

Dove Care Homes Limited

The Shrubby Nursing Home

Inspection report

23-31 Shrubby Avenue
Worcester, WR1 1QN
Tel: 01905 28916
Website:

Date of inspection visit: 11 & 12 June 2015
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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?

Requires improvement 

Is the service well-led?

Good 

Overall summary

The inspection took place on 11 & 12 June 2015 and was unannounced.

The home provides accommodation for a maximum of 36 people requiring nursing or personal care. There were 25 people living at the home when we visited. A manager was in post who had applied to become the registered manager. 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 and associated Regulations about how the service is run.

People were positive about the care they received and about the staff who looked after them.

People told us that they felt that felt safe and staff understood how to keep them safe.

People received care from staff who understood how to manage risks when caring for them. People received their medicines at the correct time and medications were safely administered and stored. People who required additional medication were also supported to receive these.

Summary of findings

People received care and support from staff who were regularly supervised and who had received training to care for them. Staff understood their roles and any individual care needs people had.

People's consent was appropriately obtained by staff when caring for them and people who could not make decisions for themselves were supported by staff within the requirements of the law.

People enjoyed their food and were supported to eat and drink enough to keep them healthy and had choices at mealtimes. Where people had special dietary requirements, these were provided.

People had their health needs assessed and care staff understood how they should care for people. Where care staff became concerned or unsure, they would approach nursing staff or contact another health professional such as GP.

People liked the staff that cared for them and care staff involved people when caring for them.

People's privacy and dignity were respected and people were treated in a manner they would expect to be treated in and were supported to make choices affecting their care.

People's concerns were not always shared with the manager when staff became aware of them. The operations manager has taken steps to ensure training is delivered so that staff are clear about what information the manager ought to be aware of.

People chose whether or not to participate in a wide variety of activities and people's individual interests and religious beliefs were supported.

People told us that they had an easy relationship with manager and that the manager was approachable. Staff caring for people reported an improved morale within the team and that they received clearer direction from management.

People's care was regularly checked and reviewed by the manager. The quality of the care people received was also routinely reviewed to ensure that the quality of the care could be monitored and improvements made where required.

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 were well cared for and that staff knew how to keep them safe. People's health needs were understood by staff who knew how to manage their health safely.

Good



Is the service effective?

The service was effective.

People told us care staff understood how to care for them. People were supported to make choices about their care and they were offered choices regarding their meals.

Good



Is the service caring?

The service was caring.

People were well cared for and staff were seen providing positive examples of care. People were involved in important decisions about the care and support they received. People were treated with dignity and respect.

Good



Is the service responsive?

The service was not consistently responsive.

People's concerns were not always shared with management by the staff.

People's care and social needs were met by care staff that treated them with dignity and care. People were supported to participate in activities of their choice.

Requires improvement



Is the service well-led?

The service was well led.

People knew who the manager was. People's care was regularly reviewed and updated. The manager regularly monitored the quality of care people received and made improvements were required.

Good



The Shrubby Nursing Home

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 11 & 12 June 2015 and the inspection team consisted of three inspectors.

As part of the inspection, we spoke with four people who lived at the home and three relatives. We also spoke with four care/nursing staff, the chef, the activity co-ordinator and the operations manager. The manager was annual leave at the time of our inspection.

We observed care and 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 looked at five records about people's care, complaint files and audits about how the home was monitored.

Is the service safe?

Our findings

People we spoke with told us they felt safe and they were well looked after by staff that cared for them. One person said, “Yes I’m safe. I’m very well looked after here.” Another person told us, “When I was ill, I called the staff straightaway and they sat with me and I felt safe.”

Staff we spoke with recognised what it meant to keep people living at the service safe and the different ways people needed to be kept safe. Staff also told us they were aware of what they should do if they ever became concerned about a person. People were seen chatting to staff in a relaxed manner and one person told us how they had no concerns about staff and that they could raise concerns to the manager.

Two people at the service lived with health conditions where staff needed to know how and when to intervene, such as Epilepsy. Staff understood how to manage these risks safely and two care records we reviewed also detailed how people’s health risks should be managed and confirmed staff knowledge. People were seen being transferred by hoists by staff who understood how to move people safely. Staff were also clear that if they were unsure about how to move people, which member of staff they needed to approach to obtain the information they needed.

The manager reviewed the number of staff needed to meet the needs of people who lived at the home. The care and nursing staff were supported by the manager, chef, cleaner

and activities co-ordinator. The activities co-ordinator in particular had been added to the team and people talked positively about some of the things they were now doing. We saw that staff were available to support people when they needed assistance. For example, staff sat and chatted with people or were seen reading to them. We saw that call bells were answered promptly and people told us that staff would respond to them if they needed them. Relatives told us there were always staff around and available to them if they needed.

