

Shenleybury House Limited

# Shenleybury House Limited

## Inspection report

Shenleybury House  
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Tel: 01923859238

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### Ratings

Overall rating for this service

Inadequate 

Is the service safe?

Inadequate 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

# Summary of findings

## Overall summary

### About the service

Shenleybury House Limited is a residential care home providing accommodation and personal care to seven 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 quality of care had deteriorated since the last inspection.

People's welfare and safety was placed at risk due to inadequate safety measures in place. This included fire risk assessment and risk assessments that related to the environment. Individual risk assessments for people were ineffective and were not person centred. They failed to provide robust guidance for staff on how individual risks to people could be minimised. Actions which had been identified had not been completed.

The environment was poorly maintained, and many areas of the service were unclean. Equipment was found to be dirty and poorly maintained. This exposed people to the risk of infection and failed to protect their health and welfare.

Medicines were not managed safely, and audits completed were ineffective in identifying issues and concerns found during our inspection. People were exposed to the risk of harm from unsafe practice, due to inaccurate stock levels and a lack of staff training.

Staff were not recruited safely, and robust checks were not completed before staff started working at the service. There was no current training programme in place for staff. No records had been maintained to confirm that staff had received the necessary training to carry out their role effectively and safely. There was also no evidence to confirm that staff's future training needs had been assessed or identified.

Staff had not been provided with regular supervision. The registered manager had not been provided with supervision since April 2019 when they commenced the role.

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service also failed to support this practice.

People were not involved in the planning of their care. Care plans took account of people's needs but lacked detail with regards to people's preferences, choices and individuality. Care plans were inconsistent and did not always give clear instructions to staff on how best to support people.

Quality assurance processes were not robust and were found to be ineffective in improving and further developing the service. The provider and registered manager had not acted upon previous professional

feedback relating to the safety and quality of care at the service and ensure compliance with the regulations.

The registered manager demonstrated a lack of knowledge with regards to the systems in place and the processes that should be followed to manage an effective and safe service which achieves good outcomes for people and provides quality care. The registered manager had not been provided with an induction when they first commenced their role in April 2019 and had not been offered the training, support or guidance they required to carry out their role effectively.

The provider had a lack of oversight of the service and the nominated individual at the time of the inspection was not fulfilling the role. A nominated individual is responsible for supervising the management of the service on behalf of the provider. The provider took action to address this following our inspection.

People told us they felt safe at the service and were happy with the care they received. People were supported to make choices in relation to their food and drink and received support from health and medical professionals when required. Staff were seen to be kind, caring and committed to the people they were supporting.

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

The last rating for this service was Good (published 12 July 2018).

#### Why we inspected

The inspection was prompted in part due to concerns received about medicines management, staffing, the management of the service and a lack of provider oversight. A decision was made for us to inspect and examine those risks.

We have found evidence that the provider needs to make improvements.

#### Enforcement

We have identified breaches in relation to staffing, medicine management, risk management, infection control, premises and equipment and the overall management and governance of the service at this inspection.

We are mindful of the impact of Covid-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service.

You can see what action we have asked the provider to take at the end of this full report.

#### Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

#### Special Measures

The overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe. And there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it. And it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

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

We always ask the following five questions of services.

### Is the service safe?

**Inadequate** ●

The service was not safe.

Details are in our safe findings below.

### Is the service effective?

**Requires Improvement** ●

The service was not always effective.

Details are in our effective findings below.

### Is the service caring?

**Requires Improvement** ●

The service was not always caring.

Details are in our caring findings below.

### Is the service responsive?

**Requires Improvement** ●

The service was not always responsive.

Details are in our responsive findings below.

### Is the service well-led?

**Inadequate** ●

The service was not well-led.

Details are in our well-led findings below.

# 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.

#### Inspection team

The inspection team consisted of two inspectors and an inspection manager.

#### 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 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 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. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with three people about their experience of the care provided. We spoke with five members of staff including the registered manager, care workers, chef and the care home consultant recently appointed

by the provider.

We reviewed a range of records. This included two people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service 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 Good. At this inspection this key question has now deteriorated to Inadequate. This meant people were not safe and were at risk of avoidable harm.

