

Old Shenfield Place

Old Shenfield Place

Inspection report

2 Hall Lane
Shenfield
Brentwood
CM15 9AB

Tel: 01277246004
Website: www.achg.co.uk

Date of inspection visit:
14 April 2022

Date of publication:
27 May 2022

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?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Old Shenfield Place is a residential care home providing accommodation and personal care for up to 31 people. The service provides support to disabled people and older people some of whom may be living with dementia. At the time of our inspection there were 26 people using the service.

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

The service was not always well led. The quality assurance processes were not robust, and the registered manager did not always have complete oversight of the service. Harm to people was not always reported to the relevant authorities.

Staff were not always employed safely as not all information was obtained during the recruitment process.

We made a recommendation the provider look at their staff recruitment processes.

There were enough staff to support the service, however rota arrangements needed to take into account when people went out.

We made a recommendation the provider consider their staffing arrangements

Risks to people had been assessed and recorded. The service was clean and infection control guidelines were being followed. People received their medicines safely.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People were supported with their health needs and to eat and drink well. Staff were well trained and received support and supervision.

People were supported to take part in activities and to maintain relationships and social interactions with others. Staff worked hard to ensure people felt included and supported. There was a complaints system in place for people if they needed to raise concerns. Staff were trained to care for people at the end of their life.

The culture and atmosphere in the service was open, inclusive and respectful and there was a consistent staff team. People were involved in their care and there was good liaison with health and social care professionals

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

Why we inspected

This service was registered with us on 22 August 2019 and this is the first comprehensive inspection giving

the service a rating.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified a breach in relation to the oversight of the service at this inspection. 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 continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective 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.

Old Shenfield Place

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 Health and Social Care Act 2008.

Inspection team

The inspection was carried out by two inspectors.

Service and service type

Old Shenfield Place is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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 information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all of this information to plan our inspection.

During the inspection

We spoke with seven people about their experience of the service. We spoke with eight members of staff which included the registered manager, senior staff member and care staff on duty.

We reviewed a range of records. This included three people's care plans and multiple medicines records. We looked at three staff files in relation to recruitment and staff supervision and a variety of records relating to the management of the service, including policies and procedures. We spent time observing people and staff together to help us understand the experience of people who could not talk with us.

After the inspection

We reviewed all the information the registered manager sent us which included quality audits, training records, policies and procedures and records of meetings.

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 for this newly registered service. This key question has been rated as 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.

Systems and processes to safeguard people from the risk of abuse

- Safeguarding policy and procedure were not always followed correctly. The registered manager had not followed the procedure for reporting a safeguarding incident where a person had been harmed. We asked them to follow this up with the local safeguarding team which they did and agreed to update their knowledge of their policy and procedures. The person was no longer at risk of harm.
- People told us they felt safe. One person said, "The staff help me day to day and make sure I am alright. I know they watch me to make sure I don't fall when I am moving about. Another said, "Yes I feel very safe here, safer than at home."
- Staff had received training in safeguarding and were confident about how to keep people safe. One staff member said, "We are well trained in safeguarding, they drum that into you to make sure you keep an eye out for anything untoward."

Staffing and recruitment

- Staff were not always recruited safely. Staff application forms for employment we saw did not contain the information required in law regarding gaps in prospective employee's employment history. We asked the registered manager to correct this within an agreed time scale, which they did. All other relevant documents such as references and Disclosure and Barring Service [DBS] checks were carried out. DBS checks provide information including details about convictions and cautions held on the Police National Computer.

We recommend the provider seek relevant resources to support them in their staff recruitment.

- There were enough staff employed at the service to keep people safe. We saw staff were able to spend time with individual people talking and interacting. However, we observed when one person had a hospital appointment, and a staff member went with them, it left the service short of care staff. The activities coordinator had to step into a caring role and this meant people were not able to take part in their social activities for the afternoon.

We recommend the provider consider how their rotas are organised in relation to covering for planned events and appointments.

Assessing risk, safety monitoring and management

- Assessments were carried out to reduce risks to people using the service, such as falls, nutrition and hydration, pressure ulcers, and COVID-19. These had been recorded and regularly reviewed.
- Risk assessments provided staff with the information and understanding of how to support people to be

independent and safe. One person told us, "I'm very happy here, I can't walk alone but I just call the staff to help me and they always come straight away."

