Care Quality Commission

Ms Jane Quartermain

Shrublands

Inspection report

Faringdon Road
Cumnor
Oxfordshire
OX2 9QY
Tel: 01865 865363
Website: info@opclive-in.co.uk

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Ratings

Overall rating for this service	**Good**
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?	**Good**

Overall summary

This inspection took place on 22 October 2015. It was an unannounced inspection. The service had met all of the outcomes we inspected against at our last inspection on 18 June 2013.

The Shrublands is a residential home that provides care for up to seven older people. Some people may have varying types and degrees of dementia. On the day of our inspection seven people were living at the home.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were not always safe. Staff understood how to recognise and report concerns and the service worked with the local authority if there were any concerns. People received their medicines safely as prescribed.

Summary of findings

However, protocols in relation to PRN (used as needed) medicines were not in place. Staff assessed risks associated with people's care and took action to reduce risk.

Staff understood the needs of people, particularly those living with dementia, and provided care with kindness and compassion. People spoke positively about the home and the care they received. Staff took time to talk with people and provide activities such as and arts and crafts, games and religious services.

The registered manager and staff were aware of their responsibilities under the Mental Capacity Act 2005 (MCA) which governs decision-making on behalf of adults who may not be able to make particular decisions themselves.

People told us they were confident they would be listened to and action would be taken. The service had systems to assess the quality of the service provided in the home. Learning was identified and action taken to make improvements which improved people's safety and quality of life. Systems were in place that ensured people were protected against the risks of unsafe or inappropriate care.

People's opinions were sought and acted upon to improve the service. Regular surveys were sent to people and their relatives and the results analysed. Where people and their relatives had made practical suggestions they were adopted to improve the service.

All staff spoke positively about the support they received from the registered manager. Staff told us they were approachable and there was a good level of communication within the home. People knew the registered manager and spoke to them openly and with confidence.

The registered manager had systems in place to monitor the quality of service and look for continuous improvement. Accidents and incidents were investigated and learning shared amongst the staff to prevent reoccurrence. The registered manager's vision of a 'family home' was shared by the staff.

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?

Requires improvement

The service was not always safe. People told us they felt safe. Staff knew how to identify and raise concerns.

There were sufficient staff on duty to meet people's needs.

People received their medicine as prescribed. However, not all protocols were in place to keep people safe.

Is the service effective?

Good

The service was effective. Staff had the training, skills and support to care for people. Staff spoke positively of the support they received.

People had sufficient amounts to eat and drink. People received support with eating and drinking where needed.

The service worked with health professionals to ensure people's physical and mental health needs were maintained.

Is the service caring?

Good

The service was caring. Staff were kind and respectful and treated people and their relatives with dignity and respect.

People's preferences regarding their daily care and support were respected.

Staff gave people the time to express their wishes and respected the decisions they made.

Is the service responsive?

Good

The service was responsive.

People were assessed and received person centred care.

There were a range of activities for people to engage in, tailored to people's preferences. Community links were maintained and people frequently visited the local area.

Is the service well-led?

Good

The service was well led. The registered manager conducted regular audits to monitor the quality of service. Learning from these audits was used to make improvements.

There was a whistle blowing policy in place that was available to staff around the home. Staff knew how to raise concerns.

The home had a culture of openness and honesty where people came first. The registered manager fostered this culture and led by example.

Shrublands

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 the 22 October 2015. It was an unannounced inspection. This inspection was carried out by two inspectors.

We spoke with six people, three care staff, the registered manager and the provider, both of whom assisted with care. We looked at five people's care records, medicine and administration records. We also looked at a range of records relating to the management of the home. The methods we used to gather information included pathway tracking, which is capturing the experiences of a sample of people by following a person's route through the service and getting their views on it, observation and Short Observational Framework for Inspection (SOFI). SOFI provides a framework for directly observing and reporting on the quality of care experienced by people who cannot describe this themselves.

Before the visit we looked at previous inspection reports and notifications we had received. Services tell us about important events relating to the care they provide using a notification. A notification is information about important events which the provider is required to tell us about in law.

In addition, we reviewed the information we held about the home and contacted the commissioners of the service and the care home support service to obtain their views. The care home support service provides specialist advice and guidance to improve the care people receive.

Requires improvement

Is the service safe?

