

Shenleybury House Limited

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## Inspection report

Shenleybury House  
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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

The inspection took place on 29 and 30 June 2017 and was unannounced. The inspection was carried out by one inspector.

Shenleybury house provides accommodation for up to 15 people with residential care needs. It does not provide nursing care. At the time of this inspection there were 12 people living at Shenleybury house.

There was a manager in post who had registered with CQC. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 we last inspected the service on 12 August 2015 we found the provider was meeting the regulations. At this inspection although we found that the provider meeting the regulations, improvements were required to continue to meet the required standards.

People told us they felt safe living at Shenleybury house. Staff understood how to keep people safe and risks to people's safety and well-being were assessed and kept under review to help to keep them safe. People's medicines were managed safely, by staff who had received training. However we found some discrepancies in the medicine administration records (MAR) charts that had been completed.

People had their needs met in a timely way, by staff who demonstrated they knew people well. We observed there were adequate numbers of staff available to support people at all times.

Staff had received training and had the right skills and knowledge to support people safely. The recruitment process was not robust or consistent and this was an area that required improvement.

Staff were well supported and attended regular team meetings and individual one to one supervisions with their line managers. Staff told us they felt they were valued and listened to and worked well as a team.

People were supported to eat and drink sufficient amounts to maintain their health and wellbeing and were offered a choice of foods. People had access to a range of healthcare professionals when required to help maintain their health.

People, their relatives and staff were positive about the management at the service. We observed staff to be kind and caring and knowledgeable about people's individual requirements in relation to their care and support needs and preferences. People were asked for their consent and they or their relatives where appropriate had been involved in the planning and review of their care.

People were supported to participate in activities that were provided. There were arrangements in place to

receive feedback from people who used the service and their relatives. People were confident they would be listened to if they raised any concerns.

Systems were in place to monitor some aspects of the service and to check that people were happy with the quality of the care and support they received. However this was an area that required improvements as the systems that were in place did not identify some of the shortfalls we identified as part of our inspection.

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

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

This service was not consistently safe.

The recruitment process was not robust and was inconsistent.

People's medicines were managed safely. However medication administration records were not completed accurately or consistently.

People's care was provided by adequate numbers of staff

Staff knew how to recognise potential abuse, and knew the process for reporting concerns.

Risks were assessed to help keep people safe

### Is the service effective?

**Good** ●

The service was effective.

People were cared for by staff who were trained and supported in their roles.

People's consent was obtained and staff were aware of MCA principles.

People enjoyed a healthy and varied diet.

People had access to health care professionals when required.

### Is the service caring?

**Good** ●

The service was caring.

People were cared for by staff who were kind and compassionate.

Staff understood people's needs and wishes and support was personalised.

People were, where possible involved in the development and review of their care needs.

Staff were respectful of people's wishes and treated them with dignity and respect.

Staff had developed positive and caring relationships with people they clearly knew well.

### Is the service responsive?

**Good** ●

The service was responsive.

People's care was responsive to their needs.

People were supported to participate in activities

Complaints were investigated and responded to appropriately.

People and their relatives felt they would be listened to if they raised any concerns.

### Is the service well-led?

**Requires Improvement** ●

The service was not consistently well led.

Recruitment processes were not consistent and robust.

We found inconsistencies in the recording and updating of information.

Audits were completed for some aspects of the service but this was an area that required development to help manage the quality and safety of the service more effectively.

People, their relatives and staff were very positive about the overall management of the service. Improvements had been made and people and staff felt the registered manager was open, inclusive and supportive.

# Shenleybury House Limited

## **Detailed findings**

### Background to this inspection

This inspection took place on 29 and 30 June 2017. The inspection was undertaken by one inspector.

Before our inspection we reviewed information we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us. We reviewed the (PIR) Provider Information Return which is a form we asked the provider to complete which gives some key information about the service, what the service does well and improvements they plan to make.

During the inspection we observed staff supporting people who used the service. We spoke with two people who used the service, obtained feedback from two relatives, spoke with two care staff, and the registered manager.

We received feedback from commissioning staff and staff from the local clinical commissioning group. 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.

We reviewed care records relating to two people who used the service, three staff recruitment records, fire safety records and other documents relating to people's health and well-being. These included staff training records, medication records and quality monitoring audits. We reviewed information and feedback documents relating to the overall monitoring of the service.

