

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 effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

The Shrubbery 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 care home accommodates up to 26 people in one adapted building, arranged over two floors. At the time of our inspection, there were 22 people living there, some of whom were living with dementia. There are several communal lounges and a separate dining room. There is also a conservatory and garden area that people can access.

There is 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.

Risks to people had been considered and risk assessments were in place when needed. After incidents occurred within the home, these were reviewed to ensure they were up to date and relevant. There were enough staff available for people and they did not have to wait for support. The provider had a system in place to ensure adequate staffing levels within the home. Medicines were managed in a safe way to ensure people were protected from the risks associated with these.

People were supported by suitably recruited staff and were happy with the care they received. Staff received training and an induction that helped them to support people. There were safeguarding procedures in place to ensure people were protected from potential harm and these were followed when needed. We found people were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People were treated in a kind and caring way and were happy with the support they received from staff. They were involved with reviewing their care. People were encouraged to be independent and make choices how to spend their day. People's privacy and dignity was also upheld.

People enjoyed the food and were offered a choice. People were supported to access health professionals when needed and the home worked jointly with these professionals. People had the opportunity to participate in activities they enjoyed.

The home was decorated in people's preferred way and the environment was clean and free from infection. There was signage around the home to help prompt people living with dementia and information was available for people in their preferred format. People's cultural and religious needs had been considered.

There were systems in place to monitor the quality of the home and when needed, action was taken to drive improvements. The provider sought the opinions of people and relatives and used this information to make changes. A registered manager was in post and they understood their responsibilities around registration

with us and notified us of significant events that had occurred within the home. They were also displaying their rating in line with our requirements. There was a system in place when things went wrong in the home so that lessons could be learnt.

## 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.

Risks to people were managed in a safe way. There were enough staff available to support people. Safeguarding procedures were in place and followed. Medicines were managed in a safe way. Infection control procedures were in place and followed. Lessons were learnt when things went wrong.

### Is the service effective?

Good ●

The service was effective.

People's capacity had been assessed when needed and decisions made in people's best interests. Staff received an induction and training that helped them to support people. People enjoyed the food and were offered a choice. People had access to health professionals. The home was decorated in accordance with people's needs and preferences.

### Is the service caring?

Good ●

The service was caring.

People were supported in a kind and caring way by staff they were happy with. People's independence was promoted and people were encouraged to make choice about their day. People's privacy and dignity was upheld and relatives and friends were free to visit when they liked.

### Is the service responsive?

Good ●

The service was responsive.

People received care that was responsive to their needs. A complaints procedure was in place. People had the opportunity to participate in activities they enjoyed.

### Is the service well-led?

Good ●

The service was well led.

Quality checks were in place and used to drive improvements in the home. The provider sought the opinions of people and relatives and used this to make changes. A registered manager was in place and staff felt supported and listened to and had the opportunity to raise concerns. The provider understood their

responsibilities around registration with us and notified us of significant events that had occurred within the home, they were also displaying their rating in line with our requirements.

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# The Shrubby Rest Home

## 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 inspection visit took place on 8 January 2019 and was unannounced. The inspection visit was carried out by one inspector.

We checked the information we held about the service and the provider. This included notifications the provider had sent to us about incidents at the service and information we had received from the public. A notification is information about events that by law the registered persons should tell us about. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also contacted the local authority for any feedback they had on the home. We used all this information to formulate our inspection plan.

We spent time observing care and support in the communal areas. We observed how staff interacted with people who used the service. We spoke with two people who used the service, four relatives or visitors and three members of care staff. We did this to gain people's views about the care and to check that standards of care were being met. We also spoke with the registered manager and the providers.

We looked at care records for four people. We checked the care they received matched the information in their records. We also looked at records relating to the management of the service, including audits carried out within the home and staff recruitment.

# Is the service safe?

## Our findings

At our last inspection we found there were not always enough staff available for support and people had to wait. We rated safe as requires improvement. At this inspection we found the necessary improvements had been made and safe is now rated as good.

