Minster Care Management Limited

# The Shrubbery Nursing Home

## Inspection report

23-31 Shrubbery Avenue
Worcester
Worcestershire
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Tel: 0190528916

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12 February 2019

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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? | Requires Improvement |

# Summary of findings

## Overall summary

About the service: The Shrubbery is a care home providing nursing and residential care to up to 36 people. At the time of the inspection there were 27 people living in the home.

People's experience of using this service: People told us their needs were met by staff, however we found that people's individual preferences were not always met. For instance, how often people liked to bathe or ensuring sufficient activities were available to people. We made a recommendation regarding this in the main body of the report.

The registered manager completed a variety of checks and audits, but these could be further developed to ensure checks on the quality and safety of all areas of the service were monitored and recorded.

People felt safe living in the home. Risks to people had been assessed and care plans described how these risks would be minimised. Medicines were managed safely and people received their medicines when they needed them. The home was clean and the equipment and utilities were safely maintained.

People told us staff were kind and respectful and staff knew the people they were supporting well. Care plans were detailed, up to date and reflected care that people needed and how they wanted to receive it. People's nutritional needs were known and met by staff to reduce risks relating to malnutrition.

People's capacity to make decisions was assessed and people were supported with decision making. These assessments did not always clearly reflect the decision to be made, but best interest decisions were specific and involved relevant people.

Staff were recruited safely. We received mixed feedback regarding staffing levels, but saw that people received support in a timely way and call bell response times confirmed this.

Staff were knowledgeable about safeguarding procedures and how to raise any concerns they had. Referrals to the local authority safeguarding team had been made appropriately. Staff received regular training to ensure they had the skills to meet people's needs.

Staff felt well supported by the registered manager and told us they could raise any concerns with them.

Rating at last inspection: This is the first inspection for this service since the provider changed their name.

Why we inspected: This was a planned inspection based on our inspection schedule for new services.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

| | |
|---|---|
| **Is the service safe?**<br>The service was safe<br>Details are in our Safe findings below. | **Good** |
| **Is the service effective?**<br>The service was effective<br>Details are in our Effective findings below. | **Good** |
| **Is the service caring?**<br>The service was caring<br>Details are in our Caring findings below. | **Good** |
| **Is the service responsive?**<br>The service was responsive<br>Details are in our Responsive findings below. | **Good** |
| **Is the service well-led?**<br>The service was not always well-led<br>Details are in our Well-Led findings below. | **Requires Improvement** |

# The Shrubbery Nursing Home

**Detailed findings**

## Background to this inspection

The 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 checked 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.

Inspection team: The inspection was completed by an adult social care 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.

Service and service type: The Shrubbery is a care home providing residential and nursing care to older people and younger adults.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection: This inspection was unannounced.

What we did: Before the inspection we reviewed the information we held about the service. This included information sent to us by the provider, as well as information we had received from the public. We also contacted the commissioners of the service to gain their views. We used all this information to plan how the inspection should be conducted.

A Provider Information Return (PIR) is a form that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make. The provider had not been asked to complete a PIR prior to this inspection.

During the inspection we spoke with the registered manager, area manager and two other members of the care team. We also spoke with seven people who live in the home, six relatives and a visiting health professional.

We looked at the care files of four people receiving support from the service, three staff recruitment files, medicine administration charts, staff training records and other records relevant to the quality monitoring of the service. We looked around the home and spent time in communal areas observing interactions between staff and people living in the home.

This report reflects the findings of the inspector and the expert by experience.

Good

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse
• Staff were knowledgeable about safeguarding procedures and how to raise any concerns they had. Referrals to the local authority safeguarding team had been made appropriately.
• Staff had completed training in relation to safeguarding and a policy was in place to guide them in their practice.

Assessing risk, safety monitoring and management
• People told us they felt they received safe care. One person told us, "Now I don't have falls, I'm much better on my feet" and another person said, "My sons want me to stay here for safety's sake."
• The door to the maintenance room was observed to be open during the inspection. There was a steep stair case behind the door. We raised this with the area manager who took immediate action to secure the door and put up a sign reminding staff to ensure the door was always locked.
• Risks to people had been assessed which met their individual and varied needs.
• Care records provided clear information about risks and how staff should support people to help ensure they remained safe from avoidable harm. Risks were managed in a way that respected people's freedom.
• The building, equipment and utilities were checked regularly to ensure they remained safe.
• Emergency procedures were in place to keep people safe and equipment was available to support people in the event of an emergency.

