

Random inspection report

Care homes for older people

Name:	Shire House
Address:	Sidmouth Road Lyme Regis Dorset DT7 3ES

The quality rating for this care home is:	zero star poor service
The rating was made on:	18/12/2009

A quality rating is our assessment of how well a care home, agency or scheme is meeting the needs of the people who use it. We give a quality rating following a full review of the service. We call this review a 'key' inspection.

This is a report of a **random inspection** of this care home. A random inspection is a short, focussed review of the service. Details of how to get other inspection reports for this care home, including the last key inspection report, can be found on the last page of this report.

Lead inspector:	Date:							
Susan Hale	1	3	0	5	2	0	1	0

Information about the care home

Name of care home:	Shire House
Address:	Sidmouth Road Lyme Regis Dorset DT7 3ES
Telephone number:	01297442483
Fax number:	01297442483
Email address:	
Provider web address:	

Name of registered provider(s):	Sentry Care Limited
Name of registered manager (if applicable)	
Type of registration:	care home
Number of places registered:	22

Conditions of registration:		
Category(ies) :	Number of places (if applicable):	
	Under 65	Over 65
old age, not falling within any other category	0	22

Conditions of registration:									
The maximum number of service users who can be accommodated is 22									
The registered person may provide the following category of service only: Care home only - Code PC to service users of either gender whose primary care needs on admission to the home are within the following category: Old age, not falling within any other category (Code OP)									
Date of last inspection	1	8	0	1	2	0	1	0	
Brief description of the care home									
Shire House is established in a large detached house set in its own grounds on the western outskirts of Lyme Regis. The home is accessed by a driveway and is surrounded by mature grounds and gardens there is level access to most parts of the gardens. There are large parking areas at the side of the house for visitors									

Brief description of the care home

convenience. The original Edwardian house has been extended to provide additional bedrooms. There are two communal lounges and a separate dining room on the ground floor. People who live at the home are accommodated on the ground, first and second floors of the home and a passenger lift is available to the first floor for less ambulant residents. There are eighteen single and two double bedroomsuites, all of which are decorated to a good standard. Of the twenty bedrooms, eighteen have ensuite facilities. There are sufficient communal bathrooms and WC s to meet the needs of residents, including an assisted bath. Shire House provides 24-hour personal care, all meals, laundry and domestic services.

What we found:

The inspection took place over the course of one day and was undertaken by a compliance Inspector and a pharmacy inspector. The purpose of the visit was to check compliance with the statutory notice that was served in relation to poor medication practice.

One person had recently stayed at the home for respite care and a comprehensive pre-admission assessment had been undertaken by the acting manager. Training for the acting manager and some senior staff in relation to pre-admission assessments had been provided by an external consultant.

Two staff meetings had been held since the last inspection. During both meetings the main topic of discussion was medication and some members of staff were given certificates evidencing their competency to administer medication by the registered provider, Mr Tan. The acting manager told us that the purpose of the second meeting was to provide medication training, and this took 45 minutes.

We looked at the care plan of one resident. The resident concerned had recently had a fall and there were good records that staff had supported the person to attend follow on outpatients appointments and had followed medical advice given to aid the person's recovery. However, the person had had a further fall but this had not been recorded on the 'history of falls' record. A body map had been completed to record the injury but this was dated the day before the injury occurred. The 'history of falls' document uses a scoring system to identify risk but the score had been wrongly calculated and didn't include the score relating to prescribed medication. The falls risk assessment score was also wrongly calculated on 9th April 2010 and 4th May 2010 as it didn't take into account the persons increased pain and change in medication due to an injury sustained in a fall. The difference in scoring was significant and meant that the true level of risk was not identified.

The risk assessment relating to verbal aggression and the daily record contained subjective comments by staff and inappropriate language including that the person was 'less rude', 'in a bad mood' and included a comment that a member of staff had 'put the person in their place and told them to be respectful'.

The pressure sore risk assessment noted that the persons skin was at risk and two different creams had been prescribed by the resident's G.P. However, the application of creams was not recorded on the Medical Administration Record (MAR). There were some entries on the daily record of cream administered but it was clear that creams were not being administered twice a day as per the GP's prescription and the entries did not record which creams had been used.

