

M Gulabkhan

Shrub End Lodge

Inspection report

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11 July 2023

26 July 2023

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

Shrub End Lodge is a residential care home providing accommodation and personal care for up to 6 people. At the time of the inspection, 5 people were living in the service. The premises is a residential property in keeping with the other houses in the area.

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

Right Culture

Quality assurance systems were not always robust, and improvements were needed in relation to management of environmental risks, MCA processes, recruitment, and training. The provider was not present at the inspection, and we were not assured the manager overseeing the service had sufficient knowledge in relation to regulatory and legislative requirements and current best practice guidance.

People told us they liked living at the service and were happy with staff support. A person told us, "It is lovely here, staff are magnificent to me. They are excellent."

People were supported by staff and management who knew people very well. People and those important to them were involved in planning their care.

Right Support:

Not all environmental risks had been mitigated and whilst the manager did respond to our concerns and sent us information following the inspection, the management of Legionnaires had been a recommendation in a previous inspection which had not been met. Staff had training on how to recognise and report abuse and they knew how to apply it. Medicines were managed safely

People were supported to have maximum choice and control of their lives. Staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service did not always support this practice.

Staff enabled people to access specialist health and social care support in the community. People were able to personalise their rooms.

Right Care:

Staff respected the people they supported and provided care that was kind and caring. Staff supported

people to take part in activities and pursue their interests in their local area, however, we received some feedback people would like to go out more. Staff responded to people's individual needs.

Staff had received training in some mandatory areas including fire, infection control, first aid and dementia awareness. However, there remained gaps in staff training.

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

Rating at last inspection

The last rating for this service was good (published on 12 December 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 governance processes, safeguarding and MCA processes. As a result, we undertook a focused inspection to review the key questions of safe, effective, 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 changed from good to requires improvement based on the findings of this inspection.

We have found evidence the provider needs to make improvements. Please see the safe, effective, and well led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

Enforcement and Recommendations

We have identified breaches in relation to staff training and governance arrangement at this inspection.

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

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. 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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

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 not always well led.

Details are in our well led findings below.

Requires Improvement ●

Shrub End Lodge

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.

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 1 inspector.

Service and service type

Shrub End Lodge 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. Shrub End Lodge is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Notice of inspection

This inspection was unannounced.

Inspection activity started on 6 July 2023 and ended on 7 August 2023. We visited the service on 11 and 26 July 2023.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We received feedback from the local authority and professionals who work with the service. The provider was not asked to complete a Provider Information Return (PIR) since the last inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan

to make. We used all this information to plan our inspection.

During the inspection

We spoke with 5 people who use the service about their experience of the care provided and 2 relatives. We spoke with 4 members of staff including the manager. We observed staff interactions with people and observed care and support in communal areas. We reviewed a range of records, including 3 people's care records, multiple medicine records and risk assessments. A variety of records relating to the management of the service 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 our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

We made a recommendation at the last inspection that the service seek advice and guidance from a reputable source on Legionella management. More improvements were needed.

- We found water checks were being completed and descaling of shower equipment, however there was not an up-to-date Legionnaires risk assessment in place or evidence that any water sampling had been undertaken. Following the inspection, the manager sent us a completed risk assessment and evidence steps had been taken in respect of water sampling.
- The electrical safety certificate had expired. The manager confirmed following the inspection this had been completed and a new certificate was in place. Other maintenance checks were in place which included fire checks.
- Risk assessments were in place, so staff knew how to minimise risks and provide consistently safe care and support. People who lived at the service did not have any significant needs in relation to their mobility and all were able to walk independently. However, there were no risk assessments in place in relation to their mobility. The manager completed these and sent us completed examples following the inspection.

Using medicines safely

We made a recommendation at the last inspection that the service consider current guidance on Medication Administration Records and best practice. Improvements had been made

- People received their medicines safely and on time. Medicines were stored securely, and medication administration records were regularly checked for accuracy. A person told us, "They give me my medicines at the right time and the right amount."
- Staff were fully trained in the safe administration of medicines and were checked in practice to ensure they were competent in this area and had a good understanding of what to do in the event of any errors occurring.
- A staff member told us, "I am very strict about medicines and started the daily audits and counts. I make sure staff are administering medicines correctly."

