

Shenleybury House Limited

# Shenleybury House Limited

## Inspection report

Shenleybury House  
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Radlett  
Hertfordshire  
WD7 9DE

Tel: 01923859238

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28 February 2022  
04 April 2022

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Shenleybury House Limited is a care home registered to provide accommodation and personal care to up to 15 older people. At the time of our inspection there were 10 people living at the service.

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

People and their relatives told us they felt safe. Staff had received training in safeguarding and felt confident in reporting any concerns. Risks to people's health, safety and wellbeing had been identified and staff were aware of the action they needed to take to help keep people safe.

Staff were attentive and able to respond promptly to people. The registered manager monitored staff deployment and ensured enough staff were on duty at all times. Staff recruitment was safe and pre-employment checks completed.

Medicines were managed safely and regular audits completed. We were assured by the measures taken to help ensure the prevention and control of infection.

People's needs and choices were assessed before admission to the service and they were asked to express their views and decisions about their care. Care records showed that people, and their relatives where applicable, were involved in their development and review. Care provided was personalised and considered people's preferences and wishes.

People were supported by caring, friendly staff who knew their needs well. Staff were trained and felt supported in their roles. People and their relatives described care staff as knowledgeable and skilled and felt that privacy and dignity was maintained and promoted throughout the care provided.

People's health needs were being met. The service worked closely with health professionals and staff made referrals to external agencies when they identified any changes in people's health and wellbeing.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People, relatives and staff spoke positively about the management of the service and their openness to feedback. We were told the registered manager was approachable, maintained regular communication and listened to the views of others. The service had a development plan in place which detailed any actions identified in the range of quality assurance processes in place. The registered manager actively sought feedback to monitor and improve safety at the service and the quality of 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 requires improvement (published 30 January 2021).

The provider completed an action plan after the last comprehensive inspection (published 22 August 2020) 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.

### Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last comprehensive inspection.

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 COVID-19 and other infection outbreaks effectively.

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, which will help inform when we next inspect.

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

We always ask the following five questions of services.

### Is the service safe?

Good 

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good 

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good 

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good 

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good 

The service was 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 Health and Social Care Act 2008.

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 and/or personal care as a single package under one contractual agreement dependent on their registration with us. Shenleybury House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

Inspection activity started on 28 February 2022 and ended on 04 April 2022. We visited the service on 28

February 2022.

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

#### During the inspection

We spoke with two people who used the service about their experience of the care provided and received feedback from five relatives. We spoke with five members of staff including the provider representative, registered manager and care staff. We also received written feedback from five members of staff

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, including audits and monitoring records, were also reviewed.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe and were seen to be relaxed and comfortable.
- Relatives told us they felt their family members were safe. One relative told us, "The care provided is very safe." Another relative told us, "It is a very safe environment and the staff are always friendly and helpful."
- Staff had received safeguarding training and felt confident in reporting any safeguarding concerns. One member of staff told us, "We can raise any concerns to [registered manager], [they] deal with everything immediately."
- At the time of our inspection there had been no safeguarding referrals made in the past 12 months. The registered manager confirmed that they, and all staff, knew and understood their responsibilities in relation to safeguarding.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks to people's health, safety and wellbeing were identified and plans were in place to help minimise those risks. One relative told us, "I notice how attentive the carers are to help [relative] out of the chair, check [they are] walking safely." Risk assessments had been regularly reviewed.
- Staff understood the risks to people's safety and welfare and knew what action they needed to take.
- Accidents or incidents were minimal. Any reports completed by staff were checked and reviewed by the registered manager to ensure appropriate action had been taken when something went wrong, and lessons were learnt.

Staffing and recruitment

- People's needs were reviewed regularly to help ensure that staffing levels were sufficient. The registered manager monitored staff deployment and ensured safe staffing levels were maintained.
- Staff were attentive and able to respond promptly to the needs of people. We saw there were enough staff working to meet people's needs and staff were spending meaningful time with people. One relative told us, "There seems to have been a significant improvement in staffing notably at weekends when I visit and there seems to be much more life about the place."
- Staff recruitment was safe and all essential pre-employment checks were completed. These checks included Disclosure and Barring Service (DBS) checks, written references and proof of identity. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- Medicines were managed safely. People were receiving their medicines as instructed by the prescriber and

all records reviewed were completed fully.

- Safe systems were in place for the ordering, receipt storage and disposal of medicines. Records showed that medicines were audited regularly so that any potential errors could be identified and addressed quickly.
- Staff had completed training and their competence reviewed. One member of staff told us, "We have regular training and [registered manager] does regular competence checks with us all."