At this inspection there were enough staff available for people. One person told us, "If I need a staff member they are always around." All the relatives we spoke with were happy with the staffing levels within the home and raised no concerns. We saw staff were available for people and they did not have to wait for support, for example when we heard buzzers ringing staff were available to support people straight away.

At this inspection we saw staff had time to spend with people and were talking with people in between completing tasks with them. One relative commented, "This is something that has improved since your last inspection. Staff genuinely care about people and as they are not rushing about they stop and sit with people, it's so much better." We saw staff were sat with people and their relatives, chatting. A staff member was dancing and joking with a person and another staff member was sat with other people whilst they were watching the television in one of the communal areas.

The registered manager confirmed and we saw there was a system in place to ensure there were enough staff to meet the assessed needs of people. They confirmed the staffing levels would be changed if people's needs changed.

Risks to people were assessed and reviewed. We saw when people needed specialist equipment it was provided for them. For example, some people needed to be seated on pressure cushions to support them with pressure relief. We saw these were transferred with people when they changed positions or chairs. When other people needed equipment to transfer, such as hoists or standing aids we saw this was used in line with people's risk assessments. Records we looked at confirmed this equipment was maintained and tested to ensure it was safe to use.

When incidents and accidents had occurred within the home we saw these had been reviewed and action taken to minimise the risk of reoccurrence. For example, one person had fallen. We saw a sensory alert mat had been introduced following this, so that it could alert staff when the person was mobilising. This was in place during our inspection. Risk assessments had also been reviewed to reflect any changes that had been made to the persons care.

We saw new plans were in place to respond to emergency situations. These plans included guidance and support should people need to be evacuated from the home. The information recorded in these plans was specific to individual's needs and risks. Staff we spoke with were aware of these plans and the levels of support people would need in this situation.

Staff continued to understand safeguarding procedures and had received training in this area. Procedures were in place to ensure any concerns about people's safety were reported appropriately. We saw these

procedures were followed to ensure people were protected from potential harm.

Medicines were managed in a safe way. We saw staff administering medicines to people and they stayed with them ensuring they had taken them. We saw staff checking with people if they required any pain relief and offering them their prescribed 'as required' medicines. When people received medicines on an as required basis we saw there was guidance in place for staff to follow. We saw there were effective systems in place to store, administer and record medicines to ensure people were protected from the risks associated to them.

Infection control procedures were in place and these were followed. We saw staff used personal protective equipment such as gloves and aprons when needed. Staff confirmed this was freely available to them. The provider also completed an audit in relation to infection control, the last audit identified they were 98% compliant. We saw action was taken to make improvements. There were housekeeping staff who were cleaning communal and individual's area during our inspection to ensure the environment was clean and maintained.

We looked at three staff recruitment files and saw pre-employment checks were completed before staff could start working in the home. A staff member who had recently started working in the home told us they had received all the relevant checks before commencing in their post. This demonstrated the provider ensured staff suitability to work with people within the home.

We saw there were systems in place to ensure learning could be considered when things went wrong. For example, the provider had used our last inspection to identify areas of improvement. The provider had introduced an areas of improvement file. For each action the provider had identified the area that needed improvement and action that had been taken. They also shared this learning with staff. For example, the provider had identified signage within the home would be beneficial for people living with dementia. We saw they had trialled this and this was now visible within the home. They discussed with us the benefits that had for people living at the home This meant the provider had systems in place so that improvements could be made and lessons learnt.

## Is the service effective?

### Our findings

Staff received an induction and training that helped them support people. We spoke with two new staff who had recently started working within the home. Both told us they had an induction of the building and the opportunity to shadow more experienced staff. One staff member said, "I was extra for four shifts, although I have worked in care before it was helpful so I could get to know the people and they could get use to me." Staff continued to receive training. One staff member said, "I have done all my updates on line, like safeguarding, fire and health and safety."

