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Shrublands

Inspection report

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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

We undertook an unannounced inspection of Shrublands on 16 November 2017.

The Shrublands is a family owned and managed residential home that provides personal care and accommodation for up to nine older people. Some people may have varying types and degrees of dementia. On the day of our inspection nine people were living at the home.

At the last inspection, the service was rated Good.

At this inspection we found the service remained Good overall.

Why the service is rated Good:

People remained safe living in the home. There were sufficient staff to meet people's needs and staff had time to spend with people. Risk assessments were carried out and promoted positive risk taking which enable people to live their lives as they chose. People received their medicines safely and the registered manager had made improvements to medicines guidance since our last inspection.

People continued to receive effective care from staff who had the skills and knowledge to support them and meet their needs. People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible; the procedures in the service supported this practice. People were supported to access health professionals when needed and staff worked closely with people's GPs to ensure their health and well-being was monitored.

The service continued to provide support in a caring way. Staff supported people with kindness and compassion. Staff respected people as individuals and treated them with dignity. People were involved in decisions about their care needs and the support they required to meet those needs.

The service continued to be responsive to people's needs and ensured people were supported in a personalised way. People's changing needs were responded to promptly. People had access to a variety of activities that met their individual needs.

The service was led by a registered manager who promoted a service that put people at the forefront of all the service did. There was a positive culture that valued people, relatives and staff and promoted a caring ethos.

The registered manager monitored the quality of the service and looked for continuous improvement. There was a clear vision to deliver high-quality care and support and promote a positive culture that was person-centred, open, inclusive and empowering which achieved good outcomes for people.

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 has improved to Good

There were sufficient staff deployed to meet people's needs.

People told us they felt safe. Staff knew how to identify and raise concerns.

Risks to people were managed and assessments were in place to manage the risk and keep people safe.

People received their medicines as prescribed.

Is the service effective?

Good

The service remains Effective.

Is the service caring?

Good

The service remains Caring.

Is the service responsive?

Good

The service remains Responsive.

Is the service well-led?

Good

The service remains well led

Shrublands

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 16 November 2017 and was unannounced. The inspection was carried out by one inspector.

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Before the inspection, we asked the provider complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. Due to technical problems, the registered manager was not able to complete a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We looked at previous inspection reports and notifications we had received. Notifications are certain events that providers are required by law to tell us about.

All the people at the home were living with dementia and had difficulty speaking with us. However, we spoke with two people, three relatives, two care staff, the registered manager and the provider. We also spoke with a visiting GP.

During the inspection we looked at four people's care plans, three staff files, medicine records and other records relating to the management of the service. We observed care practice throughout the inspection. We also 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.

Good

Our findings

At our last inspection we found the protocols for 'as required' medicine (PRN) were not always complete. At this inspection we found improvements had been made.

However, at the time of this inspection no one had been prescribed PRN medicine. The provider's medicine policy outlined the procedures for PRN medicine and detailed the format for PRN protocols should someone be prescribed as required medicine.

Medicines were managed safely. Records relating to the administration of medicines were accurate and complete. Where people were prescribed medicines with specific instructions for administration we saw these instructions were followed. For example, where medicine was prescribed to be taken after a meal. Medicines were stored safely. Staff responsible for the administration of medicines had completed training and their competency was assessed regularly to ensure they had the skills and knowledge to administer medicines safely. One relative said, "I have no problems with how mum's medication is managed".

We observed a medicine round. Staff identified the person and explained what they were doing. They sought the person's consent before administering the medicine. When they were satisfied the person had taken their medicine they signed the MAR.

People felt safe in the home. One person said, "Yes I'm ok". Another person smiled and nodded indicating they felt safe. Relatives told us people were safe. Their comments included; "Oh yes, mum is never in any danger. She is happy and thriving", "I think she (person) is extremely safe" and "Yes we know he is safe".

