

Adara Healthcare Limited

The Shrubbery

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

The Shrubbery is a residential care home providing personal care and accommodation to up to 45 people. The service provides support to older people living with dementia, mental health needs and/or physical disabilities. At the time of our inspection there were 36 people using the service.

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

Systems and processes to ensure effective oversight of the service required improvement. Audits had not always been effective in identifying risk factors and putting mitigating strategies into place.

Risks to people were not always recorded fully or mitigated. We found concerns with the recording of mitigating strategies being completed, and missing information within care plans and risk assessments.

Medicine management required improvement. Records were not always completed to identify why an 'as required' medicine had been administered. Prescribed thickener had not been recorded to evidence the correct amount was used to reduce the risk of choking.

Staff felt supported within their roles and felt confident to discuss any concerns they may have with the management team.

Feedback was sought from people, relatives and staff to identify where improvements were needed. Staff and people were also offered regular meetings to share information and discuss any concerns they had.

People were supported by staff who were safely recruited, had received an induction and were supported within their roles. People told us staff were caring.

People were protected against infections such as COVID-19. Staff followed government guidance on testing and wearing appropriate personal protective equipment (PPE). The home appeared clean and there were no malodours. Cleaning schedules were in place to evidence when cleaning was completed.

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.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 8 January 2019).

Why we inspected

We received concerns in relation record keeping, safeguarding and oversight. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

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.

You can see what action we have asked the provider to take at the end of this full report.

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

Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to medicine records, risk strategies and oversight at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

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

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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

The Shrubbery

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 was completed by two inspectors and an Expert by Experience made calls to relatives. 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

The Shrubbery is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. The Shrubbery is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was not a registered manager in post. However, the service had a manager in place who was in the process of applying to become registered.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority who work with the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with four people who used the service and 10 relatives about their experience of the care provided. We spoke with nine members of staff including a director, the compliance manager, deputy manager and care workers.

We reviewed a range of records. This included eight people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

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 changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- People's known risks were not managed safely. For example, guidance was not in place for staff to support people with diabetes. Care plans and risk assessments did not contain information on signs and symptoms which indicated deterioration of condition. When people were at risk from health conditions, food and fluid intake records were not consistently completed to evidence the known risks were being reduced. Not all staff had received training on diabetes or nutrition and hydration. This placed people at risk of harm.
- Some people were at increased risk of skin pressure damage and therefore, required regular repositioning to maintain their skin integrity. Records showed support with repositioning tasks had not always been completed as required to reduce this risk.
- Risk assessments did not always contain the strategies to mitigate known risks. For example, when a person showed signs of anxiety or aggression their risk assessment did not contain information such as triggers, or what might divert or distract the person. This meant staff did not always have the information to support people safely.
- Risk assessments were not always updated after an incident or accident. For example, after a fall or when a person's behaviours changed. This meant staff did not always have the relevant information to support people safely.
- Action to mitigate known risks were not always recorded as completed. For example, when people required hourly safety checks to mitigate specific risks, records for these checks had not always completed within the specified timeframes. When a person required half hourly checks after a fall or injury, records evidenced these checks were not always completed within the specified timeframes.
- Records of injuries were not always in place and detailed. We found not all injuries had been recorded to evidence place of injury, type of injury as well as size or colour. Not all injuries had a cause identified or an investigation completed to reduce the risk of reoccurrence and protect people from potential abuse.
- The provider reviewed incidents and accident forms and identified broad information regarding when and where an injury had occurred. However, the analysis did not identify trends and patterns as the times and places were not linked with the person. Staff told us this information was not always shared to identify and mitigate risks.

We found no evidence of harm to people. However, the provider had failed to assess the risks to the health and safety of people using the service or take action to mitigate risks. This was a breach of Regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider submitted an action plan after the inspection with details of how these risks would be mitigated in the future. However, these needed to be embedded and sustained to evidence the risks had

been reduced.

Using medicines safely

- Medicines records required improvement. Medicine administration records (MAR) had not been signed when person was given a prescribed thickener to reduce the risk of choking.
- People were at risk of not receiving their 'As required' (PRN) medicine as prescribed. We found four people had no reason recorded to evidence why a PRN medicine was administered. This meant any health professional assessing the person's use of the PRN medicine would not be able to assess its effectiveness.
- Not all staff had their competencies checked before administering medicines or taking people's blood sugar levels. This meant the provider had no evidence of staff's understanding or skill in completing these tasks.

