

Rochmills Limited

The Shrubbbery

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 11 March 2015 and was unannounced.

The Shrubbbery is registered to provide accommodation for persons who require nursing or personal care. This service provides care for people over the age of 65 for long term, short term, convalescence, respite and holiday stays. The service has 45 registered beds, at the time of our inspection 44 of these were occupied and the remaining bed was unused as it was in double room which had single occupancy.

The service had 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.

We found that people felt safe and were protected from abuse. Staff were aware of safeguarding procedures in the event that abuse occurred and suitable recording and reporting systems were in place.

Risks were managed and staff had an understanding of general and specific risks posed to the service and people who used it.

Summary of findings

Staffing levels were sufficient to meet people's needs and staff had been effectively recruited following safe recruitment procedures.

People's medicines were managed and administered safely by trained staff.

Staff received appropriate training and support to allow them to perform their roles.

Staff asked for people's consent and the service had procedures in place to comply with the requirements of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards. However, there was not always evidence to demonstrate how some decisions had been made or how people had been supported to make a decision.

People had sufficient to eat and drink and could choose what they wanted to eat or drink.

People were supported to access healthcare services both in the service and local community.

There were positive relationships between people who used the service, their relatives and members of staff. People were treated with kindness and compassion and were listened to by staff.

People were supported and encouraged to express their opinions regarding their care and had a number of different ways to raise concerns.

People's privacy and dignity was promoted and respected by members of staff.

Care was personalised and responsive to people's needs. People and their relatives were involved in on-going reviews of their care plans and were supported to take part in meaningful activities.

The service had systems in place to seek feedback from people. This feedback was analysed and used to drive further improvements to people's care.

There was a positive culture at the service. People were aware of their roles and responsibilities and there was a clear vision which everybody worked.

There was effective leadership and support in place. People knew who the registered manager was and were positive about the effect they had on the service.

We found systems were in place to monitor and improve the quality of care delivery.

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.

People felt safe and were protected from abuse and avoidable harm by staff who knew and understood safeguarding procedures.

Appropriate steps were taken to identify, analyse and manage risks.
Emergency plans were in place and incidents were investigated.

Staffing levels were sufficient to meet the needs of people using the service and safe recruitment procedures were followed.

People's medications were managed effectively so they received them safely.

Good



Is the service effective?

The service was not always effective.

Staff were well trained and received support from the registered manager.

People's consent to care was sought, however we found that decisions weren't always recorded. It was therefore unclear whether or not people had agreed to certain aspects of their care.

People were supported to have a balanced diet and had plenty to eat and drink.

People were supported to access health care services and appointments.

Requires improvement



Is the service caring?

The service was caring.

We found positive relationships between people using the service and members of staff. People's needs, wishes and preferences were known by staff and detailed in care records.

People were supported to express their views and were involved in decisions about their care.

People received care which promoted their privacy and dignity.

Good



Is the service responsive?

The service was responsive.

People received personalised care that was responsive to their needs and were involved in planning and reviewing their care.

People were encouraged to take part in activities which suited their interests.

There were systems in place to gain feedback from people and their relatives and there was evidence that this feedback was acted upon.

Good



Summary of findings

Is the service well-led?

The service was well-led.

There was an open, positive and person centred culture.

The registered manager demonstrated good leadership and was well supported by the provider.

There were quality assurance systems in place which were used to drive improvements to the service.

Good



The Shrubbery

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 11 March 2015 by two inspectors and was unannounced.

Before the inspection we reviewed information we held about the service including statutory notifications that had been submitted and we reviewed the report of their most

recent inspection. Statutory notifications include information about important events which the provider is required to send to us by law. We also spoke to the local authority.

During the inspection we spoke to the registered manager, five carers, the activities co-ordinator, an administrator, five people living at the service and two relatives. We also reviewed care records relating to six people and six staff files which contained information about recruitment, training and supervision.

During our visit we carried out observations of staff interactions with people and the way in which care was provided. We observed food preparation and service at lunchtime and preparations being made for tea time in the evening.

Is the service safe?

Our findings

People were protected from bullying, harassment and avoidable harm and abuse. People told us that they felt safe and were protected by members of staff. Relatives also told us that their family members were safe. One relative told us, "I feel that [relative's name] is safe here."