Staff had received training in safeguarding adults and understood their responsibilities to identify and report any concerns. Staff were confident that action would be taken if they raised any concerns relating to potential abuse. Staff comments included; "I have been trained, so any concerns and I'd go to [registered manager], safeguarding or CQC (Care Quality Commission)" and "I would tell the manager or if I am still concerned I'd call you (CQC)". There were safeguarding procedures in place and records showed that all concerns had been taken seriously, fully investigated and appropriate action taken.

There were sufficient staff on duty to meet people's needs. Staff were not rushed in their duties and had time to sit and chat with people. One staff member told us, "Yes there is enough staff here". During our inspection we saw people's requests for support were responded to promptly. One relative said, "There always seems to be sufficient staff".

Records relating to the recruitment of new staff showed relevant checks had been completed before staff worked unsupervised at the home. These included employment references and Disclosure and Barring Service checks. These checks identify if prospective staff were of good character and were suitable for their role. This allowed the registered manager to make safer recruitment decisions.

Risks to people were identified in their care plans. Where risks were identified there were plans in place to show how risks were managed. People were able to move freely about the home and there were systems in place to manage risks. For example, where people were at risk of falls people had been referred to healthcare professionals and their guidance was recorded and followed. We saw people being supported to mobilise safely in line with their care plan guidance.

One person was at risk of developing pressure ulcers. The care home support service (CHSS) had assessed this person and provided guidance. Staff were guided to monitor the person's skin daily and apply creams. Pressure relieving equipment was also recommended. We went to this person's room and saw pressure relieving equipment in place and records confirmed staff monitored the person's skin and applied cream in line with the guidance. This person did not have a pressure ulcer. One staff member who cared for this person said, "[Person's] skin is very dry but I think we do well. There are no sores or redness which is great".

People were protected from the risk of infection. Infection control policies and procedures were in place and we observed staff following safe practice. Colour coded equipment was used along with personal protective equipment (PPE). The home was clean and free from malodours. Staff told us they were supported with infection control. One staff member said, "We've all been trained. We have plenty of available PPE". We observed staff engaged in cleaning, wearing PPE and following safe practice.

Accidents and incidents were recorded and investigated. They were also analysed to see if people's care needed to be reviewed. Reviews of people's care included referrals to appropriate healthcare professionals. For example, one person was found on the floor uninjured. Staff were concerned as the person had no history of falls and was independently mobile. The person was referred to the GP who identified the person had an infection. Medication was prescribed and the person recovered.

There were detailed maintenance records that showed equipment and the environment was monitored. These included; equipment, water and fire systems. Any issues were addressed and resolved promptly. For example, on the day of our inspection it was found the front door lock was faulty. Within one hour a contractor had visited the home and repaired the lock.

Good

Our findings

The service continued to provide effective care and support to people. People were supported by staff who had the skills and knowledge to meet their needs. New staff completed an induction to ensure they had appropriate skills and were confident to support people effectively. One relative said, "The staff are well trained. My mum is deaf but she appreciates the way staff treat her normally. They have a pretty good angle on how they communicate with her".

People were supported in line with the principles of the Mental Capacity Act 2005 (MCA). The MCA provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. Staff had received training and understood how to support people in line with the principles of the Act. One staff member said, "They (people) are all individuals so we offer choices as they can still make decisions and we work in their best interests". We saw staff routinely sought people's consent.

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). The registered manager had a clear understanding of DoLS. At the time of our inspection one person at the service was subject to a DoLS authorisation.

People's needs were assessed prior to accessing the service to ensure their needs could be met. Assessments identified people's preferred methods of communication and staff were provided with guidance on how to effectively communicate with people. For example, one person could 'lose track of conversations' and have difficulty 'finding the words they need'. Staff were guided to remind the person of their last statement and prompt the person whilst being 'sensitive' to the person's feelings. We observed a staff member talking with this person, following the guidance.

Staff told us and records confirmed staff received support through regular supervision (a one to one meeting with their line manager) and training. Staff training records were maintained and we saw planned training was up to date. Where training was required we saw training events had been booked. Staff also had further training opportunities.