Our findings

People were given their medicines as prescribed. Medicines were administered safely. There was accurate recording of the administration of medicines. Medicine administration records (MAR) were completed to show when medication had been given or if not taken the reason why. Systems were in place to ensure people did not run out of medicines. However, medicines were not always stored safely, for example we witnessed a controlled medicine was not stored in compliance with the Misuse of Drugs (Safe Custody) Regulations 1973. We were given reassurance from the registered manager that modifications to the storage cabinet would be made to meet the regulations. We received an email following our inspection to say the modifications had been made.

We saw PRN protocols (for the administration of 'as needed' medicines) were not in place. When we asked how staff made decisions about PRN medicines, staff told us "It's on how they are." PRN protocols should be used in conjunction with the person's MAR chart to ensure safe administration of PRN medicines. Whilst the protocols were not in place this had not impacted on people's safety. We spoke with the registered manager who told us they would put protocols in place.

Staff had been trained to administer medicines safely. One member of staff said "I've had the training and we get a competency check every year. Records confirmed staff were trained and had yearly competency checks.

People told us they felt safe. Comments included "Yes I'm safe, well I couldn't manage on my own" and "I would use the buzzer if I needed help". We observed people had call bells in their rooms and some people were able to operate these. Staff told us people who were not able to use their call bells were checked regularly. We saw people were checked regularly throughout our inspection.

People were supported by staff who could explain how they would recognise and report abuse. They told us they would report concerns immediately to their manager or senior person on duty. Staff were also aware they could report externally if needed. Comments included; "I'd check they were ok then report both verbally and in writing to the manager. I'd also call the CQC (Care Quality Commission) and "I've had the training and know what to do. I would report my concerns to the manager and provider and social services". Records confirmed the service reported any concerns to the appropriate authorities.

Risks to people were managed and reviewed. Where people were identified as being at risk, assessments were in place and action had been taken to reduce the risks. For example, one person was at risk of falls. A risk assessment was in place and gave guidance to staff on how to reduce this risk. A 'safe system of work' had been compiled to enable staff to support them safely. This included guidance for staff to reassure the person as they could become anxious with their balance.

Another person at risk of falls required the support of two staff for all transfers. A risk assessment and safe system of work was provided to support this person safely. We saw this person being supported by two staff who followed the guidance.

People were protected from the risks of pressure ulcers. We saw people received effective care for skin integrity. People had automatic pressure relieving mattresses. We also saw people had 'profiling beds' which could be adjusted electronically. At the time of our inspection no one had a pressure ulcer .

There were sufficient staff on duty to meet people's needs. There were two staff on duty to support people. People were also assisted by both the registered manager and the provider. Whilst all rooms had emergency call bells none were activated during our inspection. Where people required assistance they called to staff who responded immediately. Staff constantly checked people to see if they needed support. Staff were not rushed in their duties and had time to sit and chat with people.

Staff told us there were sufficient staff to meet people's needs. Comments included; "I think we have enough staff. Yes it can be busy at times but we do alright" and "Plenty of staff cover here. People are pampered and rightly so. It's great". Staff rotas evidenced planned staffing levels were consistently maintained with few changes to the rota.

Records relating to the recruitment of new staff showed relevant checks had been completed before staff worked unsupervised at the home. These included employment references and Disclosure and Barring Service checks. These checks identify if prospective staff were of good character and were suitable for their role.

Requires improvement

Is the service safe?

People's safety was maintained through the maintenance and monitoring of systems and equipment. We established that equipment checks, water testing, fire equipment testing, hoist/stair lift servicing, electrical and gas certification was monitored and servicing carried out by certified external contractors. We saw equipment was in service date and clearly labelled.

Good

Is the service effective?

Our findings

People were supported by staff who had the skills and knowledge to carry out their roles and responsibilities. Staff told us they received an induction and completed training when they started working at the service. Induction training included fire, moving and handling, infection control and dementia care. Staff comments included; "We get regular reviews and updates, like moving and handling so we keep up to date. It is all practical training, hands on, and I prefer that" and "I am completely confident with my work. I've had induction and lots of training and refresher training to keep up to date as things do change".

Staff told us, and records confirmed they had effective support. Staff received regular supervision and appraisals. Supervision, one to one meetings with their line manager, were conducted three times a year. Staff had input into these meetings and could raise issues, concerns or request further training. For example, One member of staff told us about gaining further dementia training to support a person. They said "I asked for further dementia training on one supervision to help one resident in particular and I completed the training this year. And it helped". Another member of staff said "I get supervisions and lots of support. It good here for that".