People told us they were happy with the support they received from the nursing staff that supported them with their medication. People who needed extra pain relief were offered pain relief medication periodically. We asked people about medicines they needed when they became poorly. One person told us, “When I needed antibiotics for an infection, I had these promptly and I felt better.” We saw how nursing staff provided medication to people. Nurses approached people and explained what the medication was for and stayed with them until it was taken safely. We spoke with one staff member on duty that administered the medicines and they were knowledgeable about the safe handling of medicines. The nursing staff member we spoke to knew which people received which medication and any specific requirements that person had. People’s medication was reviewed regularly by the manager to ensure people received the right medication at the right time. In addition to this, the pharmacy that the service used also regularly reviewed medications.

Is the service effective?

Our findings

When people were cared for by staff, staff understood how to care for them and received training to support them. Staff told us they received regular training and this helped them to support people. People at the service living with Dementia were supported by staff that had received training in the subject and understood not to challenge people's perception of reality. Staff described to us some of the training they had received and how it benefitted people living there. Staff told us they received "Plenty of training" and that if they had any particular concerns they could ask for further training.

Staff told us that they felt supported in their role and had regular one to one meetings with their supervisor or the manager. One staff member told us, "They ask us how it going." Staff told us they felt able to raise any issues had with their line manager.

When people received care from staff who were new members of staff, staff received an induction to prepare them to do the job safely. Staff described to us how they were familiarised with caring for people when they first joined the service. Staff described how they undertook a mixture of shadowing other care staff as well as training to understand their role. Staff told us this had helped them understand their job.

People told us that staff explained things to them before commencing. During the inspection we saw examples where people had chosen to decline food or chose to stay in their room and staff respected this choice. All staff we spoke with told us they were aware of a person's right to choose or refuse care. We saw capacity assessments on file where appropriate and two staff members we spoke to understood who could not make decisions for themselves. Where people required support to make decisions the provider took steps to ensure that their best interests were considered and involved family members to make those decisions.

People enjoyed the food they were offered at meal times and one person was heard saying, "You can have whatever you want. When you want it." We saw that people received drinks and meals throughout the day. The chef at the service understood who required these diets and ensured people received their appropriate meal. The chef was able to describe to us how people's diets varied depending on their needs or preferences and what options people were given to select from. We also saw a staff member take their lunch with people and actively engage with people by sitting with them and chatting to them and people responded positively to this. People were relaxed with the staff member joining them for lunch, which suggested it was a regular occurrence.

Staff told us that they reported concerns about people's health to the nursing staff on duty, who then took the appropriate action. Care records showed people accessed health services such as the optician and dentist. Appointment letters as well as changes in people's care on the recommendation of health professionals was noted in people's care files. Two care staff we spoke to told us they regularly read people's care plans to understand any changing care needs. They described to us how a person's care had changed following a period of stay in hospital. The care staff described what they now did in order to provide care for the person and how the person's health had improved. Two relatives we spoke to stated that the GP had been called when there had been concerns about their family member's health. The handover period we observed also allowed staff to raise any concerns they may have for people living there. Staff spoke with confidence and understanding about the health needs of people and how these had been monitored during that shift. Staff gave examples of what action had been taken and what needed to be further attention.

Is the service caring?

Our findings

People were relaxed and at ease in their home. We saw that staff would bend down and meet people's eye level when they spoke to them so that people could clearly see them. Staff reassured people by touching people's arms to guide them or holding hands. People approached staff for support and staff responded with smiles and assistance. People chatted to staff and were keen to start conversations with them.

One relative told us that they thought staff were very good when caring for their relative and made a "Good job of it." Staff told us they were enjoyed spending time when caring for people by doing things like reading with them or having a cup of tea. One staff member described a person at the service and how they could become unsettled and how they "Sat with this person to calm them down." One staff member described how demonstrating empathy enabled them to gain people's trust, "You've got to know your residents. You've got to talk to them. I talk to them about myself."

Staff encouraged people with their independence but also offered support where needed. People were reassured by staff in a very caring way when they provided care and support. Staff described people's individual care requirements that also took into account people's religious and cultural preferences. One person, who was previously able to read from the bible but no longer able to do so, was supported by staff who read to the person.

Family members told us they were involved in their relative's care and were kept informed of any changes in their care or health. Relatives described how they would chat to staff about any particular care requirements they had for their family member and that this was acted upon.

People were involved as much as possible in making decisions about their care and treatment. Two people described how they were involved with speaking to staff to ensure care was delivered as they wanted. One relative told us their family member chose when to go to bed and how often they took a bath or shower. People who did not want personal care were asked at other times of the day to ensure they had not changed their mind. Relatives also told us about how they were involved in the care planning for their relatives.

Staff told us they were kept informed of any changes to people's care needs. All staff attended the handover to ensure they understood any changes in people's care requirements. Staff discussed the care and support for people daily during these handovers. One staff member described how during staff handovers other staff would describe what people liked and how they chose to be cared for if staff had not been familiar with caring for them.