Assessing risk, safety monitoring and management

- Risk assessments for people lacked information and were not personalised. Assessments for people contained the same wording, were none specific and the same risk was repeated from one person to another.
- Risk assessments also lacked guidance for staff. For example, one person who was assessed as high risk in relation to their nutritional needs, had limited information recorded as to how these needs should be met. There were also inconsistencies within the care records as to any specialist diet they should be provided with.
- Where assessments had identified actions were required to support and improve the person's safety, these had not always been implemented. For one person, the mobility risk assessment determined they needed to be repositioned at regular intervals to reduce the risk of developing pressure areas or ulcers. On checking records, we found that this person had not been supported to reposition during the night for a period of seven days.
- Risk assessments that related to both fire safety and the environment had not been completed. This included a lack of assessment for two doors which led to external fire evacuation stairs. These doors were accessible and did not have any alert or alarm attached to them. This meant that people were exposed to this risk of harm of being able to leave the building without staff being alerted and access an area at height where the risk of falling was high.
- Personal Emergency Evacuation Plans (PEEP's) were in place for people however, they lacked detailed information for staff to follow and conflicted with the overall Emergency Evacuation Plan for the service.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate risks at the service were effectively managed. This placed people at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

- Recruitment processes were not safe. Robust checks were not completed when staff started work at the service. We checked two recruitment files and found gaps in both. People's previous employment had not been explored and references had not been obtained.
- One person had recently started work within the service prior to their DBS being received. The DBS helps employers make safer recruitment decisions and prevent the appointment of unsuitable people.
- The registered manager was unable to explain how they determined the level of staffing required to meet the needs of each person. There was no formal system in place to assess the staffing levels required.
- We reviewed past rotas and found there were several occasions the staffing levels had not been



consistently maintained. The registered manager had also failed to monitor the rotas effectively and had not identified a number of future occasions where members of staff had nominated themselves to complete excessive additional shifts. This would have resulted in an unsafe number of hours being worked by individual staff or where staff had nominated themselves to cover 'kitchen duty', this would have left inadequate levels of staff available to provide care and support to people.

We found no evidence that people had been harmed however, people were 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.

#### Using medicines safely

- Medicines were not safely managed. People did not receive their medicines as prescribed. For one person, we found staff had not administered their medicines in the morning or had given them late resulting in a missed second daily dose. This had occurred on two occasions. The staff had not consulted the GP when making these decisions or established any potential side effects the missed medicine may have caused.
- Medicine records were not accurate with regards to the medicines found in stock. We found two people had more medicines present than records accounted for. There was also a large amount of medicines in stock for a person who no longer lived at the service.
- Medicines audits completed were inaccurate and failed to identify the concerns we found on inspection.

We found no evidence that people had been harmed however, the failure to adequately manage safe medicines systems and practice was a further breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

#### Preventing and controlling infection

- The environment was dirty and poorly maintained. The service employed a part time cleaner, but there were no arrangements in place which ensured the service was kept clean when this person was not working. This included no cleaning arrangements in place for the weekends.
- In communal bathrooms and toilets, we found flooring was stained, drains hindered by debris and shower chairs and raised toilet seats used to support people with personal care were dirty, worn and rusting.
- The kitchen was freely accessed by all staff with limited infection control procedures in place. We also noted a large hole in the flooring of the kitchen and the equipment was poorly maintained.

The failure to maintain a safe environment, whilst preventing and controlling the risk of infection was a breach of Regulation 15 (Premises and equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

#### Learning lessons when things go wrong

- Lessons had not been learnt to protect people and make improvements at the service.
- Previous quality assurance visits from the local authority had highlighted shortfalls in the safety of the service and the assessment of risk. They had provided the service with a comprehensive improvement action plan and support from partner agencies to achieve the actions needed.
- The registered manager had not completed the actions plan required as a result of the previous quality assurance visit. This inspection identified the same issues and concerns which had been previously raised.

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

- People told us they felt safe at the home and had no concerns. One person told us, "I love it here - very

good."

- Staff were able to explain to us the action they would take if they had any concerns about people or felt they were at risk of harm.
- Staff told us they had received training in safeguarding but could not confirm when this had taken place. The registered manager did not have an accurate record of staff training and told us they considered all training to be "out of date." Some training sessions were planned.
- Information about safeguarding including the details of the local safeguarding team was displayed in the entrance hallway.