Staff told us they had received safeguarding training and were able to explain what was considered as abuse. They told us they would report suspicions to the registered manager and, if necessary, they would inform the Care Quality Commission (CQC). One staff member told us, "I would report any abuse to my manager." Staff also told us that they were aware of how to whistle blow and were prepared to do so if necessary. A staff member said, "If it was the manager I would go to their boss or to CQC." We found that the service had safeguarding and whistleblowing policies in place and there were procedures for the reporting, investigating and logging of safeguarding incidents.

We found that risks to individuals and the service were effectively assessed and managed. Staff explained to us that risks were assessed for each individual and in general. This helped them take action to make sure that people were kept safe from harm whilst still maximising people's independence. Risks were identified and plans were put in place to reduce their impact. General and individual emergency plans were in place and supported by policies and procedures. Incidents and accidents were reported appropriately and we saw evidence that they were investigated, analysed and remedial actions taken.

There were sufficient numbers of suitable staff to keep people safe and meet their needs. People and their relatives told us that there were enough staff members on shift to meet their needs and keep them safe. Staff told us that there were enough staff on shift and were well

supported by senior staff and management. The registered manager explained to us the staffing structure which included care staff and a range of other roles such as housekeepers, laundry assistants, a hairdresser and activities manager. They also told us that the service is currently fully staffed. During our visit we observed that there were sufficient numbers of staff on shift to meet people's needs and staff rotas showed that staffing levels were consistently at this level.

We saw policies were in place for staff recruitment which included safe recruitment practices, such as requesting background checks, references and full employment histories. Staff told us that they couldn't start working until checks had been made and the registered manager confirmed that people were carefully recruited to ensure the right people were employed. We looked at files for recently recruited staff and found that they were completed in full. The registered manager also told us audits of all staff files would be carried out to ensure they were kept complete and up-to-date.

People's medications were managed effectively so they received them safely. People told us they received their medication on time and staff were patient with them while they took it. We observed medication being administered and saw that people were asked if they were ready for it and were provided with information about what the medication was for. Staff were able to describe the systems the service had in place for the ordering, administering and disposal of medication, as well as checks which were carried out on medication stocks and storage temperatures. We looked at medication records and found that they contained a protocol for the administration of that person's medication, a photograph and a medication care plan. We saw a medication policy in place and found that medication was administered in accordance with this policy.

Is the service effective?

Our findings

People's consent to care was sought. Throughout our visit we observed staff asking for consent throughout the day for tasks such as activities, assisting with transfers and before entering somebody's room. During our visit we observed two bedrooms where a stair gate had been used to prevent access to the room. The registered manager was able to explain that this was done with the consent of both residents, however we could not find evidence in those people's care plans to demonstrate how this decision had been made. The registered manager informed us that this issue was in the process of being addressed and we did find evidence of consent documentation for other areas of care delivery in people's care plans.

Staff were able to explain how the Mental Capacity Act (MCA) 2005 impacted on the people who used the service and had some understanding of the Deprivation of Liberty Safeguards (DoLS). We found that where people could not make a decision for themselves, the principles of the MCA had been followed and a best interest's decision had been made on their behalf. These decisions indicated that other relevant people, such as family members, were involved, however did not always describe how they had been involved or consulted. We found that DoLS applications had been made to the local authority and most were awaiting authorisation. During our visit a member of the local authority came in to conduct an assessment for one person's DoLS application.

People received care from staff who had the necessary skills and knowledge to perform their role. People told us that they were happy with the care they received and that staff knew what they were doing.

Staff received an induction when they started with the service which orientated them around the home and introduced them to policies and procedures which they had to sign. The registered manager explained that staff induction was designed to support new staff get to know the service and the people they would be caring for. There was a detailed induction plan which involved staff shadowing experienced staff for 4 days before performing specific care tasks whilst being observed by senior staff. We saw that staff had their induction recorded and signed off by the registered manager and saw evidence that staff were supported by management throughout their induction.

