

# Langley House Trust

# The Shrubbery

## Inspection report

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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 caring?

**Requires Improvement** 

Is the service responsive?

**Requires Improvement** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

The Shrubbery is a care home for up to 15 men. It is one adapted building arranged across three floors. Each bedroom has either en-suite or a private access bathroom. There are shared facilities including lounges and a games room, as well as kitchen, utilities spaces and food stores. There are two offices within the building. The Shrubbery is also registered to deliver personal care to people who live in the community in their own houses or flats. At the time of the inspection they were not delivering personal care.

The service was registered before Registering the Right Support was developed. The service has not been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. The guidance ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service did not always receive planned and co-ordinated person-centred support that is appropriate and inclusive for them. The provider had not applied the principles and values of RRS.

### People's experience of using this service

People received support that reflected the level of risk they posed due to their offending histories. Risks linked with their medicines, or to areas other than offending, had not been clearly identified or addressed. Although staff were able to describe the steps they took to mitigate these risks, they were not captured in risk assessments or care plans.

People told us, and staff agreed, their experience of care was affected by high use of agency staff at the home. Permanent staff had been recruited in a way that ensured they were suitable to work in a care setting. Staff did not receive the training they needed to perform their roles, although they did receive regular supervision.

People told us, and records confirmed, their opportunities for activities and engagement outside the home were limited. We saw people had been supported to identify goals, but there were no detailed plans in place about how to support them to achieve their goals. We have made a recommendation about care planning.

The outcomes for people did not fully reflect the principles and values of Registering the Right Support as people were not supported to develop their independence and had limited choices in their day to day lives.

People were not supported to have maximum choice and control of their lives and did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice. People had not had their capacity to consent to their care assessed when there was reason to believe they may lack capacity to understand all aspects of their care.

The governance systems in place had failed to identify and address the issues we found during the

inspection.

People told us they felt safe. Staff took action to ensure people's safety if allegations of abuse were made, however, they had not always followed local safeguarding adults procedures. This was addressed during the inspection.

People told us, and we saw, staff knew people well and supported them in a kind and sensitive way. Staff behaviour reflected the ethos of the provider that no one should be disadvantaged by their past behaviours.

People were supported to access specialist services, and to have their health needs met. People were supported to have their nutrition and hydration needs met, although people were not always happy with the menu options.

People were supported to have their dignity upheld. People's protected characteristics were respected and people felt safe to disclose their sexuality and gender identity. People knew how to make complaints and the provider investigated these thoroughly.

The provider had a clear values base. People and staff were actively engaged by the provider's systems.

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:

The last rating for this service was good (published August 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified breaches in relation to risk assessment and medicines management, staff training and the governance of the service.

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 return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Is the service safe?**

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### **Is the service effective?**

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### **Is the service caring?**

The service was not always caring.

Details are in our caring findings below

**Requires Improvement** ●

### **Is the service responsive?**

The service was not always responsive.

Details are in our responsive findings below.

**Requires Improvement** ●

### **Is the service well-led?**

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# The Shrubby

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

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

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 the information we already held about the service. This was in the form of notifications that had been submitted to us. Notifications are information about events providers are required by law to inform us about. We reviewed the feedback received from registration inspectors who had considered an application to vary the conditions registration by adding a bedroom; this application was withdrawn. 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.

#### During the inspection

During the inspection we spoke with four people who lived in the home. We spoke with five members of staff including the registered manager, the interim deputy manager, the third in charge, the chef and a support worker. We reviewed three people's care files including assessments, care plans, risk assessments and records of care. We reviewed five staff files including recruitment, supervision and training records. We reviewed incident, accident and safeguarding reports, as well as various meeting records. We made observations around the building including in communal areas of the home.

#### After the inspection

We requested quality assurance information and analysis by email which we reviewed. We also received updated information from the registered manager which was considered as part of the inspection.

# 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 good. At this inspection this key question has now deteriorated 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.

### Using medicines safely

- People were supported to take medicines when they needed staff to help them do this safely. People who were able to, self administered their medicines.
- When people were taking their medicines independently staff gave them a week's supply at a time. This is called secondary dispensing. Staff told us this was to reduce the risks associated with the specific medicines people were taking. Although people's individual ability to take their medicines safely had been assessed, there were no documented risk assessments regarding secondary dispensing.
- Staff used medicines administration records (MAR) to record what medicines people were taking. These showed the prescription directions and captured that people took their medicines. However, there was no information about the purpose, route or potential side effects of the medicines people were taking. Staff told us they had access to resources where they could look up this information. The records in place did not reflect best practice guidance about medicines management.
- People were prescribed medicines on an 'as needed' basis. Although staff were knowledgeable about when to offer and administer these medicines, there was no recorded guidance in place to ensure this was consistent across the staff team.

