

Wright Care Homes UK Limited

# Shenstone Hall Nursing Home

## Inspection report

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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?

Good



Is the service well-led?

Requires improvement



### Overall summary

This inspection took place on 15 December 2015 and was unannounced. Our last inspection took place on 26 March 2015 and at the time we found the service was not meeting the regulations associated with the consent to care and treatment. At this inspection, we found that the required improvements had been made

Shenstone Hall provides accommodation and nursing care for up to 36 people. At the time of the inspection, 19

people were using the service. There was a registered manager at the service. 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.

# Summary of findings

Improvements had been made to ensure the manager and staff sought people's consent and made decisions that were in their best interest. People told us they were able to make choices about their care and support.

The provider determined staffing levels on the number of people living in the home instead of on an assessment of people's needs. This meant people sometimes waited longer for support when they needed the assistance of two members of staff. The provider ensured staff were suitable to work with people and staff recognised their responsibilities to keep people safe from harm. People received their medicines as prescribed but improvements were needed to the management of medicines.

Further improvements were needed to ensure the systems to assess and monitor the quality and safety of the service were effective in identifying shortfalls and driving continuous improvement.

Staff received an induction and ongoing support which enabled them to meet the needs of the people they were

caring for. We saw that staff were kind and caring and respected people's privacy and dignity and promoted their independence. Staff told us they felt supported by the manager and we saw they took action to address concerns.

People received food and drink that met their nutritional needs and received support from other healthcare professionals to maintain their day to day health. Staff knew people's needs and preferences and people received personalised support. People were offered opportunities to take part in social activities both in the home and in the wider community. People were supported to maintain the relationships which were important to them.

People and their relatives knew how to make a complaint and were encouraged to express their views about the service and where appropriate, changes were made in response to their feedback.

# 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 not consistently safe.

Some people had to wait to receive personal care where they had more complex needs. Improvements were needed to people's care records to identify all their support needs. People received their medicines as prescribed but improvements were needed to ensure medicines were managed effectively. Staff were safe to work with people and recognised their responsibilities to keep people safe from harm.

Requires improvement



### Is the service effective?

The service was effective.

We saw staff ensured they obtained consent prior to completing care and support tasks. Staff received effective induction, training and support to care for people. People were supported to access other health professionals to meet their day to day health needs. People were supported to eat and drink sufficient to meet their nutritional needs.

Good



### Is the service caring?

The service was caring.

Staff supported people to maintain their privacy and promoted their dignity. Staff were kind and caring and respected people's individuality. People's independence was promoted and people were able to make choices about their care and support.

Good



### Is the service responsive?

The service was responsive.

Staff knew people's needs and preferences and people received personalised support. People were offered the opportunity to take part in individual and group based activities. The complaints procedure was visible and people told us they felt supported to make complaints.

Good



### Is the service well-led?

The service was not consistently well led.

Further improvements were needed to ensure the systems in place to monitor the quality and safety of the service were effective in identifying shortfalls and driving improvement. Staff told us they felt supported by the manager. People and their relatives were asked for their feedback on the service and the manager took action to make improvements where necessary.

Requires improvement



# Shenstone Hall Nursing Home

## 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.

The inspection took place on 15 December 2015 and was unannounced. The inspection was carried out by one inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We reviewed information we held about the service. This included statutory notifications the registered manager had sent us. We looked at information received from people that used the service and their relatives, from the local authority commissioners and the statutory notifications the registered manager had sent us. A statutory notification is information about important events which the provider is required to send to us by law. Commissioners are people who work to find appropriate

care and support services which are paid for by the local authority. On this occasion we had not asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. However, we offered the provider the opportunity to share information they felt relevant with us.

We spoke with nine people living in the home, four relatives, four members of the care staff, and the manager. We did this to gain views about the care and to ensure that the required standards were being met.

We spent time observing care in the communal areas to see how the staff interacted with the people living in the home. Most people were able to speak with us about the care and support they received. However, for people who were unable to speak to us, we used our short observational framework tool (SOFI) to help us understand their experience of care.

We looked at the care records for three people to see if they accurately reflected the way people were cared for. We also looked at records relating to the management of the service, including quality checks, training records and staff rotas.

