

Golden Nest Carehomes Limited

Shenstone House

Inspection report

Shenstone
Kidderminster
Worcestershire
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Tel: 01562777454

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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

This inspection took place 22 August 2018 and was unannounced, which means they did not know we were coming. 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 on-going 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.

Shenstone 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.

Shenstone House accommodates 14 people across two floors. There were seven people living at the home at the time of our visit.

There was a registered manager in place at the time of our inspection. 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.

People continued to tell us they felt safe living in the home. Staff had a good understanding in how they protected people from harm, and recognised different types of abuse and how to report it. Staff had identified potential risks to people and had involved people in decisions in how to reduce the risk of harm. There were enough staff on duty to keep them safe and meet their needs. People's medicines were managed and stored in a safe way. Safe practice was carried out to reduce the risk of infection.

People's care continued to be assessed and reviewed with the person involved throughout. People were supported to have a healthy balanced diet and were given food they enjoyed. 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 support this practice. Staff worked with external healthcare professionals and followed their guidance and advice about how to support people following best practice.

Staff treated people with dignity, they treated people as individuals and respected the choices they made. People's care was delivered in a timely way, with any changes in care being communicated clearly to the staff team. People were supported and encouraged to maintain their hobbies and interests. The registered manager had not received any complaints, but we saw people had access to information about how they could complain about the service.

The registered manager was visible within the home, they spent their time supporting people, listening to them and working alongside their staff. The registered manager worked by example and encouraged and promoted their staff to develop their skills. The checks the registered manager made to ensure the service

was meeting people's needs focused upon people's views and experiences.

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 remained Good.

Is the service effective?

Good ●

The service remained Good.

Is the service caring?

Good ●

The service remained Good.

Is the service responsive?

Good ●

The service remained Good.

Is the service well-led?

Good ●

The service remained Good.

Shenstone House

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 site visit took place on 22 August 2018 which was unannounced. This inspection included speaking with people, relatives and staff. We reviewed care records and policies and procedures. The inspection team consisted of one inspector.

As part of the inspection we reviewed information we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us by law. We contacted the Local Authority and the Clinical Commissioning Group to understand if they had any relevant information to share with us.

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 spoke with four people who used the service and one relative who supported their family member with the management of their care. We also spoke with one care staff, the deputy manager and the registered manager. We looked at aspects of two people's care records and medicine records. We also looked at incidents and accidents, recruitment record for one staff member and checks of records completed by the registered manager and provider.

Is the service safe?

Our findings

When we inspected the service in December 2015 this key question was rated as Good. We found the service continued to be rated as Good at this inspection.

People told us they continued to be kept safe by the staff who supported them. One person told us, "I'm very happy here." Whilst relatives felt their family members were safe and were notified if there were any concerns if their family member wished that they were informed. Staff demonstrated a good understanding of different types of abuse and what approach they would take in the event of any concerns. All staff we spoke with felt confident the registered manager would take action if they did raise any concerns.

All people we spoke with told us the staff supported them in a way which kept them safe but maintained their independence. One person told us that they experienced some falls since living in the home and that these were usually at night when they were a little disorientated and they needed the bathroom. They told us how staff had provided them with a commode so they did not have to walk to far to their bathroom and this had helped them. The deputy manager told us that while they monitored the person's falls, and had considered other options, this approach meant they could reduce the risk of falls, while still maintaining the person's independence.

People felt there were enough staff on duty to meet their needs in a timely way. Three people told us that when they pressed the call bell for assistance a staff member came promptly. We saw staff were visible in the communal areas and spent time with people. Staff we spoke with felt the numbers of staff on duty were sufficient. One staff member said, "People are very independent, there are very few which need our help, its prompting some personal care and making sure their safe while using the showers." Staff told us they worked together as a team so the shifts ran smoothly. The registered manager provided care to people themselves and understood their individual support needs and what skill mix of their staff was required to keep people safe. We found that there was a good skill mix of staff on duty at the time of our inspection.

All people and relatives we spoke with felt medicines were managed in a safe way and given on time or when requested. The senior staff member was trained to administer medicines and had received training and support to do this. We found the storage, checks and stock control of medicines was managed in a safe way.