### Assessing risk, safety monitoring and management

- The risk assessment frameworks in place focussed on the risks people posed in relation to offending behaviour, as well as risks to other people including staff and members of the public. There were limited assurances that risks faced by people had been considered and assessed.
- People living at the home presented significant risks to both specific people and the public. The provider worked with people and other professionals involved in their support to ensure these risks were appropriately mitigated. People were supported to develop their understanding of these risks and to attend programmes to support them to reduce their risks.
- Due to the nature of people's risks, people were restricted by risk assessments. People were supported to understand why these restrictions were in place, and what they needed to achieve to reduce the restrictions. One person said, "I know I am not allowed to [do various things] due to my risk. If I reduce my risk then I can."
- However, we found a number of risks that had not been subjected to formal risk assessments. For example, one person's mobility deteriorated when they were unwell and this put them at risk of falls. The risks associated with the use of portable heaters had not been assessed. While there were house rules regarding smoking, there were no specific smoking risk assessments in place.
- In conversation staff described measures that were in place to mitigate these risks. Staff told us they used to have risk assessments for these issues, but the new online format did not have space to record these. The

registered manager submitted example risk assessments, however these were not specific. For example, regarding the risk of falls the new assessment stated, "Staff assist [person] from his room to ensure he is kept safe at all times." However, the assistance given was not described.

The above issues with medicines and risk management are a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

#### Staffing and recruitment

- People and staff told us their experience of the home was affected by high agency use. The provider had followed safe recruitment practice for their permanent staff.
- Staffing levels were calculated annually based on the overall dependency levels within the home. After the inspection the provider told us staffing levels were reviewed regularly. Staff told us the effectiveness of the staffing numbers was impacted by the current high use of agency. They told us, and records confirmed, half the staff on some shifts were agency workers. Due to the nature of the risks presented by people living in the home, agency staff were not able to support people to access the community. This limited people's experience and meant they felt restricted. One person said, "I can't go out with agency, which means sometimes I have to wait."
- The registered manager told us they were completing a recruitment campaign to increase the permanent and bank staff availability to the home.
- We reviewed the recruitment records for staff who had joined the service since our last inspection and found staff had been recruited in a safe way that ensured they were suitable to work in a care setting.

#### Systems and processes to safeguard people from the risk of abuse

- Staff took action to protect people when allegations of abuse were made. However, staff responsible for raising alerts did not always do so.
- People had made allegations of abuse against an agency member of staff. While staff had taken action to protect people living in the home, they had not raised a safeguarding alert with the local authority as they should have done. The provider's incident and audit system had not identified the need for a safeguarding adults alert. The alert was raised during the inspection.
- People told us they felt confident staff took action to keep them safe. Records showed people raised any concerns they had about their safety with staff.

#### Preventing and controlling infection

- People were encouraged to take responsibility for the cleanliness of their own bedrooms and bathrooms. People and staff told us the cleaning staff only cleaned people's bedrooms and bathrooms upon request from people.
- Most of the home was clean, and free from malodours. However, we identified some areas in the kitchen which required attention as they presented an infection control risk. The registered manager showed us they had requested this work be completed during the inspection.
- Personal protective equipment was available for staff to use as needed.

#### Learning lessons when things go wrong

- The provider had introduced a new way of recording and reporting incidents since our last inspection. This ensured information about incidents was shared across the staff team, and escalated to managers, from the moment the incident was recorded.
- Records showed staff discussed incidents with people and within the staff team. They encouraged people to reflect and understand why incidents had occurred.



# 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 good. At this inspection this key question has now deteriorated to 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 received regular supervisions to support them in their role. However, they had not received training relevant to the work they were completing.
- People living in the Shrubbery had diagnosed learning disabilities and mental health conditions. There was no record any staff had training in these areas and it was not included on the provider's list of their mandatory training. Ten out of 15 staff had not received training specific to the offences people had committed.