# Is the service safe?

## Our findings

People who lived Shenleybury house told us they felt safe living at the home. One person told us "I definitely have no concerns regarding my safety; the staff are on hand to help when required". A relative told us "We have no concerns" in relation to their [family members] safety.

The recruitment process was inconsistent and we found that decisions with regard to the suitability of staff did not always take into account whether staff employed were of sufficient good character. For example one recruitment file we saw there were four separate pieces of 'negative' information contained which indicated that the recruitment process followed did not properly assess potential staff to help ensure that they were of good character, physically or mentally fit for the roles they performed. The registered manager had identified the issues and was monitoring the staff member and a risk assessment was in place however they continued to work at the service and may have posed a risk to people in their care.

In the case of a second recruitment file we found historic information on a disclosure and barring check (DBS) which should have been removed as the event was considered 'spent'. The current (DBS) for the staff member was clear. We found that although all staff had been through recruitment checks which included the completion of an application form, gaps in employment history were not rigorously explored and did not always correspond with details provided in the reference section. We saw references were verified by the provider, however details were missing from the references and only a mobile number was provided with no company stamp or any evidence to support the authenticity of the reference.

We saw that although overall there were appropriate systems in place to manage people's medicines safely and effectively and that people received their medicines regularly and in accordance with the prescribers' instructions we found that records were not always completed consistently. For example stock balances of medicines were recorded on the bottom section of the medicine administration record (MAR) for specific medicines but in some cases staff only recorded a person had one tablet per day where two had been administered. In the case of a second person who had been administered controlled medicines we found although the stock balances were correct the staff member had recorded the incorrect date and had signed to say the medicine had been administered. We saw that the registered manager completed monthly audits and the last three we reviewed had not identified any concerns. However a recent pharmacy audit had identified a number of areas that required improvement including regular checks of fridges where medicines were stored. We spoke to the registered manager about this who agreed that they would review and implement actions and completion dates as part of the audit of medicines.

People were cared for by staff who were aware of what constituted abuse and the process for reporting any concerns. We saw that information and guidance was displayed about how to contact the local safeguarding authority if staff or people had any concerns regarding people's safety. One staff member told us, "I would report any concerns I had to my manager first, if they did not respond I know we have a whistle blowing process and we can contact external organisations such as CQC". However the staff member told us they were confident the registered manager would act on any concerns that were reported. Staff were able to describe different types of abuse and give us examples.

Individual risk assessments were completed and where potential risks to people's health, well-being or safety had been identified, actions were put in place to reduce the risk of harm. These were kept under regular review to take account of people's changing needs and circumstances. Risks that were considered were in relation to mobility, skin integrity and any medical and health related conditions that may present a risk for example a person who had diabetes had regular blood tests. Staff were provided with detailed information which helped staff to provide care and support safely.

People received care and support from adequate numbers of staff. We observed people were supported in a timely way and call bells were answered within a couple of minutes. People told us "I never have to wait long for the [staff] to help me, they are very good". Staff told us there was enough staff to meet people's needs. One staff member told us, "We are very lucky we always have enough staff, it's a small home and people are quite independent here". The registered manager provided rotas which demonstrated there were always two staff on duty which included night time and over the weekend when there were staff shortages for example on a Saturday or Sunday. Another staff member told us "We have a good team here and [manager] will help out whenever they are required. At the time of our inspection there were no cleaning staff employed and this was being completed by care staff. They were currently trying to recruit a cleaner. The registered manager told us that when they used 'agency staff' it was from the same agency so staff were consistent.

Health and safety audits were completed in conjunction with along with a range of other audits that related to the maintenance of the home. However we found that individual fire evacuation plans required updating. We discussed this with the registered manager who agreed to update these immediately. The home had a 'stay put' policy in place with details displayed in prominent places throughout the home to help keep people safe. We also saw that, the fire alarm systems were regularly tested. The fire escape stairs were in the process of being replaced at the time of our inspection which ensured it remained effective and safe for people to use in the event of an emergency.

# Is the service effective?

## Our findings

People received support from staff who had received training and support to help them to care for people effectively. One person's relative told us "We believe that the staff are very diligent with care delivery and planning". Another person told us "They seem to know what they are doing".