We discussed the Mental Capacity Act (MCA) 2005 with the registered manager. The MCA protects the rights of people who may not be able to make particular decisions themselves. The registered manager was knowledgeable about how to ensure the rights of people who lacked capacity were protected. The registered manager published a monthly training document for staff entitled 'Training Matters'. We saw one publication highlighted the MCA, 'best interest' decisions and the acts principles.

People were supported by staff who had been trained in the MCA and applied it's principles in their work. Staff offered people choices and gave them time to decide before respecting their decisions. Staff spoke with us about the MCA. Comments included; "It is about respecting their decisions and supporting them to make decisions, even bad ones. We do not restrict people" and "It comes back to people's choices and their decisions. I always assume they have capacity and work from there".

At the time of our visit no one was subject to a Deprivation of Liberty Safeguards (DoLS) authorisation. These safeguards protect the rights of people by ensuring that if there are any restrictions to their freedom and liberty these have been authorised by the supervisory body as being required to protect the person from harm in the least restrictive way. The registered manager told us they continually assessed people and would continue to do so.

The service sought people's consent. Care plans were signed by the person. Where the person was unable to sign we saw consent had been sought appropriately. One person had appointed a relative to have lasting power of attorney (LPA). We saw care plans and decisions relating to this person's care were signed for by this relative. For example, the person had made an advanced directive in relation to their end of life care. The person's relative had also been involved in this planning and had signed the advanced directive.

Staff demonstrated a good understanding about how to ensure people were able to consent to care tasks and make choices and decisions about their care. Throughout our visit we saw staff offering people choices, giving them time to make a preference and respecting their choice. For example, people were constantly offered a choice of drinks and we saw their preferences were respected.

People were supported to maintain good health. Various professionals were involved in assessing, planning and evaluating people's care and treatment. These included the GP, Care Home Support Service, Speech and Language Therapist (SALT) and district nurse. Visits by healthcare professionals, assessments and referrals were all recorded in people's care plans. Where people were at risk of weight loss or pressure damage referrals to healthcare professionals had been made and guidance was being followed. For example, one person was at risk of choking and had been referred to SALT. Staff were advised to provide the person with thickened fluids. Staff were aware of this guidance and we observed this person being supported to drink a cup of tea thickened to the SALTs recommendations.

People told us they enjoyed the food and had plenty to eat and drink. Comments included; "I enjoy my meals" and "I'm a very small eater. They're always complaining I don't eat enough. They do encourage me to eat".

People had sufficient to eat and drink. Where people needed assistance with eating and drinking they were supported appropriately. Staff were patient and caring,

Good

Is the service effective?

offering choices and providing support in a discreet and personal fashion. Menus were provided weekly and staff helped people choose what to eat. People were also shown their meals so they could decide what to eat on the day. Where people required special diets, for example, pureed or fortified meals, these were provided. People were weighed regularly and all those we saw were maintaining or gaining weight. Food and fluid charts were also maintained. No one was identified as being at risk of malnutrition or dehydration.

Meals were freshly cooked every day and the food looked wholesome and appetising. People could request alternatives to the menu. For example, one person preferred rice to potatoes and we saw this preference was respected. People's food preferences were recorded. For example, one person preferred smaller meals and the notes stated 'likes small amounts'. We saw this person's preference was respected. One member of staff told us about food at the home. They said "People get plenty to eat here. Snacks are available and it is all individual for them". Throughout our inspection we saw people being provided with snacks and drinks and fresh fruit was readily available for people.

Good

Is the service caring?

Our findings

People told us they enjoyed living at the home and benefitted from caring relationships with the staff. Comments included; "It's a lovely place to be, very friendly. I've got a lovely bedroom", "They are very good at looking after me" and "I've got a nice room on the ground floor and I'm quite comfortable, well looked after".

Staff told us they enjoyed working at the home. Comments included; "This is a small, individual home. Very personal and a nice environment to work in" and "Its lovely here, a good place to work. Just like a big family really". The registered manager said "This service is for them not for us".

People were cared for by staff were knowledgeable about the care they required and the things that were important to them in their lives. Staff spoke with people about their careers, family and where they had lived. Staff also supported people to maintain hobbies, interests and religious beliefs. For example, one person had stated they were 'Christian' and used to 'give to the local church'. We saw this person was supported to attend religious services held in the home. Another person spoke several languages and staff told us the person liked singing. The care plan noted the person enjoyed 'singing songs in languages when asked'.