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visits to the service were being provided in accordance with Government guidance. Relatives confirmed they could visit their loved ones and were happy with the arrangements the service had in place.



# 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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

At our last comprehensive inspection, the provider had failed to ensure that people's needs, and choices were accurately assessed, recorded and reviewed. This was a breach of regulation 9 (Person centred care) 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 9.

- The registered manager carried out pre-admission assessments to ensure the service was able to meet a person's needs. One relative told us, "Contact with the home and arrangements for going into the home were both excellent."
- People's care plans included the person's life history, support needs around mobility, medicines, skin care, physical health, diet and hydration, personal hygiene and social and emotional needs. All had been routinely reviewed.
- Staff we spoke with had a good understanding of each person and knew how to deliver their care and meet their needs.

Staff support: induction, training, skills and experience

At our last comprehensive inspection 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.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- Staff confirmed they received regular training and supervision and felt supported by this process. One member of staff told us, "I have the training and support I need. Any problems I have can be mentioned in my supervisions or anytime, if I have any."
- Staff were up to date with mandatory training. Examples included, safeguarding, moving and handling and infection control. We saw records of staff training were being maintained and monitored so refresher training could be booked when required.

- Relatives were confident in the skills and abilities of staff. One relative told us, "The care workers are all very experienced with a wealth of knowledge." Another relative told us, "I believe they (staff) are very well supervised but they are also trusted by the manager to get on with their jobs professionally."

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

At our last comprehensive inspection, the provider had failed to ensure that people's needs in relation to nutrition were safely. This was a breach of regulation 14 (Nutrition and hydration) 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 14.

- People were supported to access a balanced diet which also reflected their personal choices and dietary needs.
- Staff had gathered information from people and their relatives regarding food preferences. These were recorded in their care plan.
- Where risks had been identified with eating and drinking, there were clear instructions in people's care plans about how risks should be reduced. Staff understood these risks and followed the advice given by dietitians and other health care professionals to ensure risks were mitigated.
- Any concerns relating to a person's nutrition, hydration or dietary intake were promptly referred to the GP and nutrition services. All staff had undertaken additional training with regards to nutrition and hydration to improve their knowledge and help ensure people's needs were being met.
- The cook was knowledgeable about people's dietary needs and what they liked to eat.

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

- At the last two inspections we noted that the service was poorly maintained and was tired and dated in communal areas. Some improvements had been made.
- We previously reported that the carpet was threadbare in many high traffic areas and this remained the case. We discussed this with the provider representative who confirmed that plans were in place to replace carpeting however, reduced occupancy and the impact of the COVID-19 pandemic, meant that financial constraints had not allowed this work to be completed. They provided assurances that this would be completed at the earliest opportunity.
- The communal areas of the service had been changed to better support people at mealtimes and we saw that they were clean and tidy. The service had ample space for people, and staff respected when people wanted to have time away from others.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Records showed the service had worked with other professionals to promote people's health such as GPs, dietitians and pharmacists.
- Staff told us of times where they had identified changes in people's health and well-being and referrals had been promptly made to the GP.

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 MCA 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 ability to consent to their care was recorded in their care plans. We saw that, where people lacked the capacity to make decisions, 'best interest' meetings had taken place, with the person's relatives and relevant professionals.
- Staff had attended MCA training and were aware of the need to always obtain consent when they supported people and ways in which they could support people in decision making.

# 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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated well by staff who were kind, caring and knew them well. Comments from people and relatives included, "It really feels like a family home. There is a lot of laughter and the care workers are all positive and cheerful" and "They are all so patient. The kindness they demonstrate is as if [relative] were one of their own elderly relatives."
- Throughout the inspection we observed staff treating people with respect and compassion. Staff spoke to people in a way they understood and in line with their individual communication requirements.
- Staff knew how to support people's diversity needs including any religious and cultural beliefs in areas of their care.

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

- People were supported and encouraged to express their views and make decisions about their care as part of regular reviews.
- Relatives also felt supported to be involved in their family members care. One relative told us, "Communication is much improved, and I feel much more involved in my [relatives] care."
- Surveys were sent out to provide another way for people to feedback their thoughts and ideas. Feedback was positive about the service with all saying the support they, or their relative, received was good.