People told us that their rooms were clean by the domestic staff member. One person told us they collected their own laundry and took it to the laundry room for the staff to wash it for them. We saw staff use aprons and washed their hands when required. People did not raise any concerns to us about the way staff ensured they protected them from risk of infection. Staff told us they had received training in food hygiene and infection control and confirmed they had access to equipment that protected them and people they supported.

The registered manager monitored accidents and incidents that happened within the home; this information was used to improve the care for people either on an individual level or learning for staff, such

as fall prevention techniques.

Is the service effective?

Our findings

When inspected in December 2015 this key question was rated as Good. We found the service continued to be rated as Good at this inspection.

People told us they had been involved in the assessment of their care from the beginning. The registered manager said that where possible people would visit the home first and spend some time in the home for the day with maybe an overnight stay before they made the decision to move in. The registered manager told us that this approach also meant they got to know the person better and whether they would be able to meet their needs.

People told us staff were confident in their approach and had the knowledge and abilities to meet their needs. One person told us, "The staff are all very good at looking after me." While a further person said, "I'm very happy here, the staff are all lovely, it's very good." Relatives told us they were happy with the way their family members were cared for and were confident in the staff's abilities to care for their family member. Staff were confident in the care and support they provided. They told us they had received training that was appropriate for the people they cared for, such as safely moving and handling to keep people safe. A new staff member told us they were completing the Care Certificate and had been encouraged by the registered manager to complete their National Vocational Qualifications (NVQ). The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of those who work in Health and Social Care.

Staff told us they all worked as a team and had handover of information at each shift. Staff told us that because they were a small staff team the communication was between them was good which meant consistent care for those who lived at the home.

People were very complimentary about the food that was available. We saw people enjoying their meals and told us they had enjoyed their lunch time meal. One person told us how they had their breakfast at the time they wished and that staff knew what they enjoyed eating for breakfast. People told us they were given a choice of food to eat during the day and had access to fresh fruit and snacks if they wanted. Staff monitored people's weight to ensure this remained stable. Where staff had identified one person had increased weight they contacted the person's doctor so that this could be managed this with special medicine to reduce water retention. The deputy manager told us that this person was now weighed fortnightly to ensure their weight remained stable, or whether further intervention was required.

People told us they saw the doctor when they wanted or when they became unwell and that the staff listened and followed what the doctor had advised. People shared with us that they also had visits from chiropodists, opticians and audiology and these appointments were kept.

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 told us staff would ask for their consent before undertaking any personal care. People felt staff respected their wishes and listened to them in how they wanted to be supported. Staff told us they assumed people had the capacity to make their own decisions and would always seek consent from the person first. They told us that should the person decline, they would respect their choice.

Shenstone House has been adapted into a care home for those people who require residential care. At the time of our visit the building was undergoing an extension into the attic space to create more bedrooms. People told us the provider was also extending the communal area of the home which they were looking forward to having more dining space. People told us they had their own private bedroom and some people had their own ensuite. One person told us how their bedroom was in the process of being re-decorated which they were happy with. People told us they preferred to shower and had access to walk in showers which maintained their independence. While there were building works one courtyard area had been restricted for safety reasons, however people told us they could walk outside and along the country lanes if they wished. The registered manager told us that once the building works were completed they would have a maintenance person employed who would undertake care of the building and garden areas, they told us this would be helpful in keeping on top of the work that was required.

Is the service caring?

Our findings

When inspected in December 2015 this key question was rated as Good. We found the service continued to be rated as Good at this inspection.

People were very complimentary about the service they received. One person said, "I love it here. I'm very lucky to have a home here." Whilst a further person said the, "Oh the staff are lovely. I have people to talk to, but I have my own space as well." All people told us they felt part of a family, where they looked out for each other. A relative told us how they felt the staff were exceptional and that they felt part of the family.

Staff supported people to live as independently as possible. Staff told us that one of their values within the home was to promote independence. The deputy manager told us that promoting a person's independence was important as it gave the person confidence and improved their emotional well-being. People spoke proudly of their well-being, health and the tasks they could still do. One person told us they enjoyed being part of the team of the home and helped set up the tables for meal times, and collected the cups after the tea round.

