Winchester Care Limited

The Shrubbery

Inspection report

33 Woodgreen Road
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West Midlands
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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

Our inspection took place on 16 March 2016 and was unannounced. Our last inspection took place on 19 September 2014 and we found that the provider was not meeting Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010 due to people's care records not being completed accurately where people's needs had changed. Following the inspection we asked the provider to send us an action plan outlining how they would make improvements and we considered this when carrying out this inspection.

The Shrubbery is registered to provide accommodation and personal care to a maximum of 28 older people and younger adults who may have Dementia or mental health needs. At the time of the inspection, there were 26 people living at the home.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. However, the registered manager was unavailable on the day of the inspection and so we were supported by the deputy manager and the provider.

Records kept on medication were not always accurate. Where people required medication on an 'as and when required' basis, there was no guidance for staff on when these should be given. The appropriate authorisations for people who had medication hidden in food had not been sought.

Strategies put into place to manage risks were not always implemented by staff. Records kept about how to manage risks were not always accurate.

People and staff told us that there were not always sufficient numbers of staff available to meet people's needs. Where staff pre-recruitment checks had identified possible risk, these had not been assessed by the provider to ensure the person was safe to work.

People and their relatives were involved in the planning and review of their care. Staff had a good understanding of people's needs and how these should be met although records held conflicting information about people's current care needs.

There was a lack of meaningful activities available for people.

People had not been given the necessary information on how to make complaints. The complaints that had been made were investigated fully by management. People had not been given the opportunity to feedback on the service they were provided.

Quality assurance audits were completed but these had failed to identify issues in medication and care

records.

Staff received training and adequate supervision to support them in their role.

Staff understood the importance of enabling people to make their own decisions in line with the Mental Capacity Act 2005 and ensured people's rights were protected.

Staff supported people with their dietary needs and people had sufficient amounts to eat and drink. People were supported to access healthcare when needed.

People were supported by staff who had a kind and caring approach and treated them with dignity. People were supported to maintain their independence where possible.

People were involved and supported to make decisions about their care. Where people's needs changed, their relatives were kept informed.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Information on how to manage risks were not always clear. Where guidance on managing risk was provided, this was not always followed by staff.

There was not sufficient staff available to meet people's needs. Pre-recruitment checks were completed but where risk was identified, action to minimise this was not taken.

Medication records were not always accurate which meant the provider could not evidence that medication was given safely.

Is the service effective?

Good

The service was effective.

Staff received training and supervision to support them in their role.

People had their rights upheld in accordance with the Mental Capacity Act (2005).

People had sufficient amounts to eat and drink.

People had access to healthcare support to maintain their health and wellbeing.

Is the service caring?

Good

The service was caring.

Staff had a kind and caring approach with people.

People and their relatives were supported to be involved in their care.

Advocacy services were offered to people where required.

Is the service responsive?

Requires Improvement

The service was not always responsive.

There was a lack of meaningful activities available for people.

People were not always informed on how to make complaints.

People were involved in the planning and review of their care. Staff knew people's care needs well.

Is the service well-led?

Requires Improvement

The service was not always well led.

Feedback was not sought from people and their relatives to gather people's views on the service.

Quality assurance audits were completed but were not effective in identifying issues in medication and records.

Staff felt supported by management and were confident in raising concerns.

The Shrubbery

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 16 March 2016 and was unannounced. The inspection team consisted of one inspector.

We reviewed the information we held about the home. This included notifications sent to us by the provider. Notifications are forms that the provider is required to send to us to inform us of incidents that occur at the home. We also requested information from the local authority for this home.

We spoke with three people living at the home, three relatives, three members of staff, one member of staff working in the kitchen, the deputy manager and the provider. As some people were unable to tell us their views of the service, we used a 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 care records for three people, three staff recruitment files, accidents and incident records and complaints received. We also looked at nine medication records, staff training records and quality assurance audits completed by the management.