- People had detailed emergency evacuation plans in place to ensure staff knew what support people needed in the event of an emergency. The service had recently implemented a system to gather information quickly in the case of emergency. Each person had a name plate on their door which was colour coordinated and discreetly identified whether the person was independently mobile, walked with an aid or needed two people to assist them.
- A system was in place for the monitoring and maintenance of the environment, facilities and furniture. The registered manager worked together with the maintenance staff member to discuss and agree actions. All health and safety certificates were monitored to ensure they were in date. All equipment used at the service had been regularly maintained.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections and meeting shielding and social distancing rules. The service was admitting people safely to the service in line with government guidance.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises, including making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- COVID-19 risk assessments for staff had been completed and discussed with them and action taken where appropriate.

Using medicines safely

- Medicines were managed safely and efficiently. The service had an electronic medicines system whereby all information was recorded such as photo, medicines, dosage and route using a Smartphone. Each stage had to be completed on the system before being able to move onto the next. The system then produced a daily audit at the end of each day where it highlighted and recognised any concerns.
- People received their medicines as prescribed. This included as and when required (PRN) medicines such as those used for pain, controlled drugs and those given in a covert way (without the person knowing). Staff knew how and when to administer these medicines. A senior staff member gave us an example, "We worked with a person, their GP, specialist nurse and family member to find a better way for them to take their medicine as they could not take it with water. It was agreed it could be given on top of a spoon full of yoghurt which worked well."
- Staff were trained and had regular medicines competency assessments completed to ensure their practice remained safe.
- Medicines were stored securely, received and returned appropriately and records were completed correctly.

Visiting in care homes

- The provider had supported visits to the service in line with government guidance. People received regular visits from friends and relatives.

Learning lessons when things go wrong

- Lessons were learned when things went wrong. Complaints, comments and the results from surveys were looked at and improvements made as a result.
- There were systems in place to record and analyse incidents and accidents for themes and trends which

were shared with staff to improve the care received by people. For example, an incident occurred where information was not available to the paramedics when they arrived in an emergency. Lessons were learnt from this and a system implemented whereby a red heart was put on a person's name plate on their door to indicate if they had a Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) in place.

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 for this newly registered service. This key question has been rated as Good. 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

- People's needs had been assessed and were reviewed regularly to ensure the service could meet their needs. The registered manager told us, "An initial care plan is created and then over the next seven to 14 days we continue to build the care plan. We try to make the experience of a home to home transfer as personalised as possible. It's recognising the little things that makes all the difference."
- Some of people's protected characteristics and identity had been recorded such as their religion, nationality, ethnic origin, age and marital status, However, their sexual orientation had not been recorded.
- Care plans were regularly reviewed to ensure they were reflective of people's needs and choices. We observed staff supporting people to make choices throughout the inspection such as where they wanted to spend their time and what social and leisure activities they wanted to take part in.

Staff support: induction, training, skills and experience

- Staff had received an induction and training suitable to their role. The programme of training was comprehensive, and staff completed both online and face to face training including the Care Certificate, which is an agreed set of standards that define the knowledge, skills and behaviours expected of social care workers. A staff member said, "We are encouraged to complete all the online training irrespective of our role here. I haven't had to do care, but I am trained to do it, if it is needed."
- Staff were competent, and we observed staff were carrying out their roles effectively. A staff member said, "I have no concerns with my employment. I had completed the full induction. I also had a risk assessment completed so I feel safe working here."
- Staff supervision was in place and details of discussions and agreements were recorded and signed.

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

- People had enough to eat and drink. People could choose what they ate and drank at mealtimes and throughout the day. We observed staff asking people what they would like for lunch.
- The dining room was a spacious, comfortable and pretty place to sit overlooking the gardens.
- The cook was very knowledgeable about people who were at risk of choking and had to have their meals textured or pureed. We observed staff supported people gently and patiently when they needed assistance to eat.
- People told us the food was good. Comments included, "They [staff] feed me you know. Always food I like, and I get a choice of what I want to eat." And, "I like the food but a bit disappointed that it is pureed. I would prefer my food not to be so soft, but it has to be I suppose. Always tastes nice." And, "I prefer to eat in my room, always comes hot and fresh."

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

- People had been supported to access healthcare services when needed. We saw appointments recorded and actions taken.
- The service worked closely with healthcare professionals such as GP's from four different surgeries, district nurses, occupational and speech and language therapists. The registered manager told us how they had been involved in the Essex Council initiative called PROSPER [promoting safer provision of care for elderly residents] to reduce the number of falls, pressure ulcers and urinary tract infections in care homes. This had been effective in helping people at the service.

