

Shenleybury House Limited

# Shenleybury House Limited

## Inspection report

Shenleybury House  
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Tel: 01923859238

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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

The inspection took place on 14 June 2018 and was unannounced. The inspection was undertaken by an inspector and an assistant inspector.

Shenleybury house is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. They are registered to provide accommodation and treatment for up to 15 people. At the time of our inspection 14 people were accommodated at the home.

At our last inspection on 30 June 2017, we rated the service Requires Improvement. At this inspection, we found evidence that improvements had been made in all areas and the service was rated Good overall. There was no evidence or information from our inspection and on-going monitoring that demonstrated serious risks or concerns.

The home had a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

People told us they felt safe at the service and there were appropriate risk management arrangements in place to help keep people safe. We observed people being supported safely. There was a robust recruitment process in place and sufficient staff members deployed to ensure that people's needs were met in a timely way.

Staff received an induction to the service when their employment commenced and they continued to receive regular training and updates as required. Staff demonstrated they had the necessary skills and information they needed to support people safely and effectively.

People`s medicines were managed safely by staff who had received training and had their competencies checked. Care plans contained sufficient detailed information to enable staff to support people as they wished. People, where they were able, and or family were involved in the development and review of people's care plans.

People were asked for their consent before they were provided with support. Where people were unable to consent verbally, staff took time to get their consent through other means such as eye contact or body language. The management and staff worked in line with the Mental Capacity Act (MCA) principles and associated Deprivation of Liberty Safeguards DoLS.

People and their relatives told us staff were kind and caring and we observed staff supported people with

compassion and clearly knew people well. Staff were aware of people`s likes, dislikes and preferences and delivered care and support in accordance to people`s wishes.

People were provided with opportunities to engage in social activities of interest to them. The environment and the grounds were well maintained and provided people with opportunities to utilise the surrounding outside areas. People's bedrooms were personalised and people had their own furniture and soft furnishings as well as family photos and memorabilia.

The registered manager worked tirelessly to ensure people received good care in a homely environment. The management was open, transparent and inclusive and we observed visible and effective leadership within the service. The registered manager was supported by deputy manager who worked well as a team.

The management team provided people with a range of opportunities to provide feedback and comment upon the service; in order to continually make improvements. Records were being developed to make them more robust and consistent. They demonstrated a 'people first' approach and improvements required within records did not impact on the care people received. There was a comprehensive range of quality monitoring checks completed with an action plan in place to address any shortfalls.

## 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.

People were supported by adequate staff who had been safely recruited.

Staff knew how to recognise and report abuse.

Individual risks were assessed and kept under regular review.

People's medicines were managed safely.

People were protected from the risk and spread of infection.

### Is the service effective?

Good ●

The service was effective.

Staff received training and supervision to support them in their roles. This helped them to support people effectively.

The service worked within the principles of the Mental Capacity Act 2005 and the registered manager demonstrated a good awareness of what steps needed to be followed to protect people's best interests.

People were provided with support where needed to have a healthy diet and fluid intake.

People's health concerns were managed effectively.

### Is the service caring?

Good ●

The service was caring.

People gave positive feedback and confirmed staff were kind, caring and compassionate.

Care was provided in a way which respected people's privacy and promoted their dignity.

People received their care and support from a consistent team of

staff which enabled them to build up positive relationships.

People's care records were stored in a lockable office at the service in order to promote their dignity and confidentiality.

### **Is the service responsive?**

**Good** ●

The service was responsive.

Staff were knowledgeable about people's preferred routines, likes and dislikes, backgrounds and personal circumstances.

Staff provided people with personalised care and support that met their individual needs.

People felt the registered manager listened to their feedback.

People were confident that any complaints and concerns were taken seriously and dealt with appropriately to promote improvement.

### **Is the service well-led?**

**Good** ●

The service was well-led.

The management of the service was person focused.

There were effective quality assurance processes in place which identified shortfalls.

People were positive about the support they received and the overall management of the service.

# Shenleybury House Limited

## 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 checked 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 inspection took place on 14 June 2018 and was unannounced. The inspection team consisted of one adult social care inspector, and an assistant inspector and was unannounced.

