

Winchester Care Limited

The Shrubbbery

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Summary of findings

Overall summary

We carried out an unannounced comprehensive inspection of this service on 8 February 2018.

The home is registered to provide accommodation and personal care for adults and who may have a dementia related illness. A maximum of 28 people can live at the home. There were 27 people living at home on the day of the inspection.

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.

At the last inspection, the service was rated Requires Improvement overall with the rating of inadequate for safe. This was because the provider had failed to ensure systems and processes were in place to assess, monitor and mitigate risk to people living in the home. The rating for safe has been improved to Requires Improvement following this inspection as the provider will need to demonstrate that the changes made are effective and sustainability over time. At this inspection we found the service had improved and was now Good overall.

The provider was recruiting additional night staff to ensure there were enough staff at night to meet people's needs. The new staff were planned to start within a few days. People told they felt safe living at the home and that staff supported them with maintaining their safety. Staff told us about how they minimised the risk to people's safety and that they would report any suspected the risk of abuse to the management team. People got the help needed with staff offering guidance or support with their care that reduced their risk of harm.

There were staff available to meet people's care needs or answer any requests for support in a timely way. People told us they received their medicines from senior care staff who managed their medicines in the right way. People also felt that if they needed extra pain relief or other medicines as needed these were provided. Staff wore protective gloves and aprons to reduce the risks of spreading infection within in the home.

People told us staff knew their care and support needs. Staff told us they understood the needs of people and their knowledge was supported by the training they were given. Staff knowledge reflected the needs of people who lived at the home. People told us staff acted on their wishes and their agreement had been sought before staff carried out a task. People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

People told us they enjoyed their meals, had a choice of the foods they enjoyed and we saw where needed people were supported to eat and drink enough to keep them healthy. People had access to other healthcare professionals that provided treatment, advice and guidance to support their health needs.

People told us they enjoyed spending time with staff and spent time chatting and relaxing with them. We saw people's privacy and dignity was maintained with staff supporting them to do this where needed. People's day to day preferences were listened to by staff and those choices and decisions were respected. Staff told us it was important to promote a person's independence and ensure people had as much involvement as possible in their care and support.

People were involved in planning their care and if requested their relatives were involved. The care plans reflected people's life histories, preferences and their opinions. People told us staff offered encouragement to remain active and try activities on offer. People also told us they enjoyed the social aspect of the home and the activities offered.

People were aware of who they would make a complaint to if needed. People told us they were happy to talk through things with staff or the registered manager if they were not happy with the care.

The registered manager and staff demonstrated their commitment to care for people following best practice. They linked with care provider forums ensured people had access to the local community. The service had a good links with health and social care professionals.

The provider had a programme of audits in place to monitor the quality and safety of people's care and support. The provider continually strived to make things work better so that people benefitted from a home that met their needs.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

There were sufficient staff throughout the day, however at night more staff would ensure people's needs were met in a timely way.

People felt safe and protected from the risk of abuse.

People received their medicines where needed. The home was clean and the provider had systems in place to manage the risk of the spread of infections.

Incidents and accidents were monitored and used to make improvements in the service.

Is the service effective?

Good ●

The service was effective.

People were supported to make their own decisions about their care.

People's care needs and preferences were supported by trained staff.

Is the service caring?

Good ●

The service was caring.

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

Is the service responsive?

Good ●

The service was responsive.

People were promoted to make everyday choices and had the opportunity to engage in their personal interests and hobbies.

People and their representatives who used the service were

encouraged to raise any comments or concerns with the manager.

Is the service well-led?

Good ●

The service was well-led.

People and staff were complimentary about the overall service. There was open communication within the staff team and the provider regularly checked the quality of the service provided.

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.

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

Inspection site visit activity started and ended on 8 February 2018 and was unannounced. The inspection team consisted of one inspector and an expert by experience who had experience of residential care settings. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We reviewed the information we held about the home and looked at the notifications they had sent us. Statutory notifications include information about important events which the provider is required to send us by law. The inspection considered information that was shared from the local authority who are responsible for commissioning some people's care.

During the inspection, we spoke with seven people who lived at the home and seven visiting friend and relatives. 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 also spoke with four care staff and the registered manager. We reviewed the risk assessments and plans of care for four people and their medicine records. We also looked at provider audits for environment and maintenance checks, Deprivation of Liberty Safeguards, two complaints, an overview of the last two months incident and accident audits, staff meeting minutes and 'residents' meeting minutes.

