

The Shrubby Rest Home

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Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Requires improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

We inspected this service on 26 November 2015. This was an unannounced inspection. Our last inspection took place in March 2014 and we found no concerns with the areas we looked at.

The service was registered to provide accommodation for up to 26 people. At the time of our inspection, 21 people were using the service.

The service had 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.

When people were unable to consent mental capacity assessments and best interest decisions were not completed. The provider had not considered that some people were being restricted and that deprivation of liberty safeguards referrals were needed.

Summary of findings

People told us they felt safe and staff demonstrated they knew how to recognise and report potential abuse. The provider had procedures in place to report concerns. Equipment was checked and maintained to ensure that it was safe to use.

People told us medicines were managed in a safe way. There were effective systems in place to administer; store and record medicines to ensure people were protected from the associated risks. We saw there were enough staff to meet people's needs.

People could access sufficient amounts of food and drinks and when people had specialist diets they were catered for. People were referred to health professionals for support when needed.

People were treated in a kind and caring way and their privacy and dignity was promoted by staff. They were able to make choices about their day and participated in hobbies and pastimes they enjoyed. People and families

were involved with reviewing their care and staff received training to offer support. People were supported to maintain relationships with friends and family and they could visit the service.

Quality monitoring checks were completed by the provider and this information was used to bring about changes to the service when needed. The provider sought the opinion of the people and relatives who used the service and used this to make improvements. Staff felt they were listened to and were given the opportunity to raise concerns. People knew who the manager was and felt they could approach her if needed. There was a complaints procedure in place and people knew how to complain.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

People told us they felt safe. Staff knew how to recognise and report potential abuse. We found there were enough staff to meet people's needs. Medicines were managed in a way to protect people and the risks associated to them.

Good



Is the service effective?

The service was not consistently effective.

The principles of the Mental Capacity Act 2005 were not always followed. When needed, mental capacity assessments were not completed and decisions were not made in people's best interests. Some people may be subject to restrictions and authorisations were not in place to safeguard these people. Staff received training that helped them to support people. People could access sufficient food and drinks. People had access to health professionals as required.

Requires improvement



Is the service caring?

The service was caring.

People were happy with the staff and treated in a kind and caring way. People made decisions and choices about their day and relatives were free to visit throughout the day.

Good



Is the service responsive?

The service was responsive.

People were involved with planning and reviewing their care and families were updated. People enjoyed and participated in activities that interested them. There were systems in place to deal with complaints.

Good



Is the service well-led?

The service was well led.

Quality checks were in place and used to bring about improvements to the service. The registered manager and provider sought the opinions of people and relatives who used the service and made improvements. People knew who the registered manager was. There was a whistleblowing policy in place and staff were confident their concerns would be dealt with.

Good



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Detailed findings

Background to this inspection

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

The inspection took place on the 26 November 2015 and was unannounced. The inspection was carried out by two inspectors.

We checked the information we held about the service and provider. This included the notifications the provider had sent to us about significant events at the service and information we had received from the public.

On this occasion we did not ask the provider to send us 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. However we offered the provider the opportunity to share information they felt relevant with us.

We spoke with eight people who used the service, three friends and relatives, five members of staff, the registered manager and the provider. We also spoke with a visiting health professional. We did this to gain people's views about the care and to check that standards of care were being met.

We spent time observing care and support in the communal area. We observed how staff interacted with people who used the service. We looked at the care records for three people. We checked that the care they received matched the information in their records. We also looked at records relating to the management of the service, including quality checks and complaint records.

Is the service safe?

Our findings

People told us they felt safe. One person said, “I’m well looked after here, I come to no harm”. A relative told us, “I don’t worry when I’m not there I know they will be fine”. We saw when people needed specialist support it was provided for them. For example, some people needed to be transferred with the support of specialist equipment; we saw staff operating this equipment safely and in line with the person’s care plan. This demonstrated that people were supported in a safe way.

Staff we spoke with knew about people’s individual risks and actions they took to support people safely. For example, staff explained about a person who had a pressure cushion to minimise the risk of damage to their skin. We saw that this was being used. In the care plans we looked at, we saw risks had been assessed to people’s health and wellbeing. Where risks had been identified, the care plans showed how this risk should be reduced. This demonstrated that staff had the information needed to manage risks to people.

We saw equipment was maintained and tested. The moving and handling equipment was checked and we saw that portable appliance testing had been completed. This demonstrated the equipment was maintained so that it was safe to use.

Staff knew what constituted abuse and said they would report any concerns they had. One staff member said, “It’s keeping people safe and making sure they don’t come to any harm”. Another told us, “I would report it immediately if I was concerned, to the manager or local authority if needed”. Procedures were in place to ensure any concerns about people’s safety were reported appropriately. We saw when needed these procedures were followed.

People told us there were enough staff and they did not have to wait. One person told us, “They always come when you call and I never have to wait”. Another person said, “I pull my cord in my room and they come quickly”. Staff confirmed there were enough staff to meet the needs of people. The registered manager told us, “Hours can be flexible dependant on people’s needs”. We saw staff were available in communal areas and people did not have to wait.