The above issues are a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People were assessed with external agencies' support before moving into The Shrubbery. Assessments focussed on people's offending risk and steps needed to mitigate this. People were encouraged to identify goals, but there were limited plans in place to support people to achieve their goals.
- All three people whose care files were reviewed had identified their goal was to live in a more independent setting than The Shrubbery. None of the care files contained any plans which would support people to achieve this goal.
- Two of the people whose files we reviewed were diagnosed as having learning disabilities. There was nothing within the files to show that any adjustments had been made to consider their learning disability. We asked the registered provider if they had considered the registering the right support guidance. They told us they had not heard of it. This meant they were not aware of the current best practice guidance for supporting people with learning disabilities.

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

- People gave us mixed feedback about the quality of the food. People were supported to eat and drink enough to ensure their nutritional requirements were met.
- Care plans did not contain information about people's dietary needs and preferences; people were able to communicate their preferences to staff on a daily basis. People told us, and records confirmed, there was a varied menu. One person said, "We had game pie, I quite liked that. Often I don't like it."
- There was a food store room in the basement. We found out of date items in the store and that storage of some foods was chaotic and meant it was not easy to ensure proper stock rotation. The out of date items were immediately removed from the store.

- The Shrubbery employed a cook who prepared meals each day. Despite people wishing to become more independent no one was involved in meal preparation. People gave feedback through house meetings about the menu options and quality of the meals. The interim deputy manager told us they wrote the menu based on people's suggestions at house meetings.

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

- People and staff told us, and records confirmed, The Shrubbery worked with external agencies to ensure people received support to manage their risks.
- Records showed staff worked closely with people's social workers, probation staff and specialist agencies to support people to understand and reduce their risks in relation to their offending behaviours.
- People were able to say when they needed support to access healthcare services including dental care. We saw people accessed healthcare services independently, with staff providing support as needed to ensure advice from healthcare professionals was understood and followed.

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

- The Shrubbery was an adapted house, with individual bedrooms, personal bathrooms and shared areas. Some areas of the home were tired in appearance and were not homely.
- The basement of the shrubbery contained a food store, manager's office, laundry room and a communal room where people could play games including pool. The basement had painted concrete floors and paint on the floor and walls was chipped. The provider's response to this feedback was to note the appearance of the home had improved recently.
- People told us the furnishings in the living room had recently been replaced and this had improved the appearance. One person said, "It's much nicer now we have the new sofas. They arrived yesterday."

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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.

- The Shrubbery was not consistently applying the principles of the MCA.
- The Shrubbery had not assessed people's capacity to consent to their care and certain restrictions that were in place. There were reasons to believe people may not have had full capacity to consent to these aspects of their care.
- In response to our concerns the registered manager arranged for full capacity assessments to be completed to establish if people could consent to their care, or if applications to deprive them of their liberty should be made.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

- People told us their privacy was respected. However, despite people's care plans stating they wished to be more independent, it was not clear what plans were in place to support people to develop their independence skills.
- All three care files reviewed contained references to people wishing to be more independent. However, there were no clear plans or short term goals in place for any of these people that might help them to become more independent.
- People told us they were given privacy and staff respected their personal space.

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

- People told us staff respected them as individuals, including where they had protected characteristics.
- People were asked about their sexuality and gender identity and The Shrubbery had created an atmosphere where people felt safe to disclose this. Records showed staff supported people where they faced discrimination and prejudice in relation to their sexuality.
- Records showed staff worked with people to support them to develop tolerance towards other people who they lived with.

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

- Throughout the inspection we saw people were asked their views and given the right to refuse any care and support.
- Records showed, and people confirmed, they were offered choices and supported to make decisions about their care. One person said, "They will ask if I want to do anything."
- Records showed people were involved in regular reviews of their care and support. Where people's support could not be changed in line with their wishes, due to risk, we saw this was explained to people clearly.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant people's needs were not always met.

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

- People's care was not consistently planned in a person centred way and there was limited detail about the support people needed to meet their needs and preferences.
- The provider had recently introduced a new care planning system. Staff told us this meant that previous levels of detail about different areas of support were no longer captured. The care plans in place were limited to reducing people's risk of offending, and did not consider the wider support people needed to achieve their goals.
- Records of care captured what people had done each day. We saw these were reviewed regularly by management.
- People were supported to review their care plans which were updated at regular intervals. However, the care plans were marked as achieved and closed when staff told us people were receiving ongoing support in these areas.