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 MCA 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.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Where people needed support to make decisions, this had been assessed within the principles of the MCA.
- Where people received their medicines disguised in food or drink (covertly), mental capacity assessments had been completed and best interests decisions made involving the appropriate people. These had been recorded in people's care plans.
- The registered manager had made applications for DoLS where appropriate and kept an up to date record of these.

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 for this newly registered service. This key question has been rated Good. 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 positive about how kind and caring the staff were. A person said, "I'm very happy here. The staff pop their heads in to see me and bring me coffee". Another person told us, "It's lovely. They don't make me do what I don't want to. The staff are marvellous. They come when you call them. They sit and chat with me. I've got friends here, so I don't go out much and that's my choice too".
- Staff spoke about and talked with people in a genuine and caring way.
- Staff shared positive feedback with us how the registered manager and senior staff were caring and supportive of them. One staff member said, "We work as a team. Some of us have a couple of different roles, which gives us opportunities to do different things for people." Another said, "The registered manager and [name of senior staff member] are very approachable about anything so you don't feel funny going to them to check things out."

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

- People told us, and records confirmed this, people were actively involved in making decisions about the support they received. One person said, "They [staff] ask me all the time if I am okay or if I want anything. We talk about menus sometimes and what we want to do during the day and some people are chattier than others."
- We spent time observing and listening to staff and people together especially those who could not tell us how they felt. The interactions between staff and people were caring and respectful.
- Staff were familiar with people and who they were, and their communication was very friendly and warm. Staff were singing and joking with people. Staff were unrushed and approachable. For example, a person asked a staff member if they could go into the garden. The staff member said, "Yes of course, hold on I will get my coat and come out with you if you would like." We then saw them outside sitting chatting by the fish pond.

Respecting and promoting people's privacy, dignity and independence

- People's dignity and privacy was maintained. We saw people were dressed appropriately for the weather, with shoes or slippers on. People's bedroom doors were closed when personal care was being undertaken and staff knocked before entering. Staff also assisted people in a way which maintained their privacy, when for example giving someone their medicines and supporting them to move around the service. One person said, "Staff knock on my door and say, "It's only me," when they come in. I feel comfortable with them supporting me." Another person said, "The staff are marvellous. They put things back where they should be so I can find them, as that is very frustrating if they don't."
- People were encouraged to maintain their independence. One person was surrounded by books,

memorabilia and a chosen documentary on their television so they could enjoy their hobby. People were encouraged to do as much for themselves as possible, to make decisions and choices about things that were important to them.

- The provider ensured people's confidentiality was always respected. Records were kept securely. Staff had access to an iPad to write up their notes and this information was stored electronically. Staff understood how to maintain confidentiality.

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 for this newly registered service. This key question has been rated Good. 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

- People's care plans were person centred and contained their individual physical, emotional, sensory and mental health needs and preferences. These were reviewed and updated by staff when people's needs changed. The notes about people's daily lives were written in a respectful way.
- Staff ensured they spent time getting to know people. We observed staff responding sensitively and proactively to people who were new to the service, by using distraction techniques and showing them, they were important and being listened to.
- One staff member told us about the system they had for making sure people had good oral hygiene and their dignity was respected. They said, "To make sure we know who has dentures, there is a picture of a sunflower in their room. This acts as a prompt to staff to ensure people have been assisted to put them in."
- People felt involved in the care provided. One person said, "All the staff are caring and respond well to any requests. They are involved and help me when I need them to and they support me very well."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs had been assessed and recorded. This included if they needed a hearing aid or wore glasses.

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 relationships with their family and friends and take part in activities.
- The service had a warm and friendly atmosphere with lots of talking and laughter. People could choose what music they listened to and where they spent their time. One person said, "I like to go in the garden and potter around. It's nice to have time to watch the fish and often a staff member will come out with you."
- Photos and evidence of a range of activities involving people were on display, including a world map and people trying different foods and meals from around the world. A staff member told us, "Staff arranged theme days and the home would take on a holiday atmosphere with clothing, music and food in regard to the destination that day such as Australia day, France day and so on." People really have a good time."
- People told us they had been able to stay in touch with their relatives. Comments included, "It has been hard not having visitors, but we have all made the best of it." And, "I have talked with my [relative] often and

feel connected to them even though they were not able to visit." And, "Thank goodness for the garden so we could have visitors when they were allowed to see us."

