The Shrubbery Nursing Home Limited

The Shrubbery Nursing Home

Inspection report

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Ratings

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

Overall summary

This inspection took place on 13 July 2015 and was unannounced.

The provider of The Shrubbery Nursing Home is registered to provide accommodation with personal and nursing care for up to 38 people. There were 33 people living at the home when we visited and 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 we spoke with felt safe when receiving care and felt supported by staff who knew how to keep them safe. Staff knew the steps they would take to protect a person from the risk of harm and how to report any concerns.

People knew when they required any assistance to help them reduce the risks to their safety. Staff were available when people needed them and staff felt they had time to support people as required. Staff provided people with their medicines and recorded when they had received them.

Staff were confident about how to care for people and that their training and support provided with the skills

Summary of findings

needed. People felt that staff listened and respected their decisions about their care and treatment. Staff showed they listened and responded to people's choice to choose or refuse care.

The registered manager had not consistently applied the Mental Capacity Act 2005 (MCA). The assessments of people's capacity to consent and records of decisions had not been completed. Staff had not considered the legal process they needed to follow when considering a decision where a person had not had the capacity.

People enjoyed the food and had a choice about their meals. Where people required a specialist diet or wanted a particular choice this had been arranged. People had access to other health and social care professionals to support their health conditions. They had regular visits from their GP when needed and were supported by staff to attended appointments in hospital.

Staff knew people's care needs and people felt involved in their care and treatment. Staff were able to tell us about people's individual care needs. People maintained relationships with their families who had also contributed in planning their care. People told us they chose how they spent their day and enjoyed the activities offered.

The registered manager was available, approachable and known by people and relatives. Staff also felt confident to raise any concerns of behalf of people. The management team had kept their knowledge current and they led by example. The management team were approachable and visible within the home and people knew them well. The provider ensured regular checks were completed to monitor the quality of the care that people received and looked at where improvements may be needed.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

The provider had looked at protecting people's safety and well-being. People received their medicines where needed and were supported by enough staff.

Good

Is the service effective?
The service was not consistently effective.

People had not been supported to ensure their consent to care and support had been assessed correctly. People had been able to make day to day decisions. People's dietary needs and preferences were supported by trained staff. Input from other health professionals had been used when required to meet people's health needs.

Requires improvement

Is the service caring?
The service was caring.

People received care that met their needs. Staff provided care that met people's needs whilst being respectful of their privacy and dignity and took account of people's individual preferences.

Good

Is the service responsive?
People were able to make choices and were supported in their personal interests and hobbies. People were supported by staff or relatives to raise any comments or concerns with staff.

Good

Is the service well-led?
The service was well-led.

People's care and treatment had been reviewed by the registered manager. Procedures were in place to identify areas of concern and improve people's experiences. People and staff were complimentary about the overall service and felt their views listened to.

Good

The Shrubbery 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.

This unannounced inspection took place on 13 July 2015. The inspection team comprised of two inspectors and an expert by experience who had expertise in older people's care. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

The provider had completed 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. We also reviewed the information we held about the home and looked at the notifications they had sent us. A notification is information about important events which the provider is required to send us by law. We also spoke to the Clinical Commissioning Group and the Local Authority.

During the inspection, we spoke with 10 people who lived at the home and six relatives. We spoke with seven staff, a provider representative, the registered and deputy manager. We looked at two records about people's care, complaint files, residents meetings, annual satisfaction surveys, wound care records, staff meeting minutes, falls and incidents reports and checks completed by the provider.

Good

Is the service safe?

Our findings

All people that we spoke with told us they felt safe living at the home. People were comfortable with staff and other people they shared their home with. Relatives we spoke with were happy that their family members were kept safe.

Staff supported people in a positive way and were confident to raise any concerns that related people's safety. Four staff we spoke with knew their responsibility to protect people from the risk of abuse and what action they would take if they suspected someone was at risk. Two staff told us they would, "Challenge immediately" poor practice to protect a person and then refer to the registered manager. They also told us about the training they had received which helped them to understand possible types of abuse.