Throughout our visit we saw people were treated in a caring and kind way. The staff were friendly, polite and respectful when providing support to people. Staff took time to speak with people as they supported them. For example, one person was deaf. In their care plan they had stated "I was born deaf, however this has never held me back". When staff communicated with this person they were patient and kind. They spoke slowly and maintained eye contact with the person. The person was able to communicate freely with the staff and we saw them joking with the registered manager about his beard. It was clear a meaningful and caring relationship existed between this person and the staff.

People's dignity and privacy were respected. We saw staff knocked on doors that were closed before entering people's rooms. We also saw how staff spoke to people with respect using the person's preferred name. When staff spoke about people to us or amongst themselves they were respectful. Language used in care plans was respectful and appropriate. Throughout the day we saw people were appropriately dressed, their hair brushed and looked well kept and cared for.

We asked staff how they respected and promoted people's dignity. Comments included; "I always closed doors and pull the curtains when giving personal care and cover them up to protect their dignity" and "I give them choices, cover them up where I can and close doors. It is common sense really".

People were supported to be as independent as they could be and were involved in how they wished to be supported. For example, one person had stated they were 'determined to remain independent'. They had also stated 'encourage and empower me to be independent and keep me involved in activities to keep me active in mind and body'. This person used a frame to mobilise and we saw staff supporting them with their mobility. A member of staff assisted them to stand but then stood back to allow the person to mobilise themselves. The member of staff then supported them with praise and encouragement and only physically intervened when the person requested assistance. This was in line with the guidance in the person's care plan.

Some people had advanced care plans which detailed their wishes for when they approached end of life. For example, one person had stated they wanted to 'stay at Shrublands'. Staff were guided to support them with their choices and decisions towards end of life. Staff were aware of this person's advanced plan.

Good

Is the service responsive?

Our findings

People's needs were assessed prior to admission to the service to ensure their needs could be met. People had been involved in their assessment. Care records contained details of people's personal histories, likes, dislikes and preferences and included people's preferred names, interests, hobbies and religious needs. Care plans were detailed, personalised, and were reviewed regularly.

People's care records contained detailed information about their health and social care needs. They reflected how each person wished to receive their care and gave guidance to staff on how best to support people. For example, One person had stated 'please assist me with my personal care. I can sometimes become anxious about getting undressed'. Staff we spoke with were aware of this person's anxieties and supported them in a personal way to calm them. One member of staff said "I try to personalise their care for them. Today they wanted to stay in their nightclothes so they did. It calms them and it is their choice". People were aware of their care plans. One person said "They keep a report".

People received personalised care. One person needed hoisting for all transfers and the care plan noted the person could become anxious and needed reassurance during the process. We observed this person being transferred from their wheelchair to an armchair. Staff explained what was going to happen and then checked with the person before proceeding. Throughout the transfer staff reassured the person, gave encouragement and supported them in a personal and caring fashion.

Another person had difficulty swallowing. We observed staff supporting them to drink a cup of tea. The member of staff sat next to the person, ensured they were sat upright and used a spoon to help the person drink their tea. The member of staff was patient, caring and gave the person time to swallow each spoonful. This was in line with the guidance in the person's care plan.

People were offered a range of activities including games, sing a longs, arts and crafts and music. People also went out of the home regularly with their families. On the day of our visit one person went out to the shops with a member of staff. They said, "I've had a nice time". We were told this happened twice a week. A singer visited the home regularly as did the local church choir. In the summer the home held a fete that was open to families and friends. The provider told us as the home was a small community, staff engaged with one to one activities with people. They said "People like to have their hair done and their nails painted". We saw one person having their hair done by a member of staff. They chatted and joked with the member of staff and clearly enjoyed the experience. Religious services were held in the home every month and people could worship communally or in their rooms in private.

Photograph albums recording events were held at the home for people to browse through. For example, people's birthdays were celebrated with a party, party food, presents and a cake. Other recorded events celebrated included; November fifth, Christmas, Halloween and armed forces day. We were also shown Easter bonnets people had made at Easter.

People's engagement in activities was recorded. Staff also recorded people's moods and reactions to activities. For example, one person had 'enjoyed the music and movement session'. They had also 'talked about their family'. Another person had 'laughed and smiled when they recognised a song'. Staff used this information to provided activities people liked. For example, one person was 'not interested' in looking at a picture book but wanted to chat and listen to music. Records noted this activity was provided for them.

The home had a large, well maintained garden area for people to enjoy. Access to the garden was unrestricted. As the weather was cold and overcast no one used the garden during our visit. Views to the garden from the living room were unrestricted through large patio windows so people could still enjoy the garden from indoors.

