M Gulabkhan

Shrub End Lodge

Inspection report

Shrub End Lodge
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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

Shrub End Lodge provides accommodation and personal care without nursing for up to six people. It is a service for people who have a learning disability and/or autistic spectrum disorder.

There were five people living in the service when we inspected on 28 April and 26 June 2016. This was an unannounced inspection.

There was a registered manager in post. The registered manager was also the provider. 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.

People received care that was personalised to them and met their individual needs and wishes. Staff respected people's privacy and dignity and interacted with people in a caring, compassionate and professional manner. They were knowledgeable about people's choices, views and preferences and acted on what they said. The atmosphere in the service was friendly and welcoming.

Systems were in place which safeguarded the people who used the service from the potential risk of abuse. Staff understood the various types of abuse and knew who to report any concerns to.

Staff knew how to minimise risks and provide people with safe care. Procedures and processes guided staff on how to ensure the safety of the people who used the service. These included checks on the environment and risk assessments which identified how risks to people were minimised.

Recruitment checks on staff were carried out with sufficient numbers employed who had the knowledge and skills to meet people's needs.

Appropriate arrangements were in place to ensure people's medicines were obtained, stored and administered safely. People were encouraged to attend appointments with other health care professionals to maintain their health and well-being.

People were supported to make decisions about how they led their lives and their views were central to how the service was provided. People were supported in accordance with the requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS).

People's nutritional needs were assessed and met. People were encouraged to be as independent as possible but where additional support was needed this was provided in a caring, respectful manner.

Processes were in place that encouraged feedback from people who used the service, relatives, and visiting

professionals. There was a complaints procedure in place and people knew how to make a complaint if they were unhappy with the service.

There was an open and transparent culture in the service. Staff understood their roles and responsibilities in providing safe and good quality care to the people who used the service. Audits and quality assurance questionnaires were used to identify shortfalls and drive improvement in the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe

Staff knew how to recognise abuse or potential abuse and how to respond and report these concerns appropriately.

There were enough skilled and competent care workers to meet people's needs.

People were provided with their medicines when they needed them.

Is the service effective?

Good

The service was effective.

Staff were trained and supported to meet people's individual needs. The Mental Capacity Act (MCA) 2005 was understood by staff and appropriately implemented.

People were complimentary about the food and were provided with a balanced diet.

People were supported to maintain good health and had access to appropriate services which ensured they received ongoing healthcare support.

Is the service caring?

Good

The service was caring.

Staff's positive and friendly interactions promoted people's wellbeing.

People were treated with respect and their privacy, independence and dignity was promoted and respected.

People were very involved in making decisions about their care.

Is the service responsive?

Good

The service was responsive.

People were provided with personalised care to meet their assessed needs and preferences.

People were supported to access the community and take part in activities on a regular basis.

People knew how to complain and share their experiences of the service.

Is the service well-led?

Good

The service was well-led.

The manager was visible in the service and there was an open and transparent culture. Staff were encouraged and well supported by the manager and were clear on their roles and responsibilities.

People and their relatives were complimentary about the service and how it was managed.

Audits were completed to assess the quality of the service and these were used to drive improvement.

Shrub End Lodge

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 was unannounced, undertaken by one inspector and took place on 28 April and 26 June 2016. This was due to building work being carried out at the service which meant that plans had been made for people to go out for the day on the first day of inspection. On the second day of inspection, we contacted the service on the previous evening to check that people would be at home.

We looked at information we held about the service including previous inspection reports and notifications they had made to us about important events. We reviewed information sent to us from other stakeholders for example the local authority and members of the public.

We spoke with three people who used the service and four relatives. We observed the care and support provided to people and the interaction between staff and people throughout our inspection.

We looked at records in relation to three people's care. We spoke with the registered manager, the provider, the administrator and two care staff. We looked at records relating to the management of the service and systems for monitoring the quality of the service. We looked at five staff files which included recruitment processes and training records.

Good

Is the service safe?

Our findings

People told us that they were safe living in the service. One person said, "I used to live at another service but I feel more secure here." Another person said, "I feel very safe and there are staff everywhere I go and I like that. The staff follow my care plan to keep me safe." One relative said, "It is absolutely safe, you wouldn't find a better place anywhere."

Systems and policies were in place to reduce the risk of harm and potential abuse and staff had received training in safeguarding. Although the staff had not needed to report any potential abuse, they could tell us about their responsibilities to ensure that people were protected, knew how to recognise abuse and how they would report their concerns appropriately. One staff member said, "We do safeguarding training every year and make sure that people are safe and in a safe environment. If I suspected abuse I would follow the procedures and report it to the manager for it to be investigated. If it was about management, I would report it to a social worker."