People were positive about the food and received support to maintain their nutrition. One person said, "It's good". Another person gave a 'thumbs up' sign indicating they liked the food. People were given choices and if they appeared not to be enjoying their meal staff offered them alternatives. Where people had specific

dietary requirements these were met. No one at the service was at risk of weight loss or dehydration.

People were supported to maintain good health. Various health professionals were involved in assessing, planning and evaluating people's care and treatment. Visits by healthcare professionals, assessments and referrals were all recorded in people's care plans. A visiting GP said, "We get good referrals and staff follow any guidance we provide and they always ask questions".

People's rooms were furnished and adapted to meet their individual needs and preferences. Paintings, pictures and soft furnishings evidenced people were involved in adapting their rooms. Corridors displayed period pictures and paintings and contrasting handrails had been installed to assist people living with dementia to mobilise.

Good

Our findings

The home continued to provide a caring service to people who benefitted from caring relationships with the staff. One person said, "I like it here, I love [staff member]". Relative's comments included; "Yes the staff are very caring here", "It's a lovely place with really good staff who care" and "I couldn't be happier, the staff are great and the care is superb".

People were supported by a dedicated staff team who had genuine warmth and affection for people. Staff comments included: "This is like a family here, it's great. We know them (people) so well" and "I do enjoy working here. It is a small home, very family oriented". Throughout our visit we saw many caring and compassionate interactions between people and staff. Both the registered manager and provider promoted a caring culture. We saw them supporting people throughout the inspection, treating people with kindness and compassion. Staff mirrored this example of care and support.

People were involved in planning their care and the day to day support they received. One staff member said, "I involve them (people) by encouraging them to do what they can, they all have different abilities. It also promotes their independence". One relative said, "Involved, yes very much so".

People were treated with dignity and respect. When staff spoke about people to us or amongst themselves they were respectful and they displayed genuine affection. Language used in care plans was respectful. People were addressed by their preferred names and staff knocked on people's doors before entering. One relative told us, [Person] is always treated well, and they really help her socialise".

Staff told us how they treated people with dignity and respect. Comments included; "I respect their privacy and treat them the way I would expect to be treated" and "Dignity is important so with personal care I shut doors and cover them (people) up. I always explain what we are doing so they feel more in control". A relative commented, "[Person] is always treated with dignity and respect".

People's personal and medical information was protected. The provider's policy and procedures on confidentiality were available to people, relatives and staff. Care plans and other personal records were stored securely.

Good

Our findings

The service continued to be responsive. Care records contained details of people's personal histories, likes, dislikes and preferences and included people's preferred names, interests, hobbies and religious needs.

Staff treated people as individuals. For example, one person only wanted female care staff supporting them. This wish was respected. Another person was unsteady on their feet but liked to walk around the home. Staff were guided to 'acknowledge' the person's 'familiar routines' and to calmly and safely support the person to have freedom of movement they desired around the home. We spoke with this person's relative who said, "They treat him (person) as an individual. They appreciate his humour and clearly know him well. He is treated as an individual".

People's diverse needs were respected. Discussion with the registered manager showed that they respected people's different sexual orientation so that gay and bisexual people could feel accepted and welcomed in the service. The provider's equality and diversity policy supported this culture. We asked staff about diversity. Their comments included; "We don't judge, all are welcome. One of our residents is from a different country so we've made special meals for them" and "Care is different for each person. It's what is best for them and can be influenced by their backgrounds".

People had access to information. People were able to read their care plans and other documents. Where people had difficulty, staff sat with people and explained documents to ensure people understood. Where appropriate, staff also explained documents to relatives and legal representatives.

Care plans and risk assessments were reviewed to reflect people's changing needs. For example, one person's condition changed and new medicine was prescribed. The serviced worked closely with the person's GP and records were updated to reflect the person's current support needs.

People were offered a range of activities they could engage in. These included; puzzles, games, music and regular trip out of the home. For example, trips to garden centres, places of interest, the theatre and the seaside. Events such as Halloween and Christmas were celebrated. A new online monitoring system had recently been installed and we saw people's emotional response to activities could be recorded. The registered manager said, "We intend to use this information to lead our activities so we know we are providing what our residents really like".