Respecting and promoting people's privacy, dignity and independence

- People and their relatives felt the management and staff respected them as individuals. One relative told us, "[Name of relative] and [their] visitors are treated politely and with dignity."
- Staff respected people's dignity and their need for privacy. For example, some people liked to spend time away from others. Other people chose to spend time in communal areas engaged in conversation and activities with peers and staff.
- People's independence was promoted as much as possible. People's care plans detailed their abilities and reflected how their independence should be promoted.
- People's rooms were personalised with their own possessions, photographs and personal items. This helped to make each room personal and homely for people.

# Is the service responsive?

## Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received personalised care that reflected their needs and preferences. Care plans gave staff information in areas such as people's background history, likes and dislikes, health and care needs, care and how they would like to be supported.
- We saw that, as far as possible, people were involved in planning and reviewing their care. Where people were not able to plan their own care, we saw relatives had been involved. One relative told us, "I have been involved in [Name of relative's] care plan. The manager and I work together on this."
- Records showed that reviews of people's support plans were carried out at regular intervals. A relative confirmed this and told us, "There have been regular reviews of our [relative's] care and we feel [they are] in very safe hands."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were assessed and recorded in care plans. Guidance was in place detailing how people communicated their needs and wishes. This included people's needs with regards to their hearing, sight and speech.
- The registered manager confirmed that information was made available in various formats to allow it to be accessible to people, if this was needed.

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 interests were recorded in their individual care plans and were known to staff.
- Staff supported people to maintain relationships with people who were important to them. Relatives confirmed that, despite restrictions imposed by the COVID-19 pandemic, they had continued contact with their family members in ways that were meaningful. One relative told us, "Even during [period of outbreak], the manager rang me every other day with an update and care workers read the thrice weekly letters I wrote [Name of relative] aloud to [them]." Another relative told us, "I feel the Covid situation has been handled well at Shenleybury. Once the restrictions permitted visiting, the staff were flexible and accommodating."
- Staff sought people's views about they enjoyed doing and interests they had. A variety of activities were on

offer and people were supported to spend time in ways they wanted to.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and system in place.
- The registered manager had responded to complaints in an open manner and had taken action which resolved people's concerns.
- People and their relatives told us they knew how to make a complaint if needed. They told us that the registered manager took action to address anything they were not happy with. One relative told us, "My [Name of relative] has said that [they are] happy with the care with no complaints at all." Another relative told us, "I have had no cause to complain. If I did, I would feel comfortable raising it with the manager and would also feel confident that [they] would deal with the complaint promptly, efficiently and extremely tactfully."

# 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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Since the last inspection, the registered manager had implemented improvements across all aspects of the service. People, their relatives and staff told us the atmosphere and management at the service was positive. Comments included, "I find the manager excellent, if anything [they go] up and above [their] line of duty and will contact us in respect of anything" and "The manager and deputy are both very caring and the service seems to be run very efficiently."
- Staff felt involved and informed about changes in the service. Staff were appreciative of the improvements the manager had made since taking up post and showed a commitment to providing people with good quality care and support. Regular staff team meetings were held and staff were encouraged to give their views.
- People and their relatives were encouraged to express their opinions through the different forums available to them, to ensure their views were heard. All felt that they would be listened to.
- The registered manager also used surveys captured people and relative's views. The summary initially shared with us required revision as it contained data not relevant to the service. The registered manager took action to address this and shared the outcome with respondents.

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

- The registered manager and provider understood the duty of candour and their responsibility to be open and honest when something went wrong.
- All incidents or accidents were fully investigated, and outcomes shared with the local authority, people, relatives and staff.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager used a variety of feedback and tools. This included results from internal audits, staff and people meetings, advice from visiting professionals and feedback from the local authority.
- The provider appointed a care consultant in March 2020 who had previously been managing the service. Following the appointment of the registered manager, they had been able to complete the provider oversight tasks they had been appointed to undertake. They completed regular audits and checks at the service and provided feedback to the registered manager, whilst also completing their supervision. Actions

were set and agreed by both parties to help drive improvements at the service.

- The service had development plan in place which detailed all the planned actions in response to the findings of the processes in place. This helped to ensure action was taken and there was a continual drive to make improvements where needed.

Continuous learning and improving care; Working in partnership with others

- The service worked in partnership with professionals from other agencies. For example, the GP, district nursing team, the local Care Home Improvement Team (CHIT) and monitoring team from the local authority.
- Feedback we received from professionals who worked with the service was positive and all spoke of improvements in the care provided and increased engagement from the management team.
- Care records showed that health related advice and guidance provided was used to help with people's care planning.