Is the service safe?

Our findings

At the last inspection in August 2017 we identified a continued breach of the Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The service was rated as Inadequate as people's risks and the home environment had not been safely managed. At this inspection we found the provider had made improvements with supporting people risks and the home environment had undergone redecoration with the identified hazards being addressed.

As part of this inspection we considered information of concern we received in relation to insufficient staffing levels at night. The provider had recognised the need to increase the night staff to ensure people's needs were met in a timely manner. Whilst people were safe an increase in staff would improve the timelessness of care. Recruitment of additional night staff was in progress, however the provider will need to demonstrate there were enough staff at night to keep people safe going forward. We could not be assured that the improvements we found during this inspection were sustainable or sufficiently embedded into practice and therefore the service has been rating as Requires Improvement.

People told us about the staffing at the home. One person told us, "Unless they're busy, then you have to wait. Just according to what they're doing". Another person told us "You may have to wait only a couple of minutes." We saw that staff were available in the communal areas and responded to requests when people wanted staff. We saw staff assist people without rushing and making sure nothing further was needed. People's dependency levels were reviewed by the registered manager and senior care staff, and this was reviewed monthly.

People's identified risks had been recorded on admission to the home and support plans and any equipment to support people's mobility had been put in place. One person told us, "These lot [staff] around me make me feel safe". Staff we spoke with knew the type and level of assistance each person required to maintain their safety. We saw the staff were available and knew the support and guidance to offer. For example, we saw one member of staff remind a person to use their frame and offered guidance and support to maintain the person's safety.

The care folders that we reviewed had a history of risk, for example one person had associated risks with swallowing. The risk had been assessed accordingly and documented correctly within their folder with guidance from external professionals for staff to follow to provide care safely. We saw that staff were supporting people with their meals as per the guidance and knew how to support people to remain safe.

People we spoke with told us the home was clean and their rooms were kept clean. The home was free from clutter on the day of the inspection. People's rooms and communal areas were cleaned by staff. People's laundry was collected and washed within a separate laundry area. Staff who prepared food were seen to observe good food hygiene and staff ensured the home's overall cleanliness was of a good standard to help reduce the risk of infection. Staff were seen to use personal protective items such as gloves and aprons.

All people we spoke with felt the home offered a safe environment and had no concerns about their well-

being. One person told us that they felt safe with, "Everyone [staff] round me" and went on to say they could talk to staff if they were worried. A further person told us they felt safe because of, "The atmosphere and the staff, they're brilliant." Consideration had been given to providing a safe environment for people. Fire safety procedures and checks were also in place.

Staff we spoke with described what action they would take if they were concerned about the way a person was being treated. One member of staff told us, "it would be reported and recorded". Another staff member told us, "We make sure people are safe living here, nothing would go on here without someone saying something". The manager demonstrated they had acted upon concerns raised by notifying the local authority and CQC as needed. The provider's policies and procedures provided staff with guidance and steps to take to keep people safe.

Staff had completed reports where a person had been involved in an incident or accident had and reported these to the management team. The registered manager had then identified how or why the incident may have occurred and whether a referral to other health professionals was needed. The registered manager told us they took learning from any untoward incidents, in order to reduce the risk of recurrence, such as if people were falling regularly in a particular part of the home or at a certain time of day.

People were supported by senior staff to take their medicines every day and senior staff who administered medicines told us how they ensured people received their medicines at particular times of the day or when required to manage their health. We saw that people were supported to take their medicines with guidance and encouragement. Records were then completed for people's routine prescribed medications. When people needed medicines 'when required', there were protocols in place in relation as to why and when the medication should be administered. People's medicines records were checked frequently by the management team to ensure people had their medicines as prescribed.

Is the service effective?

Our findings

At the last inspection in August 2017 we rated this question as Requires Improvement as people's mealtime experiences were not relaxed or pleasant. At this inspection we found the service had made improvements with supporting people during their meal to have a relaxed and enjoyable experience.

People we spoke with told us they enjoyed their meals and had plenty of variety on offer and one person told us the meals were, "All negotiable". People had access to drinks during the day or people were able to ask staff for them. We saw one person ask for a particular meal and the chef prepared the meal on request. We saw that people were asked their choice or shown a choice of meals when they sat down to lunch. Staff asked each person in an individually appropriate way, such as holding two plates of food so that they could see what the choices were. One person told us, "I ate everything, so next week I'll be 10 stone!" Staff understood the need for healthy choices of food and knew people's individual likes and dislikes and people's nutritional needs. Where people required assistance and prompts with their meals, staff were attentive to people's needs. However some people may benefit with eating and drinking aids in, such as plate guards and adapted cups.