Requires Improvement

Is the service safe?

Our findings

People told us that they did not feel there were enough staff available to meet their needs. One person told us, "I think the staff, what with cooking, cleaning and everything, they don't have time to do things with me". One relative told us, "There is not always enough staff". Another relative said, "No, there's not enough staff, they do a good job with what they have". Staff we spoke with confirmed that they also felt there were not enough staff and often felt rushed to completed tasks. One member of staff told us, "Sometimes I don't feel there is enough staff, I don't get as much one to one time with people as I would like as I am busy". Another staff member said, "Honestly, there isn't enough staff, I feel rushed to get jobs done. You have good days and bad days". We saw that staff appeared rushed and did not have much time to spend with people living at the home. This meant that people spent long periods of time with no interaction from staff or social activities to keep them stimulated. We saw that people were becoming distressed and becoming verbally abusive to others but there were not always staff available in the communal areas to ensure people remained safe. The lack of staff availability meant that people were unable to have their social needs met. We spoke with the deputy manager who told us that staffing levels were decided by analysing the needs of the people living at the home and that a dependency tool was used. We saw that one member of staff was on standby each day to come into work if extra support was needed. However, this system for assessing staffing levels had not identified the issues we observed and the deputy manager had not identified the need for further staff to ensure that people's individual needs were met.

This is a breach of Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2014.

People told us they were happy with how their medication was managed. One relative told us, "[Relative] gets their medication on time". We observed staff support people with medication and saw that this was done in a safe way. We observed staff reminding people when it was time for the medication and supported them to take it. We looked at nine medication records. We saw that for five of these, the amount of tablets recorded as being available did not match what was actually in stock. A staff member we spoke with told us that this may have been due to staff not recording the amount of tablets that were available at the start of the week. This meant that the provider was unable to evidence that medication was being given as prescribed as there was no accurate record of medication available. Staff told us that some people living at the home received their medication covertly. Covert medication is medication hidden in food. We saw that for two of the people who received medication covertly, there was no evidence to show whether a health care professional had authorised this as being safe to do. This meant that the provider could not be sure that giving medication in this way was safe for the person. We saw that some people at the home had medication on an 'as and when required'. There were no protocols in place giving staff instructions on when these medications should be given. As there were no protocols in place, people were at risk of receiving their medications in an inconsistent way as there was no guidance available for staff to ensure this medication was only given when it was required. However, staff we spoke with had a good understanding of when to give these medications. The deputy manager told us and we saw that staff were observed giving medication to ensure they remained competent to do this.

We saw that one person living at the home had been identified as at risk of falls. This was confirmed by the

person's relative who told us that the person had had a number of falls at the home. We saw that to reduce the risk of this, the person's care records stated that the person should have support from staff when mobile. However, we saw that on a number of occasions this person was walking around the home unsupported and there were no staff visible to support the person. We saw a second person attempting to eat a large decorative bead on their clothing, the staff member present at the time identified this as a risk but left the room without removing the item. This left the person without staff support and at risk of choking. Records that we looked at had conflicting information about the risks posed to people. We saw on one care record three different explanations about what support should be given to reduce the risk of falls. This meant that staff did not have clear guidance on what support was required to manage the risk. Staff we spoke with had an awareness of the risks posed to people but had not consistently supported people in a way to minimise these.

We saw that accidents and incidents that occurred at the home were documented and actions noted to reduce the risk of the incident reoccurring. However, we saw a record that indicated that staff had found bruising and a skin tear on one person. We asked the deputy manager how they had responded to this. The deputy manager informed us that support was sought to treat the skin tear but that no actions had been taken to identify how the injuries had been sustained with a view to minimising the risks in future. This meant that the person was at risk of further injury as the cause of the injury had not been ascertained by the provider.

