The Shrubbery Nursing Home Limited

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Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

The Shrubbery Nursing Home provides accommodation, personal and nursing care for up to 38 older people. There were 29 people living at the home at the time of the inspection. At the last inspection, the service was rated Good. At this inspection we found the service remained Good.

There was a manager in post and they were currently completing the process to become the registered manager. 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 told us they felt safe in the home and the staff helped to keep them safe. People were not concerned about the risk of potential abuse and staff told us about how they kept people safe. During our inspection staff were available for people and were able to support them by offering guidance or care that reduced people's risks. People told us they received their medicines at the same time daily. If needed extra pain relief or other medicines were provided on request or as assessed by the nursing team.

People told us the care and nursing staff looked after them well and knew the care they needed. Care staff felt their training reflected the needs of people who lived at the home and were supported by the nursing staff and clinical management team.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People were supported with a choice of meals and drinks they enjoyed and kept them healthy. People had access to other healthcare professionals that provided treatment, advice and guidance to support their needs.

People told us and we saw that their privacy and dignity were respected and staff were kind to them. People received support to have their choices and decisions respected and staff were considerate when providing care and support in the communal lounges.

People's health care needs were assessed, and care planned and delivered to meet those needs. People had been involved in the planning of their care or relatives felt they were involved in the care of their family member and were asked for their opinions and input. People told us staff offered encouragement and supported them to remain part of the homes community and offered a variety of things to do.

People and relatives we spoke with told us they were aware of who they would make a complaint to, but were confident to approach the manager if they were not happy with the care. The provider had reviewed and responded to all concerns raised.

Regular checks had been completed to monitor the quality of the care that people received and look at

where improvements may be needed. Management and staff had implemented recent improvements and these would need to be regularly reviewed to ensure people's care and support needs continued to be met. The management team were approachable and visible within the home which people and relatives liked.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service remains good.

The provider had looked at protecting people's safety and well-being. People received their medicines when needed and were supported by enough staff.

Is the service effective?

Good

The service is now Good.

People had been supported to ensure their consent to care and support had been assessed correctly. People's dietary needs and preferences were supported by trained staff. Input from other health professionals had been used when required to meet people's health needs.

Is the service caring?

Good

The service remains Good.

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 remains Good.

People were able to make choices and their views of care were listened to. People were able to continue their personal interests and hobbies if they chose to. People were supported by staff or relatives to raise comments or concerns.

Is the service well-led?

Good

The service remains Good.

People's care and treatment had been reviewed by the registered manager. Procedures were in place to identify areas of concern and improve people's experiences. People, their relative's and staff were complimentary about the overall service and felt their views listened to.

The Shrubbery 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 checked 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.

This inspection took place on 19 January 2017 and was completed by one inspector. We reviewed the information we held about the scheme and looked at the notifications they had sent us. A notification is information about important events which the provider is required to send us by law. The inspection considered information that was shared from the local authority and Clinical Commissioning Group.

During the inspection, we spoke with eleven people who lived at the home and six visiting relatives. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We also spoke with four care staff, two registered nurses, the deputy manager and the manager. We reviewed a number of risk assessment and plans of care for two people. We also looked at provider audits for environment and maintenance checks, compliments, incident and accident audits, staff meeting minutes, relatives and relatives meeting minutes.

Good

Is the service safe?

Our findings

All people we spoke with felt the home offered a safe environment and had no concerns about their well-being. Relatives told us they had confidence in the staff and their family members were kept free from the risk of harm. One relative said, "I know [person's name] is safe when I leave here". All staff we spoke with told us how they made sure people were kept free from the risk of harm. All staff told us they would report any concerns about people's care immediately and action would be taken to keep a person safe. The manager had acted upon concerns raised and notified the local authority and CQC as needed.

People managed their risks with support from staff if needed. Nursing and care staff we spoke with knew the type and level of assistance each person required. For example, where people required the aid of hoists or assistance with food and drinks. One person told us, "There is always two of them [care staff] when I am hoisted". In each person's care plan it detailed their individual risks, which had been reviewed and updated regularly. All care staff we spoke with told us that any concerns about a person's risks or safety was recorded and reported to the nurse in charge for action and review. Care staff were clear about their responsibilities in reporting changes to a person's risks to nursing staff. Nursing staff told us the care staff were good at advising of any changes to person level of assistance.

People told us and we saw that care and nursing staff were available for people in the communal areas. The manager matched the needs of people with the number of staff needed to look after them. We saw staff had time to meet people's care and support needs, without rushing. For example, we saw individual staff members assisting people to move from different areas of the home as they chose. All staff we spoke with told us they had time to meet people personal care needs along social interactions during the day. Staff confirmed that staffing levels changed to reflect the people's needs and a recent admission meant an increase of care staff.

All people were supported by nursing staff to take their medicines every day and one person said, "I have my keep alive pills every day, but they [nursing staff] worry about that for me". We saw people were supported to take their medicine when they needed it. Two people also said that if they needed additional medicines for pain management they were given on request which we saw during the day. Nursing staff on duty who administered medicines told us how they ensured people received their medicines at particular times of the day or when required to manage their health. They managed this with an electronic recording and monitoring system which was regularly checked by the management team. Nursing staff told us they checked the medicines when they were delivered to the home to ensure they were as expected. The medicines were stored in a locked clinical area and unused medicines were recorded and disposed of.

Good

Is the service effective?

