

Essential Healthcare Solutions Limited

# The Shrubbery Rest Home

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

The Shrubbery rest home provides accommodation with personal care for up to 26 people. People who use the service had physical health and/or mental health needs, such as dementia. At the time of the inspection, 19 people used the service.

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

'As required' PRN protocols were in place to highlight when people needed medication to help with their pain management. The provider intended to make improvements to evidence more clearly stocks of 'as required' medicines and how staff recorded the administration of these

Care files contained information for staff to ensure people's risk were managed in a safe way. Care files contained risk assessments for the use of equipment in the home and for people's health conditions.

People's personal emergency evacuation plans clearly documented the support they would require should they need to be evacuated from their home.

Daily handovers were completed to record any outstanding concerns related to people's safety and the environment, ensuring staff remained up to date with all important information.

People told us they felt safe in the home.

The acting manager completed a number of monthly quality audits to assist with the governance of the service and drive improvements where shortfalls had been identified. However, they did not always identify issues with the medication count.

People's care files evidenced where the provider had been in contact with relevant health care professionals to support people's needs.

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 17 January 2019). You can read the report from our last comprehensive inspection by selecting the 'all reports' link for The Shrubbery Rest Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

### Why we inspected

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

We received concerns in relation to people's care and how the service was promoting people's safety. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has not changed. We did not inspect effective, caring and responsive due to us wanting to limit ourselves and spend the least amount of time in the home as possible.

#### Follow up

We will aim to re-inspect this service within the published time scale for services rated good. We will continue to monitor the service through the information we receive.

## 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 well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# The Shrubby Rest Home

## 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 was carried out by one inspector.

#### Service and service type

The Shrubby Rest Home 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, who was on a period of leave at the time of inspection. 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

We gave one hour's notice so we could clarify the service's COVID-19 Personal Protective Equipment (PPE) practice for visiting professionals and identify persons who were shielding or COVID-19 positive so we could respond accordingly.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. 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

Due to the national pandemic we completed a focused inspection therefore reducing the time we spent at the service. We spoke with the director, acting manager, three staff members and two professionals. During our time at the home we observed staff interactions with people. We looked at three people's records relating to wound care management, risk assessments, five people's care plans and accidents and incidents. We requested further information after our visit, relating to the governance of the service.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. Due to current climate and recent positive covid-19 tests in the home we gained feedback remotely from two people over the telephone and two relatives following the inspection.

# 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 remained the same. This meant people were safe and protected from avoidable harm.

### Using medicines safely

- People's prescribed medication MAR were completed and signed for by staff when administering medication.
- People who required covert medication, had step by step guidance for staff to follow to ensure they received their medication safely. Meetings with professionals had been held to determine whether administering covert medicines was in people's best interests. Staff informed us of the process they would take before giving the medicines covertly as a last resort.
- Where people had medicines 'as required', for example for pain, there were clear protocols for their use.
- We found staff did not always sign the back of the associated medicine administration record (MAR) when administering people's 'as required' medication to say this had been administered. Two out of the three random stock checks completed, the medicines count recorded did not match the number of medicines in stock. The acting manager told us that she was going to put staff on retraining to ensure the appropriate recording took place.

### Assessing risk, safety monitoring and management

- Care files were person specific and were holistic in their approach to accurately support people's needs. Care files contained risk assessments for the use of equipment in the home as well as maintaining good nutrition and hydration. Staff practice was in line with these risk assessments and this kept people safe.
- For example, referrals were made to health professionals where required, and their advice was followed. We observed staff supporting people in a safe way.
- People's individual emergency evacuation plans were in place and accurately reflected their needs.
- Daily handovers were completed that recorded any outstanding concerns related to people and the environment, ensuring staff remained up to date with all important information related to safety.

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

- Effective systems were in place to safeguard people from harm and abuse. All safeguarding concerns had been recorded and reported.
- People and relatives both told us about the safety in the home. One person told us, "Yes absolutely I feel safe. It's one [home] that I'd recommend to anyone."
- People were supported by staff members who had a good understanding of safeguarding. All staff had received training in safeguarding and knew the process of raising a concern.

### Staffing and recruitment

- We found that people were supported by a sufficient number of staff. When needed, the acting manager

would assist staff to support people with personal care.

- Where necessary, the provider put risk assessments in place for staff whilst waiting for sufficient evidence of character from previous job roles.
- Required staff recruitment checks, including criminal checks with the Disclosure and Barring Service, were carried out to ensure people were protected from being supported by unsuitable staff.

#### Learning lessons when things go wrong

- All accidents and incidents were recorded and reviewed by the acting manager.
- Where people had a number of accidents over a short period of time, care plans were reviewed and updated to reflect their current need and risk levels.
- The acting manager took the necessary action to implement the required learning identified from accidents and near misses through a monthly audit.

#### Preventing and controlling infection

- Staff were trained in the prevention and control of infections and used personal protective equipment such as disposable gloves to help reduce the spread of infection.
- The home was clean and free of malodour throughout our inspection.
- 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.

We have also signposted the provider to resources to develop their approach.



# 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 remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The acting manager completed a number of audits, which included, facilities management, water temperature checks, accidents and incidents and infection control. However, we found that current audits did not identify all of the issues we found during the inspection. For example, medicines audits did not highlight issues found with the recording of 'as required' medicines.
- The acting manager completed a weekly manager report that looked at specific information around people, staffing and safeguarding. This was updated if an action had taken place and what processes were in place moving forward.
- The registered manager was aware of their responsibilities to report significant events to CQC and other agencies. Notifications had been received in a timely manner which meant that the CQC could monitor the service and check appropriate action had been taken.
- The provider had suitable arrangements to support the acting manager. For example, they completed a quality directors report and audit spot checks which formed part of their quality assurance process.
- The acting manager told us, if an area had been identified for improvement, there was a standing agenda in staff meeting for this to be discussed so staff could actively address this.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was a clearly defined management structure within the service.
- The acting manager and staff worked hard to ensure the culture within the home was person centred. Staff treated people in an open and calm manner to ensure they received a high quality of care.
- Staff told us they felt supported by the acting manager, where one staff member commented, "I definitely feel supported by the manager, I can always go to any of them. They make it very comfortable here. I really enjoy it and there is nothing I would change."

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 acting manager understood their duty of candour, to be open and honest when things went wrong. They told us, "All staff know about the duty of candour and to be transparent and not to hide anything. We are open and honest and will apologise."
- The acting manager had recorded when they had informed the next of kin following an incident or

accident. All incident forms highlighted this had been done. One relative told us, "Only last night I had a call. As soon as there are any issues they call, it works perfectly."

- All relatives confirmed that the service was very responsive and did inform them immediately if an incident had occurred.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Relatives told us that the service had remained in contact with them throughout the pandemic to give them updates on loved ones. One relative told us, "They phone me regularly, they called me yesterday. My [relative] couldn't be in better care."
- The service completed a monthly keyworker report with people which gained their feedback around the care they were receiving. One person's feedback stated, "[Person] enjoys doing jigsaws and listening to classical music."

Working in partnership with others

- The service worked well with external professionals. Advice was sought as and when required ensuring people's changing needs were met as soon as possible. One professional told us, "They will contact promptly for advice or a visit. If you recommend something, they have done it." A second professional stated, "I like the nurturing vibe in the home. I've never had any cause for concerns when they are delivering care."
- Care files evidenced that care professionals had visited people to support with their needs.
- The acting manager told us the service had close working relationships with district nurses, the chiropodist and the doctor's surgery.