The care plan showed that following an increase in pain relief medication the resident had had bowel problems. This had not been picked up by staff for six days and resulted in paramedics and a district nurse being called out to resolve the issue. There was no evidence that these visits have been recorded on the professional visit record. There was also no evidence that there been any consultation with the resident's GP before the situation became serious and paramedics attended.

Weight records showed that the person had lost a significant amount of weight and had been referred to the community dietician. The records noted that the person should be offered snacks mid-morning and mid-afternoon. However, there was no evidence on the food charts of any snacks offered other than biscuits, and no evidence that biscuits were offered every day. A fluid chart was in place and the amount of fluid taking each day had been totaled. However, there was no evidence on any of the charts looked at that the person was offered a drink after 6 PM at night until 8 AM in the morning. The acting manager told us that the person would have been offered a drink by staff but accepted that this had not been recorded. The care plan headed ' nutrition' and dated 3rd May 2010 did not give any instructions or advice to staff that the resident should be offered snacks. It did not make clear that the person should be receiving a high protein and high calorie diet to help reduce the risk of further weight loss.

The pharmacy inspector looked at some areas of medicines management to follow up on some issues which we raised at recent inspections, and which have resulted in a statutory notice being issued. We looked at actions that had been put in place to improve medicines handling. Staff meetings and training had taken place to update staff on good practice with regard to storing, ordering, auditing, checking, disposal and administration of medicines. All staff who administer medicines are undergoing assessment and checks to make sure they are competent in handling and administering medicines safely to people. This has been completed for six members of staff and is still being undertaken to cover all staff who give people medicines. People's medicine charts and care plans are being reviewed to give more information about their medicines. We looked at medicines prescribed to be given 'when required' as we had found problems with these medicines at previous inspections. There were no newly prescribed medicines that were to be given 'when required' but we reviewed two people's records that we had looked at previously. For one person the medicines had been reviewed by the doctor and prescribing had changed, initially to be given regularly, and then to be given 'when required' again. At this inspection the records had been updated to include more information about how the medicine should be given, and daily records indicated when the medicine was appropriate to be given. The medicine was no longer being administered every day but only when records indicated it was appropriate for this person. The second person's medicine charts we reviewed clearly indicated when the medicine was given, what the reasons and outcome were and how the dose was chosen each time it was given. The statutory notice dated 23rd April was found to be complied with.

We also looked at some other medicines charts and found one person who was prescribed creams to be applied to their skin, but there was no records to show whether these preparations were being applied as the doctor had intended. It is a requirement to keep a record of all medicines administered, including external preparations, in order to show that all items prescribed for people are being given or applied as intended for them.

What the care home does well:

There has been further training and assessment of competencies for staff giving medicines to people in the home. There have been improvements to the way medicines prescribed to be given 'when required' are handled and recorded in the home.

The acting manager and some senior staff are now trained in how to undertake

comprehensive pre-admission assessments and how to use this knowledge to develop a care plan. All people moving into the home will now have a pre-admission assessment to make sure that their needs can be met before they move in.

It was positive to see that appropriate advice had been sought from the community dietician in relation to one resident's weight loss.

The resident had been supported by staff to attend outpatients appointments and there was clear information and guidance to staff on the medical advice that had been given and how it was to be followed to aid the person's recovery.

What they could do better:

All risk assessments should be completed correctly to ensure that the scores are accurate so that the correct level of risk is identified and measures can be put in place to reduce the risk.

All care planning documentation should be cross-referenced to make sure that it is accurate to make sure that people's needs are met. Clear information and guidance must be recorded on care plans in relation to people's nutritional needs so that staff can provide the relevant diet. Food and fluid charts must accurately record people's intakes to make sure that this can be audited and any action needed can be put in place.

Serious consideration should be given to the language used by staff in care files to describe residents' to ensure that they are treated with respect and dignity.

When residents' have fallen all appropriate documents including the history of falls and falls risk assessment must be updated to ensure that they reflect people's current circumstances.

All medication that is prescribed including creams must be administered in line with the GPs instruction.

If you want to know what action the person responsible for this care home is taking following this report, you can contact them using the details set out on page 2.

Are there any outstanding requirements from the last inspection?

Yes



No



Outstanding statutory requirements

These are requirements that were set at the previous inspection, but have still not been met. They say what the registered person had to do to meet the Care Standards Act 2000, Regulations 2001 and the National Minimum Standards.