# Is the service safe?

## Our findings

At the last inspection in March 2015, we found that doors were propped open at times because people preferred them to be left open when they were in their bedrooms. At this inspection, the manager had taken advice from the fire service and had arranged for the installation of magnetic door props that closed when the fire alarm was activated. Work had been completed on three doors and the remaining works were to be completed before the end of December 2015. This showed the provider had taken action to protect people from the risks associated with fire.

At the last inspection, the majority of staff on duty were agency staff and there were concerns that the manager had not carried out checks to ensure these staff were suitable to work with people. At this inspection we saw the manager carried out appropriate checks for both agency and permanent staff before they started working at the home. These checks included requesting and checking character references and their suitability to work with the people who used the service. We spoke with one person who had recently started working in the service. They told us the provider had taken out appropriate references and had confirmed their identity. Checks had been carried out from the disclosure and barring service to ensure they were suitable to work with people. The DBS is a national agency that keeps records of criminal convictions. This meant the provider followed procedures to ensure staff were suitable to work in a caring environment which minimised risks to people's safety.

At the last inspection, there were no protocols for people when they were prescribed medicines on an as and when required basis (PRN), such as for pain relief and photographic ID was not always in place to support the agency nurses to ensure the right person was given their prescribed medication. At this inspection, PRN protocols were in place but some photographs were still missing from the Medicines Administration Records (MAR). The manager told us the photographs had been printed and would be added to the MAR charts. We found other concerns regarding medicines management. The amount of medicine in stock was not always added to the MAR or brought forward onto the chart in use which meant we could not check if the medicine stock was correct. Where changes were made to the MAR charts, staff did not always follow good practice and countersign the changes to

ensure that people received their medicines correctly. People told us they received their medicines as prescribed and we observed that staff spent time with people and administered their medicines correctly.

We observed how people were supported with care in the communal areas. We saw people did not have to wait long to have their care needs met. However, when people needed the assistance of two care staff to help them move safely, they sometimes had to wait until another member of staff was available. We saw that call bells were not accessible to the majority of people within communal areas, which made seeking staff assistance difficult and we heard people shouting out for support from staff. At times call bells for people's rooms were not always answered promptly although on most occasions, staff responded within about five minutes. We asked the manager how staffing levels were identified to ensure there were sufficient staff available to meet people's needs at all times. They told us the provider set staffing levels based on the number of people living in the home, rather than on people's assessed needs. This meant the staffing levels were not being continuously reviewed and adapted to ensure they were sufficient to meet people's needs at all times.

We saw that efforts were being made to recruit more permanent care and nursing staff. The manager told us they were making good progress but they were having to cover long term sickness absences which meant they were still reliant on using agency staff for the afternoon shifts, at weekends and for nurse cover each night. The manager said, "We do try to use regular agency staff and without them, the home would not run". Staff rotas showed that the manager used a regular group of agency staff and whenever possible, allocated staff to ensure there were more permanent staff on duty than agency staff in order that people received consistent care.

People did not always have risk assessments and risk management plans in place and we saw that one person needed the support of two members of staff to move safely. Observations and discussions with the nurse and care staff showed that they understood the person's needs and we saw staff moving the person safely in accordance with the information documented in their pre-admission assessment. However, no risk assessment had been

## Is the service safe?

completed since they moved in at the beginning of December 2015 and there was no risk management plan in place. This demonstrated that staff may not have the up to date information they needed to support people safely.

People told us they felt safe living at the home. Staff we spoke with had received training in safeguarding and could tell us about the different types of abuse and what action

they would take if they suspected someone was at risk of being abused. One member of staff told us, "I would report any concerns to the manager or go to the local authority, police, or CQC, we have a poster in the staff room with the numbers". The manager notified us of any safeguarding concerns which showed they understood their responsibilities to keep people safe from harm.

# Is the service effective?

## Our findings

At the last inspection in March 2015, the provider was in breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider was not always working within the guidance of the Mental Capacity Act 2005 (MCA) and some people were being restricted of their liberty without the appropriate authorisation. The MCA and associated Deprivation of Liberty Safeguards (DoLS) provide 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 people 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. At this inspection, we found that people's capacity to consent was considered and where people needed help to make decisions, the staff involved people who knew them well. Where people needed to be deprived on their liberty in their best interest, the manager had made referrals for DoLS approvals and assessments were awaited. This showed the manager understood their responsibilities under the Act.

