

Shenleybury House Limited

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Inspection report

Shenleybury House Limited
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Ratings

Overall rating for this service	Good	
Is the service safe?	Good	
Is the service effective?	Requires improvement	
Is the service caring?	Good	
Is the service responsive?	Good	
Is the service well-led?	Good	

Overall summary

This inspection was carried out on 12 August 2015 was unannounced. Shenleybury house provides care for up to fifteen adults over 65 years. It does not provide nursing care. The location had not had a registered manager for three months. However a new manager had been employed at the service and had only been in post 10 days at the time of the inspection and they were in the process of registering with the Care Quality Commission. 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 and associated Regulations about how the service is run.

On the day of our inspection, there were 11 people living at the home. The people being supported by the service had varying abilities and physical fragility associated with

Summary of findings

old age. The manager told us they had put a self-imposed restriction on new admissions until they were satisfied all aspects of the service had been reviewed and the service provided was of a good standard and was safe.

The Care Quality Commission (CQC) is required to monitor the operation of the Mental Capacity Act (2005) (MCA) and Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS are put in place to protect people where they do not have capacity to make decisions and where it is considered necessary to restrict their freedom in some way, usually to protect themselves or others. At the time of the inspection no applications had been made to the local authority in relation to people who lived at the service. The manager told us this was planned for during the next six weeks. Staff were fully aware of their role in relation to MCA and DoLS and how to support people so not to place them at risk of being deprived of their liberty.

The newly appointed manager told us that they were “virtually starting from scratch” in terms of all processes and documentation at the service as there were not many processes in place and many documents were not available when they came to work at Shenleybury House. This included documentation relating to people who used the service such as detailed care plans and current

risk assessments. Likewise staff documents were under review, including recruitment, training, and supervision records as ‘historic’ and previous documentation were not available.

People received care that was personalised and staff knew them well. Relationships between people who lived at Shenleybury House, and support staff were positive. We found that staff were caring and responsive. People told us they were very happy living at Shenleybury House and that staff were very supportive.

The provider had an effective recruitment process in place that protected the people who used the service. Many of the staff had worked at Shenleybury House for many years and people had been supported by a consistent group of staff who they had been able to develop meaningful relationships with. However in recent months there had been an increase in the use of agency staff and people who used the service were not happy with all the changes which they described as ‘unsettling’. Recruitment was being addressed by the manager at the time of our inspection.

People were supported to maintain their health. They could visit their GP when required. The community mental health team also supported the people living at Shenleybury House.

Summary of findings

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 safe.

Staff knew how to recognise and report allegations of abuse.

There were sufficient numbers of appropriately trained staff employed at the service.

Potential risks to people's health had been identified and effective steps were in progress to reduce and or mitigate risks.

The recruitment of staff was under review to ensure staff did not start work until satisfactory employment checks had been completed.

People's medicines were managed safely, and were administered by staff who had been trained.

Good



Is the service effective?

The service was not always effective.

Staff had not received regular support, supervision, and training which meant that people's needs were not always met by competent staff. However this was under review.

People gave consent to their care and support, however improvements were required to ensure staff complied with the requirements of the Mental Capacity Act (MCA) 2005.

People's health needs were met and people were supported to access a range of health professionals as appropriate.

People were assisted with eating and drinking sufficient amounts to keep them healthy and met their dietary requirements.

Requires improvement



Is the service caring?

People were looked after in a kind, compassionate and personalised way by staff who knew them well and were familiar with their needs.

People's personal information was protected and confidentiality was maintained.

People and their relatives where appropriate, were involved in the planning, and review of the care and support provided.

Care was provided in a way that was respectful of their wishes, dignity and maintained their privacy.

Good



Is the service responsive?

The service responsive

Good



Summary of findings

People were supported to pursue hobbies and interests both in the home and the wider community.

People received personalised care that met their needs and took account of their choices.

People were encouraged and supported to raise concerns and have them resolved to their satisfaction.

Is the service well-led?

The service was well led.

There were systems in place to monitor and review the quality of the service provided to people.

The management and staff strived to achieve continual improvement.

Staff understood their responsibilities. Staff were well supported by the management team.

People, their relatives and staff were positive about the management and leadership arrangements at the home.

Good



Shenleybury House Limited

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 12 August 2015 and was unannounced. The inspection was undertaken by one inspector.

We reviewed the information we held about the service, which included notifications the provider had sent us. A notification is information about important events which the provider is required to send us. We also looked at recent reports from the local authority contract monitoring team.

