at risk of malnutrition and dehydration was more closely monitored.
- People's nutritional and dietary needs were assessed and understood by the service. People told us they enjoyed the meals provided. One relative said, "[Relative] can't choose their food, so I look at the menu and

choose what I think [Relative] would like."

- Staff were knowledgeable about people's cultural, religious and other dietary needs. A relative said, "The staff make [Relative] nice milky coffees, which they really like."

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

- At the time of the inspection extensive building and refurbishment work was taking place. Many areas of the home, bedrooms and communal areas had new furniture, new carpets and flooring and redecoration. This had greatly enhanced the home making it homely and inviting.
- An extension to the home was almost at the stage of completion, which when completed would provide a modern, spacious environment.
- The enclosed garden was fully accessible and provided a welcoming outdoor space for people to use.

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

- People's needs were assessed before they moved into the home. This included people's likes and preferences and specific healthcare needs.
- Care plans showed all aspects of a person's needs were considered including the characteristics identified under the Equality Act 2010 and other diversity needs such as people's cultural needs.

Staff support: induction, training, skills and experience

- People were supported by skilled and competent staff. Staff received an induction that included shadowing experienced staff to learn about their role in supporting each person and completing care duties effectively and safely.
- Staff had completed a range of training relevant to their role and responsibilities in meeting people's individual needs. Staff also had opportunities for continued development. They spoke of having achieved qualifications relevant to their role.
- Staff told us, and records showed, they regularly received one to one supervision and support.

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

- Staff had a good knowledge and understanding about people's healthcare requirements. Records showed, the staff worked in partnership with health and social care professionals to maintain people's health. This included GPs, district nurses, occupational therapists and physiotherapists.
- People had oral healthcare care plans in place, and we saw these were detailed. They gave guidance to staff about what support each person required and their preferences.

# 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 now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At our last inspection the provider had failed to ensure that systems and processes in place to monitor the effectiveness of the quality of the service were effective. This was a breach of regulation 17 (1) (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection enough improvement had been made and the provider was no longer in breach of regulation 17.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The quality of the management oversight had improved, monitoring of documentation relating to the safety of people was reviewed consistently and action taken appropriately when issues were found.
- The quality of accident and incident monitoring had improved to include, themes and trends analysis to identify key information and further mitigate the risk of repeat incidents.
- The registered manager was aware of their responsibility to display the ratings of their previous inspection report. The ratings were clearly on display within the front entrance of the home.
- Timely notifications were sent by the registered manager to the Care Quality Commission (CQC) and the local authority safeguarding adults' team.

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 registered manager understood their responsibility to be open and honest with people and acted appropriately when things went wrong.
- Records evidenced that incidents were communicated to people and their relatives.

Working in partnership with others

- People were referred to health and social care professionals for advice and support. For example, GP's, occupational therapists and speech and language therapists and their advice was followed to improve the outcomes for people.
- The service continued to work alongside the local authority and the clinical commissioning group in order to improve the quality of care provided, assurances and actions were given when issues were raised.

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

characteristics

- People using the service were given opportunities to give their views on all aspects of their care and support. One person said, "I went to a meeting yesterday, to discuss my care."
- Feedback from quality assurance surveys was mostly positive.

Working in partnership with others; Continuous learning and improving care

- The service worked in partnership with other professionals to provide holistic, timely support. One person said, "They were waiting to see an occupational therapist, but this had been slightly delayed due to COVID restrictions."
- People had been referred to specialist teams in a timely way. For example, people at risk of falls had been referred to the fall's prevention team and people with swallowing difficulties and at increased risk of choking, to the speech and language therapist.