No.	Standard	Regulation	Requirement	Timescale for action
1	7	14	<p>The registered person shall ensure that the assessment of the service users needs is kept under review and revised at anytime when it is necessary to do so having regard to any change of circumstances. This refers to care plans and risk assessments.</p> <p>To ensure that records reflect people's current needs and staff have accurate information to be able to meet people's needs.</p> <p>Previous timescale of 02/03/2010 not met.</p>	02/03/2010
2	7	15	<p>The registered manager must ensure that people are consulted with regards the contents of their care plans</p> <p>To ensure that peoples needs are met in a way that suits the individual</p> <p>Not looked at during this inspection.</p>	15/01/2010
3	7	15	<p>The registered manager must ensure that all care plans and reviews accurately reflect the needs of the</p>	05/02/2010

Outstanding statutory requirements

These are requirements that were set at the previous inspection, but have still not been met. They say what the registered person had to do to meet the Care Standards Act 2000, Regulations 2001 and the National Minimum Standards.

No.	Standard	Regulation	Requirement	Timescale for action
			<p>person and give enough detail to guide and inform staff as to how to meet the agreed needs.</p> <p>To ensure there are no unmet needs.</p> <p>(Previous timescale 05/02/2010 not met).</p>	
4	8	13	<p>The registered person shall make arrangements for service users to receive where necessary, treatment, advice and other services from any health care professional.</p> <p>To ensure that all service users have access to timely chiropody services.</p> <p>Not looked at during this inspection.</p>	02/03/2010
5	9	13	<p>The method of medicines administration in the home should be reviewed to ensure that risks of spread of infections can be minimised.</p> <p>This is to protect people's health and welfare.</p>	12/05/2010
6	9	13	<p>Medicines must be given in accordance with the directions of the prescriber. When medicines are prescribed for people to be given 'when required' there should be detailed guidance available to staff to help them decide when they</p>	12/05/2010

Outstanding statutory requirements

These are requirements that were set at the previous inspection, but have still not been met. They say what the registered person had to do to meet the Care Standards Act 2000, Regulations 2001 and the National Minimum Standards.

No.	Standard	Regulation	Requirement	Timescale for action
			<p>should be given for that individual person.</p> <p>This is to make sure that medicines are given to people in the way their doctor has intended for them.</p>	
7	12	16	<p>The registered manager must ensure that there are opportunities for all to be involved in meaningful activities based on peoples assessed needs and aspirations.</p> <p>To ensure the wellbeing of the people who live at the home.</p> <p>Not look at during this inspection.</p>	12/02/2010
8	15	18	<p>The registered person must ensure that the catering staff receive training appropriate to their role to ensure that they are able to meet residents assessed needs.</p> <p>To ensure peoples nutritional needs are met and cooks are aware of how to provide specialist diets.</p> <p>Not looked at during this inspection.</p>	30/03/2010
9	15	13	<p>The registered person must ensure that all unnecessary risks to residents are identified and as far as possible eliminated.</p>	02/03/2010

Outstanding statutory requirements

These are requirements that were set at the previous inspection, but have still not been met. They say what the registered person had to do to meet the Care Standards Act 2000, Regulations 2001 and the National Minimum Standards.

No.	Standard	Regulation	Requirement	Timescale for action
			<p>This refers to staff including catering staff having sufficient knowledge about food allergies and how to keep people safe.</p> <p>Not looked at during this inspection.</p>	
10	18	13	<p>The registered person shall make arrangements by training staff to prevent service users being harmed or suffering abuse or being placed at risk of harm or abuse.</p> <p>To keep people living the home safe.</p> <p>Not looked at during this inspection.</p>	30/03/2010
11	19	13	<p>The registered person must ensure that the hot water temperature does not pose a significant risk of harm to those who use the service. Immediate requirement given on 27 December 2010 (Previous time scale of 01/02/2010 not met).</p> <p>To ensure that people who live and work in the home are not at risk of harm.</p> <p>Not looked at during this inspection.</p>	02/03/2010
12	19	13	<p>The registered manager must ensure that all windows that are unrestricted in their</p>	05/02/2010

Outstanding statutory requirements

These are requirements that were set at the previous inspection, but have still not been met. They say what the registered person had to do to meet the Care Standards Act 2000, Regulations 2001 and the National Minimum Standards.