# 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.

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Staff, including the registered manager, had not received regular supervision.
- There was no clear induction programme for new staff and no ongoing training plan.
- The registered manager did not maintain a record of staff training so was unable to confirm the level of training received or required by the staff team. They told us they considered staff training to "all be out of date."

We found no evidence that people had been harmed however, people were at risk of being cared for by untrained and unsupported staff. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Supporting people to eat and drink enough to maintain a balanced diet

- There was inconsistent information regarding the preferences of people or their dietary needs in care plans. One person's care plan recorded they were vegetarian, however we observed them being served chicken for lunch. We asked the registered manager about this who informed us that the person didn't "like eating red meat."
- Staff were also unclear of the dietary needs of people. The registered manager and chef advised us that nobody who lived at the service required a specialist diet. However, a member of care staff told us that one person required a soft diet. We reviewed the person's care plan and found this was not the case.
- The same person had experienced significant weight loss following a recent period of ill health. They had declined being weighed by staff on several occasions yet there was no evidence that alternative methods had been explored on how this person's weight could be effectively monitored. We saw in their care plan that it was recommended they should have an increase of between 500 – 1000 calories per day. However, there was no guidance within the person's care plan on how staff should achieve this. We also found that staff we spoke with were unaware of this guidance. There was no evidence available that confirmed this person had been referred to a specialist dietitian. We spoke to the registered manager who confirmed that the person had received advice from the hospital dietitian but they had not received a copy of the report or been notified of the recommendations. Following our inspection, the registered manager referred the person to the community dietitian.

The failure to ensure that people's needs in relation to nutrition were safely met was a breach of Regulation 14 (Nutrition and hydration) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Care was not always provided in line with legislation and good practice guidance. The registered manager did not demonstrate an effective knowledge of the legal requirements, for instance in relation to person centred care or evaluating the effectiveness of the service and the outcomes for people.
- People's needs were assessed prior to them moving into the service and this assessment was used to develop care plans. However, care plans did not always provide an up to date account of people's needs. For example, we found that one person's care plan did not reflect that they had recently moved bedrooms within the service. Another person's care plan had not reviewed following a recent fall.

The failure to ensure that people's needs, and choices were not accurately assessed, recorded and reviewed was a breach of Regulation 9 (Person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff working with other agencies to provide consistent, effective, timely care

- The service had benefitted from being given the support from a number of partners agencies following the local authority quality assurance visit. This included officers from the quality monitoring team from the local authority and the safeguarding team and clinicians from the Care Home Improvement Team.
- Professionals we spoke with expressed frustration at the lack of engagement of the provider and the registered manager with them.

Adapting service, design, decoration to meet people's needs

- The service was poorly maintained and was tired and dated in communal areas.
- We noted that the carpet was threadbare in many high traffic areas. We found that tape had been used as a temporary measure to repair carpets which gave an unsightly and shoddy appearance to the service.
- Signage and information was inadequate and not fit for purpose due to being out of date and no longer relevant. One example of this was a sign displayed in the hairdressing area which was dated 2016.

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 when this is in their best interests and legally authorised under the MCA. 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People's capacity to make and understand the implication of decisions about their care was not consistently recorded as having been assessed and documented within their care records.
- Care records showed a lack of involvement from people in the decision-making process. We found that relatives had been consulted as part of the decision-making process prior to the person themselves and their level of capacity being assessed. This meant people were at risk of having decisions made which they had not been consulted about.

- Due to a lack of training records, we could not confirm if staff had received training on the requirements of the MCA and the associated DoLS. Staff we spoke with were able to demonstrate some understanding of the MCA and were able to explain how they supported people with day to day decision making. They confirmed that they verbally sought consent from people prior to providing any care.

# 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.

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Supporting people to express their views and be involved in making decisions about their care

- There was no evidence that people were encouraged to express their views regarding their care.
- Reviews of people's care plans had been completed by the registered manager with no evidence of input from people.
- An independent feedback survey had been completed by people, relatives and staff in November 2019. There were a number of responses which indicated action was needed. For example, one person commented, "Food, more variety, less mash - new potatoes instead, need good fresh veg." A member of staff had commented, "Don't think the staff are involving the service users with their care plans i.e. reviews."