People received support from staff when they became anxious or upset and people responded positively to staff assisting them. Staff kept people safe and spoke to them about what they could manage well on their own. For example, knowing where people needed reassurance or how much assistance they needed getting up from the chair.

People's risks were managed with support from staff if needed. These included where people required help with monitoring their nutrition, personal care and skin care. Staff told us about what help and assistance each person needed to support their safety. We saw people's risks were written down and available to them and staff in their bedrooms. These showed people's level of risk and the actions required by staff to reduce or manage that risk. These had been reviewed and updated regularly.

All people and relatives we spoke with told us there were enough staff to look after them. In the communal areas people were able to get the attention of staff easily. Three people we spoke with told us they never had to wait long for assistance. One person said staff always came when they pressed the call bell, "During both day and night time hours". Staff spent time with people and responded in a timely manner.

All staff told us that they were able to meet people's social and welfare needs. The registered manager told us they supported their 'Head of care' to arrange staffing levels in response to people's needs. They were able to use agency staff when needed and the registered manager provided additional support to nursing staff during unplanned busy periods. One care staff member told us the registered and deputy manager had been, "Called into the home on days off to lend support to the residents". The rotas we looked at balanced staffing skills to ensure that each shift had the required mix of care staff and nursing staff.

Where people had an accident or incident the registered manager had monitored them on a monthly basis. They checked to see if there were any risks or patterns to people that could be prevented. For example, by introducing additional equipment or other professional advice to help reduce the risk of an incident happening again.

We saw people were supported to take their medicine when they needed it by nursing staff that explained what the medicines were. One person we spoke with felt "Happier and less concerned" now that the nursing staff managed their medicines. Nursing staff who administered medicines told us how they ensured that people received their medicines at particular times of the day or when required to manage their health needs.

People's medicines had been recorded when they received them. Nursing staff told us they checked the medicines when they were delivered to the home to ensure they were as expected. Staff knew the guidance to follow if a person required a medicine 'when required'. Nursing staff told us they also monitored people's emotions or mobility if people were not able to tell them about their pain levels. There was an additional chart that nursing staff said they could use, although this had not been required.

Requires improvement

Is the service effective?

Our findings

We looked at how the Mental Capacity Act (2005) (MCA) was being implemented. This is a law that provides a system of assessment and decision making to protect people who do not have capacity to give their consent.

We looked at two people's care records and saw that capacity assessments had not been completed correctly when they had not able to make that decision on their own. People should be supported to make individual decision by staff that know the correct legal process to follow. The registered manager agreed to look at how best to implement a process where people were not able to make a particular decision on their own.

We also looked at Deprivation Liberty Safeguards (DoLS) which aims to make sure people in care homes and hospitals are looked after in a way that does not inappropriately restrict their freedom.

Where people had their freedom restricted they had been protected by the correct procedure being followed. The manager had submitted DoLS applications for all people who lived at the home as they felt there were restrictions in place.

Staff asked people's consent before they assisted them with their personal needs during the day. All staff we spoke with told us they were aware of a person's right to choose or refuse care. The registered manager felt that further training in MCA and DoLS would help improve knowledge.

All people we spoke with felt staff knew how to look after them and their needs were met. Care staff demonstrated that they understood people's individual care needs and responded to people's requests for care or went to a person where they saw they may need further assistance.

All care and nursing staff we spoke with told us the training provided reflected the needs of people who lived at the home. For example, how to use equipment needed to support people or how to manage a range of health condition. Staff told us they were supported by the registered manager and that regular supervision helped them discuss their goals and any further training needs. Care staff had been supported to develop and obtain qualification in care. All staff told us the training was, "Good", and was, "Topped up" regularly so they felt their knowledge was current when providing care.