Improving care quality in response to complaints or concerns

- There was a complaints policy available and people knew how to use it. Complaints were dealt with in a timely way, investigated and actions taken. For example, one person had complained about the call system waking them up during night. Action was taken to reset the system to silent during the night and night staff issued with pagers that vibrate when someone required assistance.

End of life care and support

- At the time of our inspection, no one was receiving end of life care.
- People had been offered the opportunity to discuss their wishes and preferences. Where decisions had been made, these were recorded. People who did not wish to be resuscitated in the event of a cardiac arrest had a Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) form in their care plans.
- The service linked in with specialist professionals. The registered manager told us "We get a lot of support and training from the local hospice regarding end of life care. They will do our initial assessment and we can contact them 24/7 with any concerns. They offer us night care if we need it. We had an incident recently where a person came back from hospital on end of life care. They deteriorated quite suddenly. I contacted the team and they assisted us to ensure all the authorisations were in place as quickly as possible".

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 for this newly registered service. This key question has been rated Requires Improvement. This meant people's needs were not always met through good organisation and delivery.

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

- The registered manager did not have good oversight of the service or the systems set up to manage it. Quality monitoring arrangements were not robust and quality checks to ensure the service was running effectively had not always been completed. For example, checks on the employment history of staff had not been done consistently as required by the law. Care plans were not audited by the registered manager to check staff were completing them correctly, rotas were not monitored for efficient staffing arrangements and infection prevention and control checks were not completed regularly.
- The correct processes for reporting medicine errors, safeguarding incidents and sending the required statutory notifications to CQC had not been followed.
- Although the registered manager was aware of their role and responsibilities, aspects of the management of the service were muddled and disorganised. Records relating to staff could not be found when requested. The registered manager was unable to find information on the electronic management system and relied upon senior staff to provide information during the inspection. We were informed that administrative staff had been redeployed following the site visit, however this had left the care team short of a senior which they were recruiting for.

The provider did not have robust processes in place to monitor the safety and quality of the service. This was a breach of Regulation 17 [Good governance] of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014.

- The registered manager was approachable and knew her staff team well. They covered some of the senior shifts when short of staff. However, they were not always visible and available as they worked as a registered manager and senior member of staff at another of the providers' services. A staff member told us, "The manager is great but sometimes, we don't see them. We have the seniors to go to though, who know people well." Another said, "I can always go to the manager or the seniors when needed, they are very kind and laid back."
- There was a health and safety and equipment checklist of when inspections were due and a maintenance plan discussed weekly as to actions taken. Menu audits were completed so that people had varied food and meals of their choice. A contingency plan was in place for the safe running of the service in the event of an emergency.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good

outcomes for people;

- The service had an open and inclusive culture that supported people and staff to achieve good outcomes.
- The staff worked well together, and this was evidenced in their interaction and communication between them and the people they supported. The atmosphere was calm and filled with positive conversations and activities. Everyone we spoke with was complimentary about the service they lived and worked in. Comments included, "All the staff are lovely, especially [name of care staff] who knows me well." And, "Great team and we all muck in together."

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

- People said they were asked their views on activities, food and drink and made suggestions. For example, one person had said there were only oranges in the fruit bowl. This was then changed to add a variety of fruit for people to enjoy.
- Staff had supervision which consisted of two-way supportive discussions. Staff meetings were irregular, and notes taken showed instructions given by the registered manager but little involvement or discussion from staff. The registered manager told us, "The meetings are a bit random at the moment and roughly every other month. The care team leader will hold the care staff meeting; however, these are a bit random as well and occur every three months."
- A staff survey from 2021 identified shortfalls such as lack of staff and lack of team meetings and an action plan had been prepared in June 2021. Some actions had been taken but it was hard to understand what had changed and when.
- Information offering support and advice was available to staff about managing their wellbeing and mental health.

Continuous learning and improving care; Working in partnership with others

- Staff were active in promoting activities and improvements in the service for people. Staff went out of their way to ensure people had good outcomes in their day to day lives. One staff said, "Sometimes it's the small things that matter, making sure people feel cared for and they get what they need."
- Staff had worked with a range of professionals and projects in order to learn and improve the service. The registered manager had made links with Essex quality innovation team re support for people with Parkinson's, links with the community matron for training in oral care and end of life care, and the local hospice to improve care for people at Old Shenfield Place.

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	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider did not have robust processes in place to monitor the safety and quality of the service.</p>