People we spoke with were happy that staff understood their care needs well and were able to provide the care they wanted and needed. One person told us, "I think they're very good at their job. I trust them totally. They're spot on. I'm surprised at the knowledge they've got on all of the difficulties". Care plans showed that people had been supported to have improved health outcomes such as maintain a healthy weight and healed wounds as staff had provided care in line with other health professional's recommendations. Staff also provided care in line with current guidance and took advice that had been given by community health professionals and GP's.

Staff told us about how they understood how to support and respond to people's needs. Staff told us about the courses they had completed and how it had helped them understand people's conditions better, for example medicines administration training and how this supported people to receive their medication safely. All staff we spoke with told us they were supported in their role with structured routine meetings and supervisions to talk about their responsibilities and the care of people living in the home.

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 told us they decided what they do each day and we saw people making these choices. Staff were seen to listen and respond to people's request or decisions. People had agreed to their care and support and had signed consent forms where needed. These were recorded in their care plans and showed the involvement of the person wishes and needs. Where a person had been assessed as needing help or support to make a decision in their best interest this had been recorded to show who had been involved and the

decision made.

All staff we spoke with understood all people have the right to make their own decisions. Staff also knew they were not able to make decision for a person and would not do something against their wishes. People chose how they spent their time at the home and were supported with communal areas that were accessible along with the outside garden area.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. Applications had been made to the local authorities where the management team had identified their care and support potentially restricted their liberty on the person.

People's healthcare needs were monitored to make sure any changes in their needs were responded to promptly and people had access to health and social care professionals. People had seen opticians, dentists, chiropodists and were supported to see their GP when they required it. Other professionals had been involved to support people with their care needs, for example, attending hospital appointments. Staff were able to tell us about how people were individually supported with their health conditions that needed external professional support. Records showed where advice had been sought and implemented to maintain or improve people's health conditions.

Is the service caring?

Our findings

At the last inspection in August 2017 we rated this question as Requires Improvement as people's care was not safely promoted by the environment and not all mealtime experiences were relaxed or pleasant. At this inspection we found the service had made improvements with supporting people to experience pleasant meal times with staff support.

People we spoke with told us about living at the home and how the staff were kind, caring and attentive to them. One person told us, "They're [staff] lovely, like friends". The atmosphere in the communal lounges varied from quiet and calm to lively with staff and people enjoying their time together. One person told us that, "We've got our own lives here". People were comfortable with staff who responded with fondness and spoke with people about their interests. Where people were quiet, care staff looked for non-verbal signs to see what people preferred or enjoyed.

One person told us they had, "Lots of friends here" and particularly enjoyed meeting their friends at mealtimes. Another person told us there was, "Always somebody to turn to. I could recommend it to anybody". People told us the staff involved them with the care they wanted daily, such as how much assistance they may have needed or if they wanted to stay in bed or their bedroom. One person told us, "They help me out quite a lot. They look after me extremely well".

People told us their preferences and routines were known and supported. For example, their preferred daily routines were flexible and their choices listened to by staff. One person told us, "I get up when I want to get up." Where people stayed in their room they felt staff provided frequent checks and told us they had not felt isolated. People were free to spend time where they wanted and one person told us they were able to spend time on their own, however, stated, "I like to be with the gang".

Staff we spoke with were able to tell us people's preferred care routines or told us they always asked the person first before providing any care or assistance. Records we saw reflected that people were offered choice around personal care wake up times and how they wanted to spend their time. One person told us, "You can do what you like. They're all nice." Another person said that things happened, "At the right pace".

People told us about how much support they needed from staff to maintain their independence within in the home. Two people told us staff offered encouragement and guidance when needed. Staff were aware that people's independence varied each day and on how they were feeling and one person told us, "I very often tell them how I feel".

People received care and support from staff who respected their privacy and people we spoke with felt the level of privacy was good. One person said, "Everybody respects everybody here". When staff were speaking with people they respected people's personal conversations or requests for personal care. Staff spoke respectfully about people when they were talking and having discussions with other staff members about any care needs.

Is the service responsive?

Our findings

At the last inspection in August 2017 we rated this question as Requires Improvement as people did not have consistent activities provided. At this inspection we found the service had made improvements in supporting people with things to do.

