

Chandos Lodge Limited

The Shrubbery Nursing Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

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?	Requires Improvement 

Summary of findings

Overall summary

About the service:

The Shrubbery Nursing Home is a care home providing care and nursing for up to 38 older people, some of whom live with dementia or physical disabilities. There were 27 at the time of the inspection. The Shrubbery Nursing Home accommodates people in one adapted building.

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

Services that provide health and social care to people are required to inform the Care Quality Commission (CQC), of important events that happen in the service. Provider checks had not ensured this consistently happened, and this had led to delays in CQC being advised of some important events.

People and their relatives were positive about the way the home was managed. People told us the home was a good place to live because of this. The registered manager had driven through improvements in the way people's care was planned and the quality of care provided, with support from the provider.

Caring relationships had developed with people and staff supporting them, and people were involved in decisions about their care. People told us their rights to dignity, privacy and independence were promoted.

People were supported to have the medicines they needed to remain well, and staff understood the risk to people's safety and acted to reduce these. There were enough staff to care for people when people wanted support.

People told us staff understood how to look after them and staff assisted people to achieve the best well-being and health possible. This included people who were supported at the end of their lives. People were supported to have enough to drink and eat and to see other health and social care professionals. 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.

People, relatives and staff were consulted when people's care was assessed, planned and reviewed, so people's needs continued to be met. People had opportunities to do things which they enjoyed, and their communication needs were considered when their care was planned.

Rating at last inspection and update

The last rating for this service was Requires Improvement (published 03 August 2018). Since this rating was awarded the registered provider of the service has changed. Chandos Lodge Limited became the provider of The Shrubbery Nursing Home on 23 October 2018. We have used the previous rating and enforcement action taken to inform our planning and decisions about the rating at this inspection.

Why we inspected

The inspection was prompted in part due to concerns received about the health care and support provided.

A decision was made for us to inspect and examine those risks. We found systems were in place to monitor and to respond to people's health needs.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our inspection programme. If any concerning information is received, we may inspect sooner.

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

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 was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our safe findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our Well-Led findings below.

The Shrubby Nursing Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 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.

Inspection team

This inspection was carried out by one inspector and an assistant inspector.

Service and service type: The Shrubby Nursing Home 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 on 31 July 2019. We announced our intention to return to the home to complete our inspection on 01 August 2019.

What we did

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We looked at information we held about the service, including notifications they had made to us about important events. We also reviewed other information sent to us from other organisations, for example, the local authority.

During the inspection

During the inspection, we spoke with seven people who lived at the home and two relatives to ask about their experience of care. We spoke with the provider's representative, the registered manager, one senior care staff, six care staff, a member of catering staff, a cleaner and a member of the maintenance staff. We 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 looked at five people's care records and multiple medication records. We saw records relating to the management of the home. These included minutes of meetings with people, their relatives and staff, systems used to manage complaints and any accidents and incidents which may occur. We looked at records of compliments received, and checks made on the safety of care and the environment. We also checked records relating to people's rights.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

This is the first inspection since the change of provider. At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were confident if they raised any concerns for their safety these would be addressed and were supported to understand how to raise any safety concerns they may have.
- Staff understood what action to take in the event of any concerns for people's safety, including how to report any safeguarding concerns to the local authority and CQC, should this be identified.

Assessing risk, safety monitoring and management

- People and relatives were positive about the support they received to manage their safety. One person told us, "Staff talk to me about my safety, and know I need help as I can't walk. They [staff] take time with me."
- People had been given information on how to raise any safety concerns they had. One person said, "[Staff member's name] told me to raise any concerns with them and said they would be happy to sort them out."
- Staff understood people's individual risks and had been provided with guidance to enable them to maintain people's safety and independence. This included risks in relation to people's underlying physical and mental health needs, risks of people experiencing falls and risks in relation to poor skin health.

Staffing and recruitment

- People and their relatives told us there were enough staff to care for people at times people wanted. One person said, "There's enough staff and they have time to have a chat with you."
- Staff told us they experienced busy periods but were confident the registered manager would increase staffing levels if this became necessary. One staff member told us, "[Registered manager's name] has talked about how the call bells are managed during staff meetings. [Registered manager's name] checks if these are answered promptly."
- The suitability of potential staff to care for people was checked prior to their employment.