We recommend the service seeks and follows best practice guidance from a reputable source about ensuring effective and responsive care planning and reviews for people receiving care.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People who received a service did not require any adjustments to information to make it accessible to them.
- People told us they were able to understand the information they had about their service. Everyone living in the home was able to articulate themselves and their needs clearly.
- The provider told us they would make information available in alternative formats if this was requested.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to maintain and manage their personal relationships, however, opportunities for people to follow interests and activities were limited.
- People told us, and records confirmed, staff facilitated them to have contact with their families. We saw people were supported to visit and maintain telephone contact.
- Records showed staff supported people to manage their relationships with the other people they lived

with. It was clear people sometimes struggled to manage the relationships involved in shared living and staff took action to ensure people felt safe and secure in their homes, while developing their tolerance of other people.

- People attended some activities, however these were limited and people said they did not get offered alternatives if they did not like the activities that were proposed. For example, two people told us they preferred small group activities, and this meant they often did not attend house activities as they did not want to go in a larger group. There were regular art sessions within the home.
- People and staff told us the opportunities for people to access the community were limited by the current high use of agency staff.
- The provider is a faith based organisation. Records showed a faith representative visited The Shrubbery regularly and facilitated a walking group.

Improving care quality in response to complaints or concerns

- People told us and records confirmed they knew how to make complaints. Complaints were investigated and responded to in line with the provider's policy.
- Records showed people often make complaints about the behaviour of the other people who lived at The Shrubbery. Records showed, and the registered manager confirmed, that people were often not happy with the resolution. Staff worked with people to manage the difficult dynamics of their relationships with other people they lived with.

# 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 good. At this inspection this key question has now deteriorated 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; Continuous learning and improving care

- The quality assurance and governance systems were not operating effectively to identify and address issues with the quality and safety of the service.
- The registered manager completed monthly audits of care plans and records of care. These had not identified the shortfalls in care planning identified during the inspection.
- The registered manager and staff told us they used to capture details about people's support that was not related to their offending risks, but had stopped doing so when they had changed care planning systems. The gaps in recording had not been identified by the registered manager or the provider who also had oversight of the systems.
- The audit systems had not ensured that food was stored safely and appropriately.
- The Shrubbery had an action plan which had been developed in September 2019. This had identified the need to improve activities and community links. However, there had been no changes or improvements to activities provision by the time of our inspection in February 2020.
- The provider had introduced electronic systems to improve care. Staff were not confident in using these systems which had limited their effectiveness in improving care.
- The provider had not stayed up to date with developments in the field. The registered manager was not aware of the Registering the Right Support guidance which describes how services should support people with learning disabilities. The audit systems in place had not identified that medicines practice had not stayed up to date with best practice guidance.

The above issues are 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

- The provider had a clear faith based ethos and approach which was embedded across The Shrubbery.
- Staff were encouraged to reflect on the ethos of the provider at handovers and during their individual supervisions. The provider emphasised the importance of supporting people to reintegrate into society following their offending histories.
- There were regular house meetings where people were supported to consider equality and diversity as

well as their engagement with the service available to them.

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 CQC sets out specific requirements that providers must follow when things go wrong with care and treatment. This includes informing people and their relatives about the incident, providing reasonable support, providing truthful information and an apology when things go wrong. The provider understood and fulfilled their responsibilities.

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

- The provider used various systems to engage with people and staff to seek their feedback and involvement in the service.
- There were regular house meetings to engage people who lived in the home. These provided people with the opportunity to give feedback about their experience. We saw actions identified, such as getting new furniture for communal areas, had been taken.
- There were also regular staff meetings, which provided staff with organisational updates. We saw staff were rewarded and recognised for their contributions to the service.
- There were also regular surveys conducted by the provider of people and staff. People were able to give free feedback about their experience of care. We saw people's satisfaction with the service varied and had deteriorated in the most recent survey. The registered manager told us this was because people were struggling with personal dynamics in relationships within the home.

Working in partnership with others

- The Shrubbery staff worked with other professionals involved with people's care. Given the complexity of people's needs, this included a wide range of specialist services.
- Staff also worked with local faith groups in line with the provider's faith based ethos and approach to care.

This section is primarily information for the provider

## Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  Risks had not been appropriately identified and mitigated and medicines were not being managed in a safe way. Regulation 12(1)(2)
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider's systems had failed to identify and address issues with the quality and safety of the service. Regulation 17(1)(2)
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing  Staff had not received the training they needed to perform their roles. Regulation 18(2)