Systems and processes to safeguard people from the risk of abuse

- Prior to our inspection, we received information in relation to an accident which had not been reported as a safeguarding concern. The manager told us they were not aware this needed a referral and had raised this

as soon as they were made aware.

- People felt safe living at the service. A person said, "I feel very safe and secure. We all get on really well." A relative told us, "It is absolutely safe here."
- Staff were trained in safeguarding and had received guidance about what to do if they had concerns about people's safety. A staff member said, "If people here have a bruise or mark or change in behaviour, they will come to me, or I would notice. I would approach the manager first, or I can whistle blow to the local authority or CQC."

Staffing and recruitment

- Pre employment checks were carried out on all staff to ensure their suitability and fitness before they commenced work. These included Disclosure and Barring Service (DBS) checks. DBS provide information including details about convictions and cautions held on the Police national Computer. This information helps employers make safe recruitment decisions. Minor improvements were needed to ensure full work history was obtained for all staff and any gaps explained. The manager completed this following the inspection.
- There were enough staff on duty to keep people safe. Additional staff were available to support people if required when accessing the community.

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 supporting people living at the service to minimise the spread of infection.
- 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 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 was making sure infection outbreaks can be effectively prevented or managed.
- We were somewhat assured that the provider's infection prevention and control policy was up to date. The manager had acquired a management system for their policies and procedures and were actively personalising them to the service

Visiting in care homes

The service supported people to have visitors in line with government guidance. A relative said, "It is like a family here, we invite the others to our barbecues and parties, and we are invited to theirs."

Learning lessons when things go wrong

- The manager told us there was only 1 accident which they had referred as a safeguarding concern and the accident information had been recorded in the referral. This accident was not recorded in the service accident book which was empty. The manager told us they were aware of their responsibility to ensure all accidents and incidents were recorded appropriately.

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 our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Staff had not always received all the training required suitable for their role.
- Staff new to care, completed the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care.
- The Health and Care Act 2022 introduced a new legal requirement for all registered health and social care providers to ensure their staff received training in learning disability and autism, at a level appropriate to their role. This requirement has been in place since 1 July 2022, and we have updated our statutory guidance for Regulation 18 accordingly to reflect this.
- Staff had completed dementia training and dysphasia training, but staff had not always received all training relevant to their role. Staff had not completed any further training for learning disabilities or autism.
- Other areas of training had not been completed such as practical manual handling or practical first aid training.
- The service did not have a designated first aider on all shifts to ensure they had the knowledge to deliver emergency first aid if required.

The provider had failed to ensure staff received appropriate training to meet people's needs. This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- Following the inspection, the manager confirmed learning disabilities training had been completed by all staff and practical manual handling and first aid training had been sourced.

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 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 MCA. 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

- Staff had completed training in MCA and DoLS, but there was still a lack of understanding in relation to the mental capacity act. The manager asked if they should apply for DoLS to restrict access to the kitchen for people's safety and when we asked who was at risk, whether they had spoken with people at risk or their representatives and if any less restrictive options had been explored first, they could not provide this information.
- The manager informed us 2 DoLS applications had been sent.
- People's capacity had been assessed; however, the assessments did not include who had been consulted in people's best interests. The manager told us and relatives confirmed they were consulted but this information had not been included within records. A relative told us, "They consult us about everything, and we have regular reviews."
- Throughout the inspection we observed staff offering people choices and gaining their consent prior to delivering care. A staff member said, "We do have a couple with dementia, and we support people to make their own decisions. [Person] can understand what we say and will point to pictures and signs."

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

- People at the service had lived there for a long time and their care needs had been assessed prior to moving into the service. The provider had used the information to develop their support plans and risk assessments.
- Care and support plans were regularly reviewed, this helped ensure staff could continue to meet people's changing needs.
- The manager was looking to introduce electronic care planning to improve the information in care plans.

