

Shenleybury House Limited

# Shenleybury House Limited

## Inspection report

Shenleybury House  
Black Lion Hill  
Radlett  
Hertfordshire  
WD7 9DE

Tel: 01923859238

Date of inspection visit:  
15 October 2020  
26 October 2020

Date of publication:  
29 January 2021

## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Shenleybury House Limited is a residential care home providing accommodation and personal care to nine people at the time of the inspection. The service can support up to 15 people.

### People's experience of using this service and what we found

The interim manager and staff team had worked hard to address the issues found at our last inspection and to ensure people's care and support needs were fully met. People's care plans and associated risk assessments had been reviewed and checks undertaken to ensure that actions required were completed.

Safe recruitment processes were followed, and staffing levels were consistently maintained. Medicines were managed safely.

The service had implemented hygiene practices in accordance with national guidance relating to COVID-19. We saw staff were wearing Personal Protective Equipment (PPE) relevant to the tasks they were completing and demonstrating good hygiene practices. Improvements had been made to the cleanliness of the environment and a re-decoration and maintenance plan for further works was in place.

The interim manager had implemented quality monitoring process that reviewed all aspects of the service provided to people, however these required further time to fully embed. They demonstrated that lessons were learned to make improvements to the service where required.

Relatives gave positive feedback regarding the service and their experiences of the care provided.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection and update

The last rating for this service was Inadequate (published 22 August 2020).

The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations 12, 15, 17 and 19.

This service has been in Special Measures since 22 August 2020. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

### Why we inspected

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

We carried out an unannounced comprehensive inspection of this service on 10 March 2020. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve risk and safety management, environment, infection prevention and control, staffing, nutrition and hydration, person centred care and governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-Led which contain requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from Inadequate to Requires Improvement. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Shenleybury House Limited on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information 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?**

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### **Is the service well-led?**

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Shenleybury House Limited

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

This inspection was completed by one inspector.

#### Service and service type

Shenleybury House Limited is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a manager registered with the Care Quality Commission. An interim manager had been appointed whilst recruitment for the registered manager post was completed. This means that the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was announced from the car park on our arrival at the service. This was to establish the personal protective equipment (PPE) requirements for our visit and to ensure we were aware of any person who was living at the service who may be 'shielding', enabling us to respond accordingly.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to

complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

#### During the inspection

We requested feedback from three relatives about their experience of the care provided. We spoke with four members of staff including the manager, deputy manager and care workers.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at management records in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including audits, policies and procedures were also reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as Inadequate. At this inspection this key question has now improved to Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly implement systems to demonstrate that risks at the service were effectively managed. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- People appeared safe, comfortable and well cared for. This was confirmed by relatives who expressed positive experiences of the care received by people.
- People's care plans and associated risk assessments had been reviewed since the last inspection.
- Assessments contained guidance for staff and detailed the action they should take to ensure people's needs were met. However, for one person who had recently been admitted to the service, further detail was needed within their care plan to ensure that all risks identified had been robustly assessed.
- The interim manager had implemented a system of daily checks to ensure that actions from risk assessments had been completed.
- Risk assessments relating to fire safety and the environment, which had not been completed at the last inspection, were in place.
- Personal Emergency Action Plan (PEEP'S) had been completed and these were consistent with the overall evacuation plan for the service.

### Staffing and recruitment

At our last inspection the provider had failed to recruit staff safely, placing people at risk of being cared for by unsafe staff. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 19.

- The interim manager had completed a comprehensive review of staff recruitment files to ensure that all required documentation was in place.
- Safe recruitment processes were in place and had been followed when new staff had commenced work at the service.
- At the last inspection, we found that staffing levels were not consistently maintained, and that staff

deployment was not monitored. The interim manager had completed a staffing level assessment for the service since the last inspection. Rotas seen showed that staffing was maintained to the level determined by the assessment.

#### Using medicines safely

At our last inspection the provider had failed to adequately manage safe medicines systems and practice. This was a further breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Medicines were managed safely.
- People received medicines as prescribed and we found that records were accurately completed.
- Staff had received training in safe administration of medicines. Their practice had been assessed to ensure they were following the correct procedures.
- Medicine audits were completed, and any action required was promptly taken.

#### Preventing and controlling infection

At our last inspection the provider had failed to maintain a safe environment, whilst preventing and controlling the risk of infection. This was a breach of Regulation 15 (Premises and equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 15.

- Since the last inspection, changes had been made to the environment. Some repairs had been completed and a redecoration and maintenance plan put in place. The building remained tired and dated in its appearance, however the interim manager told us this would be addressed as the maintenance plan was followed.
- The service had employed additional cleaning staff and a cleaning schedule was in place. The interim manager told us that they completed a daily walkaround the building to complete checks on the environment and ensure that all areas were clean.
- From our observations, we were assured that the service has implemented hygiene practices considering the COVID-19 pandemic.
- People and staff were engaged with routine testing and we saw staff wearing appropriate personal protective equipment (PPE) for the tasks they were completing.
- We have also signposted the provider to resources to develop their approach and support staff.

#### Learning lessons when things go wrong

- The interim manager told us that the service continues to improve and develop since the last inspection.
- Quality assurance checks had been implemented and support from partner agencies sought.
- The systems in place required further time to fully embed into practice and contribute to internal development plans.

#### Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they felt the service was safe and had no concerns.



- Staff had received training in safeguarding and the interim manager checked staff's understanding during supervision.
- Safeguarding referrals had been appropriately made to the local authority, with robust records kept.
- Information about safeguarding including the details of the local safeguarding team was displayed in the entrance hallway.

# 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.

At the last inspection this key question was rated as Inadequate. At this inspection this key question has now improved to Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Continuous learning and improving care; Working in partnership with others

At our last inspection the provider had failed to ensure effective governance and leadership at the service. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- There was no registered manager in post at the time of this inspection. The previous registered manager had resigned from their post. However, they continued to work at the service as the deputy manager. The interim manager was the care consultant appointed by the provider in March 2020, they were managing the service whilst recruitment for the manager post was completed. As a result of not having a registered manager we have applied a limiter. This means the service cannot be rated above requires improvement in the well-led section in this report.
- Action had been taken to implement systems to monitor the safety and quality of the service since our last inspection. However, these systems needed further time to embed into the culture of the service and lead to service development. Audits and checks in place did, nonetheless, ensure that action was taken to address any issues found.
- Provider policies remained in need of review however the interim manager had ensured that guidance in place for staff was up to date.
- The interim manager told us that the provider was engaged with the service and found them to be supportive. However, due to managing the service on a day to day basis, they had not been able to complete the provider oversight tasks they had initially been appointed to undertake.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The atmosphere at the home remained inclusive and welcoming.

- Relatives told us they felt involved in the service and were positive about their experiences with the interim manager and staff team.
- The interim manager and deputy manager spoke openly about their learning from the last inspection and how they continued to take action to improve the lives of the people living at the service.