

Golden Nest Carehomes Limited







Shenstone House

Inspection report

Shenstone House
Shenstone
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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	

Overall summary

The inspection took place on 18 December 2015 and was unannounced.

The home provides accommodation for a maximum of 14 people requiring personal care. There were eight people living at the home when we visited. A registered manager was in post when we inspected the service. 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 and associated Regulations about how the service is run.

People living at the home told us they felt safe and that care staff understood how to support them. Care staff had received training on how to protect people from abuse and recognised how people living at the home should be protected from the different types of abuse.

Summary of findings

People were able to access support from care staff when they required it and care staff knew people's health needs and responded accordingly. People were always within close proximity of accessing care staff.

The registered manager had completed pre-employment checks to ensure the suitability of staff working at the home.

People were supported by care staff that understood how to support people with their medicines. People received their medication as prescribed.

Care staff received regular supervision and training in order that they could support people with their individual care needs. Care staff understood the importance of obtaining people's consent and the registered manager acted in accordance with legal requirements.

People accessed additional medical health services as required. People saw the dentist, chiropodist and optician.

People liked and were fond of the care staff supporting them, who they felt understood their care needs. People made individual choices about their care and care staff respected people's independence and dignity.

People's health needs were adjusted based on people's changing needs and circumstances and people were involved in making those discussions.

People liked the registered manager and felt able to chat to her about their care needs as well as anything else important to them.

Care staff enjoyed working at the service and described a relaxed and open relationship with the registered manager.

The registered manager had systems for reviewing and updating people's care needs as well as implementing the registered provider's expectations for delivering the service.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

People were comfortable around care staff and staff understood what was needed to keep people safe. People received their medications as prescribed.

Good



Is the service effective?

The service was effective.

People were cared for by staff who understood people's health and associated health risks. People were included in discussions about their care and were supported to make choices.

Good



Is the service caring?

The service was caring.

People were cared for by staff they liked and staff engaged positively with them. People were treated with kindness, dignity and respect.

Good



Is the service responsive?

The service was responsive.

People were involved in making decisions about their care. People were offered activities to participate in and were supported to take part in these.

Good



Is the service well-led?

The service was well led.

People's care and the quality of care was regularly reviewed and updated. People's choices influenced how their care was delivered to them. The registered manager understood the registered provider's expectations for delivering care at the home.

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 took place on 18 December 2015 and was unannounced.

We reviewed the information we held about the home and looked at the notifications they had sent us. A notification is information about important events which the provider is required to send us by law.

As part of the inspection we spoke to six people living at the service. We also spoke with five relatives, two staff, the deputy manager and registered manager.

We reviewed care records, the complaints folder, recruitments processes as well as monthly checks the registered manager completed.

Is the service safe?

Our findings

People and their families told us they were safe. One person told us “I feel safe and comfortable.”

Another person told us, “I love it. We’re a family here.” People living at the service described an environment where they knew the staff caring for them and felt able to discuss issues of concern with them.

Staff in turn were able to clearly describe their understanding of safeguarding and keeping people safe. Staff told us about training they had received on the subject and what it meant to safeguard people who used the service. For example, one staff member told us about what it meant to protect people from financial abuse as well as physical abuse. The registered manager told us staff training was monitored to ensure staff knowledge was kept up to date as well as her own. The registered manager also detailed how if they were unsure about issues they discussed them with the local Safeguarding team to clarify matters.

We saw people had access to care staff throughout the inspection. Call bells were answered promptly and people understood that care staff would check on them if they chose to remain in their room. For example, we saw that where people were in their bedrooms, care staff would knock on their door to check they were alright. We also saw there were always staff around within close proximity if people needed help.

People’s health and risks to their health were understood by staff. For example, one person required additional support for their mental health needs and care staff

understood these needs and what was required. A further person had recently been discharged from hospital and all care staff were aware of how to keep the person safe and healthy. Medications records and risk assessments were all updated.

People living at the home that required support to aid their mobility received this. Staff ensured people had access to walking aids and encouraged people to remain independent by giving them space and time to achieve tasks in their own time. We saw one person being carefully supported to walk to the bathroom and back to their chair at their own pace.

People were cared for by staff that had had the necessary checks to ensure it was safe for them to work with people. The registered manager confirmed staff had completed the necessary DBS (Disclosure Barring Service) checks and that references had been sought. Two staff we spoke with also confirmed the registered manager had undertaken background checks before they were allowed to work with people at the service.