People could personalise their bedrooms. Personal furnishings, pictures and ornaments were seen in all the rooms we visited. The registered manager told us they encouraged people to personalise their rooms with "Their own décor, furniture and furnishings". People had the option of a personal safe in their rooms for their valuables. We asked about security arrangements where people may have difficulty remembering passwords to access the safe. The manager said "If that is the case we arrange that the family hold these details". People could also have a personal phone line in the room. One person had a phone with large buttons and numbers to assist them in its use.

Good

Is the service responsive?

People knew how to raise concerns and were confident action would be taken. There was a complaints policy in place available to people. No complaints had ever been raised or recorded. However, the service maintained a 'niggles' book and recorded any concerns or comments people raised. For example, one person had raised the issue their bedside lamp was not working and we saw this issue was immediately dealt with. The provider said the home was a close knit, small community and any issues were addressed long before we reach the formal complaint stage. We spoke with one person about raising concerns. They said if they were unhappy with any aspect of their care they would "Tell them".

Good

Is the service well-led?

Our findings

People clearly knew the registered manager and provider as they both assisted with personal care. Throughout our visit we saw the registered manager and provider around the home talking to people and staff in a relaxed and friendly manner. People responded to them with smiles and conversation.

Staff told us the registered manager and provider was supportive and approachable. Comments included; "The manager and (provider) are very supportive. This is absolutely the best service to work for. It's open and honest and nothing is too much trouble for them" and "The manager is so supportive and very patient".

During the day we observed the provider supporting a person to be hoisted and providing them with person centred care. They chatted warmly with the person during this procedure and provided them with reassurance that engaged and calmed the person. Staff in the vicinity observed this interaction. The provider's example gave staff clear leadership and we saw this person centred approach repeated by staff throughout our inspection. We also observed the registered manager engaging with people and again, their example and leadership was clear to staff observing.

The registered manager's vision for the home was to create and maintain a "Family home, where people feel at home". During our conversations with staff the phrase 'family home' was said to us repeatedly, showing staff were aware and endorsed this sentiment.

Staff and people benefitted from shared learning. Regular staff meetings were held and recorded and learning and information was shared at the meetings. For example, a new document had been introduced into the handover book used by staff to pass on information from one shift to the next. Staff were briefed on the use of this document and it was discussed at a recent meeting. We also saw at this meeting a discussion took place in relation to prioritising work in the mornings to ensure 'people came first'. The result of this discussion was people had more flexibility with what time they got up in the mornings whilst ensuring essential care, such as toileting or pad changing was prioritised. The registered manager had stated 'we need to be careful we are not doing things just to meet business or staff needs'.

Accidents and incidents were recorded and investigated. The registered manager analysed information from the investigations to improve the service. For example, one person had slipped out of their wheelchair and onto the floor. They were uninjured. Following this incident the frequency of checks to this person were increased and staff made sure the person was comfortable in their chair. The registered manager looked for patterns and trends. It was identified one person's condition was slowly deteriorating and their behaviour had changed. The adult mental health team was called to assess and review the person. Staff were aware of the changes and were monitoring the person whilst the service waited for the review results.

Regular audits were conducted to monitor the quality of service and to make improvements. For example, medicine administration records (MAR) were reviewed monthly and audited by the pharmacy annually. Errors in the recording had been identified and the member of staff concerned had been removed from administering medicine, given advice and guidance and scheduled for further training. Staff supervisions were also audited to ensure they were up to date and any issues or patterns could be identified. Following staff's comments on supervisions extra training had been provided to address the issues raised.

People's opinions were sought and acted upon. Regular surveys were sent out to people and their families every year. The results were collated and analysed and used to improve the service. For example, one person requested a massage service and we saw this was put in place. Another asked for a professional hairdresser to visit the home. We saw a hairdresser visited the home at people's request. The results of the latest survey were very positive with people rating the service as 'good' or 'excellent'.

There was a whistle blowing policy in place that was available to staff around the home. The policy contained the contact details of relevant authorities for staff to call if they had concerns. Staff were aware of the whistle blowing policy and said that they would have no hesitation in using it if they saw or suspected anything inappropriate was happening. One member of staff said "I know all about that and would certainly use it if I had too".

The service worked in partnership with visiting agencies and had strong links with GPs, the pharmacist, district nurse and Care Home Support Service. One member of a local authority review team had stated in a report 'This is a very good home'.

Good

Is the service well-led?

Services that provide health and social care to people are required to inform the Care Quality Commission, (the CQC), of important events that happen in the service. The registered manager of the home had informed the CQC of reportable events.