No.	Standard	Regulation	Requirement	Timescale for action
			<p>opening do not pose a significant risk of harm to those that use the service, or a risk assessment is put in place.</p> <p>So as to ensure people are not at risk of harm. Not looked at doing this inspection.</p>	
13	19	13	<p>The registered person must consult with environmental health officers and take action if required to ensure that the lift meets the current regulations governing the use of passenger lifts. (Previous timescale 05/02/2010). Not looked at during this inspection.</p> <p>To ensure that those who live at the home are safe from harm.</p>	02/03/2010
14	19	13	<p>The registered manager must ensure that the hot water temperature does not pose a significant risk of harm to those who use the service</p> <p>So as to ensure people are not at risk of harm</p>	01/02/2010
15	26	13	<p>The registered manager must ensure that infection control policies are adhered too so as to promote the well being of those at the home.</p> <p>(Previous timescale of</p>	07/07/2009

Outstanding statutory requirements

These are requirements that were set at the previous inspection, but have still not been met. They say what the registered person had to do to meet the Care Standards Act 2000, Regulations 2001 and the National Minimum Standards.

No.	Standard	Regulation	Requirement	Timescale for action
			07/07/2009 not met). Not looked at during this inspection.	
16	26	16	The registered person shall keep the home free from offensive odours. To ensure that residents live in a pleasant environment. Not looked at during this inspection.	02/03/2010
17	29	19	The registered manager must ensure that any prospective staff member has their fitness to work with vulnerable people established in order to protect those who live at the home. (Previous timescale of 07/07/2009 and 24/01/2010 not met). Not looked at doing this inspection.	07/07/2009
18	29	19	The registered person must ensure that a recent photograph is on file for each member of staff. To ensure that the home has accurate and up-to-date proof of people's identity. Not looked at during this inspection.	02/03/2010

Outstanding statutory requirements

These are requirements that were set at the previous inspection, but have still not been met. They say what the registered person had to do to meet the Care Standards Act 2000, Regulations 2001 and the National Minimum Standards.

No.	Standard	Regulation	Requirement	Timescale for action
19	29	19	<p>The registered person must ensure that recruitment systems demonstrate that staff have been appropriately and safely recruited.</p> <p>To ensure the safety of those who live in the home.</p> <p>Previous timescale 26/01/2010 Not looked at doing this inspection.</p>	18/02/2010
20	30	19	<p>The registered manager must ensure that all staff undergo a formal recorded induction into the work they are going to perform to ensure people are not put at risk</p> <p>To ensure staff are trained to met the needs of those who live at the home</p> <p>Not looked at during this inspection</p>	28/01/2010
21	30	18	<p>The registered manager must ensure that all staff have the necessary statutory training to ensure that peoples needs can be met in a safe manner.</p> <p>To ensure staff are trained to met the needs of those who live at the home.</p> <p>Not looked at during this inspection.</p>	12/02/2010

Outstanding statutory requirements

These are requirements that were set at the previous inspection, but have still not been met. They say what the registered person had to do to meet the Care Standards Act 2000, Regulations 2001 and the National Minimum Standards.

No.	Standard	Regulation	Requirement	Timescale for action
22	31	7	<p>The registered person must undergo training to ensure that they have the necessary skills to continue to be responsible for the care home.</p> <p>In order to support and promote good practice at the home.</p> <p>Not looked at during this inspection.</p>	01/04/2010
23	37	13	<p>The registered manager must ensure that all accidents are recorded and evaluated to maintain the safety of those who live at the home.</p> <p>(Previous timescale of 07/07/2009 not met).</p> <p>Not looked at during this inspection.</p>	07/07/2009
24	38	13	<p>The registered manager must ensure that all risk assessments demonstrate how the safety of the people who use the service or work at the home is being maintained.</p> <p>(Previous timescale of 17/07/2009 not met).</p> <p>Not looked at during this inspection.</p>	17/07/2009

Requirements and recommendations from this inspection:

Immediate requirements:

These are immediate requirements that were set on the day we visited this care home. The registered person had to meet these within 48 hours.

No.	Standard	Regulation	Requirement	Timescale for action

Statutory requirements

These requirements set out what the registered person must do to meet the Care Standards Act 2000, Regulations 2001 and the National Minimum Standards. The registered person(s) must do this within the timescales we have set.

