

Essential Healthcare Solutions Limited

The Shrubbery Rest Home

Inspection report

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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

The Shrubbery Rest Home is a care home providing support with personal care needs to 21 people at the time of this inspection. The home can accommodate a maximum of 26 older people. Accommodation is provided in an adapted building.

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

Systems to assess, monitor and mitigate risks to people's safety and well-being had improved. People were protected by the provider's staff recruitment procedures. Staff received the support and training they needed to meet people's needs. Staff were deployed in sufficient numbers to meet people's needs. People received their medicines when they needed them from staff who were trained and competent to carry out the task. Infection, prevention, control procedures had improved and helped to protect people from the risk of infection.

Systems to monitor and improve the quality and safety of the service provided had improved and were now effective in identifying and addressing shortfalls. People, their relatives and staff were provided with opportunities to express a view about the service provided. People's care records had been reviewed and now contained important information for staff to enable them to provide care and support which met people's needs and preferences. The provider worked in partnership with others to achieve good outcomes for people. These included health and social care professionals and stakeholders.

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

Rating at last inspection (and update). The last rating for this service was requires improvement (published 22 July 2021) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment, staffing and good governance.

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

Why we inspected

We undertook this targeted inspection to check whether the Warning Notice we previously served in relation to Regulations 12 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 had been met.

CQC have introduced targeted inspections to follow up on Warning Notices or to check specific concerns. They do not look at an entire key question, only the part of the key question we are specifically concerned about. Targeted inspections do not change the rating from the previous inspection. This is because they do not assess all areas of a key question. However, significant improvements were found at this inspection, so

we widened the scope of the inspection to become a focused inspection which included the key questions of safe and well-led in their entirety.

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 coronavirus and other infection outbreaks effectively.

We undertook this focused inspection to check the provider had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions; safe and well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

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

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 well-led?

Good ●

The service was well-led

Details are in our well-led findings below

The Shrubby Rest Home

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 Care Act 2014.

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

This inspection was carried out by three inspectors.

Service and service type

The Shrubby Rest Home 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 since the last inspection. We sought feedback from the local authority, professionals who work with the service and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. The provider was not asked to complete a provider information return prior to this inspection. 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. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with five people who used the service about their experience of the care provided. We spoke with the provider's two directors and five members of staff which included the registered manager, the deputy manager, and care staff. We 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 a range of records. This included three people's care records and multiple medication records. A variety of records relating to the management of the service, including policies and procedures, staff training and quality monitoring 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 the last inspection this key question was rated as inadequate. 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; Learning lessons when things go wrong

At our last inspection the provider had failed to robustly assess the risks relating to the health, safety and welfare of people and there was not always learning when things went wrong. This was a breach of regulation 12 (Safe Care and Treatment) 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 12.

- At our last inspection we found risk assessments associated with people's health, well-being and personal care needs had not always been considered or regularly reviewed. Care plans were not always developed to manage known risks. At this inspection we found the provider had taken appropriate action to ensure risks to people were assessed and managed. These included risks associated with falls, elimination and behaviours which challenge. Care plans contained information for staff about how to manage and mitigate risks to people.
- At our last inspection the provider had failed to ensure that people were adequately monitored following a fall which resulted in a head injury. At this inspection improvements were found, and records showed that regular observations were made following a fall. Accident records were regularly reviewed to identify any trends and care plans were updated to reduce the risk of the accident happening again. Where required, we saw referrals had been made to health care professionals in a timely manner.
- Following our last inspection care plans had been reviewed to ensure they reflected people's wishes for lifesaving treatment or hospital admission. This meant staff had the information needed to ensure people's preferences were respected.
- The provider had taken action to ensure people were protected from the risk of burns. The uncovered radiators found at the last inspection had been appropriately covered.
- Bath and shower hot water outlets were regularly checked to ensure they remained within safe limits. Regular checks and flushing of outlets were carried out to reduce the risks associated with legionella.
- Each person had a Personal Emergency Evacuation Plan (PEEP) which provided staff and emergency services with information needed to enable them to evacuate people safely in the event of an emergency.
- Regular tests and servicing were carried out on fire detection systems and firefighting equipment. Staff had received up to date fire safety training.
- Moving and handling equipment had been serviced by external contractors to ensure it remained safe to use.

Preventing and controlling infection

- At our last inspection we found the provider had failed to assess and manage risks associated with the control and spread of infection. There were concerns relating to cleanliness and damaged décor and the provider was not always following Government guidance relating to COVID-19. At this inspection improvements were found.
- We were somewhat assured that the provider was using PPE effectively and safely. One member of staff was seen wearing their face mask under their chin. Some staff were seen to be wearing stoned rings. This meant there was an increased risk of the spread of infection. The provider gave their assurances that this would be addressed.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises. A walk in bath had limescale on the base, however the provider informed us this was to be replaced.
- 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 accessing testing for people using the service and staff.
- 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.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Using medicines safely

- The provider had taken action to address the issues we raised at our last inspection. People's medication administration records (MAR) had been fully completed and medicine stocks tallied with the records maintained. This showed people received their medicines when they needed them.
- Medicines were stored at temperatures in accordance with the manufacturer's safe limits.
- People's medicines were managed and administered by staff who were trained and competent to carry out the role.
- Medicines were stored securely and there was a record of all medicines entering and leaving the home. This meant there was a clear audit trail of medicines held at the home.