Staff understood their responsibilities for supporting people to make their own decisions and had been provided with training to support their understanding around the Act. We saw that staff explained what they were doing and sought people's consent before they provided them with support. One person told us, "The staff always ask me when they come to help me with personal care. They encourage me but I could say no and just stay in bed". This showed that staff respected people's wishes and ensured they were in agreement with the support they received.

People we spoke with told us the staff knew how to look after them. One person told us, "Most of the permanent staff are very good and there are a few regular agency staff who know their way around. I get the care I need". Staff told us they accessed training which was relevant to the needs of people living at the home and the records showed staff had received a range of training. The manager had a training plan in place which ensured staff received regular

updates on subjects which were relevant to the care of the people in the home. The manager told us and records confirmed the manager carried out checks to ensure agency staff employed at the home had received appropriate training. An agency member of staff told us they received regular updates in skills such as moving and handling and we observed they moved people safely, in accordance with their documented requirements.

There was an induction programme in place for newly appointed staff. One member of staff told us that although they had previous experience of caring, they had been provided with information and support that enabled them to get to know people who used the service before working without supervision. They said, "I was shown around the home and introduced to the residents. I was given time to shadow an experienced member of staff and was able to discuss people's needs with the nurses". This showed staff were given the support when they started working in the service and information they needed to undertake their role effectively.

Staff we spoke with told us they felt supported to carry out their role. Staff confirmed they received supervision from the manager which gave them an opportunity to talk about any concerns they had and discuss any training needs. A member of the nursing staff told us they received clinical supervision from the provider as the manager was not a registered nurse.

People were provided with meals that met their dietary needs and preferences. Most people told us they enjoyed the food and we saw people were offered choice. A relative told us, "The food is good, [Name of person's] looks forward to it and it's about their quality of life". At lunchtime we saw people were encouraged to eat their meals and offered support to meet their individual needs. Throughout the day we saw staff encouraged and supported people to eat and drink sufficient to maintain a balanced diet.

We saw people's nutritional needs were managed effectively. Staff followed the advice from dieticians and speech and language therapists, for example by adding thickeners to people's drinks to minimise the risks where people had been identified as having swallowing difficulties. People's weights were monitored and action was taken if there were concerns about weight loss. One

## Is the service effective?

person told us, “I had lost a lot of weight when I came here from hospital but I’ve come on leaps and bounds. Staff weigh me regularly and I’ve regained a lot of the weight. It’s down to the food I’m eating”.

People told us they were able to access the support of other health professionals to maintain their day to day

health needs. These included seeing the GP, optician and dentist. Relatives told us the provider kept them involved and informed about changes in people’s care, for example when appointments with health professionals were organised.



# Is the service caring?

## Our findings

At the last inspection, we found that people's privacy and dignity was not always being promoted when they received personal care. We found that the provider had taken action to ensure people were able to have their doors held open safely when they were in their bedrooms. One person said, "I choose to stay in my own room and feel better if the door is open so that I can see people outside". We saw staff respected people's right to privacy by closing doors to people's bedrooms in accordance with their wishes. One person told us, "I like to have my door open when I'm in my room but staff always close it when they help me with personal care". People told us staff supported them to maintain their appearance, by ensuring they could choose clothing that met their preferences and personal style. One person told us, "I have day clothes for when I'm here but I always have something smart to go out in. The staff make sure my clothes are nice and clean".

We found the necessary improvements had been made to ensure confidentiality was maintained and people's personal belongings were respected. People's care records were stored securely in the nurses' office and people's personal belongings, such as toiletries, were kept with them in their bedrooms.

People told us they were happy living at the home. We saw that staff were kind and caring towards people. We saw that staff recognised people's individuality and knew their needs and preferences. One person had preferences about

where they sat due to sensitivity to light and noise and staff supported them in their choice of seating area in the home. Another person told us, "The highlight of my day is reading my daily newspaper". We saw this was ordered for them daily.

People's independence was promoted by staff. We observed some people were able to move freely around the home. Staff were patient and encouraged people and did not rush them when they were supporting them to walk using their frames. People told us they could choose how they spent their day. We saw people chose to stay in their rooms while others sat in the communal lounges or in the lobby area. One person told us, "I like my own company and stay in my room most of the time but sometimes staff support me to sit in the conservatory where the views are fantastic".

One person told us how they were involved in making decisions about their care. They told us about discussions they had with the occupational therapist and physiotherapist and exercises they were following to promote their dexterity.