People had drinks available to them and staff regularly offered or made drinks on request. All people and their relatives that we spoke with told us if they liked the food offered. People commented that the food was, "First class" and "Very good". We saw that meals or requests for snacks were provided on request or at alternative times to the usual breakfast and lunch times. For example, one person that had a late breakfast required their lunch meal later in the day. People's nutritional needs had been looked at to ensure they either received a specialist diet or food and drink that met the needs. For example, people received a soft diet or received one to one support to eat their meal. People were shown plated meals to help them choose a preferred meal. Where people had requested an alternative to the choices on the menu these were provided.

People had access to health and medical support if they needed it and were supported by staff. One person told us that care staff had arranged appointments with an optician and dentists who visited the home. The registered manager confirmed that the local GP visited the home once a week or when requested. Where people required a regular blood test to monitor and maintain their health condition, these had been arranged and completed as required. People also attended hospital appointments and we saw that care staff were able to accompany the person if required. The registered manager had been working with the GP to look at ways to reduce unnecessary hospital admissions.

Good

Is the service caring?

Our findings

All people we spoke with told us they were well cared for. One person said, “It is beautiful here” and that staff always, “Have a smile for you”. One relative felt their family member’s, “Quality of life was now greatly enhanced” since moving to the home as the care they received met their needs.

People received care from staff who were caring, respectful and knowledgeable about the people they cared for. One person said, “Staff are caring” and one relative commented that whilst all staff were caring their family member had staff that they were, “Particularly fond of”.

Staff told us about people’s current interests and aspects of their daily lives. All staff that we spoke with felt the home was caring and one care staff commented that they all, “want the best” for people that lived at the home. One care staff felt that people received, “Individual care”. When staff were chatting and socialising with people we saw they were knowledgeable about the person. For example, when people spoke about their histories staff were able to prompt and talk about memories.

People were not rushed and staff worked at the person’s own pace to ensure they were comfortable or if they had needed anything. In the afternoon staff joined people who were playing games in the lounge area. Staff were interested in people and listened to people talking about how their day had been. People told us they spent time on their own or in their bedrooms if they wanted some quiet space. Where people stayed in their room they felt staff provide frequent checks and had not felt isolated.

People were involved in their own care and treatment and staff provided encouragement for people to remain independent about their own care. Staff offered guidance so people were supported to do as much as they were able to on their own. Where people asked for support this was provided, with staff checking how much assistance the person wanted. All staff we spoke with told us they encouraged people to do things on their own and gave choices of how much help they needed.

Information was available to staff to help them understand people’s preferences where they may have had limited verbal communication. For example, tone of voice, body language and how touch could be used to reassure a person. One relative said, “All of the stress has been taken away. I cannot praise them (staff) enough”.

People received care from staff that respected them as individuals. One person told us and we saw that staff knocked on people’s doors before entering. People and their visitors told us they were made to feel welcomed by staff. People told us they chose their clothes and got to dress in their preferred style and we saw that staff ensured people clothes were clean and changed if needed.

Staff ensured people’s personal information was stored in the manager’s or nurse’s office. Staff respected people’s personal conversations or request for personal care and had not discussed these with other people. Staff spoke respectfully about people when they were talking and having discussions with other staff members about any care needs.

Good

Is the service responsive?

Our findings

People told us they were happy and got the care and support they had wanted. Visitors were made to feel welcome and could visit at any time. We saw that staff took time to talk with family members about how their relative had been. For example, one relative spoke to registered manager about the outcome of a recent GP visits.

People had their needs and requests met by staff who responded with kindness and in a timely manner. One relative told us staff were "Highly responsive" in applying a dressing due to concerns about their relative's skin. One relative told us they were "Impressed with the speed" any health matters were addressed. They told us that things were noticed and visits by the GP were arranged for later that day.

Staff knew each person well, their families and histories. Staff were able to tell us about the level of support people required. For example their health needs and the number of staff required to support them. Nursing staff knew where people required skin dressing, ensured they were in place and staff knew when they required changing. We also saw that where a person's pain levels changed, nursing staff were able to respond to help the person manage their pain levels. For example, the use of pain medicine on a syringe driver.

