

Old Shenfield Place Ltd

# Old Shenfield Place

## Inspection report

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16 August 2019  
20 August 2019

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Old Shenfield Place is a residential care home providing personal and nursing care to 26 people aged 65 and over at the time of the inspection. At the time of inspection 26 people were using the service.

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

There were improvements in the way medicines were managed. People received their medicines as prescribed and there were safe systems of ordering, recording and storing medicines.

Audits were not all up to date and the registered manager was working to a service improvement plan. Following the inspection, the operations manager told us all audits were now up to date. At this inspection we found that care plans were being transferred to a new format which had not yet been fully completed. The registered manager sent us additional information following the inspection to evidence improvements.

People were protected from abuse by staff who understood how to identify and report any abuse concerns. People were supported by a stable staffing team who had been safely recruited. The risks to people's health, safety and welfare had been assessed, however the information in relation to how these risks were being mitigated were not always easy to find.

Staff received an effective induction, followed by ongoing training and management support to enable them to work 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.

People and relatives said staff were caring. People were treated with dignity and respect and received an individual service. The provider had an effective complaints procedure. People were supported to access activities they enjoyed.

The service worked effectively in partnership with other organisations for the benefit of people living there. Staff were positive about the management team.

### Rating at last inspection

The last rating for this service was requires improvement (published 16 August 2018). The service has now improved to good.

At this inspection we found improvements had been made and the provider was no longer in breach of regulation 17.

Since this rating was awarded the registered provider has altered its legal entity. We have used the previous rating to inform our planning and decisions about the rating at this inspection.

### Why we inspected

This was a planned inspection based on the previous rating.

### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

# Old Shenfield Place

## Detailed findings

### Background to this inspection

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

#### Using medicines safely

- At our previous inspection we identified people were not always supported with their medicines safely. At this inspection, medicines were managed safely, and people received their medicines as prescribed. Only those staff appropriately trained, administered medicines to people. One relative said, "There used to be a problem with [family member] being given (time specific medicine) on time, but better now."
- We observed a senior staff member administering lunchtime medicines. They checked the medicine administration records (MAR), the medicines packet and reconciled the medicines. The senior approached people in a quiet, dignified way informing them of their medicine. They asked if they wanted water or cordial to drink.
- The senior staff member was knowledgeable about medication and the importance of the correct procedures.

#### Assessing risk, safety monitoring and management

- Risks to people were assessed and action taken to address them. However, the service had started the process of transferring care plans onto a new format. Whilst the risks were assessed in the new format, some information was conflicting, and it was not clear if action had been taken. For example, one person's risk assessment stated, "Consider a referral to the speech and language team (SALT)." However, the person's eating and drinking care plan stated, "No swallowing issues." The care plan did not identify if the guidance had been followed or why the choking assessment had scored medium. The registered manager had organised a care plan audit to check the new formats contained accurate information. The registered manager sent an update with actions taken clearly recorded.
- Risks to people's safety and well-being were understood by staff. The premises and equipment were risk assessed and safely maintained.
- People and relatives said the service kept people safe. One person told us, "It is very safe here. Always someone when I need them."

Systems and processes to safeguard people from the risk of abuse

- Staff had received training on how to safeguard people from the risk of abuse. Staff understood how to recognise the signs of abuse and the ways to report this. One staff member said, "I would be confident to whistle-blow and could go to the manager."
- The provider had policies and systems in place to safeguard people from abuse and they followed the local safeguarding protocols.

Staffing and recruitment

- People continued to be supported by staff who had been safely recruited. A full employment history and references were obtained. Disclosure and Barring Service (DBS) criminal record checks were completed. The DBS helps employers make safer recruitment decisions.
- During the inspection we observed staff were available to people, responding promptly to requests for support. In communal areas, people had consistent staff supervision and there was good interaction throughout the day. One person told us, "There is always someone around, occasionally have to wait a bit but not long." A relative said, "There seems to be enough staff around."
- Staff we spoke to felt there were enough staff on duty. One staff member told us, "There is enough staff here and the seniors will help when we are pushed."

Preventing and controlling infection

- Staff had access to personal protective equipment (PPE) such as gloves and aprons, to enable them to reduce the risks of cross infection. These were readily available.
- The service was clean throughout, we spoke with the head housekeeper about two rooms where we had detected an odour and they told us they would check these. When we returned later, both rooms had been cleaned and no odour remained.