Care records included risk assessments which provided staff with guidance on how the risks to people were minimised. This included risks associated with epilepsy, accessing the community and the use of kitchen equipment. Where risks were identified, people's choice and independence was still promoted. Control measures in place included teaching people how to prevent unsafe incidents. One staff member said, "People have to be allowed to take risks but also be safe." One person said, "There is a risk assessment in place for me so that I can still do the activity that I want to do." We saw that where a person's needs changed, the risk was reviewed to ensure that their needs were met appropriately. For example one person had been at risk of choking and through the effective support of the team, the risk was minimised and the support provided by the staff had been reduced.

The service had been undergoing some major refurbishment. On the first day of inspection, the kitchen was being replaced and on the second day of inspection, the flooring was being replaced throughout. There were no obstacles which could cause a risk to people as they mobilised around the service and the refurbishment had been carefully planned to ensure that any risks to people were minimised.

Checks had been made on equipment to ensure that it was safe to use and fit for purpose. For example, electrical equipment and the fire system. People had personal evacuation plans in place and fire drills had been held so that people knew what to do in the event of a fire. This showed us that people and the staff team were provided with the information required to keep people safe.

People told us that there were enough staff available to meet their needs. One person said, "There are loads of staff and they are all lovely. Whenever I have a problem, I can go to them. There is always a staff member around so I can do what I want to do." Another person said, "I have a lot to be thankful for, the staff are very good to me. All we have to do is pull the cord in our room. The staff are very good at coming quickly." One relative said, "Yes, there is enough staff I think." The manager assessed the staffing levels based on people's needs. We saw that staff were attentive to people's needs and requests for assistance were responded to promptly. We saw that necessary checks had been completed on newly recruited staff prior to them taking

up employment to ensure their suitability for the role.

Suitable arrangements were in place for the management of medicines. Medicines were stored safely in a locked cabinet which was secured to the wall. People told us that their medicines were given to them on time and that they were satisfied with the way that their medicines were provided. One person said, "The staff look after my medication and are very good at giving me my tablets and my eye drops."

We saw that when staff provided people with their medicines this was done safely, respectfully and at the person's own pace by trained staff. However, there were some guidance for as and when required (PRN) medicines that were not in place. For example a person had been prescribed lactulose and there was no guidance available on when this medicine may be required or how often it could be taken. On the second day of inspection, we saw that the GP had put a letter in place regarding PRN medicines with clear instructions regarding its administration for the staff to follow. One person was prescribed medicines for anxiety. There was a log of when this medicine was administered and the reason why so that the manager could check that it was not being given excessively.

Weekly audits on medicines and regular competency checks on staff were carried out. These measures helped to ensure any potential discrepancies were identified quickly and could be acted on.

Good

Is the service effective?

Our findings

People told us that the staff had the skills to meet their needs and wellbeing. One person said, "[Staff] know what they are doing." One relative said, "[Person] does very well there and the staff have had a huge impact in [person's] life." Another relative said, "[Person] is so much better than they were. [Person] looks well being there." The provider had systems in place to ensure that staff received training, achieved qualifications in care and were supported to improve their practice. Staff had the necessary knowledge for their roles such as moving and handling and dementia. We saw through staff interaction with people that they were knowledgeable about their work role, people's individual needs and how they were met.

Each staff member had an induction on commencing employment at the service. Staff confirmed this was the case and one told us they were completing workbooks as an induction and shadowed staff. One staff member said, "We have an induction that covers the environment, health and safety and care plans. Each staff member shadows for a week to ten days depending on their experience in care." Another staff member said, "I did an induction when I first started and have learned a lot since then." Staff had development folders and showed us the training booklets that they had kept and could refer to as needed to support them in their role. New staff completed the Care Certificate and the manager told us that all staff were in the process of completing the Care Certificate to further develop their skills.

Staff were knowledgeable about their work role, people's individual needs and how they were met. Team meetings were held and staff had supervision and felt well supported by the management of the service. One staff member told us, "I know what is expected of me. I have a job description of what I do. I get asked in supervision if there is anything else that I want to do or any other training that I would like." Another staff member said, "I have regular supervision every three months. The manager talks to us on a day to day basis. We have team meetings once a month but talk every day. I feel well supported and there is nothing I cannot ask."

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, and whether any conditions on authorisations to deprive a person of their liberty were being met.