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 service does well and improvements they plan to make. We received the completed document prior to our visit and reviewed the content to help focus our planning and determine what areas we needed to look at during our inspection. We also reviewed other information we held about the service including statutory notifications. Statutory notifications include information about important events which the provider is required to send us.

During the inspection we observed staff support people who used the service, we also spoke with three people who used the service and one relative. We spoke with one care assistants, the registered manager and deputy manager. We also received feedback from representatives of the local authority commissioning team and the Clinical Commissioning Group (CCG). We also 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 care records relating to two people who used the service, two recruitment files, staff training records, quality assurance documents and other documents relevant to people's health and well-being. We requested feedback from relatives, but at the time of writing the report had not received any additional feedback from family members.

# Is the service safe?

## Our findings

At the last inspection on 30 June 2017 we found that the service was not consistently safe in relation to the recruitment process. At this inspection we found the registered manager had put additional checks in place to ensure the process was more robust.

Safe and effective recruitment practices were followed which ensured that all staff were of good character, and suitable to work in a care home environment. All staff had been through a robust recruitment process which involved obtaining satisfactory references and background checks with the Disclosure and Barring Service (DBS) before they were employed by the service. We saw references had been verified as part of the process.

People who lived at Shenleybury House told us they felt safe. One person told us, "I do feel safe here because the staff are always around and ask if I am ok." Another person told us, "I have peace of mind. I only have to press my bell and they are here in a couple of minutes." A relative told us, "I have no concerns in relation to [Name's] safety, they are all very good here."

Staff spoken with were able to demonstrate how to recognise signs of abuse and how to report any concerns both internally and externally should they have any concerns. One staff member told us, "We have had safeguarding training. If I had any concerns I would report them to the manager. I am confident manager would deal with anything and take it seriously". We saw information and guidance was displayed within the home. It detailed how to report concerns, along with relevant contact numbers.

Risks to people's health, well-being or safety were assessed and kept under regular review. Where potential risks or hazards had been identified, measures were put in place to reduce or mitigate the risk. Risks assessed included in areas such as mobility, skin integrity and environment. This meant that staff were able to provide care and support safely. For example, one person we looked at who had mobility issues and used a Zimmer frame when mobilising to prevent them from falling. We observed the person got up from the table and went to walk without the frame. A staff member quickly asked if they would like to use the frame and passed it to them. This meant that people's safety was protected and maintained by staff who were both competent and vigilant in maintaining a safe environment.

There were enough suitably experienced, skilled and qualified staff available at all times to meet people's needs safely and effectively. Peoples needs were monitored which ensured there were enough staff to meet their needs. One staff member told us, "We have enough staff to be able to look after people safely and appropriately without having to rush. Sometimes it is a bit busy it just depends what is going on. Each day is different." We observed staff supporting people safely and noted in the afternoon staff were chatting with people in between assisting others. The atmosphere was both relaxed and calm throughout.

Accidents and incidents were recorded and reviewed by the registered manager which ensured that they could identify potential trends and actions were put in place to mitigate risks. For example, by providing equipment such as walking aids to reduce the risk of falls.

There were suitable arrangements in place for the safe ordering, storage and administration of medicines. Medicine administration records were completed by staff. Audits were completed which ensured any errors were identified at the earliest possible stage and rectified. Staff competencies had also been completed which ensured people's medicines were managed safely.

Staff had access to detailed guidance about how to support people with their medicines in a safe and person-centred way. One staff member told us, "I feel I have the right skills and training to feel confident to give people their medicines. We also have regular training and checks by the manager to make sure we are doing everything as it should be done."

People were kept safe from the risk of fire because staff had received training. Staff told us the procedure they would follow in the event of the fire alarm sounding. People had individual personal emergency evacuation plans (PEEP's) which provided staff with information on how people should be supported in the event of an emergency. Regular checks were carried out to ensure that both the environment and the equipment used were well maintained to keep people safe. For example, the fire alarm systems were regularly tested.

People were protected from the risk and spread of infection because they followed the correct process. This included the use of personal protective equipment when supporting people with personal care.