People told us and we saw medicines were managed in a safe way. One person said, “The staff look after my tablets for me it’s better that way as they know what they are doing”. Another person told us, “I always have them at breakfast, they’re very good”. We saw staff administer medicines to people individually. Time was taken to explain what the medicines were for and to ask people if they required any additional medicines, for example for pain relief. Our observations and records confirmed there were effective systems in place to store, administer and record medicines to ensure people were protected from the risks associated to them.

Staff we spoke with were aware of people’s emergency plans and the level of support they would need to evacuate the home. We saw plans were in place to respond to emergencies, such as personal emergency evacuation plans. These plans provided guidance and the level of support people would need to be evacuated from the home in an emergency situation. The information recorded was specific to people’s individual needs.

The provider ensured themselves that staff were suitable to work with the people who used the service. Staff told us their references were followed up and a Disclosure and Barring Service (DBS) check was carried out before they could start work. The DBS is the national agency that keeps records of criminal convictions.

Is the service effective?

Our findings

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We looked to see if the provider was working within the principles of MCA. Staff confirmed some people who used the service may lack the capacity to make certain decisions. Care plans we looked at did not show how people were supported to make decisions. When people were unable to consent, mental capacity assessments and best interest decisions had not been completed. We spoke with the registered manager and provider about this who confirmed when required, mental capacity and best interest decisions had not been completed. Staff we spoke with did not demonstrate an understanding of the process to follow when people lacked capacity. This meant that people's rights under the MCA 2005 were not addressed.

This is a breach of Regulation 11 of the Health and Social Care Act 2008. (Regulated Activities) Regulations 2014.

One person had their liberty lawfully restricted. We saw that a DoLS was in place and staff we spoke with were aware of this and how to support this person. However, the provider had not considered that other people may be being restricted. We saw where one DoLS assessment had been completed, the provider had not considered that people were under constant supervision. The registered manager and provider confirmed that the person did not have capacity to make a decision about their safety when out and if the person tried to leave the building, then they would not be free to do so. This demonstrated that the provider had not always considered if people were being restricted unlawfully.

This is a breach of Regulation 13 of the Health and Social Care Act 2008. (Regulated Activities) Regulations 2014.

People told us they felt well supported by the staff. One person said, "The girls are great at what they do, I don't know how they remember". Another person told us, "Every one of them knows what they are doing". Staff told us the training they received enabled them to do their job. A member of staff said, "Training is good, it gives you the skills you need". Another staff member explained how they were currently completing training. As a result of this training they were completing a pictorial menu planner as it would help support the people with dementia make choices around meals. This showed us staff were provided with training to support them in meeting people's needs.

Staff told us how they had received an induction and explained how they supported new starters. A member of staff explained how new starters would shadow them and they would show them how people liked things doing. This demonstrated that staff shared skills and knowledge to provide care and support to people.

People told us they enjoyed the food and there was a choice. One person said, "The food is very good, it's hot and I am always full up". Another person told us, "If you don't like anything they will always cook you something else". We saw people were offered a choice for both breakfast and lunch. There were cold drinks on the side that were freely available to people. And we saw hot drinks were offered to people throughout the day. People were supported to eat accordingly to their individual needs. One person explained how they required a specific diet and how food was prepared for them accordingly. They said, "They do really well for me here. I like the food they cook. I get enough to meet my appetite". We saw when people had specialist diets, such as a soft diet and a vegetarian menu they were offered food suitable for them.

We observed staff talking with people and taking time to support people with their meals, when needed. One member of staff said, "If we sit with [person] it encourages them to eat more". We observed a staff member sat with the person throughout their meal and encouraged them to eat. The registered manager told us they obtained feedback from people about mealtimes at residents meetings.

Drinks were provided throughout the day and people were able to choose which drink they wanted. One person told us, "You can have a drink at any time." We saw all people

Is the service effective?

drank from plastic beakers or cups. One person told us, "I'd prefer a mug." The provider and registered manager told us that there was arrange of mugs and cups and saucers for people to drink from and would review this practice.

A visiting health professional told us how the service was, "Very accommodating". They explained how communication was good. We saw when needed people

had been referred to health professionals accordingly. People told us they had access to GPs and chiropodist. One person explained they had moved to the home after living locally. They told us they had been able to keep the same GP. They said this was good as, "If you needed them you could just call".

Is the service caring?

Our findings

Without exception people and relatives told us they were happy with the staff. One person told us, “The staff are good, they all work well together”. Another said, “The girls are wonderful, just wonderful”. We saw staff chatting and laughing with people. People were treated with respect and approached in a kind caring way. A relative told us, “There such a nice team”. We observed that the back door had come open, a member of staff went up to the person and asked them if they were too cold and would like the door shut. The person agreed and the door was shut. This showed us people were treated with kindness and staff were caring towards them.