Learning lessons when things go wrong

- Accidents and incidents were recorded and monitored to check for trends and patterns and identify learning to share with staff. We noticed the overview in place to monitor trends or themes had not been updated recently. The registered manager told us they would action this straight away.
- Whilst the registered managers overview had not been updated, the service was part of PROSPER (A collaboration between care homes, the local authority and health professionals aiming to improve safety and reduce harm for vulnerable people) data including falls was collected in an initiative to reduce falls. An analysis of the data collected was sent back to the service from PROSPER.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

- Risks to people were assessed and action taken to address them. However, the service had started the process of transferring care plans onto a new format. Whilst risks were assessed and scored in the new format we did not always see an obvious link to any controls in place. For example, on one person's risk assessment they had scored medium with guidance that stated, "Consider a referral to the speech and language team (SALT). The person's eating and drinking care plan recorded, "No swallowing issues." The care plan did not identify if the guidance had been followed or why the choking assessment had scored medium. The registered manager told us they had just started the update process and had organised a care plan audit to check the new formats. The registered manager sent an update with actions taken clearly recorded.
- Risks to people's safety and well-being were understood by staff. The premises and equipment were risk assessed and safely maintained.
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### Using medicines safely

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- The provider had policies and systems in place to safeguard people from abuse and they followed the local safeguarding protocols.

### Staffing and recruitment

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#### Learning lessons when things go wrong

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# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed prior to them using the service to ensure their needs could be met. Assessments took account of current guidance. A relative whose family member had only just come in said, "Staff came to the house and talked us through everything while assessing [family member] for full time. They [family member] are here for a week to see how they like it."
- New care plans were being written during the inspection, whilst these care plans contained a good level of detail some aspects still required work. The registered manager had identified all new versions of the care plans required auditing to ensure they contained all information required. Whilst some aspects of the new care plan were still to be completed, staff knowledge of people's care needs was very good.
- During the inspection a reassessment of a person's mobility needs was carried out as we observed, and staff confirmed the person required more support.

Staff support: induction, training, skills and experience

- People were supported by trained staff. All staff completed an induction programme when they started work. Staff told us they had the necessary training to support people effectively. One member of staff told us, "Training is okay, we have e-learning on the computer, and face to face training for first aid and manual handling."
- The provider had an ongoing training plan and staff were required to attend, so they were up to date with current practice. The registered manager told us, "I have also been working on specialist training and at present have trained staff members that have attended courses for virtual dementia training, Parkinson's, and a Prosper champion, and I am working on training for other areas of care including diabetes and end of life."
- Staff received regular supervision sessions and had opportunities to attend regular staff meetings.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to maintain a balanced diet and had access to fluids throughout the day.
- There was a pleasant atmosphere during the meal observation. People were assisted into the conservatory (dining area) in an unhurried way and people chatted to staff and each other. One person said, "Food is very good, you can have whatever you fancy." Another person said, "The food is good, always enough to eat."
- One person had their relative with them and they sat on a table for two with both eating a meal.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported to access health care professionals as and when needed. Referrals were made to a

range of health and social care professionals when required to support people's changing health care needs.

- Staff were knowledgeable about people's health conditions.
- Records of professional visits were recorded, outcomes of these visits were reflected in people's care plans.

Adapting service, design, decoration to meet people's needs

- People's rooms had been personalised with their own belongings, some people had items which reflected their personal interests or hobbies.
- Signage was used around the service to help orientate people and their visitors.

Ensuring consent to care and treatment in line with law and guidance

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Capacity assessments were in place. However, not all capacity assessments were decision specific. The registered manager addressed this during the inspection process and sent us samples of the revised assessments.
- Newly developed care plans were still in the process of being audited by the registered manager and reviewed with people and their representatives, so some consents had not been signed. In older care plans people had signed and agreed their care plans.
- Throughout the inspection, we observed staff gaining day to day consent and providing people with choices regarding what they would like to do.
- The registered manager understood their responsibilities under the MCA and appropriate applications to legally authorise restrictions had been submitted where people were unable to consent to restriction in place to keep them safe.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated with respect and offered kind and caring support when needed. One person told us, "Marvellous, staff are very good." A relative told us, "Staff are friendly, we love the garden so does [family member]."
- We observed staff interacting well with people during the inspection and taking time to ensure people were not rushed. One person said, "If I want a cup of coffee, they would get you one."
- Staff we spoke with talked respectfully about the people they supported and the care at the service. A staff member told us, "Residents are cared for well." Another staff member said, "Fantastic team work here. I would not find such a good team to work with."

Supporting people to express their views and be involved in making decisions about their care

- Staff followed people's preferences, encouraged them to make choices and promoted their wishes. We observed people being asked before any task was completed and given time to respond. One person told us, "If I want to go out I can, been out a few times by myself."
- People and/or relatives were invited to regular meetings to discuss how they wanted their care and support to be provided. One person told us, "They do have meetings, but I have never been."
- People told us their family and friends could visit at any time. One relative told us their family member had a diary which all of their relatives wrote in when visiting so they could all keep up to date. They told us, "[Family member] seems contented and has friends here."