Staff had completed an induction programme when they commenced their employment at the home. Staff had access to regular refresher training and updates. The registered manager showed us training records for staff and confirmed that all staff had recently completed updated safeguarding and moving and handling training and were waiting for the certificates to be issued. Staff competencies were observed and staff told us that they regularly worked alongside the registered manager who provided them with feedback and helped develop their roles. We saw that staff had regular support which included attendance at bi monthly team meetings and staff also received individual supervision which provided them with an opportunity to discuss all aspects of their work, including any areas for development. The registered manager and records seen confirmed that staff received appropriate support.

Staff told us they felt supported by the registered and deputy manager and worked well as a team with all having mutual respect for each other's views. One staff member told us "We are able to discuss any concerns or ideas about the home and how it operates". Staff told us they had regular contact with the manager and could speak with them whenever they needed and because the home was small they had regular contact and did not have to wait for a 'formal' supervision.

Staff were supported to complete specific training relevant to the needs of the people they supported for example, one person who had diabetes, staff were able to complete additional training to enable them to help support the person more effectively.

People were asked to provide consent before staff supported them. We observed staff explained to people how they were going to support them and heard people being offered choices. Staff understood the importance of ensuring people gave their consent to the care and the support they received. Staff and the registered manager told us that no one in the home lacked capacity and so people made day to day decisions about what they wanted to do and how they spent their time.

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 checked whether the service was working within the principles of the MCA and found that they were. No one was being deprived of their liberty and people had capacity.

People were supported to eat a balanced and varied diet and had access to snacks and drinks. People were asked in the morning by the chef what they would like to eat for lunch and evening meal and for breakfast the following morning. We saw people typically had a choice of three different options but people told us if they did not like what was on offer the chef would always do them an alternative. We observed people during lunch and saw that people were assisted and served in a timely way. The food was well presented and hot. The dining room was set up nicely with flowers and condiments on each table and people could be heard laughing and chatting over lunch.

People were supported to maintain their health and wellbeing and had access to a range of healthcare professionals including regular visits from their GP when required. In addition appointments were made for dentists and chiropodists when people required these.

# Is the service caring?

## Our findings

People were cared for by staff and the registered managers who were kind, caring and attentive. People spoke positively about the staff and the registered manager. A relative told us "I am extremely happy with the care being given to my [name] family member". We observed that staff were familiar with people and their needs and wishes. One person said "I am very happy here, I have no complaints they are all very good here and do look after us very well". Another person told us "I keep them in check don't you worry, I give as good as I get". We observed this person enjoying some banter with the staff.

One person told us "We are very lucky it's a small home and so the staff knows everyone well, it makes a difference". People told us that the staff treated them with dignity and respect. We observed staff knocked on people's doors and waited outside while people were in the bathroom. Staff described how they ensured people's dignity was upheld and their privacy respected. For example they ensured people were kept covered during the delivery of personal care.

People told us that they were treated with kindness and respect. We observed that staff approached people in an appropriate manner for example by speaking to them in an appropriate tone, making eye contact and respecting their private space. Staff were observed to be calm and relaxed when interacting and supporting people.

Staff were knowledgeable about people's individual needs and preferences and routines. One staff member said, "We know everyone really well here, that's the advantage of working in a small service". A relative told us "I think that [person] is very lucky to be cared for in such a small, well run and friendly residential home, and they always keep me well informed if there are any changes". Another relative told us "All in all I think that the staff are very caring and supportive. They always let me know if they have any concerns regarding the health and wellbeing of my [relative] and make sure that my [relative] has access to a hair dresser and daily newspapers etc.". This demonstrated that the staff and registered manager treated people with kindness and compassion.

Relatives told us "I have no complaints about any aspects of the service, they are wonderful, all of them". One person told us that "everything is good here they are kind, and always have the time to speak to you, we all know what's going on".

People and their relatives told us "They do talk to me about my care, I am not sure how often but they do ask me if everything is ok". Family members told us that they were invited to be involved in the review of their relatives care plans and one relative told us "We can always speak with the [name] or a staff member and know any changes would be noted".

People's confidential records were well maintained throughout the home and were stored securely. We saw that there were notice boards in various parts of the home providing people with information. For example a notice board with photos of all the staff, with their names. People could access advocacy services if required.