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

- People told us they enjoyed the meals provided by the service and choose what they would like. A person told us, "Our food is very nice, and we choose what we want." Another person said, "The food is very good, and we pick what we would like."
- The menus for the week were discussed with people and 1 person supported this process by writing people's choices down. A staff member told us, "They sit down on a Sunday to choose what they would like for the following week. [Named person] writes this down."
- Care plans recorded the support people required and where people had specific dietary preferences or needs, this was highlighted for staff to follow and included any guidance received from external health professionals such as speech and language therapists.
- People told us they supported staff with meal preparation and were involved with washing up afterwards. A person told us, "I do my own breakfast in the morning, and I like to help staff with meals." During the inspection 2 people supported staff to clear the table and wash up."

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

- Staff had worked at the service for a long time and knew people well. Staff could promptly identify when people's needs changed and seek professional advice.
- Some concerns had been identified by the local authority and an action plan was in place to drive improvement. The feedback we received from the local authority was that progress had been slow.

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

- Some refurbishments had taken place and the shower room had been updated.
- People could access all areas of the service and it was very homely. People were keen to show us their rooms and these were personalised to each person.

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. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The provider had systems in place to assess, monitor and improve the service. We found these systems had not always been effectively used. A manager was in place at the service who had not identified concerns found in relation to environmental risks, staff training or mental capacity assessments.
- The provider had not monitored all health and safety checks carried out by staff, to ensure environmental risks to people, visitors and staff had been identified. This included Legionnaires risk which had been a recommendation in a previous inspection.
- The manager did not always demonstrate an awareness of the legal responsibilities of current statutory and best practice guidance to ensure compliance with the regulatory and legislative requirements particularly in relation to 'right support, right care, right culture, and the mental capacity act.
- The provider did not have an effective system to ensure all incidents were notified to CQC as required. A notification for an allegation of abuse had not been notified to CQC. The local authority had prompted the referral to safeguarding authorities following their visit. The accident which had prompted the referral had not been logged in the accident book. This meant we were not assured all accidents and incidents were being recorded.
- The governance records were disorganised and not always up to date, records could not always be found during the inspection and were only sent to us following our visit.

We found no evidence people had come to harm; however, systems were not robust enough to demonstrate the quality and safety of services were effectively managed. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- There was a positive culture at the service that was person centred. People told us they were very happy living at the service and staff treated them with care and kindness. A person said, "I love it here, staff are always kind."
- Relatives were happy with the service and with the support people received. A relative said, "[Person] goes out with us and we know they love it." Another relative told us, "In most respects it is excellent."
- Whilst most people thought there was enough to do at the service 1 person told us they would like to go out more and a relative also commented whilst people had started to go out on trips it would be nice to see more happening.

- People were supported to attend colleges or day services and told us they enjoyed this. A person said, "I go twice a week and do enjoy it." A relative said, "[Person] goes day centre on Tuesdays and Thursdays and does his pottery."
- Throughout the inspection we observed a positive family atmosphere at the service where staff and people cared about each other. A person said, "We all get on really well."
- Staff were positive about working at the service. A staff member told us, "I love it here, it is not the hardest job, but every day is different, I love these guys."

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 manager was aware of their responsibilities in relation to duty of candour, that is, their duty to be honest and open about any accident or incident that had caused or placed a person at risk of harm. Relatives spoken with confirmed the manager kept them informed of anything significant that occurred at the service.
- As recorded above more work was required to ensure staff were aware of what was reportable to regulatory bodies.

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

- People were involved in decisions about their care, reviews were held regularly, and people attended house meetings. A person at the service chaired these meeting and wrote the minutes.
- People told us they were involved in day-to-day activities in the service. A person told us, "I do the hoovering every day as I enjoy it." Another person was proud to show us the tomatoes they were growing in the garden.
- Staff had regular opportunities to meet and discuss any concerns or suggestions for improvement. A staff member told us, "We have regular supervisions, and we can talk with the manager at any time." Another staff member said, "[Manager] does supervision with us. I can go to them, and I find them very approachable. I also find seniors approachable."

Continuous learning and improving care; Working in partnership with others

- The service was working in partnership with other agencies.
- Care records demonstrated the service was working with other professionals, such as the learning disability nurse, district nurses, the GP, and social workers.

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	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>We found no evidence people had come to harm; however, systems were not robust enough to demonstrate the quality and safety of services were effectively managed. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>We found no evidence people had come to harm; however, the provider had failed to ensure staff received appropriate training to meet people's needs. This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p>