Throughout the inspection we found the atmosphere to be calm and relaxed. There was a homely feel within the home, with people chatting with each other and staff in natural conversations. People spoke fondly of the staff who worked there and knew the staff well. We saw the interactions between staff and people was warm and respectful and they had obvious positive relationships. Staff were observed and heard to be discreet when people needed assistance. People could spend their time where they chose and this was respected by staff. People told us that their relatives and friends were welcome to visit at any time and people appreciated this.

People told us they were treated in a dignified way and we saw staff were respectful towards them at all times. A relative told us their family member were treated well by staff and their privacy was maintained. They continued to tell us how they were only told about aspects of that their family member care where the person had wished for the staff to share with them.

Is the service responsive?

Our findings

When inspected in December 2015 this key question was rated as Good. We found the service continued to be rated as Good at this inspection.

People continued to be involved in the planning their care from the beginning and their needs continued to be met. One person told us about their preferred early morning routine and found the staff were accommodating to their needs. People felt listened to and involved in their care, one person shared with us how they had given up smoking cigarettes, following their consultant's advice and had been supported by staff to move to electronic cigarettes. They told us how it had been their decision and said, "It had to be done."

Staff had the training, skills and knew people well to recognise when a person was not well. Staff shared examples of what action they had taken in response to a person's rapidly declining health and how they had communicated with the person's doctor to suggest that the medicine was causing their ill health. Staff told us that following the change in medicine the person recovered quickly and now staff and those involved externally in the person's care are aware of their allergic reaction to this.

Most people we met told us they were content to stay within the home. One person told us how they preferred their own space at times, while a further two people told us they enjoyed watching the television, especially the soaps. A further two people told us they enjoyed going out, and would go out with friends and family, or go out together for a walk around the local area. We saw that staff would spend time sitting with people and chatting about their everyday lives, their past lives and what they were looking forward to.

The provider had a complaints procedure for people, relatives and staff to follow should they need to raise a complaint. People and the relative told us they knew how to raise a complaint if they needed to but were very happy with the service provided. The registered manager told us they had not received any formal or verbal complaints about the service.

Staff told us they had received end of life care training which had helped them to support those people who were at end stage of life. Staff told us they had information which was accessible to them to enable them to support people with their agreed decisions about their end of life care. Staff explained how they worked with the hospice staff to ensure people had a dignified and comfortable death. Staff spoke in a compassionate way about people they had supported and expressed how they were happy to enable people to stay in their home and to meet and support the person's wishes.

Is the service well-led?

Our findings

When inspected in December 2015 this key question was rated as Good. We found the service continued to be rated as Good at this inspection.

All people we spoke with told us Shenstone House was their home and they felt they were living as a family together. One person told us, "I am very happy here, this is my home and I would not change it." A relative told us how Shenstone House was homely and that there was, "No other place like it." People told us the registered manager worked alongside the staff and were aware of what was important to them as they listened and responded to them.

Staff said they all worked as a team and felt supported in their role. Staff told us and we saw the registered manager was visible within the home and supported the team where they needed assistance. Staff told us that the registered manager was approachable and could discuss any matters with them. One staff member told us how they had been encouraged to develop their skills so they can progress in their career and felt valued because of this approach towards them.

We spoke with the registered manager about the checks they made to ensure the service was delivering high quality care. The registered manager told us communication with people, their relatives and staff was key to ensuring the service was delivering good quality care. They supported people with their care so they would ask if they were happy with their support they received. They also worked alongside staff, or, as we saw on the day of our visit, stepped into a role, due to a short notice of absence. The registered manager told us this gave them the opportunity to see how staff worked and could promptly raise any identified shortfalls in their practice with them so this could be resolved quickly.

The registered manager praised their staff team for their commitment and dedication. They felt that they all worked as a team and were true to the values they and the provider had set. All staff spoke of promoting people's independence and recognised they were individual people who each had different preferences, likes and dislikes which were to be respected.

The registered manager told us that during the extensive building works they had ensured people's safety had remained the priority. The registered manager told us they and the provider had plans to develop and enhance the building to improve the living space for people. The registered manager spoke positively about the new ideas and changes they were going to implement. Following the inspection, we spoke with the local authority to ensure they were aware of the building works which were taking place. The local authority advised they would speak with the provider to understand how they were keeping people safe and the future plans of the service.