The provider had failed to ensure the safe administration of medicines had been completed. This was a breach of Regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider put new procedures in place to record PRN reasons and the administration of thickener immediately after inspection. Staff confirmed these were now in place and being completed.
- Staff had signed and coded people's MAR appropriately when administering people's daily medicines. Medicines were stored and disposed of properly following good practice 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 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 when needed, appropriate legal authorisations were in place to deprive a person of their liberty.
- Mental capacity assessments were generally completed appropriately, however we found some capacity assessments were not detailed with how the person was supported or evidence of why they lacked capacity the manager was in the process of updating these. The Provider was also in the process of ensuring capacity assessments and best interest meetings were completed for sharing information with family members or significant people.

Systems and processes to safeguard people from the risk of abuse

- The manager understood and completed their responsibility to notify the relevant authorities when a potential safeguarding concern was raised.
- Staff received training on safeguarding people and understood how to report and record any concerns and how to recognise signs of abuse.

Staffing and recruitment

- Staffing levels were sufficient to meet the needs of people living at The Shrubbery. All the staff we spoke with confirmed there were enough staff on each shift. Relatives told us there were always staff available. One relative said, "There are always staff around, staff are pretty attentive, and they respond quickly to the call

bell. They are all happy and smiling."

- Staff were recruited safely. The provider completed pre-employment checks such as references and Disclosure and Barring Service (DBS) checks. The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- 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 personal protective equipment (PPE) effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- 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.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- The provider followed government COVID-19 guidance on care home visiting. Visitors were given appropriate PPE. Relatives told us, they were welcomed into the home and supported with wearing appropriate PPE.

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 has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Systems and processes were not effective in ensuring staff had all the information required to support people safely. For example, audits had not identified when care plans or risk assessments did not contain the required information.
- Systems and processes were not effective in identifying when support tasks were not completed or recorded. For example, audits had not identified the gaps found in repositioning tasks, safety checks and food and fluid records.
- Systems and processes were not in place to identify potential abuse. Audits had not been completed to identify the gaps in the records or when an unexplained injury required an investigation. This put people at increased risk of abuse
- Audits on medicines were not completed and we found no evidence of systems and processes being in place to identify and mitigate any concerns with medicines and recording. This put people at risk of not receiving their medicines as prescribed.

We found no evidence of harm to people. However, the provider had failed to ensure adequate systems and processes were in place to assess, monitor and improve the quality and safety of the care provided. This was a breach of Regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- There was a positive culture within the home. Staff told us they felt supported by the management team and felt they all worked well together to provide good care to people.
- Staff and relatives all stated they would recommend the service to people they knew. Relatives used sentences to describe the service such as "absolutely brilliant care" and "excellent service."

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 manager was clear about their responsibility to be open and transparent in line with their duty or candour responsibility.
- The provider kept records of complaints and what actions were taken. People, staff and relatives told us they knew how to complain. A relative told us of their complaint and expressed it was dealt with appropriately and in a suitable timeframe.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care; Working in partnership with others

- Staff were kept informed of changes and new processes within the service. Staff told us they had regular meetings and minutes evidenced a variety of information was shared within meetings.
- The provider sent out yearly surveys to gain feedback on the service from people, relatives and staff. The most recent survey had not yet been completed or analysed. However, staff told us they felt able to raise any issues with the management team and resident meeting minutes evidenced feedback was requested.
- Relatives were kept up to date with their loved one's progress, outcomes and any incidents that may have occurred. A relative told us, "[The manager's] door is always open and [the manager] has pulled out all the stops for us."
- People were referred to external health professionals as required. We saw evidence of referrals being made to the falls team, speech and language therapists and dieticians. Relatives told us of situation where healthcare had been sought for their loved ones.
- The management team and provider were engaged and open to the inspection process and remained open and transparent throughout. We received updated and reviewed records after the inspection.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations 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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had failed to assess the risks to the health and safety of people using the service or take action to mitigate risks. The provider had failed to ensure the safe administration of medicines had been completed.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had failed to ensure adequate systems and processes were in place to assess, monitor and improve the quality and safety of the care provided.</p>