We spoke with six people who lived in the home, the manager, the deputy manager and the accounts manager who acted as interim support to the service since the last manager left. We also observed how people were being supported in the home.

We reviewed three care plans, and three staff files. The staff training records and other information relating to various aspects of the service was not available during the inspection. This information had not been available when the manager took up the post at Shenleybury House. However the manager did provide us with additional information during the inspection process, and a range of audits were provided following the inspection.

In advance of our inspection, we obtained the views of health and social care professionals about the quality of the care provided by the service, this included the local authority commissioners of the service.

Is the service safe?

Our findings

People were protected from avoidable harm. People told us they felt safe living at Shenleybury House. One person said “it’s a small place so we all know each other, so look out for each other” another person said “the staff are always around to reassure us”. Several people said that recently there had been more agency staff than usual and that had made them feel a little anxious. However when we spoke to the manager about this. They told us that this was being addressed as they had already identified an ‘over use’ of agency staff and had plans in place to address this as part of the action improvement plan.

People were able to use all areas of the home and there were no restrictions. Staff told us people could lock their bedroom doors if they wished. We saw that four people were in their bedrooms on the day of our inspection and they told us they liked to stay in their bedroom but came down to the communal lounge when they wanted to.

People were protected from avoidable harm. For example staff were on hand to assist and support people who were unsteady on their feet. Staff offered reassurance to people and were observed to use the hoist to transfer a person from the chair to the wheelchair, ensuring that the transfer was done with two staff.

People were well supported by staff who knew them well and knew how to recognise and report abuse. Staff told us they had received training on how to recognise abuse and described the process of how they would report abuse. However there were limited details of when the training had taken place or what had been covered as part of the training. Staff told us they had also received training about the whistle blowing process and would have no hesitation using the processes if they had any concerns.

We saw that there were adequate numbers of staff employed at the service. Call bells were answered quickly, usually within two minutes. People told us there was enough staff on duty. However people did say that some of the staff were ‘agency staff’ and they did not feel that they ‘knew them so well’. On the day of our inspection there were three staff on duty in the morning, two in the afternoon and two staff on duty overnight. We saw that several shifts were being covered by agency staff. However

the manager told us that they tried to make sure that if they had to rely on the use of agency staff, they tried to make sure that they were working with an experienced care worker who knew people well. This process ensured that where possible people had continuity of care by staff who knew them well.

We saw from the three staff files we reviewed that staff had been subject to some pre-employment checks including a criminal records bureau check (CRB). Other checks were in place but the manager told us they were in the process of reviewing these as a recent audit had identified gaps in recruitment process. The manager told us they had identified shortfalls such as taking up and validation of references. The system was being reviewed with to ensure it was consistent with the policy which was in place at the home and that checks were robust and consistent.

The home was generally well maintained, but we saw that in one bathroom a panel had a jagged edge and could potentially be a risk. The manager told us that this would be removed immediately and had already been identified as part of the health and safety (H&S) audit which had been undertaken. The manager told us that they were arranging for equipment and fire safety checks. Risks to people’s safety had been assessed as part of the H&S audit. We saw that there were some risk assessments in place and they had been reviewed periodically. However this too had been identified by the manager as an area that required improvement and was included in the action improvement plan. Where possible risks had been mitigated.

There was a process for ordering, storage and disposal of medicines. Medication was administered safely. Staff had received training from the local pharmacy and an audit had been completed. We saw that medicines were stored safely. The storage had recently been moved to a room close to the office to ensure staff had adequate space to check medicines in when they were delivered. Medicine administration records (MAR) charts had been completed. Two staff signed when controlled medicines were administered. Staff told us they had received training in the administration of medicines. The manager had recently undertaken competency checks and this was being introduced as part of the on-going monitoring of the safe administration medicines. Staff were able to describe the process for the safe administration of medicines.

Is the service effective?

Our findings

Two people told us that the staff “were good and seemed to know what they were doing”. However two more people told us that with the agency staff they did not “feel so sure about their training and general ability”.

Many of the staff had worked at Shenleybury House for many years. And so knew the home and people who lived there very well. Staff spoken with told us they had received an induction when they started working at the home and that they had received on-going training at the home. However records were not available to enable us to check what had been covered in the induction, what on-going training people had attended and when training had been completed. This meant that we could not be assured that staff had the necessary skills, experience and ability to provide care and support which was safe and effective.

