

M Gulabkhan

Shrub End Lodge

Inspection report

119 Shrub End Road
Colchester
Essex
CO3 4RB

Tel: 01206575996

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Shrub End Lodge provides accommodation and personal care for up to six people. It is a service for people who have a learning disability and/or autistic spectrum disorder. At the time of our inspection five people were using the service. The service is a single story building with communal areas and six bedrooms. The service is set in a residential area with easy access to the local community.

People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission regulates both the premises and the care provided, and both were looked at during this inspection.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen." Registering the Right Support CQC policy

The service had a Registered Manager in post. 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 2008 and associated Regulations about how the service is run.

Staff knew people well and had some training to provide appropriate care and support to people in most situations. However, they had limited understanding and training in the mental capacity act and deprivation of liberty safeguards. Consequently, people were not always supported to have maximum choice and control of their lives in the least restrictive way possible. In addition some specific care need training had not been provided to staff supporting people with specific needs, such as Dysphasia Training, where a person is at risk of choking. Consequently we have made a recommendation around these learning needs.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. Risks to people were identified, assessed and where appropriate reduced or discussed with people. People were cared for safely by staff who had been recruited and employed after appropriate checks had been completed. People's needs were met by sufficient numbers of staff. The management of medicines was safe and medication was administered by staff who were competent to do so.

People were supported to develop food choices, had their nutritional and hydration needs met and had a positive dining experience. Referrals were made to health professionals when required and health needs

were being met on a day to day basis.

Staff cared for people in an empathetic and kind manner. Staff had a good understanding of people's preferences of care that met their needs.

People and their relatives were involved in the planning of their care. Care plans were sufficiently detailed about a person's care and support needs, and reviewed on a regular basis. People were supported to follow interests and participate in social activities of their choice and preference.

The service had quality assurance systems in place to monitor and support good care and these were reviewed on a regular basis. The registered manager had processes in place to deal with complaints

Further information is in the detailed findings below

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 remains Good

Is the service effective?

Requires Improvement ●

The service has deteriorated to Requires Improvement.

Not all staff had received MCA and DoLS training and some staff lacked understanding of the Mental Capacity Act 2005.

Staff received some training relevant to their role, although staff would benefit from some refresher training to ensure that they had up to date knowledge.

Staff felt supported and had regular supervision.

People received healthcare support and where required referrals were made to other professionals.

Is the service caring?

Good ●

The service remains Good

Is the service responsive?

Good ●

The service remains Good

Is the service well-led?

Good ●

The service remains Good

Shrub End Lodge

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.

This comprehensive inspection took place on 6 and 7 November 2018 and was announced. We gave the service 24 hours' notice of the visit because the location was a small care home for younger adults who are often out during the day and we needed to be sure that someone would be in. On the first day of inspection two inspectors visited the service. On the second day, an inspector made telephone calls to staff working at the service and relatives of those living there.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the services does well and improvements they plan to make. We used information contained in the PIR to assist us with the planning of this inspection. We also reviewed information we had received about the service such as notifications. This is information about important events which the provider is required to send us by law. We also looked at information sent to us from other stakeholders, including the local authority.

During our inspection, we looked at the care records of two people, recruitment records of two staff members and records relating to the management of the service and quality monitoring. Specifically this related to the service's arrangements for the management of complaints, compliments, safeguarding information, medication administration records and the provider's quality monitoring and audit information

We spoke with five people living at the service, six relatives, and two healthcare professionals.

Is the service safe?

Our findings

People felt safe living at the home. One person said, "Its lovely living here." A relative told us "Absolutely they (family member) are safe. The care staff give them (people) is fantastic. Anything they need or want is done is straight away."