Staff members told us that they were well trained and supported by the service. One staff member told us, "We get a lot of training". Another member of staff said, "I have had training for moving and handling, food safety, pressure care and lots more." The registered manager explained that the service encouraged people to attend training and to embark on further qualifications, such as Qualification Credit Framework (QCF) certificates in health and social care. The registered manager also told us that the service administrator also received the same training as care staff so that they could support people if required. During our visit we observed that training was being delivered in the service on pressure care and supervision. The registered manager explained to us that training sessions were repeated so that all staff had the opportunity to attend. We looked at training records and saw evidence that staff members had attended training on a range of subjects, such as moving and handling, safeguarding and nutrition. We also saw training certificates for staff, as well as evidence of future training and refresher sessions which had been planned.

People were supported to have a balanced diet and had plenty to eat and drink. People told us that they had enough to eat and that the food was good. One person said, "The food is very good." Another person told us, "There is always plenty of nice food." Relatives shared this view. One relative told us, "[my relative] loves the food, there is plenty of choice."

People had sufficient food and drink to meet their nutritional needs. Catering staff were aware of anyone on a special diet, and had a board in the kitchen which was updated daily with any changes. They were able to tell us how they fortified meals for anyone with a poor nutritional intake. We observed lunch time and saw that the tables were set nicely and there was a pleasant environment. Menus were on each table, but staff told each person what the choices were and even showed them the meal to help them decide. People were able to choose where they had meals, in the dining room, the lounge or their own room, and were given the appropriate support to eat their meals. The weekly menu was displayed on the notice board.

The registered manager told us that if people's dietary intake changed they would speak with the GP.

Is the service effective?

People were supported to access health services and appointments as and when they were required. Staff told us they often went with people to their appointments and the registered manager told us that they had access to a number of out of hour's health care assistance services.

Within people's care plans we saw evidence that they had been seen by a variety of healthcare professionals including, chiropodist, optician and hospital appointments.

Is the service caring?

Our findings

People were treated with kindness and compassion. They were positive about the staff and the relationships they had developed with them. One person told us, “The staff are wonderful.” Another said, “The staff put up with a lot, but nothing is too much trouble.” Another person told us, “I wish I had come here sooner.” People’s relatives felt that people were looked after by caring and supportive staff. One relative told us, “All the staff are friendly” and another relative told us, “I have no problems with the care here.”

Staff told us that the needs of people and their families are their priority and they work with people to ensure they are happy. Staff felt that people were well looked after and would be happy for their own family members to live there.

We observed polite interactions between people and staff. For example, we saw one staff member taking extra time to sit with a person to help them complete an activity. Throughout our visit we observed staff chatting, laughing and singing with people in the lounge, there was a happy and cheerful atmosphere amongst people using the service, their visitors and staff. Staff also responded to people’s call bells and attended to requests for assistance without delay.

People told us they were able to make decisions for themselves and were supported to do so by staff. Throughout our inspection we observed people making their own decisions and also found evidence in people’s records that they had been involved in making decisions about their own care. People’s care plans recorded their preferences, views and opinions and showed that their

consent had been sought as part of the planning process. We saw that life history work had been completed for each person which provided some information on the background of each individual.

The registered manager told us that people were supported to express their own views and opinions about their care. They were encouraged to share their views on their care plans and to involve others, such as relatives or advocates, to be involved as well. Policies regarding consent were in place and detailed that people’s wishes should be promoted and considered when care planning and supporting people. We found that information regarding an advocacy service was available to people to access if required. We also found that people were provided with other information, for example, we saw a notice board which was updated daily with information such as the date, weather, senior staff on duty and daily activities.

People were treated with dignity and respect. One person told us that they had a key to their room and were able to keep it locked whenever they were not there. People told us that staff always knocked and waited before entering their room and staff were always polite and respectful. We observed staff speaking to people in a respectful manner and displaying patience when supporting people. There were small areas within the service where people could go for some quiet time without having to go to their rooms. This allowed people to be as private and independent as they were able.

People’s relatives told us that there were no restrictions on them coming to visit the service. One relative said, “I visit several times a day, it is never an issue when I come.” The registered manager confirmed that visits were encouraged and people could receive visits whenever they wanted.

Is the service responsive?

Our findings

People received personalised care that was tailored to their needs. People told us that they were involved in planning and reviewing their care and that the service listened to the way they wanted their care needs to be met. Relatives told us that they had also been consulted. A relative told us they had been involved in the care plan review regarding their relative. Another said, “We review and update [relative’s name] care plan together.”