People told us their visitors were able to come whenever they liked and were welcomed by the staff. We saw that the staff knew people's relatives and chatted with them. One member of staff told us, "Visitors come freely, it's important we get to know them and they get to know us". This showed people were supported to maintain relationships that were important to them.

# Is the service responsive?

## Our findings

At the last inspection we found that people did not always receive personalised care when being supported by agency staff who did not know their needs. At this inspection, discussions with care staff, the nurse and the manager, showed that staff were knowledgeable about people's needs and the actions to be taken to meet them. For example, staff we spoke with knew about a person's daily routine and the particular drink they liked to have when they got up. This matched what the person told us. We saw that people's needs were assessed prior to moving into the home and had been completed with the person and their representative. This showed that people received personalised support from staff that knew them.

We saw that people were offered the opportunity to take part in individual and group based activities, with the support of an activities co-ordinator. Some people told us they preferred their own company and chose not to take part in activities. Other people and their relatives were positive about the support they received from the activities

co-ordinator. One person had a particular interest in poetry and told us they enjoyed the activities co-ordinator reading to them as they had poor eyesight. The person's relative told us they were also regularly supported to return home on Sundays to have lunch which helped them to maintain important relationships. We saw there were regular visits from local multi-faith spiritual leaders to enable people to meet their spiritual and religious needs and the manager organised events such as open garden days to maintain links with the local community.

People told us they felt comfortable raising concerns with the manager and staff and felt confident action would be taken. One person told us, "I would feel able to speak to any of the staff and know my concerns would be relayed to the manager". There was a complaints procedure in place which was promoted through the Service User Guide. Staff told us they would report any complaints to the nurse in charge of the shift or the manager. We saw that complaints were recorded and investigated and where appropriate, the manager and provider met with people to resolve issues and identify where improvements needed to be made.

# Is the service well-led?

## Our findings

At the last inspection in March there were concerns that the manager's quality assurance systems were not effective. At this inspection, we found that some improvements had been made, but further improvements were needed. We saw the manager carried out monthly checks on people's care plans to check for accuracy and further checks were carried out on a quarterly basis by the provider. However, the action plans in place had not identified the shortfalls we found. Risks to people's health and wellbeing were not being promptly assessed soon after they moved into the service and risk management plans were not always in place to ensure identified risks were being minimised. Medicines audits had not identified the shortfalls we found with the recording of medicines stocks. This showed the checks did not enable the provider to identify where the quality and safety of the service was being compromised to enable them to take prompt action.

At the last inspection, the manager did not have adequate systems in place to check that agency nurses working at the home were appropriately registered with the Nursing and Midwifery council. At this inspection, we saw that they manager had a system in place to check nurses' registrations at regular intervals to ensure they remained suitable to work with people.

At the last inspection, we found the manager did not have an improvement plan in place to address areas of refurbishment needed throughout the building. At this inspection, we saw there was a plan in place that was regularly updated and we saw that actions were completed in a timely fashion. People and their relatives told us they were kept informed about progress and welcomed changes such as the improvements made in the conservatory. We saw that improvements to flooring and decoration were now being addressed following the appointment of a handyman.

At the last inspection, staff told us they did not feel supported and morale was low due to the use of agency staff. At this inspection, staff told us things had improved with the appointment of new staff. They told us the manager had an open door policy and was supportive when they raised concerns and made suggestions. One member of staff told us, "The manager is good and easy to talk to". Staff were aware of the whistleblowing procedures and told us they felt confident they would be taken seriously if they raised concerns. One member of staff said, "The manager is 100% behind us, you can always go to them to about anything". Staff told us they had regular meetings with the manager and discussed issues that occurred in the home, such as accidents, incidents and complaints to ensure lessons were learnt and any improvements made.

People and their relatives were encouraged to give their feedback on the running of the home. The manager sought the opinions of people and their relatives through residents and relatives meetings and annual questionnaires. The results showed the most people were positive about the care received but concerns were raised about the décor at the home and the availability of senior staff at the weekends. We saw that an action plan was in place and issues such as refurbishment had been addressed and recruitment was ongoing, with an emphasis on senior carers. We saw that people were kept informed about the progress of staff recruitment from minutes of a resident's meeting in November. Relatives told us they were invited to give their feedback at relative's meetings and minutes were provided for people who were unable to attend to ensure they were kept up to date on any changes at the home. This showed that people's views were taken into account in the planning of the service.