Staff knew how to keep people safe and what action to take if they felt someone was at risk of harm, including how to raise concerns. One member of staff told us that if they had any concerns, "I would make a note in their plan and talk to the Manager." There had been no safeguarding concerns since the last inspection

Staff had the appropriate information to help support people safely. Risk assessments were undertaken and reviewed regularly and covered areas such as personal hygiene, seizures and bathing. People were encouraged and supported to take appropriate risks and positive risk taking to maintain their independence, such as developing kitchen skills around food hygiene and cooking. However, one person had been assessed by the Speech and Language Therapy (SALT) team as requiring support with eating during meal times to prevent the risk of choking. Guidance had been provided to the service by the SALT team but this information had not been included in the person's eating and drinking care plan. Three staff spoken with did not identify anyone in the service with swallowing difficulties. Although the above was noted, we saw that staff monitored the person during mealtimes and the person had a pictorial placemat to remind them to cut their food and slow down when eating which reduced the risk. The Deputy Manager assured us the information from the SALT team would be added to the person's care plan.

The service had emergency evacuation plans in place which included guidance for staff to follow in the event of an emergency. Maintenance checks were mostly completed although no checks were completed relating to Legionella management in the service including descaling of shower equipment. This meant that any risks associated with Legionella would not be identified.

We recommend that the service seek advice and guidance from a reputable source on Legionella management.

Recruitment systems were safe and made sure the right staff were recruited to support people. All records as required by regulation and in line with the Registered provider's policies and procedures had been sought and people using the service were involved in the recruitment process. One staff member told us, "I was interviewed by the people in the home. They all asked a question and I got to ask them one back."

Recent staff changes meant the service was recruiting and the current staff and management team were providing additional cover to ensure people at the service received consistent support.

Medicines were mostly managed consistently and safely and people received their medicines as they should . However, medicine records showed that staff were not always recording the amount of medicines held in the home in line with the national guidelines. This meant staff would not always be able to easily check what

medicines are there and if people had received these. Despite this, we completed a stock check of medicines and found that stock levels held were correct.

We recommend that the service consider current guidance on Medication Administration Records and best practice.

Staff had undertaken medicine competency assessments to ensure they understood the process and felt confident. One member of staff told us, "I was watched and shown what to do with the medicines before I was allowed to give tablets out."

Staff had sufficient access to Personal Protection Equipment (PPE). Infection control measures were in place for people, staff and visitors to follow such as hand washing signs. The service was clean and odour free throughout

There had been no accidents or incidents since our last inspection however where concerns had been identified through audits, the Deputy Manager had taken action to prevent re-occurrence, evidencing that lessons were learnt.

Is the service effective?

Our findings

At our previous inspection effective was rated good. Effective is now rated requires improvement

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 with appropriate legal authority. 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 and found that this was an area needing to be improved.

Two DoLS applications had been sent to the Local Authority and the Registered Manager told us three still needed to be completed, however people's capacity to make day-to-day decisions had not been assessed to show if a DoLS application was required.

People's care plans made reference to their ability to make decisions. However, some staff had not received MCA or DoLS training. Three staff members had no knowledge on what this was and could not demonstrate how they would help people to make decisions on a day-to-day basis. One staff member told us, "No, I've not done it – not 100% sure what that is." Another staff member told us, "I don't know what it is." One staff member demonstrated a lack of understanding that people can make unwise decisions when asked how they would support a person with snacks. They told us "If it was before or just after food I wouldn't let them have any but any other times is fine." Following the inspection, the Deputy Manager provided us with information that training had been sourced to ensure staff had appropriate understanding of MCA and DOLs.

Staff had a clear understanding of their role and what was expected of them. One staff member told us, "They (Deputy Manager) sat me down and explained the role to me and showed me during walk rounds what needed to be done." Despite this, some staff had not received training updates recently and the Registered Manager could not demonstrate how staff had the knowledge through training, skills and competency to carry out their roles and responsibilities safely and in line with current best practice. Staff gave us mixed responses about the training they had received. One staff member told us, "Before I worked here, I had done care work elsewhere and I did a lot of the training, but I've not done any here." Another member of staff told us, "I've done basic training only in food and safeguarding". The Deputy Manager said that all staff had undertaken dysphasia training due to the needs of one person. When we spoke to staff however, they told us they hadn't received this. This meant that staff may not have up to date knowledge of how to give support to this person. The Deputy Manager told us training was a priority for staff and this would be addressed. Following the inspection, the Deputy Manager provided us with information that

training had been sourced for staff. This included Safe Handling of medicines and Dysphasia Training.