Our findings

People told us they were supported by a staffing team that understood their needs and how to look after them. One relative told us, "Any changes in [person's name] the nurses are straight on it and know what to do". All staff told us they were supported in the role and responsibilities with supervision from management and team meetings. The staff training provided reflected the needs of people and care staff confirmed the training had enhanced or embedded their current knowledge. Two care staff provided examples of how they now had more understating of dementia following the training.

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 who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

People were provided with choice and decisions which care and nursing staff were seen to act on. One person told us, "The thing I like about here is the way they give you choice". Where people had been unable to make a choice or decision on their own, a decision had been made in the person's best interest and recorded in their plan of care.

The manager had submitted a number of DoL applications to the local authority and where these had been authorised care and nursing knew who these were for and what the restriction were for. All staff had received training and understood the requirements of the Mental Capacity Act in general, and the specific requirements of the DoL.

People told us they enjoyed the food and commented how much they enjoyed their lunch. People were supported by staff where they needed assistance and were not rushed, and staff provided a verbal prompt of the food on the plate and a choice of what they would like next. All staff regularly monitored people's food and drink intake where needed to ensure people received enough nutrients in the day. Staff regularly consult with residents on what type of food they prefer and ensure foods are available to meet peoples' diverse needs.

People had seen opticians, dentists and told us there prescriptions were up to date. The GP visited the home weekly and when required where people were concerned about their health. One person said, "The doctor comes in if your sick". Other professionals had attended to support people with their care needs. All staff were able to tell us about how people were individually supported with their health conditions that needed external professional support.

Good

Is the service caring?

Our findings

Everyone we spoke with told us that staff were caring and they knew them well. Throughout our inspection we saw people were supported by all staff, including the registered manager in a kind and considerate way. People were comfortable in the home and one person we spoke with said, "I enjoy it here. Do what you want when you like". People were chatting with staff about their local community, their friends and lives. One person told us, "I like this chair, this place, full stop".

All staff were unhurried in their approach with people and where people were quieter and not always able to engage in conversation, care staff would sit so they were able to make eye contact and look for visual or physical responses. We saw one person start to become upset and disorientated. Staff members recognised and responded quickly to this person. They spoke calmly and acknowledged just how this person's concerns were causing anxiety and helped reassure the person. One person told us that, "Staff are never snappy or impatient, it's good".

People told us that they were able to tell the care staff about what they wanted during their daily care. This included how much assistance they needed and where they wanted to spend their day. One person told us they felt involved and were supported by care staff in discussing their care and support options. People told us their daily routines and preferences were important to them, such as the time they got up or their morning routines. We saw that care staff frequently asked people if they would like anything or required anything. For example, when a person may like a drink or made sure they were comfortable.

People told us about how much support they needed from staff and were happy they were able to maintain their independence within in the home. We saw that people chose to be involved in everyday tasks such as preparing the tables for lunch. Care staff would then offer encouragement and guidance if needed. Staff were aware that people's independence varied each day depending on how well people felt. One person told us, "I have my own room which means I can keep my independence".

People were supported by staff to maintain their personal relationships and staff understood who was important to the person, their life history and background. People said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment. One person told us, "The girls here are spot on at proving your everyday needs. ". We saw that staff had developed friendly relationships with people living at the home and we saw staff sharing jokes and laughing with people. One person told us, "I am warm, comfortable and looked after".

Good

Is the service responsive?

Our findings

All people we spoke with told us they got the care and support they wanted. They also felt that any changes to their health had been recognised and acted on by staff. Relatives we spoke with provided examples of where nursing and care staff had noted a change in their family member and how they were supported in getting medicines to treat the condition or providing pain relief. Two relatives told us they were confident that their family member's health was looked after by the care staff and nursing staff had the knowledge needed. Care staff also provided updates if there were any changes and took time to talk with family members about how their relative had been.

There was a designated key nurse and care worker for each person who completed the primary assessment of needs and developed the care plan in partnership with the person, their family, and other professionals. The care plans we looked at included personal care preferences, specialised care needs, and any cultural or spiritual needs and wants. Care staff told us they referred to care plans and the plans reflected the current needs of people living at the home.

Three people we spoke told us they chose how they spent their days and could choose to stay in their room or the communal areas. One person commented that they liked the group singalongs or were able to listen to their favourite music. People could also choose to take part in group activities which some people enjoyed and took part in. The registered manager had recently employed a member of staff dedicated to providing activities and engagement with people.

All people and relatives we spoke with said they would talk to any of the staff if they had any concerns. They said the manager always asked them how they were or if they wanted to talk about anything. All staff and the manager said where possible they would deal with issues as they arise. This reflected the views and opinions of people, their relatives and staff. One person said the need to complain, "Never arisen, but I would speak to the girls or the manager. The manager had recorded and responded to complaints.

Good

Is the service well-led?

Our findings

The manager was in the process of submitting their application to the CQC become the registered manager. 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 told us they were comfortable and relaxed in the home. They were able to tell staff their opinions and had the opportunity to voice ideas or suggestions. People and their relatives had contributed by completing questionnaires so the provider and registered manager would know their views of the care provided. One relative told us, "The manager is very competent. Nothing is a problem". The results we saw were positive about the care being provided.

All of the staff we spoke with told us the home was well organised and run for the people living there. They told us the management team was supportive and felt able to approach the registered manager with any concerns they may have. Team meetings also provided opportunities for staff to raise concerns or comments with people's care.

The manager and care staff sought advice from other professionals to ensure they provided good quality care. They told us their skills and knowledge were supported by news briefings and updates that related to best practice guidance and regular clinical supervisions. The manager told us they also spoke with other home managers within the organisation to share practice and ideas. Resources and support from the provider were available and on going maintenance to the home were in progress.