

The Shrubby Nursing Home Limited

The Shrubby 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?	Good 
Is the service well-led?	Requires Improvement 

Summary of findings

Overall summary

We carried out an unannounced comprehensive inspection of this service on 6 June 2018.

The Shrubbery 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. A maximum of 38 people can live at the home. There were 25 people living at home on the day of the inspection, a number of whom lived with dementia. Nursing care is provided.

In August 2017 we inspected and rated the service as Inadequate. We placed the service into Special Measures. This was because the provider had failed to ensure systems and processes were in place to assess, monitor and mitigate risk to people living in the home. The provider had a condition placed on their registration to provide us with a monthly review to demonstrate how they were working towards making the required improvements. This was to ensure people living at the home remained safe while improvements were made. The provider sent an action plan to show what they would do, and by when, to improve the quality and safety of the service.

At this inspection the provider demonstrated to us that a number of improvements had been made, therefore the service is no longer in Special Measures. However, some areas of the service required further improvements to be made and improvements to be further embedded.

There was a registered manager 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.

People had access to other healthcare professionals that provided treatment, advice and guidance to support their health needs, however records did not reflect guidance needed to support people and accurate records of care provided were not always kept.

The registered manager had a range of audits that had been implemented to demonstrate how they monitored the quality and safety of people's care and support. The provider's planned improvements will need to demonstrate that continued improvements are sustained over time.

The registered manager had started to make improvements to the overall leadership of the home and both people and the staff team told us there were now opportunities to raise concerns and issues which were listened to.

We will check these improvements have been sustained during our next planned comprehensive inspection.

People's incidents were now being recorded by staff and a new reporting process had been implemented. People living in the home, their friends and relatives told us that staff support and guidance had improved. Staff understood how they were able to minimise the risk to people's safety.

We saw staff helped people and supported them by offering guidance or care that reduced their risks of harm. Care staff now had a clearer understanding of their responsibilities in reporting any suspected risk of abuse to the management team. Overall, staff were available for people and had their care needs met in a timely way. People told us their medicines were managed safely and administered for them by staff. Staff wore protective gloves and aprons to reduce the risks of spreading infection within in the home.

People told us staff acted on their wishes and their agreement had been sought before staff carried out a task. People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible; the provider's policies and systems supported this practice.

Staff had been provided with training that reflected the needs of people who lived at the home. The training information showed that staffs' knowledge was being updated. People told us and we saw their privacy and dignity were respected and staff were kind to them.

People told us they liked the staff and felt they knew how to look after them and were included in day to day decisions about their care and support. People were supported to eat and drink enough to keep them healthy.

People were involved in planning their care and if requested their relatives were involved, which include end of life planning. The care plans reflected people's life histories, preferences and their opinions. People told us staff offered encouragement to remain active and try activities on offer. People also told us they enjoyed the social aspect of the home and the activities offered.

People were aware of who they would make a complaint to if needed. People told us they were happy to talk through things with staff or the registered manager if they were not happy with the 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?

Requires Improvement 

The service was not consistently safe.

People benefited from increased staffing levels, and more knowledgeable staff. Staff were given clear guidance on how to mitigate people's risks. People lived in an environment where risks were identified and action taken to mitigate them. People medicines were managed safely and were protected from the risk of infection.

We will check these improvements have been sustained during our next planned comprehensive inspection.

Is the service effective?

Good 

The service was effective.

Staff training was updated. The Mental Capacity Act (2005) code of practice was followed to ensure people were supported to make their own decisions.

People's dietary needs had been assessed and they had a choice about what they ate. Input from other health professionals needed to be recorded and used when required to effectively meet people's health needs.

Is the service caring?

Good 

The service was caring.

People were treated in a way that made them feel included and valued at all times.

People received care that met their needs. Staff provided care that met people's needs whilst being respectful of their privacy and dignity and took account of people's individual preferences.

Is the service responsive?

Good 

The service was responsive.

We saw people were able to make everyday choices and people

engaged in their personal interests and hobbies.

People were supported by staff or relatives to raise any comments or concerns.

Is the service well-led?

The service was not consistently well-led.

People had not been involved in developing or providing feedback on the quality of care provided. Improvements were needed to ensure effective procedures were in place to identify areas of concern.

The provider had employed a new manager who has registered with CQC. The management team had reviewed staffing levels and increased staffing to ensure people had support when they needed it. Systems to ensure people were supported by trained staff had improved.