## Is the service effective?

### Our findings

People received effective support from staff that had the knowledge and skills to carry out their roles appropriately. One person told us, "The staff are all lovely here and I am well supported and well cared for." Staff completed an induction programme, during which they received training relevant to their roles, and had their competencies observed and assessed before working in an unsupervised capacity. The registered manager regularly worked alongside staff on the floor so was able to observe work practice and their interactions with people, which ensured best practice was followed.

Staff received training and regular updates in a range of topics relevant to their roles and responsibilities which helped them meet people's needs effectively. This included areas such as moving and handling, safeguarding, administration of medicines and fire safety. One staff member told us they completed an induction when they commenced work at Shenleybury House and told us there was ongoing training and refreshers.

Staff told us they felt well supported by the registered manager and were encouraged to have their say. Staff attended regular meetings and discussed issues that were important to them. They also had regular supervisions where their performance and development were reviewed. One staff member told us, "We are a small home with a small staff group so we chat every-day. In fact [Registered Manager] is often working with us. Although we do also have regular formal supervisions and the manager's door is always open should we need to discuss anything."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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. We checked whether the service was working within the principles of the MCA and found that they were. No-one was being deprived of their liberty at the time of our inspection.

People were asked to consent to their care and treatment and we saw from care records reviewed that people had signed to give their consent. We also observed staff asking people if it was ok to assist them before doing so.

People were supported to eat a healthy balanced diet and were offered hot and cold drinks throughout our inspection. People were offered a choice of foods. Specialist diets were catered for although at the time of our inspection only one person required a soft diet. People's weight was regularly monitored, any weight loss or concerns were reported to the GP for advice and support.

People were supported to access a range of health care professional. This was recorded in people's care plans. People had access to GP's and district nurses. For example, the registered manager told us they had recently referred a person to the district nurses because they were concerned about the person's skin which

was fragile. This information was documented, with the date and the advice and action taken. We also saw from other care plans that people were seen by an optician and a chiropodist when required.

## Is the service caring?

### Our findings

People were cared for in a kind and compassionate way by staff that knew them well. Staff were familiar with people's needs and demonstrated they put people first. The registered manager and staff were able to tell us in detail people's preferences and wishes for example, "[Name] likes a cup of tea first thing in the morning". Another staff member told us, "[Name] has a very sweet tooth, they might not eat much dinner but they will always finish their pudding." We saw that when staff spoke or interacted with people they were gentle in their approach and spoke in an appropriate tone. We observed staff chatting with people and sitting beside people so they were at the same level as the person they were speaking with.

Staff respected people's privacy and dignity when they supported people and did this in a way that promoted people's independence, encouraging people to do as much as they could for themselves. We saw that staff and the managers had developed positive and caring relationships with people they supported. Staff were discreet when supporting people with personal care. For example, we observed a staff member assisting a person to the toilet from the lounge and noted that they reassured the person putting them at ease.

People were appropriately dressed and were well groomed. We saw that ladies had their hair done nicely and their nails painted, while men were clean shaven. Staff demonstrated a positive culture which valued people as individuals and they told us the care and support they offered people was personalised and staff worked together as a team to help improve people's quality of life to be the best it could be.

Throughout our inspection we saw positive interactions between the staff and the people who lived at Shenleybury House. Staff and the registered manager took the time to speak with people at all times or whenever they walked into the room. We also saw that staff engaged with people while providing support.

People were encouraged to maintain positive relationships with friends and family members, where this was appropriate, and staff told us family and friends were welcome to visit them at any time. For example, during our inspection a relative came to collect their family member to take them out for the afternoon. We also noted that family were regularly updated if there was a change in their relative's condition.

People and their relatives had been involved in the planning and reviews of the care and support provided. We saw that care plans were detailed and contained sufficient information to enable staff to support people in a person-centred way. The registered manager told us they were being supported by the Clinical Commissioning Group (CCG) to develop care plans to make them even more personalised.

People were supported to use advocates if they required some independent advice in relation to a range of matters. Advocates provide impartial advice about things such as benefits entitlement and can help with care related matters. □

Staff were aware of the need for confidentiality and it was maintained throughout the home. Information was stored in the office which was locked. For example, people's care and support plans and staff

recruitment files and were provided for us to review. The registered manager told us to tell them when we had finished so they could return them to the locked cabinet.