People told us about their hobbies and interests and the things they could do day to day and how they choose to take part in group activities. They told us they enjoyed singing, puzzles and games. One person told us they loved playing cards and dominoes with staff and going in the garden. People were also supported with religious choices and received visits and bible readings in support of this. Staff promoted, encouraged and arranged cultural events, such as a wedding event, where people, relatives and staff would bring in photographs, clothes and artefacts to do with their weddings.

All people who we spoke with told us they got the care and support they wanted. We saw where changes to people's health had been recognised and acted on by staff, for example where people were getting medicines to treat short terms conditions or provide pain relief.

People had their needs and requests met by staff who responded with kindness and in a timely manner. One person told us that it was nice having staff available to ask for assistance if they had felt unwell or wanted something checked out. People's health matters were addressed either by staff at the home or other professionals such as the district nurses.

Care staff told us they recorded and reported any changes in people's care needs to management who listened and then followed up any concerns immediately. People's needs were discussed when the staff team shift changed and information was recorded and used by staff on their shift to ensure people got the care needed. The staff member leading the shift would share any changes and help manage and direct staff.

We looked at two people's care records which detailed people's current care needs. These had been regularly reviewed and updated as required. People's needs had been assessed prior to them moving to the home. These records showed the way in which people preferred to receive their care and provided guidance for staff on how to support the individual. They showed the way in which people preferred to receive their care and provided guidance for staff on how to support the individual. For example, where people's weight had changed and the expected actions or changes to diets.

All people we spoke with said they would talk to any of the staff if they had any concerns. One person told us, "They would listen if I wasn't happy". People said the registered manager always asked them how they were or if they wanted to talk about anything. All staff and the registered manager said where possible they would deal with issues as they arise. One person told us, "They don't brush us off".

We spoke with the registered manager and staff about how people were supported at the end of their life. The service had completed an end of life care plan which recorded the wishes of the person in the event of their death in detail. Where completed Do Not Attempt Cardiopulmonary Resuscitation (DNACPR)

discussions had been held and relatives were invited to visit.

Is the service well-led?

Our findings

At the last inspection in August 2017 we identified a continued breach of the Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The service was rated as Requires Improvement as processes and systems to ensure that the provider had oversight of the service was found to be ineffective. At this inspection we found the service had made improvements with systems and process in place to monitor the quality of people's care.

The service had a range of different measures in place to assess and monitor the quality and safety of all aspects of home life. Audits were completed and included areas such as care planning documentation and people's care needs. The registered manager had shared these with the provider. Where shortfalls were identified as a result of the audits, an action plan with timescales was put in place to ensure the improvements were made. For example the registered manager was in the process of updating people's care records and daily notes recording needed improvement to show a more accurate time of entry. Any accidents and incidents were reported on and were analysed and investigated to ensure that lessons were learnt, acted upon and that risks were reduced or eliminated where possible and formed part of the auditing process.

People and their relatives were complimentary about the management team at the home and the positive relationships that had been developed. We were told by one person, "I like being at home here, do what you like. Friendly". People and their relatives were asked for feedback about the service they received and the way they were looked after. This was done during informal daily discussions, planned care reviews, and 'resident and relative' meetings.

People felt part of the home and one person told us, "They're all wonderful. I'd give them the absolute top mark. We have a lot of fun". They all found the management team accessible, approachable and supportive. The registered manager welcomed everyone in to the home and chatted with them all about how things were going. Everyone we spoke with said they would recommend the home to friends and family. One person told us, "It's just like being in your own flat".

Staff we spoke with understood the leadership structure and the lines of accountability within the home; they were clear about the arrangements for whom to contact out of hours or in an emergency. Regular staff meetings were held and staff told us they were encouraged to make suggestions. There was a positive atmosphere in the home and we observed that the staff team worked well, communicating well with each other to ensure that people's needs were met.

The manager felt supported by the provider which kept their knowledge current with additional support from the Social Care Institute for Excellence, CQC and Skills for Care. They also worked with specialist with the local area to promote positive working relationships, for example, the local authority commissioners and people's social workers.

The registered manager was aware when notifications of events had to be submitted to CQC. A notification

is information about important events that have happened in the service and which the service is required by law to tell us about. This meant we were able to monitor how the service managed these events and would be able to take any action where necessary. The rating from our previous inspection was display in the entrance porch of the home