Staff told us that prior to starting work they were required to provide references and complete a check with the Disclosure and Barring Service (DBS). We checked three staff files and saw that these checks had been made. However, we saw that one person working at the home had a previous criminal conviction. We spoke with the deputy manager who told us that the staff member's conviction did not pose a risk to the people living at the home. The management team had discussed the reasons for conviction with the staff member and agreed that there was no risk to people. However, this discussion was not documented and no risk assessment had been completed on the staff member to ensure that people were safe. This meant that where pre recruitment checks identified possible risk, the provider had assessed this but had not recorded the actions taken to minimise this.

People and their relatives told us that they felt safe at the home. One person told us, "Oh yes, I am safe". A relative we spoke with said, "Absolutely, [relative] is totally safe".

Staff we spoke with knew the action to take if they suspected that someone was at risk of harm. One member of staff told us, "I would report any safeguarding to my manager or call the safeguarding team or Care Quality Commission if not". Another staff member said, "I would document it, tell my senior and make sure it was passed to management". Staff told us and records confirmed that staff received training on how to identify abuse and report concerns.

Good

Is the service effective?

Our findings

People and their relatives told us that the staff were skilled at their role. One person told us, "They [the staff] are very good". Another person said, "The staff are very nice and efficient". A relative we spoke with told us, "The staff are really well trained, they seem comfortable and confident in what they do".

Staff told us that before starting work, they received an induction. One member of staff told us, "For induction, I was shown around, I met the residents, was introduced to tasks like personal care and shadowed another staff member". Other staff we spoke with confirmed they were required to shadow a more experienced member of staff prior to starting work. All the staff we spoke with felt this equipped them for their role.

Staff we spoke with confirmed that they were given training to support them in their role. One member of staff told us, "We have training in everything and anything; we are offered everything". Another staff member said, "We have our training refreshed every April". Records we looked at showed that staff had received training in a variety of areas relevant to their job role.

Staff told us they received regular supervisions with their manager to discuss their work and identify any training needs. One member of staff said, "We have supervisions every three months. We discuss our goals and if we are happy and I can get feedback on my work". Staff confirmed they felt supported and could ask for further training if they wanted this.

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 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. People told us that staff sought their consent before supporting them and we saw staff do this. Staff we spoke with were able to explain how they seek consent from people and their responsibilities when a person lacks capacity to make a decision. One staff member told us, "Some people can say yes or no but for those who can't say we use facial expressions [to know if they are consenting]". Staff confirmed they had received training in mental capacity. Records we looked at confirmed that people's capacity to make certain decisions had been assessed and that factors to support people to make their own decisions had been considered.

We saw a representative from the local authority visit to discuss people's capacity and any best interests decisions that had been made. We saw that people's relatives had been invited to join in these discussions. We saw that applications to deprive people of their liberty had been made appropriately and that the deputy manager had worked alongside the relevant authorities to ensure that people were not unlawfully

deprived of their liberty.

People told us they were happy with the meals they were provided with. One person told us, "The food is lovely, we get to choose, you pick what you want". Another person said, "The food they supply is really good". We saw that there was only one meal choice on the menu. We spoke with the cook about this who informed us that twice a week, people were given a roast dinner and that this was the only meal option. We saw that for people who did not want a traditional roast dinner, the main meal had been adapted to meet their preference. People we spoke with confirmed they were given a choice of meals throughout the week. We spoke with the cook who had a good understanding of people's dietary requirements and how to meet these. The cook had a noticeboard on display that gave details of people's dietary needs to ensure that if the main cook was not available, whoever was responsible for meals would be able to meet people's needs. We saw that people were offered drinks throughout the day.

People were supported to access the healthcare they needed to maintain their health. One relative told us, "They [the staff] will get the doctor out if needed". Staff we spoke with knew the actions to take if a person became unwell. One member of staff told us, "If someone was unwell, I would get the GP out". A relative told us, "[Person's name] has a chiropodist and has seen the dentist while here". Records we looked at confirmed that people had been supported to access dental and optician appointments when required.