We observed a positive and relaxed atmosphere during our inspection and staff told us it was always like this. It was a small home which operated like a family home. This demonstrated a positive and caring environment where people were cared for and respected.

## Is the service responsive?

### Our findings

People received care and support that met their individual needs. We observed that the service responded appropriately to people's changing needs and operated flexibly. For example, if a person's condition deteriorated and they required additional support the registered manager told us, "We would put on an extra staff member to help support the shift. This would enable us to spend additional time with people."

Staff were responsive and proactive. For example, we saw one person sleeping in the armchair. The staff member told us, "We don't wake [Name] for lunch otherwise they can be quite irritable. They will have their lunch when they wake up." This showed that they operated in a planned way putting people's needs first. Another example was that the registered manager told us, "People get up and go to bed when they want, not when we are available to support them. If we ask them if they are ready to get up and they ask us to come back later, we do."

People's care records contained personalised information about them, such as their health conditions, their preferences and life history. This information enabled staff to support in the way they wished to be supported but also in a way that helped people to remain as independent as possible.

People were supported to engage in hobbies and activities that were of interest to them. We observed people participating in a quiz. There were many arts and crafts materials available, along with puzzles, board games and reading materials. People were observed to be watching TV and listening to music which was being played at an appropriate volume so as not to be intrusive.

The home had a complaints log and a process for investigating and responding to complaints. We saw the home displayed the complaints procedure in visible areas around the home as well as by the signing in book by the front door. The registered manager told us they had not had any complaints since the last inspection. Any concerns were dealt with there and then which helped prevent them from escalating to a formal complaint. If there was any learning from concerns this would be discussed at either residents or staff meetings to ensure positive lessons were learned. This demonstrated that the provider operated an open and transparent culture and were encouraged feedback about the service to help improve people's experiences.

People and their relatives were provided with a range of opportunities to feedback their views on the service. People's views were sought through resident's meetings and people were able to give their feedback through completion of questionnaires. People told us they were consulted on all matters relating to the overall running and management of the home and they felt their opinion was valued. The registered manager told us the relatives meeting were chaired by a resident. Staff supported the running of these meetings by taking notes which were then typed up and given to the chair of the meeting to check for accuracy. Once agreed they were distributed to all the residents or attendees who wished to have a copy.

Any matters which required attention were addressed through an action plan. Small everyday things such as food preferences or activities were addressed quickly by the registered manager. Other things such as purchasing new garden furniture had to be approved by the provider. The registered manager told us that

the provider was very supportive in respect of approving home improvements when required.

# Is the service well-led?

## Our findings

At the last inspection on 30 June 2017 we found that the service was not consistently well led in relation to the recruitment process. At this inspection we found the registered manager had put additional checks in place to ensure the process was more robust.

The registered manager told us they were in the process of recruiting an administrator to assist with the maintenance and upkeep of records. The registered manager had put a range of audits, health and safety checks and fire safety checks in place, all of which were recorded. The registered manager had recently been on leave and so the last recorded audits were for May 2018. The audits for June were in the process of being completed.

The management team were open, transparent and there was an inclusive culture in the home. One person told us, "I think this is a good home and it is well managed." People were able to tell us who the manager was. One person told us, "They are always out and about on the floor yes they do have a visible presence".

People and their relatives told us that they felt the service was well-led. One relative told us, "The manager is always available if we have any concerns and always acts on anything we raise with them. They are very approachable."

The home was well maintained with checks completed for portable appliance testing (PAT), checks of fire extinguishers, and gas safety checks.

The provider promoted a positive, inclusive culture within the service. For example, staff told us they worked well as a team and because the home was small there was an informal atmosphere. The registered manager and staff all worked together for the benefit of the people who used the service.

Staff were clear about their roles and responsibilities and told us they felt valued and motivated. One staff member told us, "We work well as a team we have had challenges over the last year. But we do the best we can. At the end of the day we are all here for the same reason and that is to make sure people receive good quality care."

The provider sought the feedback of people who used the service, their relatives, staff members and external health professionals. This information was used to drive forward improvements in the service. People's views were sought and people, staff and relatives felt the management listened and valued people's views and input.