People enjoyed the food and were offered a choice. One person said, "It's always very nice." Another person told us, "If there is something which I am not keen on or just fancy a light lunch there is the option to have a jacket potato or something on toast." At lunchtime, we saw people had a variety of meals. If people did not like the options on the menu they were able to have a different meal, for example we saw one person was having a sandwich and another a salad. We saw some people chose to eat in the communal dining room or communal lounges whereas others ate in their rooms. People were offered a choice of drinks with their meals and throughout the day people were offered a choice of drinks and snacks. When people required specialist diets we saw this was provided for them in line with recommendations that had been made from health professionals. People's dietary needs had been assessed and considered and when needed people's fluid, food intake and weights were monitored so that action could be taken if needed.

People had access to healthcare professionals and their health was monitored within the home. One person told us, "I see a doctor if I need to." We saw documented in people's notes and staff confirmed the GP visited people when needed. Records we looked at included an assessment of people's health risks. The provider had also worked alongside a local dentist so people had access to this service and regular appointments had been set up so people could attend when needed. When people needed to be referred to health professionals for specific advice and guidance we saw this had been completed. We saw people had recently been referred to the community psychiatric nurse and the falls team.

The home was decorated in accordance with people's choices and needs. People had their own belongings in their bedrooms. When people sat in specific areas in the communal rooms they had tables next to them with their own individual items near to them. For example, their cross-word puzzles. There was a garden area that people could access and people told us they enjoyed using this in the summer. Relatives we spoke with commented on the improvements that had been made to the environment since our last inspection.

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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

We found when needed capacity assessment were in place for people and decision had been made in people's best interests. When relatives held the legal powers for people, copies of these were available in care files. The provider had considered when people were being unlawfully restricted and DoLS applications to the local authority had been made. When people were being restricted the provider had considered how people could be supported in the least restrictive way.

## Is the service caring?

### Our findings

People and relatives told us they were happy with the staff that supported them. One person said, "They are a lovely bunch." A relative told us, "Exceptionally, the manager and owners have worked really hard to get the right group in and they have achieved that now. I only have good words to say about every single one of them." We saw people were supported in a kind and caring way. For example, when people were in uncomfortable positions staff were available and noticed this. They then offered people changes of positions or used cushions to make them more comfortable. When people were cold, staff offered to fetch people items of clothing to keep them warm. The atmosphere in the home was friendly and relaxed and staff were chatting and joking with people throughout our inspection.

People were encouraged to be independent. Staff gave examples of how they encouraged people to remain independent. This included giving people minimal support with personal care. A staff member said, "It's encouraging people to do what they can for themselves so they don't lose their skills." We saw the care plans in place reflected the levels of support people required.

People's privacy and dignity was promoted. Staff gave examples of how they promoted people's privacy and dignity and treated people with respect. One staff member said, "We always knock the bedroom door before going in if someone is in there. Personal care is also very important we make sure the door and curtains are closed and use towels to cover people whilst supporting." Records we looked at considered how people's privacy and dignity could be upheld.

People were encouraged to make choices about their daily routine. Staff told us they encouraged people to make daily choices, including what clothes to wear and if they would like a bath or a shower. We saw people were offered choices throughout our inspection including which lounge they would like to sit in, if they would like to remain in their bedrooms and what activities they would like to participate in. The care plans we looked at considered people's choices and preferences throughout and staff provided support as needed.

People were encouraged to maintain relationships that were important to them. We saw during our inspection that relatives visited freely. Relatives we spoke with told us the staff were welcoming and they could visit anytime.

## Is the service responsive?

### Our findings

At our last inspection we could not be assured the needs of people living with dementia and people's cultural needs had been fully considered. We rated responsive as requires improvement. At this inspection we found the necessary improvements had been made and responsive is now rated as good.

We saw people had communication care plans in place stating their preferred method of communication. When people used different methods to communicate staff knew about these and we saw this was implemented during our inspection. Since our last inspection we saw information was available for people in different formats. For example, the provider had introduced a pictorial activity planner. Picture cards were also available and used at mealtimes to help support people to make choices. We also saw pictorial complaints procedures were displayed around the home. People's cultural and religious needs were considered as part of the assessment process. Care plans were in place identifying people's religion, culture and sexuality and the levels of support people needed with this. No one at the time of our inspection was being supported with any religious or cultural needs.