We spoke to the manager about the lack of records, relating to staff training, and personal development. The manager told us the shortfalls had been identified as part of their initial audit of the service. The action improvement plan identified a lack of process and this was being addressed. A staff training and skills assessment was planned to identify what training people had completed and what they required. The manager told us all staff would be completing the ‘care certificate’ within the next six months. The manager had arranged medication and moving and handling training for all staff as a priority and other training was being arranged on completion of the audit when they knew what was required.

Staff told us they had not had regular supervisions previously. However they did all say that they felt supported by the new manager and were confident that there were plans in place to address this. The manager told us they had planned to do regular supervisions both on a one to one basis and team meetings. They were also planning work based observations to ensure staff competency was maintained. The manager was introducing an annual appraisal for all staff.

Staff told us that they felt the new manager would support them to both maintain and develop their range of skills. One senior care worker told us that they were keen to develop and was looking forward to completing the care certificate training.

Staff were able to demonstrate a good overall knowledge of the needs of people who lived at Shenleybury House. However the three staff that we spoke to were unanimous in saying they felt the new manager would bring some stability to the service, and ultimately make the service more effective in the delivery of care and support to the people who lived there.

We spoke to staff about their knowledge and responsibility to ensure compliance with the requirements of the mental capacity act and deprivation of liberty safeguards. MCA/DoLS. Staff were able to demonstrate a limited understanding of MCA/DoLS. However the manager was aware that staff needed to have further training and this was being arranged to ensure they had the skills to understand and implement these principals and how they should be applied in practice.

People told us they had been asked to contribute to their care planning but not for a long time. The care plans were under review to make them more personal centred. We were shown a draft of the document that was being introduced. It included recording information about people’s life history, hobbies, family involvement and likes and dislikes. We could not assess the impact or potential success of the new care plans would make as they were still under review at the time of our inspection.

We observed that people were supported to eat and drink sufficient amounts to maintain their health and wellbeing. People were given a choice of foods although this was not well advertised. People that we spoke to told us that if they did not like the main menu of the day they could have an alternative. There was a range of snacks available throughout the day and we saw that there were drinks, hot and cold served throughout the day.

People told us that they enjoyed the food. We saw that food was served hot and looked appetising. On the day of our inspection a member of the care team was doing the cooking as the chef was on holiday. They told us they had received training in food hygiene and we observed that gloves and aprons were worn at all times during the preparation and serving of food.

People were offered a variety of home cooked meals and catered for all dietary needs. There were three people with special dietary needs and one person who was a

Is the service effective?

vegetarian, who was offered a choice of vegetarian options. We observed lunch time to be relaxed and sociable. People told us that family were invited to join them for meals anytime they were visiting during meal times.

Staff were supportive and assisted people as required. Where a person had not finished their meal, we saw a member of staff offer them an alternative and ask them if the food was to their liking. The manager told us that all the food was cooked from fresh and people were asked to contribute to the menu planning process.

Some people choose to eat their lunch in their bedroom. We saw staff brought the food up to their rooms and popped in to see if everything was alright and to offer a drink.

People were supported to maintain good health. People had regular visits from the local GP practice and had also been supported by other community professionals such as the district nurse who also visited the home when required. Staff told us there were arrangements made for the optician to visit the home when required and similar arrangements were made for the dentist and chiropodist. People told us that the staff were “great” and “called in the doctor whenever needed”.

Is the service caring?

Our findings

People told us they were supported in a kind and compassionate way by staff who knew them well. One person said, "I am happy living here". "They (the staff) are all marvellous but the agency staff do not know me so well". Another person told us, "I'm happy here, it has been a bit unsettling recently with all the changes of staff but the staff have really supported me". "All the staff are kind and caring here." We observed kind and caring gestures between staff and people who lived at Shenleybury House. Another person said "they liked the fact that it was a small home and offered a personal service".

We saw that staff treated people in a dignified way, for example they were discreet when assisting people with personal tasks. We observed staff sat with people and took an interest in what they had to say. We saw that they respected people's privacy at all times. People were reassured, for example when a person appeared distressed a member of the care staff placed a reassuring arm around the person and they sat and talked for a few minutes. The person appeared more relaxed and happy after the staff interaction.

We saw that staff knocked on people's doors and waited outside when people were in the bathroom. Staff told us they respected people as "they were in their own homes". People were supported to maintain positive relationships with friends and family. Staff and the manager told us that they welcomed visitors at any time and also encouraged people and their family and relatives to join in events at the home, for example when it was a special occasion such as a birthday or anniversary they made a special effort to do something to celebrate the event.