We will check these improvements have been sustained during our next planned comprehensive inspection.

Requires Improvement 

The Shrubby Nursing 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.

The Shrubby Nursing Home is a 'care home' that provides nursing care. 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.

Inspection site visit activity started and ended on 6 June 2018 and was unannounced. The inspection team consisted of one inspector, a specialist nurse advisor and an expert by experience who had experience of residential care settings. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. As part of the inspection we reviewed information we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us by law. We also reviewed the information the provider had sent us each month following the inspection in August 2017. We contacted the local authorities who are responsible for funding some people's care for information.

During the inspection, we spoke with seven people who lived at the home and six visiting friends and relatives. We also spoke with six staff, the wellness manager, one nurse, the chef, the registered manager and the provider.

We reviewed the risk assessments and plans of care for two people and looked at their medicine records. We also looked at audits for reviewing people's care, the home environment and maintenance checks, three Deprivation of Liberty authorisations, complaints records, an overview of the last two months incident and accident audits, staff dependency tool, care staff rotas, staff meeting minutes, 'residents' meeting minutes and two staff recruitment files.

Is the service safe?

Our findings

When we inspected this service in August 2017 we found people were not being protected from abuse, incidents had not been reported, risk assessments were not robust and staff recruitment practices were not safe. We identified breaches of Regulations 12, 13 and 19 of the Health and Social Care Act 2008 (Regulated Activities) 2014. This question was rated Inadequate.

At this inspection we found the provider had made improvements. People were protected from the risk of abuse, consistently had risks associated with their care and support identified and assessed, and were supported by staff that had been through a thorough recruitment process. The rating for this key question has changed to Requires Improvement. This is because the characteristics of ratings for 'Good' describe a level of consistency in achieving high standards which could not be demonstrated at this inspection. Whilst steps had been taken to improve people's safety we could not be assured that the improvements we found during this inspection were sustainable or sufficiently embedded into practice.

At this inspection we looked at the improvements that the provider told us they had been made. We found that systems had been implemented to recognise and report allegations of abuse. Whilst systems had been implemented by the management team to report and investigate allegations of abuse appropriately; these were newly developed and the provider will need to demonstrate they are sustainable and consistently embedded into staff and management practice.

Risk assessments for people were consistently assessed, reviewed and/or updated in a timely manner. There was guidance written for staff about how to manage risks that have been identified. However, we found when people's needs changed, the required update had not occurred with one person's records in relation to managing a risk associated with their care. All staff we spoke with understood and knew how to manage the risk. We asked the registered manager how they assured themselves that all people living in home has accurate information about each person's needs. The registered manager had been reviewing these documents and told us they would ensure that all guidance for staff to follow would be reviewed for all people living at the home.

Where a person's needs had changed as a result of an incident, the information had been documented and reported to the management team to make the required changes and update the person's care plan. However, not all care plans that linked to an incident had been fully updated. The provider needs to ensure that new information regarding a person's care is recorded and made available to staff to demonstrate how they are preventing or reducing a repeat of the incident.

At this inspection people told us the numbers of staff on duty had improved, staff supported them and were available to respond to their request and monitor their safety. Although people reported improvements they were not consistent. One person told us, "It's very nice except you have to wait to go to the toilet sometimes", and another person told us, "There are lots of new staff but some days they seem short. It's just the toilet thing if you want to go you shouldn't have to wait."

Relatives told us they had seen an improvement in how staff were able to look after people and were, overall, available when needed. However relatives also told us that at times staffing levels meant people had to wait. One relative told us, "There are not enough staff they try their best but they are rushing it's not thorough care. I don't have access to the care plan now. I liked to look at it I was told I could just ask to see it but they are too busy"

We spoke with staff who told us they were confident they had time to look after the needs of people and were more able to promote and protect people's safety. The registered manager had implemented a system that reviewed people's needs and projected how many staff would be needed to fully support people. The registered manager confirmed this would be used alongside observations and feedback from others in the home to ensure people and relative felt supported.

People told us they were safe living in the home and staff helped to keep them safe. One person told us, "Nothing here makes me feel unsafe." People were confident that staff supported them to live in a safe environment and one person told us, "I feel very safe here." One relative told us, "I go home and I don't worry." They told us they were pleased with the staffing arrangements and that staff kept their family member safe.