## Is the service responsive?

### Our findings

People received care and support that met their current needs and that was flexible and responsive when their care needs changed. People's needs were assessed before the service commenced to make sure the service was able to meet people's needs. One relative told us "They have been very responsive to any changes and requests from our family". Another person told us "Yes, they are able to change things around if required". The person went on to say "If I want a lie in and have my breakfast later it's never a problem or if I need assistance at different times they don't mind at all". We saw evidence that when people's needs changed the registered manager referred to other professionals for support or intervention such as an occupational therapist if a person required a specific piece of equipment to support their mobility or pressure relieving equipment to help prevent skin breakdown. Staff demonstrated that the support provided was personalised.

One relative told us "This home is small and the staff and [manager] know the people really well. I feel that this helps with the flexibility, they don't need to work to a timetable as such, and communication is really good." Staff were able to describe in detail all the important things about the people they supported. For example, in respect of their daily routines and how people spent their time.

People's care plans were more personalised and the registered manager told us they had been working hard to develop the way the information was obtained and included in the care and support records. For example there was a profile for each person which gave a brief background and overview of the person's life, family members past occupation and things the person enjoyed. The care plans provided detailed information for staff on how to support people and what was important to people. The care plans gave a clear and detailed insight of what people needed from the service and informed staff about how that support would be provided.

People were offered an opportunity to participate with a range of activities. On the day of our inspection a 'planting' activity was taking place in the main lounge and people who enjoyed planting joined in. We saw that other activities took place such as quizzes, Bingo and outside entertainers and volunteers provided some of the activities. One staff member told us "Some of the people do not get involved with the activities as they prefer to stay in their rooms and watch television or listen to the radio". One person we spoke to told us "I like reading; the staff do ask if I want to come down and join in but it's not my thing, I prefer doing my own thing and they respect that".

People were provided with information about how to raise a concern or make a complaint if they needed to. We saw a copy of the complaints process was located in the hallway next to the signing in book. People we spoke with were able to tell us how they could raise concerns either with staff members or the registered manager. We saw the procedure contained the relevant contact details, which included the details on how to contact The Care Quality Commission (CQC). One relative told us "We have no complaints, but if we had any concerns we would just speak to [name] and it would be addressed". Another relative told "[name] manager is very good, we don't need to complain, we talk things through they are very good and do listen to what people have to say".

## Is the service well-led?

### Our findings

People, their relatives and staff were all positive about the way the home was managed. One relative told us "Yes, we are very confident with the management of the service, [name] goes out of their way to check that everything is ok when they sees us, I find the manager and staff extremely kind and helpful."

However we found that systems, i.e. following a particular process and records were sometimes inconsistent. For example in relation to the safe and effective recruitment of staff, some aspects of the recruitment process had not been followed and this meant that staff employed at the service may not have been recruited in accordance with the home's own recruitment policy. Records such as medication administration records were not robustly checked or audited to ensure information being recorded was accurate and that staff followed a consistent approach. Audits had been completed however they were not always effective in identifying some of the shortfalls we found during our inspection. For example actions were not recorded so we could not be clear if actions had been completed or by whom, or if they were completed in a timely way. It was clear and evident that the registered manager had worked hard to implement improvements and people who used the service relatives and staff had only praise for the way the home was run.

We spoke to the registered manager about applying a consistent approach to the processes that were in place and how they could address the shortfalls identified as part of the inspection. The registered manager agreed to include action plans in future audits and also to include areas such as records and recruitment files and to review those staff files that predated their arrival so that there was a consistent approach. The registered manager led by example and was open and transparent about how the home operated. Staff told us "[name] is fantastic they work so hard and are always there to support us". The registered manager had worked alongside staff when they were short staffed and had also worked evenings and weekend, helped out with cooking and cleaning duties and was passionate about providing good quality care for the people who lived at Shenleybury House.

The registered manager demonstrated an open and inclusive approach and ensured they gave consistent messages to staff and people. The registered manager demonstrated a clear direction for the service and staff had clear roles and responsibilities. Staff told us they were kept informed and that communication was excellent. There were regular staff meetings and staff were encouraged to discuss any concerns or ideas they had.

Audits were in place for many aspects of the service which included hygiene the environment and infection control. However other areas would benefit from being included in the audits for example records, and a consistent approach to recruitment and record keeping processes. Surveys were completed to obtain feedback from people who used the service and or their relatives. These were being evaluated and once complete an action plan would be developed. However the surveys we reviewed all contained positive feedback with no actions required.