The service had systems in place to record, investigate and resolve complaints. No complaints were recorded for 2017 but we saw historical complaints were dealt with in line with the provider's policy. A 'niggles' book was maintained recording any raised issues. For example, one relative reported a person's light was not working. This was immediately repaired. Details of how to complain were included in the 'service user guide' provided to people and their families. One relative commented, "I have raised an issue and it was dealt with straight away. I know any future issues will also be dealt with".

People's advanced wishes were recorded. Care plans recorded people's end of life wishes. For example, where they wished to die and funeral arrangements. Staff told us people's wishes were always respected.

People received emotional support. For example, one person's care plan identified the person could easily become anxious. We saw staff reassuring this person in line with the support guidance. Another person's relative died and they asked the registered manager to accompany them to the funeral and speak about their relative on their behalf. The registered manager told us, "[Person] was really grateful, they were pleased I attended and spoke and I think it reassured them".

Good

Our findings

The service continued to be well led. 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.

People knew the registered manager and provider who were present throughout the inspection and interacted with people in a friendly and familiar way. It was clear positive relationships had been formed between people, the registered manager and the provider. Relative's comments included, "Mum knows them (registered manager and provider) well. This is her other family", "I would say this place is well run. This is a family home, with a homely environment" and "I have confidence in the manager and believe the service is well run".

Staff told us they had confidence in the service and felt it was well managed. One staff member said, "[Registered manager] is great, really supportive and knows what he is doing". Another staff member said, "He [registered manager] is alright and so supportive. I know I can go to him with anything. I think this place is run just fine".

The service had a positive culture that was open and honest. Staff were valued and people treated as individuals. Throughout our visit management and staff were keen to demonstrate their practices and gave unlimited access to documents and records. Both the provider and the registered manager spoke openly and honestly about the service and the challenges they faced.

We spoke with the registered manager about their vision for the service. They said, "This is a home from home for our residents. People say this is a family home and I want it to remain so". Throughout our visit relatives and staff echoed the registered manager's sentiments.

The registered manager monitored the quality of service. For example, medicine administration records (MAR) were reviewed monthly and audited by the pharmacy annually. Audits of medicine records identified errors in record keeping and the registered manager took action by ensuring people had received their medicine safely, and by supporting the staff concerned through further training. We saw medicine records errors had been reduced. Care plans were audited to ensure reviews were conducted in line with the review policy and staff supervisions were monitored to look for patterns and trends within the staff group.

The registered manager looked for continuous improvement. For example, the service had recently invested in a new computer system that would enable the registered manager analyse information more effectively. We saw how activities for people were being driven by people's emotional responses recorded within the system. This meant people were provided with activities they engaged in and enjoyed. The registered manager said, "This system will help us improve and provide a better service for our clients".

Staff told us learning was shared at staff meetings, briefings and handovers. One staff member said, "We have handovers, meeting and care plan updates to inform us. Plus we chat to each other so I think we are kept in the loop". Another staff member said, "Oh we get handovers and briefings so I am kept up to date and informed".

People's opinions were sought through regular surveys and meetings. We saw the results of the last survey which were very positive. Where issues were raised the registered manager took action to resolve the issue.

The service worked in partnership with local authorities, healthcare professionals, GPs and social services. One healthcare professional said, "We like it here (Shrublands). The patients (people) are well attended and staff know them really well. I have no concerns. They are pro-active, communication is good between us. I definitely have confidence in this home".

There was a whistle blowing policy in place that was available to staff across the service. The policy contained the contact details of relevant authorities for staff to call if they had concerns. Staff were aware of the whistle blowing policy and said that they would have no hesitation in using it if they saw or suspected anything inappropriate was happening.

Services that provide health and social care to people are required to inform the Care Quality Commission, (the CQC), of important events that happen in the service. The registered manager was aware of their responsibilities and had systems in place to report appropriately to CQC about reportable events.