Where potential safeguarding incidents had occurred, staff had recorded the details and each incident had been reviewed by the management team. The management team had then reported these to the required external agencies, such as the police, local authority and CQC. Staff we spoke with were clear on their responsibilities to record and report any incidents. Staff we spoke with told us they would report any concerns about people's well-being and would not leave a person if they suspected or saw something of concern. Staff told us about some of the improvements since the last inspection in relation to the management of safeguarding concerns. These included clearer documentation to complete and an accessible and supportive management team who now reviewed incidents in support of people. Staff also showed us an information card they carried with them which detailed the steps they needed to follow if they suspected a safeguarding incident.

All staff we spoke with had now received a supervision in which details of their roles, expectations had been discussed. Staff training had been reviewed and all staff had now completed these courses. In addition, further courses had been planned and were in progress.

Whilst the new systems are in place, and the provider has met the requirements of this regulation we will continue to monitor the progress the provider is making. We will consider this key question at our next inspection to check that the improvements have been further embedded and maintained.

We looked at people's risk assessments and care planning documents. Where people had risks associated with their care the required equipment had been identified, for example, the aid of hoists. Staff we spoke with knew the type and level of assistance each person required, for example two staff assisting a person to walk. We spoke with staff about the type of support people needed to remain safe and free from the risks of potential harm.

All people were supported by nursing staff to take their medicines every day. We saw people were supported to take their medicine when they needed it with the nurse taking time to explain the medicines and staying with the person whilst they took them.

Staff who administered medicines told us how they ensured people received their medicines at prescribed times of the day or when required to manage their health. Nursing staff told us they knew when people

needed medicines 'when required' and the information was available to them alongside the medicine administration records (MAR) folder. Where people required a short term course of medicines we saw that these had been ordered and administered. People's medicines records were checked frequently to ensure people had their medicines as prescribed.

The home was clean, well- maintained and odour free. We saw staff used protective equipment, such as gloves and aprons where appropriate to reduce the risk of cross infection. There was an on-going programme to re-decorate people's rooms and make other upgrades to the premises when needed. Housekeeping staff were employed to work every day and had clear routines to follow. Staff received suitable training about infection control, and records showed all staff had received this.

Is the service effective?

Our findings

When we inspected this service in August 2017 we found people's need to consent were not robust and people's consent had not been recorded. We identified a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This question was rated as Require Improvement.

At this inspection we looked at the improvement that had been made. Steps had been taken to improve the overall records of consent and the rating for this key question has changed to Good.

People had agreed to their care and support and had signed consent forms where needed. Where a person had been assessed as needing help or support to make a decision in their best interest this had been recorded to show who had been involved in the decision made. Where people had appointed a person to make decisions on their behalf, these had been involved in any decisions made. All staff we spoke with understood the MCA and that all people have the right to make their own decisions. Staff knew they were not able to make decision for a person and would not do something against their wishes.

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. The application procedures for this in care homes and hospitals are 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 were being met. Authorisations were in place and applications had been made to the local authorities where the management team had identified their care and support potentially restricted a person's liberty.

Care plans showed that people had been supported to have improved health outcomes such as maintain a healthy weight and healed wounds. Relatives said that staff and management were knowledgeable about their loved one's care needs and the support they needed. The nursing staff also provided care in line with current guidance and took advice that had been given by community health professionals and GP's.

People that we spoke with were happy that staff understood their care needs well and were able to provide the care they wanted and needed. Nursing and care staff told us about the needs of people they supported and how they had support to develop their knowledge and responded accordingly. Staff we spoke with told us the training was focused on courses that reflected people's needs within the home. Nursing staff told us these had included access to specialist external training such as, syringe driver use to support individual care. All staff received supervision, which they told us supported them in their role and caring for people.

All staff we spoke with told us that the management team supported them in their role to provide good quality care for people. They told us that in addition to the management team being always available to talk to, they also had structured routine meetings and supervisions to talk about their role and responsibilities. The nursing staff used peer group support meetings to discuss clinical knowledge and practice examples.

We found the meal time experience for people was unhurried, relaxed and calm so they were able to enjoy their meals. Where people required assistance and prompts with their meals, staff were attentive to people's

needs. People were happy with the food and choices offered. People were encouraged to maintain their independence with eating and drinking and we saw aids in use, such plate guards and adapted cups. The chef provided two main meals at lunchtime and some people told us they were asked the day before for their preferred option. We saw that the chef sought feedback from people about their meals and the chef told us how they were keen to promote menus that people enjoyed. The kitchen staff now worked an additional hour in the evening to help facilitate the evening meal so care staff were available to support people.