We saw that people were in the process of having their care and support plans reviewed to make them more 'personalised'. The manager had introduced a new key worker system so that people who used the service had a named person who was responsible for the review and update of care plans and risk assessments. People were positive about this change and felt it would be good to be more involved in the care planning process. The introduction of this new process will ensure that people will be enabled to participate in the process and express their views and in the planning and delivery of the support they receive.

On the day of our inspection activities were being provided in the form of a quiz. People told us they enjoyed participating in this. People told us they did not always want to be doing things and the staff respected this. The manager told us about different things that were planned at the home including entertainment brought into the home and a number of volunteers who came into the home to engage people with things they were interested in. This included chair exercise groups. In addition people were supported with one to one interests such playing card games and Bingo. The manager was planning a residents' and relatives meeting and was going to reinvent the introduction of person centred activities and specialist hobbies.

The manager told us that people were supported to access advocacy services if required, but at the time of our inspection no one was accessing advocacy service.

Is the service responsive?

Our findings

People told us that they felt they received care that met their needs. One person said “it has all been changing recently so we will see what happens”. Another person said “we have had two new managers in a short space of time and lots of agency staff”. However they were confident that things were settling down and that the service would continue to be responsive to their needs. People told us the service was responsive and “Staff were very good at doing whatever they required”. The manager and staff told us that they were reviewing the process around planning care and ensuring people were involved. They were also going to invite family and relatives to be involved and would communicate this by their preferred communication method to ensure opportunities to be involved were not missed.

Staff told us they were pleased that the new system had been introduced with keyworker responsibilities. It enabled them to be more involved in a ‘person centred approach’. People who used the service told us that they felt this was a positive change. Staff were able to demonstrate they had a broad knowledge of people’s needs and their ‘personal requirements, choices and routines.

We saw that there were plans in place to ensure staff received training that was specific to their needs and to give them the appropriate skills to care for people’s current and changing needs. Specialist training was available and

once staff had completed all the priority training they would be able to request specialist training such as support people living with dementia and end of life care. A person told us they would not want to move anywhere and even if their health deteriorated they felt confident the staff at Shenleybury House would be able to meet their needs.

People told us the staff recognised when they wanted to be independent and equally supported them with tasks they could no longer manage. This approach demonstrated that the service was responsive to people’s needs and respected their choices and wishes.

We saw that there was a complaints policy and process in place and this too was under review. People told us that they knew how to complain and who to complain to. People told us that they were confident that the new manager would listen to their concerns and or feedback relating to the service. One person said they had already spoken to the manager about something they were not happy about and it had been resolved. Staff told us that people who used the service always spoke to them if they had any concerns and they either addressed them themselves if it was possible or elevated it appropriately if it needed investigation.

People told us they had received information about how to make a complaint, although one person said they could not remember when or where the information had been provided but said “they would not hesitate to complain if something was not right”.

Is the service well-led?

Our findings

People who lived at Shenleybury House and staff and were all very positive about how the home was being run. They said that the home had “undergone a number of changes recently which was very unsettling”. Another person said “I have met the new manager and they seem very approachable”. Staff were also very complimentary about the new manager and what had been achieved in the short time they had been working at the service.

Staff told us they felt well supported and listened to. The manager told us they had identified many shortfalls in the service and complimented the staff on the way they had ‘pulled together as a team to make sure that people continued to receive a good standard of care despite being without a manager for some time’. The manager was approachable, supportive and demonstrated strong leadership.

During our inspection the manager and ‘accounts manager (interim manager)’ who had been supporting the service since the previous manager left told us about the challenges they had encountered and how they had managed some of those issues. For example the manager had undertaken a comprehensive health and safety audit to assist in identifying what the priorities for the service were. We saw from the audits undertaken that an action improvement plan had been drawn up with key priorities and the dates by which when these should be achieved.

The manager demonstrated an in-depth knowledge of the requirements of the home and a clear plan on how this would be achieved. The manager also told us that the staff were “fantastic” and had been really supportive? and that they were confident they would make the required and sustainable improvements required within the next three months.

Staff were able to demonstrate a clear direction and knew their roles and what was expected of them. The staff told us their priorities were always to provide good quality care to people who used the service.

We saw evidence of the plans for the future of the service and in addition the manager was in the process of reviewing the statement of purpose for the service. The manager had contacted a local professional care provider association to assist them with training and support relevant to the services provided.

We saw that there was a process for recording accidents and incidents that had occurred in the service. This was monitored as part of the overall monitoring of the service to ensure trends were identified and addressed. Actions were put in place to review the quality of services provided and to identify, monitor and reduce risks. The processes that were in being used or being introduced demonstrated that the service was well led and provided good quality care and support to people who lived at Shenleybury House.