People were supported to take their medication and that they were happy to receive the support. One person told us, “I have my tablets in the morning and at night and [staff member] helps with them.” A medication round was observed during the inspection and people received their medicines as prescribed. People’s medicines were explained to them as they received them. Regular checks were also carried out on staff to ensure they understood how people should receive their medicine. External checks were also completed by the Pharmacy to ensure people’s medicines were managed safely.

Is the service effective?

Our findings

People felt supported by care staff they had confidence in. One relative told us about staff, “They’re very on the ball.” Another relative told us “They support (family member) faithfully here.”

Staff we spoke with were able to tell us about how they were received regular support and encouragement through supervision meetings with their manager. Staff felt able to talk with their manager and raise issues they needed clarification and guidance on. For example, one staff member described wanting to improve the way a person was supported at mealtimes and the cutlery they used. This was suggested to the registered manager who supported the staff member to trial their idea and found the person was better supported as a consequence.

Staff we spoke with also confirmed to us training they received and that if they required further training, they were supported to access this. Staff described Diabetes training they had undertaken and how this helped them support people by preparing the right sort of meals and drinks for people.

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 when this is in their best interests and legally authorised under the MCA. The application

procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

Staff we spoke with explained to us their understanding of consent and obtaining people’s consent. Staff also told us about how people’s choice was respected. Where staff thought people may have been confused, staff also spoke again with people later in the day or at different times to ensure people were certain. For example, one care staff member told us how if people declined to take a shower, people were asked again later in the day just in case they had had a change of mind.

People were supported to access meals and drinks of their choice by staff that understood people’s individual requirements. Staff understood which people required special diets and which did not. We also saw people were offered a choice of drinks and where appropriate, people were offered sweeteners. We saw where people required a softened diet they received this. Some people living at the home required additional monitoring for either weight loss or weight gain. We saw that people received this and one person shared with us their pleasure at being a healthier weight than when they had come to live at the home.

People told us they accessed wider support in order to meet their health needs. For example, one person had recently been discharged from hospital following surgery and spoke of their confidence in staff seeking the help they needed to keep them healthy. A relative also told us about how their family member has accessed the chiropodist and that care staff knew exactly when the last appointment was and when the next one was due. People described regularly seeing the GP, dentist and optician also.

Is the service caring?

Our findings

People and relatives we spoke with were very positive about how people were cared for at the home. One person told us, "I love it, we're a family here." A relative told us, "I think it's exceptional." Another relative told us, "It's like a personal home here. It's extremely good. They consider all the residents." Another relative told us "There's nothing they (staff) wouldn't do. The staff are very good."

Care staff spoke affectionately about the people they cared for and recalled to us specific details in people's care that demonstrated that people received individual care. For example, staff could describe people's routines, what made people laugh, what irritated people as well as people's choice of TV programmes. Care staff could describe to us what programmes people liked to watch and were mindful that people did not get disturbed when their favourite programme was on as this could upset them.

People were involved in planning their care in a number of ways. Many of the residents had lived at the home for some years and were familiar with staff and were able to articulate their needs. We saw care staff throughout the day explain what they were doing and people were able to indicate their preferences. For example, some people chose to stay in their rooms and care staff respected this although they would pop in and check on them.

Relatives we spoke with also confirmed they were able to contribute the care planning process where appropriate. Relatives we spoke with were invited to care planning

meetings and kept informed of their family member's progress. One relative lived some distance away but told us, "I'm quite happy to leave (family member) here. I have the confidence to leave (family member) here."

Staff explained to us what they understood by dignity and respect. Staff detailed how they supported people to retain the ability to do things that were important to them. One staff member told us, "I try and try and treat them all as my mum. If they can do something like wash their hands and face then you respect that." One relative told us, "(Family member) is fiercely independent and they (staff) encourage that." We saw examples throughout the day of care staff reinforcing people's dignity. For example, we saw one person leave the bathroom and had accidentally tucked their skirt into their underwear. Care staff were quick to ensure the person's clothing was corrected before anyone else noticed what had happened. We also saw people being encouraged to retain their independence by being supported to do certain things that they have always have done, such as help serve tea or laying the table for dinner.

Relatives dropped in throughout the day to see their family member. The five relatives we spoke to all confirmed they visited whenever they chose to and that care staff supported their family member to keep in touch with them and other family members. Three relatives described feeling welcomed and that younger children were also encouraged to visit. People were given space and somewhere private to spend time with their family and relatives told us they valued the privacy given to them.

Is the service responsive?

Our findings

People told us they were involved in discussions about their care so that they received care that reflected their individual preferences. One person told us their religious and spiritual beliefs were supported and that care staff arranged for them to be visited by the local vicar. One relative told us of staff, “They know my (family member) inside out.”