Using medicines safely

- People were supported to have the medicines they needed to remain well and were involved in decisions about their medicines.
- Staff gave us examples of work they had undertaken with other health and social care professionals, so they could be sure people had the medicines they needed. This included medicines to reduce pain people experience.
- Medicines systems were organised, and people were receiving their medicines when they should. The provider was following safe protocols for the receipt, storage, administration and disposal of medicines.

Preventing and controlling infection

- People lived in a home where equipment was regularly maintained and cleaned.
- Staff used their knowledge and the equipment provided, such as gloves, when caring for people. This helped to reduce the likelihood of people experiencing infections.
- The registered manager regularly audited the home to ensure good hygiene was promoted.

Learning lessons when things go wrong

- Systems were in place to take any learning from incidents and accidents, when required.
- Staff had opportunities to regularly reflect on people's changing safety needs and to adjust the care planned and provided.

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.

This is the first inspection since the change of provider. At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The views of people and their relatives were considered when people's care needs were assessed. This ensured people's preferences and needs were identified and staff had the information they needed to support people when they moved into the home.
- Staff sought and acted on advice provided by other health and social care professionals, to inform people's assessments.
- People's assessments were regularly reviewed to ensure their current needs and preferences were known.

Staff skills, knowledge and experience

- People were complimentary about staff's skills and knowledge. For example, people told us staff promptly identified if they were unwell and acted to help them. One person told us they had very specific care needs. The person said, "Staff know how to look after me."
- Staff told us they were supported to develop their skills and to provide good care through training, including specific health related training such as sepsis. One staff member said, "They [the provider] do put on extra training on if needed. The training is really useful, it has increased my confidence, especially around hoisting people safely."
- New staff were supported through induction programmes and opportunities to work alongside more experienced staff. One staff member told us about their induction and said, "My Induction included working on the floor [providing care]. This worked well for me. You're not allowed to do some things, like manual handling, until you have had the training to do it safely."

Supporting people to eat and drink enough with choice in a balanced diet

- People enjoyed their mealtimes and told us staff encouraged them to have enough to eat and drink, so they would remain well. One person told us, "The food is lovely." Another person said, "I have plenty to eat. I had a cough yesterday and felt poorly, but they [staff] made sure I had a bit to eat."
- People were encouraged to let staff know what they wanted to drink and eat throughout the day. One person told us they valued the fact that, "Night staff make me [breakfast cereal] for supper."
- Staff knew if people had any specific dietary needs and preferences. Where people wanted support when eating staff gently supported people and did not rush them.

Staff providing consistent, effective, timely care within and across organisations; Supporting people to live healthier lives, access healthcare services and support

- People were supported to see other health and social care professionals, so they would enjoy the best

health possible. One person told us, "Staff do help me when I'm not well." One relative said, "Medical care here is good, and the GP comes in regularly. If I am bothered about anything it is sorted."

- Staff were guided to provide good healthcare to people by detailed information on people's health conditions and systems to monitor people's needs. One care staff member told us about the links between people having enough to drink and their health. The care staff member said there had been some recent positive changes which had been introduced to help them to support people effectively.
- Where staff had any concerns for people's health they worked with other health and social care professionals, so people's health needs would be met. For example, we saw referrals had been made to specialist including GPs and mental health professionals.
- We saw staff let senior staff know if they had any concerns for people's health, and plans were promptly put in place, so people would have the care they needed.

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

- People told us they liked their rooms, which reflected what was important to them. One person said, "I decided to bring in my own footstool and pictures from home."
- People could choose to spend time privately or in more social areas, where people could enjoy each other's company.

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 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. 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.

- Staff had received training to understand people's rights.
- We found the MCA and associated Deprivation of Liberty Safeguards were applied in the least restrictive way, authorisation correctly obtained, and any conditions observed.

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.

This is the first inspection since the change of provider. At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were very complimentary about the staff who cared for them, and positive about the relationships they had developed with staff and other people living at the home. One person said how considerate staff were, and said, "Staff support me to live my life. They are there when I need them. I'd be disappointed if they didn't pop in and see me. The staff are so friendly."
- Relatives told us they were warmly treated by staff and were positive about the way their staff supported their family members. One relative said because of staff's approach, "[Family member's name] is wonderfully well looked after, because of the care staff give, and their patience."
- Staff showed empathy and kindness to the people they cared for. Staff said how much they valued the bonds built between them and people living at the home. One staff member explained because they considered people to be their family, they had already asked if they could work on Christmas day, so they could enjoy the day together.
- Staff knew people well and understood what was important to them. Staff told us they got to know people by chatting them, their relatives and by checking their care records. One staff member said, "You approach [people] differently, you get to know them, and what they like."