People were supported by staff to maintain their dignity and independence. We saw that staff always knocked on people's doors before entering their bedroom and ensured doors were closed when providing personal care. Relatives we spoke to also felt that their family member was treated with respect. Two people told us they were dressed in a manner of their choosing. People and their relatives told us that relatives were welcome to visit whenever they chose to and were not restricted in any way.

Is the service responsive?

Our findings

Although three people told us staff responded to their care needs when they requested, an issue arose during the inspection. We were told about an occasion when a person shared information with the nursing team which the manager should have been made aware of but was either forgotten or disregarded as no record of the conversation had been made. People's concerns were therefore not always shared with management by the staff. When this was raised with the operations manager, who agreed that all staff should report issues and further enhanced training was organised immediately to ensure consistency of understanding.

When people pressed the call bell this was always responded to by staff. During our observations we saw examples were if there was a need to alter a person's care needs, staff and the operations manager immediately responded. We reviewed five people's care plans and saw that people's care was regularly reviewed and updated and changes in their care needs recorded. People's risk of falling was also regularly updated to ensure that if people's care needs increased, this was provided. Three staff also described an example where a person's health had improved as such their care was changed and became less intensive as the person's independence improved.

One person described how care staff always listened to them. A relative also described how staff had a good understanding on their family member and said staff "Really know" them. When we spoke to staff, staff descriptions of people's care needs demonstrated they understood how people wanted to be cared for. For example, one person had a particular sequence in which the person preferred things to be done when they took a bath. Two staff we spoke to understood and could recall how this person chose to be cared for.

People were offered a choice to participate or decline in activities. Activities people told us they enjoyed included singing, playing bingo whilst others were supported to read from a 'Mobile library'. The 'Mobile library' was taken around the building so that people less mobile could also have access to the books. The service had recently appointed an activity co-ordinator and this had had a positive effect on people. The activity co-ordinator worked with people to understand what they enjoyed doing as well as supporting them with any other social support they required. We saw that people who required religious support were encouraged to receive this. A 'Life histories book' had also been initiated and helped staff support people living with Dementia. It enabled staff to understand and support people by engaging with them about the memories they recalled.

Two relatives we spoke to told us that they knew how to raise concerns or complaints. They told us they would speak to the manager or the operations manager. One relative told us they had raised issues and these had immediately been resolved by the manager. People told us that they knew how to raise concerns or complaints. People told us they would speak to the manager, the staff or the operations manager should they have any concerns. During our inspection, we also observed a family member popping in to see the operations manager to discuss their relative's care. We reviewed the comment and complaint's folder and noted that all concerns raised with the manager were recorded, acknowledged and responses offered. Where appropriate, action plans and solutions were offered. Relatives told us they had participated in meetings and had found these useful as it enabled them to keep up to date with what was going on.

Is the service well-led?

Our findings

People at the service were positive about the manager as well as the operations manager. We saw positive interactions throughout the day between people and the operations manager. We saw people approach the operations manager for a chat, we saw people smiling when they spoke with her as well as use tactile affection. Relatives were also positive about the manager. Relatives were aware who the manager was and who the operations manager was and that they could approach either of them.

The current manager at the service had been appointed following a period of instability and a number of care and nursing staff had left. Staff were keen to stress that since the new manager had taken charge of the service there had been a massive improvement in morale as well as leadership. Staff told us the appointment of the current manager had had a positive effect on the service. One staff member told us, "He's lovely. We've got stability here now." All staff members we spoke to told us they 'loved' working at the service and that they felt supported. Staff told us that they "Got on" with the manager and that they enjoyed working there. Staff told us they were comfortable speaking to the manager about any issues and knew about the Whistle Blowing policy.

Staff told us they were able to make suggestions for improvements. One staff member told us about how following discussion with management, more prompts

were used to support people living with Dementia and that other ideas were also being considered based on suggestions submitted to them, and this reflected the ability of staff to contribute changes to the service.

The operations manager completed a number of monthly checks to ensure improvements could be identified. Staff training, medications, infection control were some of the areas checked routinely. When we checked how robust these checks were we found some of the areas of improvement we identified had already been listed for completion. The operations manager was also involved in reviewing any complaints the service may have received to ensure there was no other issues at the service.

We reviewed posters and information leaflets to keep people updated about what was going on at the service. Questionnaires were regularly sent to people and their families to understand how they could improve the service and reflected satisfaction levels with the service. People told us about things they had fed back. For example one person had asked for amendments to the menus and this was changed. Relatives told us that they felt it was easier to speak to the manager about any issues or concerns they make have. The operations manager told us about how the provider was developing the service further, and how this took into account many of the ideas that people and their families had been expressed to them. Plans were in place to renovate the building, provide en-suite bathrooms as well as a more accessible sensory garden based on feedback they had received.

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.

This section is primarily information for the provider

Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.