Staff told us they felt supported and received regular supervision and an annual appraisal. New staff members undertook an induction which included an overview of the service, health and safety and people's needs. Staff told us they did not work alone until they and the Registered Manager were confident they were safe to do so. One member of staff told us, "I have only done two induction shifts but I have never been alone with people." Staff could not confirm they had completed the Care Certificate. Staff were required to undertake and complete the Skills for Care 'Care Certificate' or an equivalent robust induction programme where they did not have previous care experience or had not attained a National Vocational Qualification [NVQ] or qualification undertaken through the Qualification and Credit Framework [QCF]. The Care Certificate is a set of standards that social care and health workers should adhere to in their daily working life.

People had a choice of what to eat and were involved in planning and preparing meals. People could access the kitchen and help themselves to food and drink throughout the day. One relative told us, "People choose the menu and what they want to eat." Risk assessments were in place to support people to make meals and snacks independently and develop skills such as food hygiene. The service encouraged people to make healthy food choices with a range of healthy options available. One person told us, "I had never eaten bhajis or pumpkin and marrow before and I have tried it and I like it."

People were supported to access healthcare services as and when required, such as GP's and dentists. The Deputy Manager told us people were supported to attend healthcare appointments and annual healthcare reviews and screening, for example, bowel cancer screening. Health passports were in place and used when attending appointments. These provide hospital staff with important key information about the person. A person told us "they (staff) have helped me out since I lived here – helped me with my health"

The environment was adapted to support people but some improvements were needed to bathing facilities including some decoration and resealing of the bath. The Deputy Manager told us that plans were in place to improve facilities for people and an architect was in place. The service was spacious and people had their own bedrooms. All the rooms had been individually decorated the way people wanted them. One person told us, "We have our own towels – we don't have to share".

Equipment including electrical and fire items, had been serviced and were regularly checked so they were fit for purpose.

Is the service caring?

Our findings

At our previous inspection caring was rated good

Staff provided a caring service for people. Staff developed very positive relationships with the people they were supporting and people responded well to them. A relative told us, "They (staff) are very caring and are very genuine, I feel they (staff) go the extra mile."

Staff knew people well. They knew the support that they needed, their likes and dislikes and their aspirations. People were supported to follow their routines and maintain their independence. At the time of the inspection, people were out in the community, shopping and doing what they wanted to do. People were supported to be as independent as they chose to be and this was documented in their care plans. One person told us, "I would like to get a job." The Deputy Manager told us they was supporting this person to undertake voluntary work within the local community.

There was a relaxed atmosphere at the service and we saw that people were freely interacting with staff. People were treated with dignity and respect and their privacy was respected by staff when entering rooms. People were supported and encouraged to maintain relationships with their friends and family. A person told us, "My dad visits once a month and my friend visits and stays for lunch."

People and their relatives were involved in the planning of their care and support. People had a keyworker and their involvement was recorded throughout care plans. People were supported to look at ways they could achieve their goals. For example, one person had need and goals identified for cooking and this a progress record was completed monthly with the person.

Staff understood when people needed or wanted help from their families and others important to them when they were making decisions about their care and support. A relative told us, "Lots of things get discussed with me and they (staff) come to me to discuss about how to improve (person) English, maths, and improve their personal hygiene when there are issues."

Is the service responsive?

Our findings

At our previous inspection responsive was rated good

People told us they were involved in developing their care and support plan and consent was seen throughout for each care plan. People had person centred care plans which included their views and wishes. Care plans were regularly reviewed so staff had the most up to date information to support people. Staff told us how they were responsive to peoples changing needs to ensure they had the appropriate support required. Staff told us how they were supporting one person's changing health needs to support them to remain independent. The Deputy Manager told us that plans were in place to adapt the home in line with this as the care may need to be changed. The Registered Manager had involved appropriate health professionals to assess the person and had involved them in updating their risk assessments and care plans.