People and their families told us about the ways in which their care was updated based on any changing needs they had. One relative whose family member was recovering from an operation told us that care staff had worked with them to adjust the care needs for their family member because their family member wanted to remain at the home. They told us, that care staff worked with the person and family to understand and plan what was needed to care for the person.

Another person told us, “I was in hospital before I came here but now I’m alright.” Another person told us about how frail they had been when they first came to live at the home. They told us that whilst they had required more intensive support at first, with time care staff had supported them and their care needs had reduced. They told us care staff talked with them regularly and understood their needs.

People told us about their personal interests and how staff supported them to maintain their interests. One person told us about how they enjoyed completing the crosswords in a national newspaper and that the newspaper was delivered to them daily. One relative told us their family member liked to go to bed very early and that care staff supported them to do this. This also meant that their relative woke up early. The relative told us, “They’ve got a really wide window for breakfast. It’s just like being in a hotel.” We saw people drinking from tea/coffee mugs of their choice. For example, one person had a mug with a picture of the queen on it and care staff and other people knew whose mug it was.

Relatives we spoke with told us people were encouraged to maintain friendships and relationships that were important

to them. One person had family living overseas and a family member told us they regularly spoke with them as it was important for the person to keep in touch with their family. One person living at the home told us they liked to go for a walk with other people living at the service they considered their friends and regularly did this. People living at the home demonstrated a sense of affection for other people at the home. For example, one person liked to help serve the tea and biscuits and knew which people liked which biscuits and ensured people received these. Care staff supported the person do this. Another person liked to watch films with a friend and care staff ensured that the person was able to access the DVD’s for their movie nights with their friend.

People and their families understood the complaints process and were aware that if they had any concerns they could speak to the registered manager. However, people and relatives we spoke with had never raised a complaint because they preferred to speak to staff directly about anything they were concerned with. One relative told us, “We’re can always go and speak to the manager.” Relatives we spoke with preferred this informal method of clarifying care and felt this produced the most satisfactory outcome to them.

We spoke with the registered manager to understand how they understood what people’s preferences were and what they thought about the service. The registered manager told us that as a small service, they knew each one of the residents very well and was confident they understood their needs. This understanding had been gained from supporting the care staff in delivering care. In addition to this the registered manager regularly held meetings with residents to find out what suggestions they had to improve the service they received. For example, some people made suggestions for activities and some of these had been piloted. Whilst not all people liked the activities, the registered manager had tried a number of different ways in which to promote ideas based on people’s interests. There had also been some changes to the menu with people contributing ideas for meals.

Is the service well-led?

Our findings

The registered manager had worked at the home, since the service began operating approximately six years ago. Some of the people living at the service had also lived there for much of that time and knew the registered manager well. People were familiar with the registered manager's family and were keen to keep in touch with them. People liked the registered manager and felt able to chat to her about her family and considered her and the care staff their friends.

Care staff we spoke with told us they felt able to approach the registered manager and discuss any issues they have with her. One staff member told us, "I wouldn't want to leave here. You can go to her anytime." Another staff member told us "I couldn't ask for a better manager."

Care staff described a very open relationship with the registered manager and were able to discuss people's individual care needs as well as other ideas they had for the service. For example, one care staff member told us the registered manager welcomed ideas staff had for improving things and would always say "Let's give it a go."

We looked at how the registered manager reviewed the quality of care being delivered. We saw that there were systems for ensuring staff received their supervision, training and that care plans were updated. We also saw systems the registered manager had for keeping the registered provider informed about how care was being delivered at the home. The registered provider also made regular visits and reviewed the registered manager's audits to assure themselves of the quality of care being delivered.

The registered manager felt assured that they understood the needs of the people living at the service through regularly chatting with people and their families. The registered manager felt this helped understand the needs of people and their families. For example, the registered manager told us about a person who had recently passed away and how they had supported the person and their family to express how they wanted to be supported at the end of the person's life. The registered manager and care staff all spoke with pride about being able to do this for people when they required that support.

The registered manager also shared with the registered provider any issues, compliments, and feedback they had received with the registered provider for them to consider.

The registered manager had built in contingency planning so that staff had access to all of the necessary information in her absence. For example, there was a folder containing emergency contacts for staff to refer to. Information included contacts for the lift, pharmacy, gas and electricity services.

The registered manager carried out a "walkabout" every month to identify issues. Any issues identified could then be highlighted to the registered provider for their attention. For example, the registered manager told us about some of their ideas for redecoration at the home and how they had discussed with the registered provider.