Staffing and recruitment

At our last inspection the provider had failed to ensure sufficient staff were deployed to meet people's needs effectively and in a timely manner. This was a breach of regulation 18 (staffing) 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 18.

- At the last inspection staff and people who lived at the home expressed some concerns about staffing levels. At this inspection no concerns were raised.
- We observed a good staff presence and we saw staff spending quality time with people. One person said, "[Name of staff member] always has time for me and they cheer me up when I'm feeling down." A relative told us, "There always seem to be staff about when I visit. They are very pleasant and attentive."
- Since the last inspection, a deputy manager role had been created. The registered manager and deputy manager were on duty in addition to the care staff. A senior carer was also on duty to support and guide

newly appointed or less experienced staff.

- Staff were recruited safely. Checks were made on staff members suitability to work with the people who lived at the home before they commenced employment.

Systems and processes to safeguard people from the risk of abuse

- People looked comfortable in their surroundings and with the staff who supported them. One person said, "I feel very safe here and the carers are all lovely. I can't fault them." A relative told us, "I go home knowing that [name of person] is very safe here. [Name of person] calls this their home. I know they are happy and safe and the staff do a wonderful job."
- Staff knew how to recognise and report any signs of abuse and they told us they would not hesitate in reporting concerns to ensure people were safe. A member of staff said, "If you report anything, it is dealt with straight away. I have never seen anyone being unkind to the residents. I would report any concerns."
- The registered manager reported any concerns to the local authority safeguarding team and worked with them to ensure people were safe.

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 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.

At our last inspection the provider was unable to demonstrate safety, or the quality of the service provided was effectively managed. This was a breach of regulation 17 (good governance) 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.

Continuous learning and improving care

- At our previous inspection the provider's quality assurance systems had not always been effective in monitoring the quality and safety of the service provided. At this inspection, improvements were found.
- Since the last inspection additional quality monitoring systems had been introduced and these had been effective in identifying areas for improvement. A recent quality monitoring report showed that action had been taken to address shortfalls identified at the previous audit.
- Improvements had been made to people's care plans to ensure they were fully reflective of people's needs and preferences. This included important information about people's preferences during their final days and following death and information about their capacity to consent to the care and treatment they received. Records relating to the care offered to people during the day and at night were now appropriately completed by staff.
- Improvements had been made to accident and incident records. Staff now recorded when they were monitoring a person following a fall which resulted in an injury to the head. Records also showed that referrals to health care professionals had been made in a timely manner.
- At our last inspection audits of people's medicines had not always been effective in identifying gaps in recording when medicines had been administered or whether medicines were stored appropriately. At this inspection improvements were found. Medicine administration records had been fully completed and all medicines were seen to be appropriately and securely stored.
- Following the last inspection, the provider had updated infection, prevention, control policies to reflect current Government guidance regarding COVID-19. This meant staff had access to up to date information. Staff had also received training in infection, prevention and control.

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

- Since our previous inspection the provider had appointed a deputy manager to support the registered manager with the day to day running of the home. The provider's two directors regularly visited the home to

offer support and to monitor the quality and safety of the service provided.

- Staff were provided with opportunities to discuss their role or performance through regular supervision sessions. A member of staff told us, "I love it here and the support is really good. The management are very approachable."
- The provider had taken action to ensure staff were appropriately trained and skilled in their role.
- The provider and registered manager had informed us of significant events in the home in accordance with their legal responsibilities.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- At our last inspection we could not be sure people's equality characteristics were always taken into consideration. This was because people's care plans were not always personal to them and some referred to other people. At this inspection, improvements were found.
- People's care plans contained information about their likes, dislikes, how they wanted to be supported and information about their social history, religious preferences and the important people in their lives. This helped staff to get to know the person and to enable them to support people in accordance with their wishes. During our visit we heard a member of staff talking fondly to a person about their family members.
- People and where appropriate, their relatives were involved in planning and reviewing the care they received. A relative told us, "I've seen [name of person's] care plan and I am happy with everything. They [staff] know [name of person] very well."
- People and their relatives were provided with opportunities to express their views on the service they received through satisfaction surveys. The results of a recent survey had been positive.
- Staff were also provided with opportunities to express their views through meetings and surveys. A recent survey had been mainly positive. Where negative responses had been received, an action plan had been developed and shared with staff to inform them of the actions taken.

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

- Systems were in place to investigate, feedback and learn when things went wrong. Records showed that people's relatives had been informed of any accidents or concerns about people's well-being. A relative told us, "They [staff] will always ring me if there are any problems. [Name of person] recently had a fall and they were straight on the phone."
- Complaints records showed that concerns were taken seriously and were investigated and responded to in accordance with the provider's complaints policy.

Working in partnership with others

- Staff told us they had good support from visiting professionals such as doctors and district nurses.
- Care plans showed that people saw other healthcare professionals to meet their specific needs. These included speech and language therapists and mental health professionals.