Since our last inspection the home had been adapted with signage to help prompt people living with dementia. People had a photograph of themselves on their bedroom door to help them identify it as being theirs. The provider had also introduced a classical film poster wall. They had hoped this would help initiate conversation with people.

Staff knew people well and knew their needs and preferences. One person said, "All the staff know me well and the support I need." Staff had the opportunity to attend handover at each shift where they could share information and changes about people. Staff told us they were able to read care plans to find out about people and felt the information was detailed. People told us they were happy with their care. One person said, "I'm happy here." All the relatives we spoke with felt the staff knew their relation well and were happy with the levels of support they received. We saw care plans and risk assessments were regularly reviewed and updated and meetings were held with professionals and families when needed. This demonstrated that people's care was reviewed regularly to ensure it met their needs.

People had the opportunity to participate in activities they enjoyed. During the morning of our inspection we saw a game of bingo was taking place. One person said, "We love it, it helps pass the time away when there is something to do and look forward to." We saw photographs of other activities that had taken place in the home since our last inspection including activities and events over the Christmas period, St George's Day and during the Grand National. There was an activity coordinator in post. They told us how they would speak with people to plan the activities for the month, they told us they would ask people for suggestions and incorporate this into the planning. People also had the opportunity to go out including trips to the shops, garden centre and local pub. Relatives also told us they had worked with the home in developing the garden over the summer.

We saw the provider had a complaints policy in place. People and relatives knew how to complain. Since our last inspection no formal complaints had been made. When people had made 'grumbles' the provider

had recorded these and taken action to ensure they were resolved. Although no one we spoke with had raised a complaint both people and relatives felt any complaints or concerns would be actioned by both the registered manager and the provider.

At this time the provider was not supporting people with end of life care, so therefore we have not reported on this at this time.

## Is the service well-led?

### Our findings

People and relatives were happy with how the home was run and spoke about the improvements that had been made since our last inspection. A relative told us, "It's just a different place, the environment has improved and the staff are better." Another relative said, "The management team are much more approachable, they listen to us and take action. The owners are here most days and they get stuck in. You only have to mention something to them and they sort it straight away." There was a registered manager in place. People and relatives we spoke with knew who the manager was. A relative said, "They are very approachable and helpful if you need to ask them anything." The registered manager understood their responsibilities around registration with us and had notified us of significant events that had occurred within the home. We saw the rating from the last inspection was displayed in the entrance to the home in line with our requirements. The registered manager spoke positively about the changes that had been made to the home, in particular the staff team and the work they had completed in helping achieve this.

Staff felt supported and listened to and had the opportunity to raise concerns. One staff member said, "I have no concerns, it's all very open and honest here." Staff told us they had the opportunity to attend staff meetings and supervisions. New staff also told us they were completing a probation process within the home, they were supported by the registered manager through this.

Staff knew about the whistle blowing process. Whistle blowing is the process for raising concerns about poor practices. One member of staff said, "I know I can and how to whistle blow if needed." We saw there was a whistle blowing procedure in place. This showed us that staff were happy to raise concerns and were confident they would be supported and the concern addressed.

Quality checks were completed within the home. These included monitoring of medicines, care plan and safeguarding concerns. We saw when areas of improvement had been identified the necessary action had been taken. For example, we saw a medicines audit had been completed in October 2018. It was identified that some improvements were needed as the fridge was not at the correct temperature to store medicines safely. The provider had stored the medicines in an alternate fridge whilst this was resolved. They had defrosted the fridge and bought a new thermometer. There had been no further concerns since then with the fridge temperature. Incident and accidents were also monitored and analysed so trends for people in the home could be identified.

The provider sought the opinions of people who lived in the home and their relatives. They had the opportunity to attend meetings to discuss and share any concerns. We also saw a recent food satisfaction survey had been completed and the outcome of this was displayed within the home. When areas of improvement had been identified, the provider had demonstrated the action they intended to take.

The home worked in partnership with other agencies including health professionals. We saw health professionals visited the home on the day of inspection and were working alongside staff and people to ensure people received the care they needed.