Good

Is the service caring?

Our findings

People and their relatives told us that staff had a caring approach. One person said, "I am definitely happy here, the staff do all they can for me". Another person said, "They [the staff] are nice". Relatives we spoke with were also positive about the staff. One relative told us, "They [the staff] are very good with [person's name]". Another relative said, "I think the staff are lovely and really professional". We saw that staff spoke about people in a caring way and displayed warmth when interacting with people.

People told us they were involved in their care. People told us they were given choices in all areas of their care. One person told us, "I choose what time I get up". Another person said, "I pick my own outfit everyday". Relatives we spoke with confirmed they were involved in their relative's care. One relative told us, "They listen to me". The relative went on to explain that they had previously spoke with staff about their relative's care and explained that staff acted on their comments. Relatives confirmed they were kept informed about their relative's care. One relative said, "They [the staff] are totally open and honest with me and find time to talk to me and keep me up to date". We spoke with staff about how they ensure that people are involved in their care. One member of staff told us, "I support people to make their own decisions by ensuring I ask in a way they understand". Another staff member said, "There is information in the care plan about how people would like their care". We saw that staff supported people to be involved in their care and make choices.

People told us they were treated with dignity and given privacy. One person said, "Yes, I think they [the staff] do knock the door before coming in my room". A relative we spoke with said, "Staff definitely, absolutely treat [person's name] with dignity". Staff gave examples of how they ensure they treat people with dignity. This included, acknowledging people by their preferred name, speaking to people in a discreet way when offering to support them with personal care and ensuring that doors and curtains are closed during personal care. One member of staff said. "If I wouldn't accept it for myself, I wouldn't subject someone else to it". We saw that staff treated people with dignity and gave people privacy when they requested this.

Staff told us that they support people to maintain their independence where possible. One member of staff told us, "I encourage people to do things for themselves and then I help if they express they would like support". We saw that people were supported to complete tasks independently where possible. Records we looked at gave staff instructions on how to maintain people's independence and included information such as 'Encourage [Person's name] to wash themselves".

The deputy manager told us that people would be supported to access advocacy services if they required. We saw that advocates visit the service annually to support people living at the home to complete a questionnaire seeking their views on the local authority. This was done with the support of advocacy to ensure that people were supported to voice their own opinions. We saw information displayed about advocacy services and the deputy manager was aware of how to support people to access this service.

Requires Improvement

Is the service responsive?

Our findings

At our last inspection in September 2014, the provider was found to be in breach of Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010 due to people's care records not being completed accurately where people's needs had changed. We checked to see if the provider had made the required improvements and saw that some improvements had been made.

People and their relatives confirmed their care needs were reviewed. One relative told us, "We have been to two or three reviews". Another relative told us they had been invited to a review to take place soon. Staff we spoke with told us that they try to encourage people to be involved in their reviews. One member of staff said, "For those who are capable, we do try to involve them in their reviews". Records we looked at showed that reviews of people's care needs took place. However, we saw that where updates had been made to people's care, this was not always clear in the records and incorrect information about the support people required had not been removed. However, staff we spoke with were aware of people's current needs and people told us that staff knew them and their care needs well. One person told us, "Staff know all they are required to know about me".

Staff we spoke with had a good understanding of people's likes, dislikes and preferences with regards to their care. We asked one member of staff to tell us about a person living at the home. The staff member was able to inform us about the person's health needs, the support they require and activities they enjoy. Records that we looked at held personalised information about people including; if the person liked to wear make up, what time they like to get up each day and if the person has a gender preference with regards to who supports them. This meant that people received care that met their current needs.

We saw that where people lacked capacity, relatives input was sought when planning people's care. Relatives we spoke with confirmed they had been involved in planning for their relative's care prior to them moving into the home. One relative told us, "I was totally involved when [person's name] moved in". Another relative said, "They [the staff] came in and we went through [person's name] life history, we made a folder with it all in". Records we looked at confirmed that an assessment took place prior to people moving into the home and that relatives were involved in this process.