People told us that the staff sought their consent and acted in accordance with their wishes. One person said, "The staff ask me if I want any help before helping me. They are very good and help me when I ask." People were asked for their consent before staff supported them with their care needs for example assisting

them with their medicines. Staff had a good understanding of DoLS and MCA and had received training. One staff member said, "Everyone has capacity and the ability to tell you how they are feeling and if there is anything wrong. Consent is written in people's care plans." Care plans identified people's capacity to make decisions. Records included documents which had been signed by people to consent to the care provided as identified in their care plans. Guidance on DoLS and best interest decisions in line with MCA was available to staff.

People were complimentary about the food. One person said, "We have a menu that we don't always stick to. There is always food that I like. All of us have a choice of what we can eat we just pick it out of the fridge." Another person said, "We have been trying food from another culture, the family who own the house cooked us food when we had no kitchen. We enjoyed it so have asked for it to be cooked again." A relative said, "Dietary needs are met, perfect." There was an availability of snacks and refreshments throughout the day and staff encouraged people to be independent and help themselves.

People's nutritional needs were assessed and they were provided with enough to eat and drink and supported to maintain a balanced diet. Where issues had been identified, such as difficulty swallowing, guidance and support had been sought from health care professionals, including speech and language therapists. This information was reflected in care plans and used to guide staff on meeting people's needs appropriately.

People told us that when needed, they were supported to access relevant health services. One person told us, "I see a doctor when I want to. If I tell staff I am not well, an appointment is made. They help me. I see the nurse for my blood pressure." We saw records of visits to health care professionals in people's files. Care records reflected that people had been involved in decisions about their healthcare. Where the staff had noted concerns about people's health, such as memory loss, or general deterioration in their health, prompt referrals and requests for advice and guidance were sought and acted on to maintain people's health and wellbeing.

Good

Is the service caring?

Our findings

People told us that the staff were caring and treated them with respect. One person said, "I love living here. The family [provider] are really good to me. When I lived somewhere else, the family took me in straight away. I felt really warmed." One relative said, "Staff are absolutely respectful." Another relative said, "The staff are very caring." We saw a compliment which said, "We appreciate all that the staff do very much. Thank you for all the help and kindness you showed [person]."

The service was clean, fresh and homely and the atmosphere within the service was welcoming, relaxed and calm. There were pictures and photographs of people living there on the walls. People were clearly comfortable with the staff, they responded to staff interaction by laughing and chatting to them.

Staff talked about people in a compassionate and respectful way and understood people's individual needs. They understood people's preferred routines and knew people well. People told us that they felt staff listened to what they said and their privacy and dignity were promoted and respected. One person told us, "The staff are very good at respecting my privacy. They listen to me and if I are not sure of something, they will talk to me in private." Another person said, "I am listened to all of the time whenever I have a problem." We saw information regarding dignity on display for staff to refer to and care plans included how to maintain people's privacy and dignity.

People were actively involved in their care and in how their home was run. There was a strong ethos of inclusion in the service and of the home belonging to those living there. People were encouraged to be involved in daily living tasks such as washing up, cooking and cleaning. One person said, "I help with the washing up and it's lovely." Another person said, "We have our own laundry days which suits me."

People told us that they had meetings to talk about what they wanted to do such as what food they wanted to eat. One person said, "We have a group meeting where we all talk around the table and plan our holidays." Another person said, "We have a meeting every month, sometimes two or three to see if we are okay and to talk about things in the house and to plan activities." People had been involved in choosing the new kitchen at the service. One person said, "We chose the kitchen, the handles, the tiles. We went to the showroom to look at floor tiles and we all agreed."

People were encouraged by staff to make decisions about their care and support and be as independent as possible. We saw one person helping to remove some of the old carpet from the lounge and making decisions about where to put the furniture once the new carpet was laid. One person told us, "If we want to do things, then we do it. I do jobs around the house, like laying the table and I help with the dusting."

People were able to have visitors as they wished and there was an open door policy. One person said, "My [relative] visits me whenever [relative] wants. I spend a lot of time with my family." One relative said, "I go every so often. I am always welcome and get a cup of tea."

Good

Is the service responsive?

Our findings

People received care and support specific to their needs and were supported to participate in activities which were important to them. We saw from the records that people accessed the community on a regular basis. One person said, "I do activities all of the time, I am involved in cooking, cleaning, gardening and cutting the grass. I go to the pub, walks and on holiday." Another person said, "We can go out when we want. I use taxis and the bus to go to the cinema, to town and to do the food shopping." One staff member said, "People do a lot of activities, Thai Chi, pub and college, people are always out. We usually do Thai Chi once a week but people are enjoying it so much we are doing it twice a week at the moment."

Care plans were person centred and reflected the support that each person required. Where people had specific conditions there was information in the care records about how these affected the person's daily living. For example, how to support someone with diabetes. This gave staff the information they needed to provide the correct level of support.