We looked at people’s care records and saw evidence that care plans had been updated on a regular basis. Staff told us that care plans were reviewed with people and their family members input to ensure that they were up-to-date and still in line with the person’s wishes. The registered manager confirmed that this took place on a regular basis. We saw that people were involved in care plan reviews and their views and comments had been taken into consideration. Comments from staff were also recorded on the plan, showing that the views of people who delivered care were also valued.

The registered manager told us that the service tried to support people and their families to understand conditions such as dementia. For example, they told us that the service had provided families with dementia training to allow them to better understand the challenges their relative may be facing. The registered manager was unable to provide records demonstrating that this training took place.

People were supported to follow their own interests and the service had an activity programme in place which catered for the interests of each person. Staff told us that

people took part in activities which interested them and they sought feedback from people to ensure they had activities which they enjoyed. Activities which people took part in were documented in a personal activity diary which recorded what people had done and included pictures of the activity. This information was shared with people and their families so that people’s achievements could be celebrated. During our visit we saw that the morning activity programme was amended mid-session as some of people wanted to complete a different activity to the one which was scheduled.

People were encouraged to complain and provide the service with feedback. People told us that the registered manager and staff listened to them if they made comments. Relatives were confident that they could raise issues if they had to. One relative told us, “I have never had to complain, but I know how to if I needed to.” The complaints procedure was on the main notice board in the entrance and there was a suggestion box in the hallway for anybody to use. There was a “Tell the manager” box to enable anybody to let the registered manager know anything when they were not around. We looked at complaints records during our visit and found that there were no recent complaints. The registered manager told us that complaints were taken seriously, investigated and people given a response with the outcome of the investigation.

Relatives and the manager told us that annual satisfaction surveys were sent out to get feedback regarding people’s views of the service. We saw evidence of questionnaires completed by people, their relatives and staff members. These had been analysed and actions were taken as a result of the feedback which people had given.

Is the service well-led?

Our findings

The service promoted an open, positive and person centred culture. People were positive about the service they received and felt comfortable there. People felt they were treated fairly and that the staff and management worked together to provide the service that they needed.

The service had been developed with people to cater for their specific needs and the registered manager and provider had started a number of initiatives to improve people's experience. For example, a retro-style kitchen/diner had been created in one of the lounges with a bar and working sink. This gave the people living at the Shrubbery furniture and décor they could relate to and the opportunity to carry out independent living skills, such as washing up and food preparation, in an environment which would be familiar to them.

The registered manager had worked to create an environment which listened to the feedback from people and their relatives and used that to improve the service. They had recruited staff with the values and vision which were aligned with those of the service and had systems in place to promote communication and collaboration between people, relatives and staff. For example, meetings were arranged for people, relatives and staff to share latest developments and discuss areas for improvement in the future.

People were aware of who the registered manager was and had developed working relationships with them. People and their relatives told us that they were aware of the registered manager was and that they could speak to them if they had any problems. During our visit we observed the registered manager engaging in conversation with people and their relatives and saw people's relatives seek out the manager to report an issue.

Incidents and accidents were managed appropriately. The registered manager informed the relevant bodies, such as local authorities and the Care Quality Commission (CQC) when certain incidents, such as safeguarding concerns, were raised. For example, the service had worked with the local authority and Public Health England following a recent issue which had affected the home which meant that the incident was managed and resolved quickly and efficiently.

The registered manager told us they were supported by their superiors to drive improvements and developments within the service and investment was made where necessary. For example, there was evidence that the car park had recently been re-laid to improve access to the service and plans were in place to improve rear access to a nearby park so that people could have easy access to and from the park. There were plans for events such as tea parties in the park when the weather improved.

Staff were motivated and eager to perform their roles to the best of their abilities. They were encouraged and supported by the registered manager who made themselves available to the staff at all times and provided out-of-hours support when necessary.

We found that there were quality assurance systems in place to ensure that care was delivered to a high standard and problems were identified and rectified quickly. We saw that there were regular checks of equipment, health and safety audits, medication audits and infection control audits. The registered manager had a clear plan in place for the future development of quality systems to build on the work already done and drive service improvements. We also saw evidence of external checks, such as from the organisational compliance officer and pharmacy.

Where checks and audits had raised issues, we saw evidence that these had been rectified or that plans were in place for them to be put right in the near future.