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

- People told us they decided what care they wanted, and when. This included what personal care they wanted, where they wished to spend their time, and what time they wanted to get up and retire to bed.
- Staff encouraged people to make their own decisions about what care they wanted and staff took time to listen and respected their choices.
- Staff provided support to people to enable them to make their own day to day decisions, where people wanted this. For example, by describing menu options, and making suggestions based on people's known preferences for how they liked to spend their time.

Respecting and promoting people's privacy, dignity and independence

- People told us staff treated them respectfully and recognised their rights to privacy and independence.
- Staff understood people's different levels of desire for independence and gave us examples showing how people were sensitively supported so their needs would be met.
- Staff took time to ensure people's dignity was maintained when assisting them to move round the home. One staff member said, "You make sure people are covered up and protected."
- People's confidential information was securely stored, to promote their privacy.

Is the service responsive?

Our findings

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

This is the first inspection since the change of provider. At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; 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 and their relatives were consulted when their risks were assessed, and their care was planned.
- People's care plans reflected their care preferences, such as how they liked to receive personal care, their personal histories and interests.
- People's individual risk assessments and care plans provided staff with the guidance they needed to care for people. One staff member said, "We have hand held devices, so we can go straight to care plans. The care plans give you the information to help people."
- People and their relatives told us they were confident they would be listened to if they requested changes to their planned care or made suggestions for improving it.
- Staff gave us examples of suggestions they made for changing people's planned care, for example, if people's health needs, mobility or preferences changed. Staff told us senior staff acted on their suggestions.
- People gave us examples showing how their care was tailored to meet their individual needs. This included additional care and support with personal care if they became unwell and extra reassurance from staff if they were anxious.
- Staff recognised how important it was for people to be able to keep in touch with others who mattered to them. One person said, "They [staff] sorted out my [equipment] so my friend could take me out shopping, and for day trips."
- Relatives told us there were no restrictions on when they could visit their family members and were welcomed. One staff member said, "I love the fact relatives talk to all the residents here, not just their own family members."
- People told us staff encouraged them to decide what enjoyable things they might like to do. Staff encouraged people to participate in life at the home, such as singing and music events and gentle exercise sessions. Other people told us they liked to chat with other people living at the home, read their newspapers or enjoy knitting. This helped people to reduce the chance of becoming isolated, and to maintain their health and well-being.

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.

- The service identified people's information and communication needs by assessing them. Staff

understood the Accessible Information Standard. People's communication needs were identified, highlighted in their care plans. These needs were shared appropriately with others. Staff took time to communicate in ways people would understand.

- People and staff gave us examples showing people's communication and sensory needs were met. For example, people were supported to access talking newspapers, and staff used accessible information boards to ensure people were supported to make their own decisions, where this was appropriate.
- The registered manager told us they planned to further develop the range of information available in alternative formats for key documents to support people's communication needs, as people's needs changed.

Improving care quality in response to complaints or concerns

- People were confident if they raised any concerns these would be addressed.
- Systems were in place to manage any complaints or any concerns raised. We saw learning was taken from complaints, which had led to improvements in the care provided to people, and training opportunities for staff.

End of life care and support

- People's wishes were central to plans for their care at the end of their lives. This helped to ensure their preferences, such as their spiritual needs, would be met. One person receiving end of life care said, "I like being here, as you get treated the same as everybody else." The person explained how staff had involved them in life at the home and rekindled their interest in their previous hobbies. The person said because of this, "They [staff] have helped me to live."
- Relatives were consulted about people's wishes at the end of their lives, as appropriate. Staff had identified how to support people, and worked with other health professionals, so people would be comfortable at the end of their lives.
- Staff told us they were supported to provide good care to people at the end of their lives, through support from the management team. Staff told us they considered providing care to people at the end of their lives to be a privilege, because of the close bonds developed with people and their relatives. One staff member explained because of this support, a relative of a former resident had continued to visit the home. The continuation of these visits enriched the lives of other people living at the home.