From 31 July 2016, all organisations that provide NHS care or adult social care are legally required to follow the Accessible Information Standard (AIS). This means people's sensory and communication needs should be assessed and supported. Care plans contained basic information about people's communication needs, and there was limited information available in other formats to aid people's understanding. The Registered Manager told us he was not aware of this legal requirement. One person used Makaton and two staff were trained to use this to support them.

We recommended that the registered persons made themselves aware fo the AIS to ensure that care plans clearly indicate how to engage with people where communication was limited.

People were supported to participate in social activities, including a wide range of activities, as well as accessing local education. One person told us, "I do Tai Chi and some college courses. Staff are helping me look for new courses". Another person told us, "I go to the local church with another person." One member of staff told us, "They have had plenty to do if they want. The Deputy likes to spend time with them (people) and get them moving and doing (around the home). I noticed a lot of them go to the church up the road and to the day centre." A relative told us, "They have birthday parties there and we come, they come to us and we meet up – it's like one big family."

Staff rotas were determined by the activities that people wanted to participate in and were flexible so they could be adjusted to suit people's needs.

The service had a complaints procedure in place. Since the last inspection no complaints had been received. People had access to a complaints procedure, although this was not available in accessible format. People who use the service and their family felt confident that if they complained, their complaint would be dealt with. One relative told us, "Never had to make a complaint - I could go to the management and we keep in touch and any problems they let me know." A person told us, "staff are nice – we can talk with them if we have any problems."

No one was receiving end of life care. Peoples preference in respect of their end of life wishes were recorded. The Deputy Manager told us people would receive support from the palliative care team if someone who was at the end of the life wanted to stay at the service. Staff could not confirm they had completed end of

life training.

Is the service well-led?

Our findings

There was a Registered Manager in post. 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 2008 and associated Regulations about how the service is run.'

We asked the Registered Manager what they knew about the 'Registering the Right Support' guidance and, the values that underpin it. Whilst the Registered Manager acknowledged that registering the right support guidance was not something they had paid attention to, they were able to demonstrate that they were working in ways in which they were compatible with the values.

Providers are required by to display their most current rating at the. During the inspection we found that the ratings were not displayed in the service. Immediate action was taken by the Registered Manager to display the service's ratings.

People benefited from a staff team that worked well together and understood their roles and responsibilities. Staff told us they felt supported by the Registered and Deputy Manager and that they could go and talk to them if they had concerns. One member of staff told us, "The Deputy is very approachable and gives me that feeling that I can go up to them and ask them anything and be comfortable about it." One relative told us, "I could go to the management and talk about anything - we keep in touch and any problems they let me know." Staff had meetings between shifts to handover any 'key' information, including changes in people's needs.

People were involved in improving the service they received. The Registered Manager gathered feedback on the service using questionnaires and meetings with people. Records showed that people in the service held their own meetings, with a nominated chairman and which was not attended by any staff member. Activities, food and Christmas plans had recently been discussed and decisions had been made to put these into action or were being arranged.

The service had been developed as a small family home in the middle of the community. The Registered Manager told us how the home had built up relationships within the community and was using these to support people such as with local riding stables. A Service Improvement Plan set out improvements the service aimed to make over the next year.

Quality monitoring arrangements were in place and audits were undertaken on a regular basis. Audits covered areas such as care planning and medication. Concerns identified were raised with staff. For example, an audit of medicines highlighted several areas requiring improvement and records showed that at a team meeting in February 2018, these were discussed and addressed. No further issues had been identified since then. Records showed staff, people and relatives had received surveys for feedback, these findings had been summarised and evidenced what action had been taken.

We found peoples information was kept secure and confidentiality was maintained.