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

- People told us that they felt happy living at the service and described the staff as caring and respectful. One person told us, "There are always staff around -the are lovely. I could use call bell but don't - just ask one of the girls." Another person told us, "Two carers at night - always there when I need them."
- We observed staff being attentive and responding promptly to their requests for support and help. People's privacy was respected, and they were encouraged to be independent in their activities of daily living where possible.
- People were engaged with staff in social conversation and appeared comfortable and relaxed.
- However, the provider failed to ensure people were always treated and supported in a caring way. The nominated individual failed to fulfil their role. There was no provider oversight, audits or visits to satisfy them that people received a high standard of care. There were no occasions that gave people the opportunity to share their experiences of care with the provider.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People's care plans had been reviewed by the registered manager, but there was no evidence that people had been involved in discussing or reviewing their care on a regular basis. This meant there was limited evidence that people had choice or control over their own care.
- There was very little information in people's care plans about their life histories, interest or hobbies. Records were focused on the care needs of each individual and not who they were as a person. For example, past employment, interests and background prior to living at the service.
- Care staff provided activities for people with outside entertainers also visiting. People told us they were happy with the activities provided.
- People told us that their relatives were always welcomed at the service and they enjoyed the 'homely' atmosphere.

### Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Care plans contained information about people's communication needs but this required improvement.
- We found there was an expectation that people could verbally express their needs and wishes but no attempt or consideration had been given to other ways to communicate when a person's needs changed or if they were unable to express their needs verbally.
- Staff did not appear to have the skills and knowledge required in order to communicate with people in alternative ways. For example, through pictorial prompts.

### Improving care quality in response to complaints or concerns

- People we spoke with told us they knew how to make a complaint. However, they stated that they were satisfied and had not made any formal complaints.
- The registered manager told us that the service had not received any formal complaints since the last inspection.

# 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 Good. At this inspection this key question has now deteriorated to Inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality 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

- Systems to ensure the safety and quality of the service were not effective.
- Actions from the quality assurance visit by the local authority in June 2019 remained outstanding.
- The response from the registered manager to some of the concerns raised throughout inspection failed to be effective or responsive in comprehending the seriousness of the concerns we had identified. For example, when we raised a concern about an issue that related to the storage of linen which presented as a fire hazard, it took multiple requests for the registered manager to take the appropriate action before they eventually responded.
- Quality assurance audits were not effective in highlighting concerns.
- The provider and registered manager were not up to date with national legislation and good practice guidance. Provider policies and guidance for staff were out of date.
- The registered manager had not responded to issues identified to them by visiting professional or the local authority that placed people at risk of harm. Consequently, improvements had not been made to ensure people's health and safety.
- The issues with lack of governance and lack of leadership meant that people were at risk of harm.

The failure to ensure effective governance and leadership was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Despite our findings regarding the shortfalls of the service in relation to safety and quality we found the atmosphere of the home was inclusive and welcoming. One person told us, "It's lovely. I've been here [number] years. Very happy."
- The registered manager and staff team spoke positively about the people who lived at the service and demonstrated a desire to making a difference to people's lives.
- Staff were positive about the registered manager. They told us they were approachable, supportive and always available to them.
- Staff felt valued in their roles and spoke positively about their experiences of working in the service.



This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care  People's needs and choices were not accurately assessed, recorded and reviewed. People were not involved in the planning and decision making with regards to their care.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  Systems were either not in place or robust enough to demonstrate risks at the service were effectively managed.  Medicines were not managed safely. People were at risk of harm from not receiving their medicines as prescribed.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 14 HSCA RA Regulations 2014 Meeting nutritional and hydration needs  The provider and registered manager failed to ensure that people's needs in relation to nutrition were safely met.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment  The provider and registered manager failed to maintain a safe environment which led to the risk of prevention and control the risk of

infection being poor and unmanageable.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider failed to ensure effective governance and leadership was in place at the service.</p> <p>There was a lack of provider oversight and involvement in the service.</p> <p>The registered manager and provider failed to respond and complete actions needed following quality assurance visits from the local authority and professional feedback from partner agencies.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>People were at risk of being cared for by unsafe staff due to a lack of robust recruitment checks.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>People were at risk of being cared for by untrained and unsupported staff.</p>