People told us they made decisions and choices about their day. For example, one person told us they liked to spend time in their room and sleep. They said, “I like to stay in my room its more peaceful and I can sleep”. We saw staff ask people which communal room they would like to go in after breakfast. One person told us, “Men tend to come in this room as men like to talk to men”. Another person explained how they sat by the window as they liked to look outside; as it was too cold to go out but they liked watching the birds and what was going on.

People told us their privacy and dignity was promoted. One person said, “They always knock on my door in a morning before they come in”. Another person explained how they liked the door propped open when they were in their room. They said that staff always made sure that when they were supporting them with personal care that they shut it first. We saw staff responded to people’s requests and spoke quietly and discreetly to people regarding personal care. For example, we saw a staff member ask a person if they would like to use the bathroom. They did this in a way that other people could not hear. The person agreed and thanked the staff member for asking. The person was then supported to the bathroom. The staff member left the person and informed them they would be back shortly.

Relatives we spoke with told us the staff were welcoming and they could visit anytime. One relative told us, “There are no restrictions”. Another relative said, “There always friendly to me when I pop up”. Staff and the registered manager confirmed that relatives and friends visited throughout the day.

Is the service responsive?

Our findings

People told us staff knew about their needs and preferences and provided care in a way they wanted it. One person told us, “I don’t like a bath very often; the staff know this so they don’t ask me as often as they do the rest”.

Another person said, “This is my favourite chair, the staff laugh with me about it, but they all know it”. We saw in one person’s care plan information about past times they enjoyed. We spoke with the person about this, they confirmed they enjoyed this and spoke enthusiastically about it. This demonstrated that staff knew people well. Staff told us they were able to read people’s care plans. One member of staff said, “All the information you need about people are in their files”. There were daily arrangements in place to keep staff updated about people’s needs. Staff told us they were updated about people’s needs in handover. One member of staff said, “We have handover each morning, we share anything new”. This demonstrated that staff were updated about the changing needs of people.

People told us they were involved with planning and reviewing their care. One person said, “They asked me what

I like, I told them and they wrote it down, that’s how they all know me”. Another person explained they had a file with information in about themselves. A relative confirmed they were kept up to date with any changes to their relatives care. They confirmed their relative had agreed to this.

People told us they enjoyed the activities at the home. One person told us, “Its bingo today, that’s my favourite as we win prizes”. Another person said, “We do something every afternoon, it’s good”. We saw daily newspapers were available. One person said, “We get that delivered each day, I like to read it”. There was information displayed in communal areas about activities that were taking place over Christmas. People told us and spoke enthusiastically about activities that had taken place including the summer fete and the animal man that had visited. This meant that people had the opportunity to participate in activities they enjoyed.

People told us they knew how to complain. One person said, “If I had to complain I would speak to the manager”. Another person told us, “I would have a quiet word, I’m sure they would listen”. The provider had a complaints policy in place. We saw when complaints were made they had responded to them in line with their policy.

Is the service well-led?

Our findings

People and relatives we spoke with knew who the manager was. One person told us, “She comes round everyday she is always about”. A relatives said, “Everyone knows who she is, she is very friendly”. A relative commented about how available the provider was and how much time they spent at the home. The registered manager understood the responsibility of registration with the us and notified us of important events that occurred in the service which meant we could check appropriate action had been taken.

Quality checks were completed by the registered manager and the provider. These included checks of medicines management and areas of health and safety such as the monitoring of falls. Where concerns with quality were identified we saw an action plan had been put into place. This information was used to bring about change. For example, It was identified that it difficult to find information in peoples’ files. We saw the registered manager had completed an action plan and identified that a new index for files would be completed. We saw that this index was in place. This demonstrated when change was required action was taken to improve the quality of the service.

The registered manager told us and we saw satisfaction surveys were completed. We saw surveys had been completed by friends and relatives of people who used the service. The provider completed a three monthly audit. We saw the provider would gain feedback from people who

used the service, relatives and staff. This information was used to make improvements to the service. For example, we saw one person had requested a new carpet in their room. We saw evidence and the provider confirmed this had been completed. This demonstrated the provider sought opinions of people that used the service and used this information to bring about changes.

Staff told us they had meetings to discuss changes in the home and had the opportunity to raise any concerns. They said the registered manager and provider asked for their views and would make positive changes. One member of staff told us, “If anything needs changing, it gets sorted out. They listen to us”. Staff said they felt listened to and explained that if people’s needs change or if someone was unwell they would discuss this with the manager and more staff would be provided. This demonstrated if staff raised concerns they were listened to and changes made.

We saw the provider had a whistle blowing policy in place. Whistle blowing is the procedure for raising concerns about poor practice. Staff we spoke with understood about whistle blowing and said they would be happy to do so. One staff member said, “It’s about raising concerns anonymously if something happens that’s not good”. Another member of staff told us, “I would be happy to do this; I know the manager would back me 100%”. This demonstrated that when concerns were raised staff were confident they would be dealt with.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 11 HSCA (RA) Regulations 2014 Need for consent

The Mental Capacity Act 2005 was not followed when people lacked capacity, Capacity assessment and best interest decisions were not completed.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment

The provider had not considered that some people may be being restricted unlawfully.