Staff members discussed people's needs when the shift changed to share information between the team. Nursing staff discussed any appointments that had been attended and any follow up appointments and medications. Care staff were provided with information about each person and were provided with a summary sheet to refer to. This included reminders for care staff if a person may require additional care needs or a change to their care needs.

People's views about their care and treatment were sought when planning their care. People we spoke with were able to tell us how they were involved in the care they needed. For example, the use of additional equipment and preferred routines. People were supported to maintain and manage their health needs and we saw that one person checked with staff they had the correct paperwork to attend their hospital appointment before they left the home. Relatives had also been asked for their views which had been recorded and considered when planning people's care.

We looked at two people's records which had been kept under review and updated regularly to reflect people's current care needs. These detailed the way in which people preferred to receive their care and provided guidance for staff on how to support the individual. For example, how much assistance a person needed with their personal care. The wishes of people, their personal history, the opinions of relatives and other health professionals had been recorded when putting together and maintaining care records health professionals such as doctors and specialist nurses.

People told us and we saw they got to do the things they enjoyed which reflected their individual interests. People spent their time reading newspapers and playing games with staff or that had been arranged as part of a group activity. People spent time chatting with staff or their visitors. A member of staff had recently been employed at the home to spend time planning and providing group and individual activities for people. We saw that they had started to look at additional ways to engage people and look at other resources.

Relatives and staff told us that they knew how to raise concerns or complaints on behalf of people who lived at the home. Staff also felt the registered manager was available and approachable. One person said they had raised an issue and were "Happy with the speed of the response" and the outcome. Throughout our visit we saw that people and relatives had been comfortable to approach staff and the registered manager to talk about care and treatment.

Written complaints that had been received and had been recorded and a response provided. The provider had used feedback from people and relatives on how to improve the service. We saw that action had been taken to learn from the complaint and reduce this risk of a similar incident happening again.

Good

Is the service well-led?

Our findings

The provider had gathered people and their family's views about the home and the care provided. These include surveys every year where the overall results had been made available. These surveys were anonymous, but had given the provider an impression of how people felt about their home. We saw that the results were positive about the care and treatment and one comment stated it was a, 'Very welcoming home'. We saw that people knew the registered manager and were happy to chat to them.

People told us about their home and that they felt valued and listened to. All nursing, care and supporting staff we spoke with enjoyed working at the home and said they felt part of team. One staff member said it's "A happy home". People received care and support from a consistent staff group and the same agency staff had been used so people were familiar with them. All staff felt the registered manager supported staff to provide "Individual care and support for people". We saw positive comments and thanks from relatives about the care and treatment provided to their family members.

The provider had a clear management structure in place and the registered manager had access to information and support. The registered manager spoke highly of their staffing team and felt they all worked well together to ensure people were treated as individuals living in their own homes. All people and relatives we spoke with knew who the registered manager and were happy to approach them for anything. Staff told us the registered manager was there to support people and make changes to improve where necessary.

Resources and support from the provider were available and improvements to the home were in progress. For example, improvements had been planned to the heating systems as people had commented that on occasion there was a lack of hot water. The provider also used other external organisations to improve outcomes for people. They had sourced a training support package to improve care for people living with a dementia related illness. They were working with the 'Dementia matters' programme that would be used in all the providers homes. They told this would look at best practice care, staff training and the decoration of areas that would benefit and improve the lives of people living with a dementia related illness.

The provider and registered manager spoke about how they worked well and supported each other to continually improve the home. They met monthly to discuss all aspects of people's care and the home environment. For example, they looked at people's care records, staff training, 'residents and relatives' comments and incidents and accidents. This had led to on going improvements and the registered manager told us they had introduced a 'Daily walk around' check. This would formally record what they currently checked. For example, the care people received and to ensure they had all the equipment needed.

The providers shared information and good practice regionally with other registered managers. They met regionally to discuss their homes and what had worked well. We saw that another of the provider's manager was visiting the home and felt that all the managers worked well together and were open about sharing what was working well.