Staffing and recruitment
• Safe staff recruitment procedures were evidenced within personnel files and checks had been made to ensure staff were suitable to work with vulnerable people. One file did not include the staff members employment history and the registered manager told us they would ensure this was recorded straight away.
• Registered nurse's personal identification numbers (PIN) had been checked to ensure they were registered with the Nursing and Midwifery Council (NMC) as fit to practice.
• We received mixed feedback regarding the numbers of staff on duty. Staff told us there was enough staff as agency staff were utilised to ensure staffing levels were maintained. The registered manager told us they always tried to use the same agency staff to ensure consistency.
• Most people told us they had their needs met in a timely way. One person told us, "There's always staff coming in to talk to you. The night staff are the same." However, another person said, "They are very short staffed" but did not expand on this. A relative told us they thought people occasionally had to wait to go to bed of an evening.
• We reviewed call bell response times and saw that most were responded to within a couple of minutes. A staffing analysis tool was used based on people's assessed dependency levels. More staff were always on duty than the staffing analysis tool suggested. Our observations showed us that people received support quickly during the inspection and there were sufficient staff to support them.

Using medicines safely
• Staff had completed training with regards to medicine administration. Informal processes were in place to assess their competency and ensure they were safe to administer medicines. We discussed more formal ways of assessing and recording staff competency and the registered manager assured us this would be addressed.
• Medicines were stored securely in a locked clinic room. The temperature of the fridge and clinic room was not recorded each day, but when they were recorded they were in range.
• Records of administration were maintained and completed accurately.
• People living in the home did not raise any concerns about how their medicines were managed. One person told us, "My medicines come regularly."

Preventing and controlling infection
• The home appeared to be clean and odour free. People told us they thought the home was always kept clean. One person said, "I feel it's nice and clean and it doesn't smell like some homes."
• Bathrooms contained liquid soap dispensers and paper towels in line with infection control guidance. Antibacterial hand gel was available throughout the home.
• Staff had access to personal protective equipment such as gloves and aprons to help prevent the spread of infection and we saw this was used appropriately.
• Staff had completed infection control training and a policy in place to support them in their role.

Learning lessons when things go wrong
• Accidents and incidents were recorded appropriately. They were reviewed by the registered manager to look for any trends or themes.
• The registered manager took appropriate action following incidents to ensure lessons were learnt and to help prevent recurrence. For instance, one person was reassessed following an incident, which led to a new sling being used for their transfers.

Good

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

People's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance
The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

• Applications had been made appropriately lawfully to deprive people of their liberty; no authorisations were in place.
• People told us staff asked for their consent. One person said, "They won't go against you – they only do what you want."
• People's capacity had been assessed when required. The mental capacity assessments did not always include a clear, specific decision. However, clear best interest decisions were recorded for individual decisions that involved relevant people. The registered manager told us they would ensure individual decisions were recorded on the capacity assessments.
• When people's relatives had a registered power of attorney to enable to make decisions lawfully on people's behalf, this was evidenced within their care files.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
• People's needs were assessed prior to support commencing to ensure staff could effectively meet their needs.
• Plans of care were developed based on initial assessments, as well as assessments provided by other health and social care professionals.
• When people had specific medical conditions, information regarding these conditions was held within the care files. This information also provided best practice guidance on how best to manage the condition to ensure people received safe and effective care.

Staff skills, knowledge and experience
• Staff told us they were well supported by the registered manager and area manager. Staff received

supervision and annual appraisals were due. The registered manager told us this was an area they were working on.
• Staff were regularly observed in practice by the registered manager and area manager, including when administering medicines. We discussed how these observations could be recorded more formally to evidence staff competence had been assessed.
• Staff completed regular training to ensure they had the knowledge and skills to support people. Records showed all training was up to date, except first aid training which was in the process of being sourced. Specific training was sourced based on people's needs, such as syringe driver training.