Staff knew about people's specific needs and how they were provided with personalised care that met their needs. People's daily records contained information about what they had done during the day, what they had eaten and how their mood had been. One staff member said, "Any updates are written down in the daily journal and we have a verbal handover each day and a communication book." As a result staff were up to date with any developments in the service and any changes to people's needs.

People told us that they received personalised care which was responsive to their needs and that their views were listened to and acted on. The manager told us about plans to put an aviary in the garden for one person who liked to keep birds. People were involved in recruitment and asked questions during the interview process and their views included when deciding on new staff for the service. People discussed their preferences for activities in regular house meetings. One person said, "We write it all down and give it to [manager]. The majority of the time it's all okayed. We get feedback about the decisions."

People had keyworkers and the support that they received was reviewed and updated weekly. One person said, "I have a keyworker and I talk to her about my care plan. My keyworker asks me what I have done and puts it down in my plan for me." Reviews included progress that people had made towards individual goals such as ironing to promote independence.

People and relatives expressed their views and experiences about the service through meetings, individual reviews of their care and in annual questionnaires. People's feedback was valued, respected and acted on. This included changes to the seating arrangements at mealtimes, purchasing different colour towels and new furniture for a person's bedroom. Feedback received from the relative's questionnaires was positive. One relative had commented, "The staff are friendly and efficient. Always helpful and nothing is too much trouble."

People told us that they knew how to complain if something wasn't right and that if they had a complaint, this was dealt with. One person said, "If I have a complaint, I talk to staff and they will put it right." Another

person said, "The staff do a really good job, I have no complaints at all."The service had not received any formal complaints. Relatives told us that they had no concerns. One relative said, "It's a saviour, I can't say anything against them." There was a complaints policy in place and staff knew how to support someone if they did want to complain. One staff member said, "We have a complaints procedure. I would fill in a complaints form and give it to the manager."

Good

Is the service well-led?

Our findings

People knew who the provider and the manager was and told us that they felt that the service was well-led. One person said, "I can be open and honest about how I feel. I think this is the best care home in Colchester." One staff member said, "The management are there for the service users and make sure they have planned activities and holidays. The manager is approachable and if the manager is not around, there are plans in place for someone else to be contacted in an emergency." A relative said, "The management are very approachable. [Person] does very well there and the service has had a huge impact on [person]. They have improved certain areas of [person's] life immensely."

The manager was very visible in the service. The manager told us that they worked alongside the staff as part of the shift and were involved in providing support. This meant that they spoke with staff and people regularly and could monitor the service on an ongoing basis and make improvements as required. Staff spoke highly of the service, were motivated and felt supported. One staff member said, "Working at Shrub End Lodge has been the best move I have ever made." Another staff member said, "I think the team motivate each other. We can talk to the manager about anything, they are easy to talk to and it is happy and relaxed." Staff had an awareness of the whistleblowing procedure and who to contact if they had any concerns.

The service had a small staff team and any issues or concerns were discussed at the time and dealt with promptly rather than through formal team meetings. The staff were aware of incidents and action required through the management entries in the communication book and through verbal handover at the end of each shift. There were policies and procedures in place to provide guidance to staff and these had been reviewed regularly and signed by the staff team.

Questionnaires had been completed by the staff team to provide feedback to the manager. One questionnaire said, "I am content with my job. I am more confident in what I do and have learned a lot." The questionnaires covered self reflection and any positive achievements over the last 12 months. This helped to keep the staff team motivated and ensure they were supported effectively.

The manager had completed audits of the service to identify any concerns in practice. Audits and checks were made in areas such as medicines and health and safety. Following one audit of medicines, guidance had been put in place for staff regarding the medicines administration procedure. This showed that the service took action where required to continuously improve the service for people. Where areas for development had been identified these contributed towards an improvement plan for the service. This plan highlighted the agreed priorities, actions to be taken and timescales for completion. This included improvements to training, the environment and activities.

Relatives were complimentary about the service and told us they felt involved and supported. One relative said, "We get invited to parties and if I want to talk, management are available and they tell me about anything I need to know." Another relative said, "I am involved in meetings. The management are excellent, it's like a family."

The manager had a teaching qualification and used this to provide any additional training where gaps in knowledge were highlighted to drive improvement. The manager kept up to date with best practice through attending conferences and meeting with another local service on a monthly basis.

The service had linked with another provider to complete training, provide and receive support and to share best practice. This ensured that the service did not become isolated.

The provider visited the service regularly to provide support. This provided additional oversight of the service to ensure that the care provided was of a high quality.