Respecting and promoting people's privacy, dignity and independence

- People were supported with personal care behind closed doors and staff were seen knocking on doors before entering.
- People's independence was promoted and respected. For example, one person poured out drinks for other people
- People's right to confidentiality was respected and protected appropriately.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans contained information on people's preferences, likes and dislikes and how they wanted their care and support to be delivered. The service had recently developed a new care plan and was currently changing to the new version. Whilst the information within these care plans was written in a very person-centred way we could see they required more work in relation to risk planning and consent. The registered manager sent us some completed versions of care plans we had discussed during the inspection.
- People's care was regularly reviewed to ensure people received appropriate support. However, people had not yet formally contributed to the planning and reviewing of their new care plans.
- People were supported by staff who knew them well. They spent time with people and their relatives to find out what was important to them. This was communicated to the whole staff team to ensure people received the correct support.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were assessed and recognised. Information was available in an accessible format to meet people's needs.
- There was information about people's behaviours and how staff should respond. One care plan suggested that the person is supported to ring their relative, during the inspection we observed the person asking to do this and staff responding.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The service provided a range of activities and entertainment for people which was planned and facilitated by an activity co-ordinator. One person told us, "We have activities in the morning, quizzes. I love the bowls as I used to play, and I played darts as well." Another person said, "Not bad for things to do here." A relative said, "There is a lot going on but [family member] is not keen on attending."
- We also saw a folder of activities people had recently participated in, both within and outside the service. These included parties, theatre trips, virtual cruise destinations, flower arranging and outside entertainers visiting. We noted the virtual cruise destination for July 2019 had been Kenya where one person had lived previously. They were able to bring their wooden carvings to the virtual cruise to show other people in the group their mementos of living in Kenya. A summer barbecue had been arranged for people and their relatives.

Improving care quality in response to complaints or concerns

- There were many opportunities for people to voice their opinions and any complaints they may have. A complaints policy was in place at the home. People had access to the complaints procedure and were encouraged to make complaints should they wish to.
- There were no recent complaints, but historical complaints captured the nature of the concern, steps taken to resolve these, and the outcome.

End of life care and support

- At the time of inspection nobody was receiving end of life care.
- Some care plans did contain details about people's end of life wishes and preferences. However, the service was in the process of updating care plans to make people's end of life care plans more comprehensive.
- Staff had completed or were in the process of completing training in this area.

# 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 the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection, the provider's quality assurance systems and processes required improvement, as timely action was not taken when shortfalls were identified. This was a breach of Regulation 17 (1)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- There was a registered manager in post who provided leadership and support. This registered manager was also the registered manager for another one of the providers services. The operations manager told us they were monitoring the effectiveness of this.
- Whilst we did find some concerns in relation to records at this inspection, the registered manager and operations manager were aware of the areas that required improvement and open to suggestions and feedback. They subsequently responded to all our requests for information and had a service improvement plan in place to address any shortfalls in a timely way. The concerns with records had not impacted on the care people received.
- Regular checks and audits were undertaken of the systems and records in the service to ensure people using the service were safe and well cared for in all aspects of their lives. The registered manager confirmed some of these audits were not up to date, however they confirmed following inspection all these checks were now completed, and they continued to work through their improvement plan where most actions were now completed.
- The registered manager understood their responsibilities under the duty of candour. Accident and incident forms were completed, and information was shared with interested parties.
- Staff had regular supervisions and staff meetings, and these were planned, and minutes of these meetings were taken.
- Staff felt they were well trained and supported which in turn helped them to support the people they cared for.

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

- People and relatives told us they were happy with the service. "One person told us, "I would not like to go anywhere else, it is a very nice place." Another person said, "Very pleasant living here." A relative said, "[Named registered manager] is the manager and lovely."
- The culture of the service was positive and it was evident staff knew people well. All members of staff we spoke with told us they could approach the management team about any issues and everyone worked openly together. One staff member said, "I get on really well the manager who is really supportive." Another staff member said, "Manager is very supportive, they want to improve, and they inspire us."

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

- Staff spent time talking to people. People were also asked their opinion through satisfaction surveys.
- The service supported people to practice their chosen religion if they wished and for staff to understand different cultural beliefs or preferences.
- A monthly newsletter was sent to people and their relatives to keep people informed of up and coming events and meetings.

Continuous learning and improving care; Working in partnership with others

- Lessons learnt were communicated to the staff and used as learning opportunities to drive improvements in the service.
- The registered manager worked closely with other agencies to ensure good outcomes for people.
- Links and been developed with other organisations and services in the community, such as the national citizens service youth volunteers who had visited the service to help in the garden and interact with people to improve outcomes for people.