Supporting people to eat and drink enough with choice in a balanced diet
• People's nutritional needs were known and met by staff. Some relatives told us they thought their family member had lost weight, however records we viewed showed that people had their weight monitored regularly. Risk assessments had been completed and when concerns were identified referrals had been made to the dietician or speech and language therapist as required.
• People's specific dietary needs were catered for. For instance, the chef provided vegetarian and diabetic meals as well as pureed and fortified meals. A menu was available that reflected a choice of meals.
• During the inspection the area manager spoke to some people about meals; suggestions of new meals were made and these were incorporated into the menu straight away. Records showed that this was a regular process.
• Some people ate lunch in their rooms, others ate in the lounge. There was a dining room available which had been decorated as a tea room, but people chose not to eat in there. Staff were available to support people when required, such as changing utensils for ease, or fitting a plate guard for one person.

Staff working with other agencies to provide consistent, effective, timely care
• The service worked with other health and social care professionals to help ensure people's healthcare needs were met.
• When other health and social care professionals were involved in people's care, this was incorporated within their plans of care.
• A visiting health professional told us staff communicated with them well, knew people's needs and helped to provide joined up care.

Adapting service, design, decoration to meet people's needs
• The home had been created from the renovation of four houses. This meant that some areas of the home could present difficulties, such as narrow corridors. Staff told us it could be hard to move the hoist around. This led to a lot of chipped woodwork throughout the home, so some redecoration was required.
• We also saw that there was a lack of storage space and the registered manager agreed with this. Lifting equipment was seen in bathrooms and corridors.
• A lift was available to assist people to upper floors.
• People were encouraged to personalise their rooms and we saw that rooms contained people's own furniture, pictures and other belongings.

Supporting people to live healthier lives, access healthcare services and support
• People told us staff supported them with their health needs and arranged for the doctor to visit if they were unwell.
• Referrals to other health and social care professionals were made in a timely way.

Good

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity
• People told us they were treated with kindness and compassion by staff and their family members agreed. Their comments included, "The people are so kind", "I get on with them all. You have to meet them halfway. They do their best", "The carers working here today are fantastic", "They are so very good here" and "A carer helps me morning and night."
• Staff knew the people they were supporting well, including their needs and preferences. This knowledge was used to develop individual plans of care that reflected the support people wanted and needed. Staff spoke warmly of the people they supported.
• One staff member told us, "We are privileged to be working in their home, they are not living in our work place." They told us they always promoted this with other staff.
• We observed positive, familiar interactions between staff and people living in the home throughout the inspection. We observed a carer support a person to get ready for a hospital appointment. They made sure they were wrapped up for the cold and in a wheelchair ready for when the ambulance came.
• The service received compliments and thank you cards from relatives, thanking them for their care and compassion.

Supporting people to express their views and be involved in making decisions about their care
• The registered manager told us they sought people's views about the service. Surveys were provided to relatives, however not all were returned. We saw that in 2018, two responses were received which were positive and they were now due to be sent out again. People living in the home had completed surveys and staff supported people to do this when needed.
• The registered manager told us meetings took place with people living in their home to gain their views. However, they were unable to locate the records of these meetings as the activity coordinator, who held the meetings, was no longer in post.
• A service user guide and statement of purpose was available in the foyer, which provided information regarding the service and what people could expect.
• Records showed that people were consulted regarding their care and supported to make decisions in relation to this. Information regarding advocacy services was available to people if they had nobody to support them to make decisions.

Respecting and promoting people's privacy, dignity and independence
• The statement of purpose for the service reflects that care is delivered in a non-discriminatory way and that people's rights included privacy, dignity and independence.
• We saw that staff knocked on people's bedroom doors before entering and that personal care was provided in private. Staff told us they always covered people and ensured doors were closed when providing

personal care.
• Staff told us they always encouraged people to do as much for themselves as they could, but that they were always there to help if needed. We observed staff promoting people's independence. One person was provided with a plate guard for their lunch, to enable them to eat their meal independently. One person told us, "When I first came here I could only walk two steps, now I can walk quite well if I use the frame."

Good

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that services met people's needs

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control
• People told us that they had their needs met, although there were occasions when preferences were not always met. One person told us they did not always have a bath as frequently as they would like. Another person told us, "We have a bath once a week, some people would like it more often. [Staff] try to keep it to a set day each week."
• Staff told us people could have a bath or shower as often as they chose to, though they may have to wait a short time for staff to be free.
• Not all relatives felt that their family members needs were always met. We discussed specific examples of this with staff and viewed records. We found that staff provided support to people in line with advice from other health and social care professionals. People at times refused aspects of care and support was only provided with people's consent.
• The activity coordinator had recently left the service. The registered manager told us staff provided activities when they could. People told us, "We do sometimes have a sing song but not very often", "We have a singer who comes occasionally and the ladies from church come once a month. I'd love more music" and "It would help if there was more to do."
• It was clear that a range of activities had been provided whilst the activity coordinator had been in post and the registered manager was actively recruiting to the role.