Staff understood the need for healthy choices of food and were able to tell us about people's nutritional needs. People had access to drinks during the day or people were able to ask staff for them. Food was available at all times, such as sandwiches, toast and soup. Care staff provided support with this.

People saw their GP as needed and in addition the GP visited the home weekly to review their health and care needs. People's healthcare needs were monitored to make sure any changes in their needs were responded to promptly and people had access to health and social care professionals. For example, people had seen opticians and dentists when they required. Records showed where advice had been sought and implemented to maintain or improve people's health conditions.

The home was accessible to people living in the home and people accessed the outside garden area which was secure. People spent their time in the communal lounge or their bedrooms. There were several communal areas to choose from including a quiet lounge where there no televisions or activities offered if people preferred.

Is the service caring?

Our findings

We inspected this service in August 2017 we found improvements were needed and this question was rated as Requires Improvement.

At this inspection people we spoke with told us about how they liked living at the home. We saw people were comfortable with staff who responded with fondness and spoke about things they were interested in. The atmosphere in the communal areas showed staff and people enjoying their time together.

When we spoke with staff they knew the people in the home well and were able to tell us about their history and current circumstances. Staff we spoke with told us they all worked well together so people received care that met their needs and how they enjoyed supporting people in the home. When staff were spending time with people in the communal areas they were greeted with 'hello's' and smiles from people.

People were able to discuss and direct staff in their day to day needs or choices, for example one person told us, "I get up whenever I want." Staff recognised where people may need support and provided the person with individual care. One person told us, "They [staff] ask you what time you want to go to bed sometimes I get undressed and then come back down to watch television." People told how involved their families were in their lives and when they had contributed in planning their care.

People told us about how much support they needed from staff to maintain their independence within in the home. Two people told us staff offered encouragement and guidance when needed. Staff were aware that people's independence varied each day and on how they were feeling. Where able people told us they supported themselves and were able to ask staff when and where they needed help. All staff we spoke with were able to tell us people's preferred care routines or told us they always asked the person first before delivering their care and support. One staff member told us, "I know their routine but I will always check they want it the same way."

Relatives we spoke with told us they continued to visit their family members whenever they chose to. We saw a number of visitors came into the home to see and spend with their family. People's families also visited the home and were welcomed by the registered manager and staff. One relative told us, "I can't speak highly enough of them. The carers and nurses they talk to [person] so nicely."

People received care and support from staff who respected their privacy and people we spoke with felt the level of privacy was good. People were able to spend time on their own in their bedrooms and staff were seen to knock or ask before entering a room and we heard how the staff listened to the person's request for privacy.

We saw staff were discreet when discussing people's personal care needs. We saw one staff member discreetly prompt one person with personal care so they maintained this person's dignity. When staff were speaking with people they respected people's personal conversations and views. People's personal information and personal files were stored securely. Staff and the registered manager were aware of the

need to maintain confidentiality and store information securely.

Is the service responsive?

Our findings

At the last inspection on 2 August 2017 the responsive key question was rated as Requires Improvement as not all people had been actively encouraged or involved in activities. At this inspection we found the service had made improvements with staff dedicated to improve people's choice and involvement in a range of things to do. We have rated this key question as Good.

People we spoke with told us they received the care and support they wanted. One person told us how they moved room three times to ensure the room was suitable for them and the staff were able to meet the person's needs. Another person told us how the staff supported their diabetic care needs and understood the best way to support them with their nutrition to minimise the risk of the changes to their health.

People's needs had been assessed prior to them moving to the home and people's records detailed their current care needs which had been regularly reviewed and any changes noted. These showed the way in which people preferred to receive their care and provided guidance for staff on how to support the individual. For example, where a person had developed a pressure sore, information about the condition was placed in their plan so staff could access and understand how it affected the person. The information gained from these assessments was used to develop care plans to aim to ensure that people received the care and support they needed. When we spoke with staff about people's needs, they were familiar with them as they were able to provide information about people's likes and dislikes.

In three care plans we looked at, they showed how people's health and well being had been reviewed consistently and improvements were noted in people's weight and skin conditions. Relatives told us they were confident that their family member's health was looked after and were informed of any changes or updates and where agreed were starting to review the plans of care.