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.

This is the first inspection since the change of provider. At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same. This meant the provider's governance systems did not always ensure important events were notified to CQC.

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

- Services that provide health and social care to people are required to inform the Care Quality Commission (CQC), of important events that happen in the service like a serious injury or deprivation of liberty safeguards authorisation. This is so we can check that appropriate action had been taken.
- We identified four statutory notifications relating to deprivation of liberty safeguards authorisation which had not been sent to CQC. The new registered manager acted immediately to rectify this.
- The provider's systems and checks had not identified these notifications had not been submitted and this led to a delay in CQC being advised of these important events.

This is a breach of Regulation 18 of the Health and Social Care 2008 (Registration) Regulations 2009. We are deciding our regulatory response to this and will publish our actions, if actions are taken.

- The registered manager understood their responsibility to be open and honest with people and to support people, should anything go wrong with their care.
- Staff understood what was expected of them through regular meetings with senior staff and one to one meetings with their managers.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People enjoyed living at the home because of the way it was run. People saw senior staff often and were asked if they were happy living at The Shrubbery Nursing Home. People also told us the way the home was run encouraged them to re-engage with their past and to make new friends. One person told us they had been particularly pleased with the support they received when they first moved into the home, how they had been introduced to staff and how their needs and preferences had been considered. The person gave us an example of how this had led to improved quality of life for them.
- Relatives were positive about the way the home was managed and told us they found staff approachable. One relative said, "There have been changes of managers, but it's not affecting [family member's name] care, and I feel it is very much improving." The relative told us they felt included at life in the home. They said, "Staff know me on first name terms, I come at different times, and I can walk away feeling confident, because the care is consistent. The head of care is really good and knowledgeable."

- Staff told us they were supported to provide good care. One staff member said, "I think the care here is second to none, they [people] are so looked after, even if there is a cleaner going by they will speak to them. It's a nice happy team." Another staff member told us, [Registered manager's name] is really lovely and [providers representative's name] is, too. With them, it's all about the care and the residents. They are both very approachable and supportive, you can go to them with anything."
- The registered manager told us, "I am proudest of getting the staff to come on board and the feedback we receive showing the care is good." We saw compliments had been received regarding the quality of care provided.
- The registered manager gave us an example of support they had received from the provider, so people with disabilities had the resources they needed and support in the way they preferred.

Continuous learning and improving care; Working in partnership with others

- The views of people and relatives were incorporated into quality assurances systems and people's feedback was sought through Residents and Relatives meetings and suggestion boxes. The registered manager said, "Relatives come in to have a chat. Relatives are more engaged [now] and they come in and have a chat, and we effectively have a relatives' support group. If there is any issue they are there to support."
- The provider and registered manager checked the quality of care through spot checks and audits of key areas of the management and performance of staff. These included infection control, care planning, the cleanliness of the environment, and how staff supported the people they cared for. The checks focused on checking people received safe and personalised care. Where actions were identified, the registered manager acted to develop people's care further. Learning was also taken from other external checks on the care provided.
- Staff told us their views were listened to when changes were planned. This included staff being involved in plans to change their induction processes, as the registered manager's checks identified this could be further enhanced.
- Staff gave us positive examples regarding changes managed by the new provider and registered manager. One staff member explained the new system for care planning meant they were provided with clear information to respond to people's needs. The staff member said, "I love the fact I can see the last twenty-four hours care on the handset, this is really useful."
- The registered manager had identified plans to further develop the training and induction processes, so staff would be further supported to provide good care to people. Staff had already been consulted about these plans. One experienced staff member said, "I will be mentoring and providing a voice to new starters."
- Staff gave us examples of effective relationships which had been developed with other health and social care professionals, so people would receive the care they needed promptly. This included work with mental health teams, oral care specialist and specialist equipment providers.
- The registered manager kept up to date with best practice through research, attending events, such as those related to specific health conditions including sepsis, and meetings the local authority and through discussion with the provider's other managers.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents The provider had not consistently ensured the Care Quality Commission was notified of Deprivation of Liberty Authorisations that had been approved by the supervisory body.

The enforcement action we took:

Fixed penalty notice.