

Ms Jane Quartermain

Shrublands

Inspection report

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Date of inspection visit:
18 October 2023

Date of publication:
16 November 2023

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

Shrublands is a residential home providing accommodation for up to 9 people who require nursing or personal care. On the day of our inspection 8 people were living at the home.

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

People living at Shrublands received safe care from skilled and knowledgeable staff. Staff knew how to identify and report any concerns. People lived in a safe, homely environment where staff were able to interact with them throughout the day.

Risks to people's safety and well-being were managed through a risk management process. There were sufficient staff deployed to meet people's needs.

Medicines were managed safely, and people received their medicines as prescribed. The provider had installed an electronic system to manage medicines and care plans which enabled medicines to be managed safely.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

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

The home was well-led by a registered manager who was committed to improving people's quality of life. We received positive feedback about the management of the home from people, relatives and staff. They had effective quality assurance processes which were used to improve people's care. The service had a clear management and staffing structure in place and staff worked well as a team. Staff worked well with external social and health care professionals.

Rating at last inspection

The last rating for this service was good (published 13 December 2017)

Why we inspected

We undertook this inspection as part of a random selection of services rated Good and Outstanding.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Shrublands on our website at www.cqc.org.uk.

The five questions we ask about services and what we found

We always ask the following five questions of services.

<p>Is the service safe?</p> <p>The service was safe</p> <p>Details are in our Safe findings below</p>	<p>Good ●</p>
<p>Is the service well-led?</p> <p>The service was well-led</p> <p>Details are in our Well-Led findings below</p>	<p>Good ●</p>

Shrublands

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection team consisted of one inspector and an expert by experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Shrublands 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. 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

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. This information helps support

our inspections. We looked at notifications received from the provider. A notification is information about important events which the provider is required to tell us about by law. This ensured we were addressing any areas of concern. We looked at the service's last inspection report. We used all of this information to plan our inspection.

During the inspection

We spoke with 5 people who used the service. Some people living in the home could not verbally give us feedback. As such we looked around the home and observed the way staff interacted with people. We looked at 4 people's care records and 4 medicine administration records (MAR). We spoke with 3 members of staff but were unable to speak with the registered manager who was on leave. The provider was unwell and not available. We reviewed a range of records relating to people's care and the way the service was managed. These included quality assurance audits, incidents and accidents reports, and records relating to the management of the service. We were also able to access relative's views from comments sent to CQC about the service.

After the inspection

We continued to seek clarification from the registered manager on their return from leave to validate evidence found.

Is the service safe?

Our findings

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

At our last inspection we rated this key question Good. At this inspection the rating has remained Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse and harm, and they said they trusted staff to keep them safe. One person told us, "I feel that I am very safe here, yes. I can be myself and I am also allowed to look after myself, there is always someone here". Another person told us, "Yes, I feel safe, the carers [staff] do look after me and I know what is happening and when."
- Staff received regular safeguarding training and updates. They were able to tell us about different types of abuse and what steps they would take if they believed people were at risk of harm. One member of staff said, "Any issues or concerns and I'd report straight to my manager and the police."
- The provider had a safeguarding policy in place which staff followed. Where concerns had been identified, the registered manager had raised these issues with the local authority safeguarding team and worked to help resolve the issues.

Assessing risk, safety monitoring and management

- We found staff knew people well. Staff regularly assessed risks associated with people's care and well-being and took appropriate action to ensure these risks were managed and that people were safe.
- People's risk assessments included areas such as nutrition, choking and pressure area management. Staff were familiar with and followed people's risk management plans.
- People felt safe and acknowledged that the team was meticulous in preventing infections.
- People's environmental safety was maintained through the maintenance and monitoring of systems and equipment.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were put in place to deprive a person of their liberty.

Staffing and recruitment

- During the inspection we observed staff did not look rushed and responded to call bells and requests for assistance, in a timely manner. One person told us, "I ask if I ever want something and they [staff] always

respond, it really is down to the staff, they are all really good, they are lovely and also they are reliable".

- We looked at staffing rotas and these showed planned staffing levels were consistently maintained. Staff told us the registered manager did all they could to ensure there were enough staff at all times. One staff member said, "Yes, we have enough staff."
- The provider followed safe recruitment practices and ensured people were protected against the employment of unsuitable staff. Appropriate recruitment checks were carried out as standard practice including Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- People received their medicines as prescribed, and the service had safe medicine storage systems in place.
- We observed staff administering medicines to people in line with their prescriptions. There was accurate recording of the administration of medicines on the electronic management system.
- Staff met good practice standards described in relevant national guidance, including in relation to non-prescribed medicines. Staff had been trained in administering medicines and their competence regularly checked.
- One person told us, "They [staff] always stay beside you to make sure that you have taken them [tablets]."

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections. Thorough checks were in place prior to visitors crossing the threshold into the service.
- 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 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. Management plans, policies and procedures were in place, implemented in practice and observed to be followed by staff.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Learning lessons when things go wrong

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses; they were fully supported when they did so.
- The registered manager ensured they reflected on where things could have been improved and used this as an opportunity to improve the service for people and staff. For example, staff told us following any incidents or accidents, meetings were held to reflect and learn.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

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

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

- People told us the home was well led and said, "The person in charge here [provider] I know her, she makes sure everything is in order."
- Relatives were complimentary of the way the home was managed and commented, "Shrublands is very much a 'care home'. Having just 9 residents means that the care is very personal and individualities respected." Another stated, "Shrublands is a small but friendly care home. Caring for my mother and myself on my visits. Highly recommend it."
- Staff were complimentary of the support they received from the management team. Staff said, "My manager is very approachable and supportive" and "I love working here, we are very much a family."

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

- Staff understood their roles and responsibilities, were motivated, and had confidence in the management team. One staff member said, "[Registered manager] listens to us and takes action. We are a good team."
- There was significant emphasis on continuously improving the service. The staff team assessed the quality and safety of the service through audits. Audits included all aspects of care including health and safety checks, safe management of medicines and people's care records.
- A new electronic care planning system had recently been installed. Staff told us this had improved care planning and recording, particularly with medicines.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager and provider met their responsibilities in relation to duty of candour. Duty of candour requires that providers are open and transparent with people who use services and other people acting lawfully on their behalf in relation to care and treatment.
- Services that provide health and social care to people are required to inform the Care Quality Commission (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.

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

- People and their relatives had opportunities to raise any comments via an open-door policy at any time.

- The service involved people, their families and friends in a meaningful way. People and their relatives had opportunities to provide feedback through surveys and care reviews. The information gathered was used to improve the service. For example, any issues with menu choices were dealt with immediately as people had ready access to the kitchen staff who constantly interacted with them. We saw the results of the latest survey, which were very positive.
- Staff told us they felt listened to, valued and able to contribute to the improvement of care. They said, "Our manager is happy to listen to us. We all work together."

Working in partnership with others

- The service was transparent and collaborative with relevant external stakeholders and agencies. It worked in partnership with key organisations such as healthcare professionals to support care provision, service development and joined-up care.
- Records showed the provider also worked closely in partnership with the safeguarding team and multidisciplinary teams to support safe care provision. Advice was sought, and referrals were made in a timely manner which allowed continuity of care.