People and relatives we spoke with told us there were a lack of activities available for them. One relative told us, "[Person's name] doesn't do anything". Another relative said, "There is nothing to do, they [the staff] do nothing for them". One person told us they felt that this was because staff were too busy. The person said, "I would like to go out for a walk and some normality, the staff are pretty busy though". Staff told us that activities took place regularly in the home that included listening to CD's, singing and sitting out in the garden. However, we did not see any of these activities take place and saw that people spent long periods of time with nothing to do. We saw that people spent much of their day sleeping with little interaction with others. We spoke with the deputy manager about this who informed us that further activities would be offered to people.

People we spoke with had not been informed on how to make a complaint. When asked if they knew how to

make a complaint, one person said, "Not really, no". Relatives we spoke with also told us they did not know how to complain. One relative told us, "No one has told me how to complain, I don't know who to go to". Another relative said, "I was not told how to complain but I would go to [staff member's name]". We did not see information displayed informing people of how they could make a complaint. This meant that people did not always have access to the information needed to make complaints. Staff we spoke with knew the actions to take if someone approached them with a complaint. One staff member said, "If someone wanted to complain, I would write it down and pass it to the manager. If I could help then I would". We saw that one complaint had been made and that this had been investigated fully by the management team.

Requires Improvement

Is the service well-led?

Our findings

People and their relatives told us they had not been invited to give feedback on the service. Records we looked at showed that feedback was gained via a questionnaire in 2014 but that no questionnaires had been sent out since to get people's views on the care provided. We spoke with the deputy manager and the provider about this. They informed us that they had plans to invite relatives in for a meeting every quarter to discuss the service and gather feedback but this had not yet been implemented. This meant there were no systems in place to seek people's views on the care they were provided with.

The deputy manager told us and records confirmed that quality assurance audits were carried out to monitor the quality of the service provided. We saw that audits were carried out on accidents and incidents, the environment people lived in and infection control. We saw that where issues were identified, actions were put into place to address these. We saw that medication audits were completed monthly. However, an audit of medication had not been carried out the previous month and so the errors in recording that we had identified had not been picked up by management. The system for auditing had not been effective in reducing medication recording errors. Audits completed on care plans had not identified that there was conflicting information about people's needs. The audits had not been effective in ensuring that records held about people were up to date and accurate.

We saw that some people and their relative's knew who the registered manager was. However, some relatives told us that they did not know the registered manager and did not see them often. One relative told us, "I don't see much of the manager". Another relative said, "I have not met the manager, I think the manager is [staff member's name]". The registered manager was not at the home during our visit. We saw that the deputy manager had a visible presence around the home and that people knew who she was. The deputy manager displayed warmth when interacting with people and had a good understanding of people's needs. People living at the home appeared to be happy and relaxed.

Staff told us they felt supported by the management team. One staff member told us, "I do feel supported". Another member of staff told us of an occasion when they required management support. The staff member said, "I called [deputy manager's name] once with an issue and she sorted it out for me". Staff told us they had regular staff meetings with the management team so that they can feedback on the home and make suggestions. One member of staff told us, "We can make suggestions on things that we think can be improved at staff meetings".

We saw there was an open culture within the home. Staff we spoke with were aware of how to raise concerns and knew how to whistle blow. One member of staff told us, "I do feel confident enough to raise concerns". The deputy manager told us they encouraged people to raise concerns by having an open door policy and asking staff to tell them what is happening in the home. Staff we spoke with confirmed these conversations took place.

The deputy manager understood their responsibility in notifying us of incidents that affect people who live at the home. We looked at the notifications that had been sent to us by the deputy manager. These had

been submitted appropriately and the deputy manager demonstrated an awareness of what incidents they need to notify us about.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The provider had not ensured there were sufficient numbers of staff to make sure they could meet people's needs.