We recommend the provider reviews and updates practices to ensure people's individual needs and preferences are met and clearly recorded.

• People's individual needs had been assessed and care plans developed to meet those needs. Care plans were detailed regarding the support people required and their preferences in relation to care. Plans were in place for specific health needs, such as epilepsy and diabetes.
• Staff knew the people they supported well and how they liked to be supported. People agreed and one relative told us, "The carers know [relative] well, they understand his needs and are good."
• The service was meeting the Accessible Information Standard as they assessed, recorded and shared information regarding people's communication needs. The registered manager told us they had accessed talking books for one person in the past, but they no longer wanted to use them.
• A policy was in place regarding religion and beliefs and we saw that people's individual needs were met in this area. For instance, one person received regular visits from a priest and the registered manager described how they met the individual religious needs of another person.

Improving care quality in response to complaints or concerns
• There was a complaints policy available and this was displayed in the foyer of the home.
• Although not all people knew the complaints process, they told us they would have no hesitation raising

any concerns with the registered manager.
• The registered manager maintained a log of complaints received and we saw that they were investigated and responded to appropriately.

End of life care and support
• Staff had received training to enable them to support people effectively at the end of their lives.
• People who required end of life care had detailed 'after death wishes' care plans in place.
• Advanced care plans were also in place and relevant health professionals had been involved in their creation, to help ensure people's health needs were met at the end of their lives.

Requires Improvement

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

Continuous learning and improving care
• The registered provider had systems in place to assess and monitor the quality and safety of the service. These checks covered a variety of areas but could be further developed to ensure recorded checks were made on all areas of service provision, such as call bell response times, people's preferences being met and that that all areas of the home that posed risk to people were kept secured.
• Care plan audits had not been completed since December 2018. The registered manager told us they usually audited a random sample of care plans each month and would ensure these were completed.
• Not all staff had received annual appraisals to support them in their role and check if they had any further development needs.
• When actions were identified through the audit system, they had been addressed to improve the service and reduce the likelihood of the same issue arising again.
• The area manager visited regularly and completed quality checks covering all aspects of the service. This helped to ensure the provider maintained oversight of the service.
• Responsive action was taken to any issues raised during the inspection.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility
• The service was run by a registered manager and provider. The registered manager was supported by regular visits from the area manager.
• Staff told us they were well supported and worked well together as a team. One staff member told us, "I love the residents and people I work with." Another staff member told us they would recommend the home to their family members.
• The registered manager engaged with everyone using the service and their family members.
• The area manager maintained an action plan to help ensure continual development of the service. They updated this throughout the inspection as issues were discussed.
• The provider was an active member of the Care Home Excellence Partnership, a local organisation whose aim is improve the overall experience for people living in, visiting and working in care homes.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements
• The registered manager had been in post for four years. He was aware of his responsibilities and people told us he was approachable.
• Personnel files contained job descriptions and staff were aware of their roles and responsibilities. The provider had a range of policies and procedures in place and this helped to ensure staff were aware of the

expectations of their role and were held accountable for their actions. Staff received supervision and support to develop their practice.
• CQC had been notified of most incidents that had occurred within the home as required. We had not been notified of all safeguarding concerns if they had not been progressed by the local authority. Following discussion, the registered manager understood what incidents CQC needs to be notified of.
• A visiting health professional told us they felt care was well managed, that staff communicated well and that they had no concerns regarding the service.
• Information related to people who used the service was stored securely and treated in line with data protection laws.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
• Systems were in place to gather feedback from people. These included surveys and a complaints process. The registered manager was unable to locate records from resident's meetings.
• People could share their views and we saw that action was taken based on people's suggestions, such as changes to the menu.
• Staff meetings were held regularly and staff told us they could raise any issues and felt listened to.

Working in partnership with others
• The registered manager and staff maintained good working relationships with partner agencies. This included working with commissioners and health and social care professionals.
• When referrals to other services were needed, we saw that these referrals were made in a timely way. Advice received from these professionals was recorded within care plans and followed by staff.