People's health matters were addressed either by nursing staff at the home or other professionals. Care staff told us they recorded and reported any changes in people's care needs to the nursing team, who listened and then followed up any concerns. People's needs were discussed when the staff team shift changed and information was recorded and used by staff coming onto their shift to ensure people got the care needed. The nurse leading the shift shared any changes and helped manage and direct care staff.

People told us about their hobbies and interests and the things they could do day to day and how they choose to take part in group activities. One person told us, "The activity worker is brilliant very obliging she is helping me organise my birthday party." One relative told us that activities had improved and the staff that delivered them were really good. One staff member that provided group activities told us they were planning to spend more individual time with people, and told us, "Just simple things really, such as coffee and a chat." People's religious choices were known and were supported with visits from a local church.

The accessible information standard looks at how the provider identifies and meets the information and communication needs of people with a disability or sensory loss. It relates to keeping an accurate record and where consent is given share this information with others when required. The provider had equality and

diversity policies and procedures in place, which staff knew about and told us the policies were easily accessible if needed. Staff were able to identify people's needs as part of the initial assessment process and during reviews with people.

All people and relatives we spoke with said they would talk to any of the staff if they had any concerns. One person told us they would, "Speak to the nurse if I was concerned about anything." All staff and the registered manager said where possible they would deal with issues as they arose. The registered manager had recorded, investigated and responded to complaints.

We spoke with nursing staff about how people were supported at the end of their life. They had completed an end of life care plan which was person centred and recorded the wishes of the person in the event of their death in detail. Where completed Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) discussions had been undertaken in a timely and sensitive manner. In addition, relatives are invited to visit around the clock.

Is the service well-led?

Our findings

When we inspected this service in August 2017 we found the providers systems and audit checks were not effective and the culture of the service was not open or transparent. We identified a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014. This question was rated Inadequate.

There was registered manager in post who had been in post since October 2017. The manager had applied to register with CQC and their application was completed on 19 June 2018, following this inspection visit. 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.

It is a legal requirement that a provider's latest CQC inspection report rating 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 judgements. We found the provider had conspicuously displayed their rating in the entrance hall way.

Since the last inspection the registered manager had developed quality assurance systems to monitor and assess the standard of care people received. For example, the registered manager told us they were working through the actions from our last report and had prioritised the concerns. The registered manager confirmed processes such as 'resident of the day' and six monthly care plans reviews were ongoing. The management team were in the process of reviewing and updating all care files and where agreed meeting with the families but, this had not been completed. We found that whilst some staff knew how to provide care to people, not all records were accurately maintained to show this. These had not always demonstrated how changes to people's needs were being managed.

The registered manager had a new process in place for staff to record any accidents and incidents. The management team oversight provided the opportunity to investigate the incident to ensure that any risks to people were identified and reduced or eliminated where possible. This included referrals to the GP, mental health teams and social workers in support of people's care. The provider will need to demonstrate going forward that all incidents and accidents reported show learning and updated in people's care plans.

People and relatives views were not consistent in relation to staff availability and how long they could wait for assistance. The provider and registered manager will need to assure how this will be monitored and action going forward that will demonstrate how people's views and experiences are used to make further improvements to the care provided.

The provider will need to evidence that the implemented changes are sustainable and demonstrate how effective they are at assessing, monitoring and identifying improvement in people's care and treatment.

Staff meetings were held and had been planned going forward and staff told us they were encouraged to

make suggestions and were listened to. The staff team was led by the registered manager and deputy registered manager and the staff team told us they were now enjoying working at the home. All staff we spoke with said there had been improvements in team morale which had started to have a positive impact on people living at the home. One staff member told us, "Residents are brighter because of the changes."

People and their relatives were complimentary about the new management team at the home and the relationships that were being developed. The registered manager had held 'residents meetings' and the actions from these demonstrated that steps had been taken to in relation to suggestions such as menu planning, gardening projects and seeking volunteers to assist with activities within the home.

The registered manager felt supported by the provider to keep their knowledge current. The provider also referred to CQC and Skills for Care for support in guidance about best practice and any changes within the industry. The registered manager had been in contact with specialists within the local area to promote positive working relationships. For example, the local authority commissioners and people's social workers. The registered manager was now submitting notifications of events that had to be submitted to CQC. A notification is information about important events that have happened in the service and which the service is required by law to tell us about. This information is used to monitor how the service managed these events and where needed we would be able to take any action.