No.	Standard	Regulation	Requirement	Timescale for action
1	9	13	All external preparations that are prescribed must be applied in accordance with the directions of the prescriber, and a record kept of all preparations applied. This is to show that people are receiving all medicines and preparations that have been prescribed for them.	14/07/2010

Recommendations

These recommendations are taken from the best practice described in the National Minimum Standards and the registered person(s) should consider them as a way of improving their service.

No	Refer to Standard	Good Practice Recommendations
1	7	Urgent consideration should be given to developing a care plan relating to foot care for all residents. First recommended inspection report 18th of January 2010. Not looked at during this inspection.
2	7	All care planning documentation including risk assessments should be fully completed, dated and signed. First recommended in the inspection report 18th of January 2010.

Recommendations

These recommendations are taken from the best practice described in the National Minimum Standards and the registered person(s) should consider them as a way of improving their service.

No	Refer to Standard	Good Practice Recommendations
3	8	<p>Risk assessments should be in place in relation to the use and storage of dental tablets.</p> <p>First recommended in the inspection report 18th of January 2010.</p> <p>Not looked at during this inspection.</p>
4	8	<p>Full information should be obtained in relation to the use of the Waterlow (pressure sore) and MUST (nutritional) risk assessment tools. This should include all the relevant guidance and give clear instruction and guidance to staff on what to do with the assessment outcome.</p> <p>First recommended in the inspection report 18th of January 2010.</p> <p>Not looked at during this inspection.</p>
5	19	<p>Serious consideration should be given to providing signage for the shower room. The light bulb should be replaced.</p> <p>First recommended inspection report in January 2010.</p> <p>Not looked at doing this inspection.</p>
6	24	<p>Bed should not be made with stained sheets.</p> <p>Bedlinen should be changed at least weekly.</p> <p>First recommended in inspection report 18th of January 2010.</p> <p>Not looked at during this inspection.</p>
7	25	<p>All radiator temperatures should be able to be adjusted individually and covers fitted should accommodate this.</p> <p>First recommended in inspection report 18th of January 2010.</p> <p>Not looked at during this inspection.</p>
8	27	<p>The registered person should consider if there are sufficient numbers of staff available at lunchtime to meet the needs</p>

Recommendations

These recommendations are taken from the best practice described in the National Minimum Standards and the registered person(s) should consider them as a way of improving their service.

No	Refer to Standard	Good Practice Recommendations
		<p>of those who live in the home.</p> <p>First recommended in inspection report 15th of December 2009.</p> <p>Not looked at during this inspection.</p>
9	28	<p>Urgent consideration should be given to offering NVQ training to all members of care staff.</p> <p>First recommended in inspection report 2nd February 2010.</p> <p>Not look at doing this inspection.</p>
10	29	<p>The registered person should make sure that the staff application form complies with employment legislation.</p> <p>A record of interviews should be kept.</p> <p>All members of staff should be given a contract of employment and job description.</p> <p>All applicants should put their last employer as a reference.</p> <p>All members of staff should be given their own copy of the General Social Care Council code of conduct.</p> <p>First recommended in inspection report 2nd February 2010.</p> <p>Not looked at doing this inspection.</p>
11	29	<p>The recruitment policy should be revised to make sure that it complies with the national minimum standards, Care Home Regulations 2001 and current employment legislation.</p> <p>First recommended in inspection report 2nd February 2010.</p> <p>Not look at during this inspection.</p>
12	29	<p>All staff record should be stored securely to ensure confidentiality.</p> <p>Consideration should be given to creating individual staff files to ensure confidentiality of information.</p>

Recommendations

These recommendations are taken from the best practice described in the National Minimum Standards and the registered person(s) should consider them as a way of improving their service.

No	Refer to Standard	Good Practice Recommendations
		<p>First recommended in inspection report 2nd February 2010.</p> <p>Not looked at during this inspection.</p>
13	30	<p>Urgent consideration should be given to obtaining the manager's guidance from Skills for Care and how to support staff to complete the common induction standard training.</p> <p>First recommended in inspection report 2nd February 2010.</p> <p>Not looked at during this inspection.</p>
14	30	<p>All new staff should complete the Skills for Care common induction standard training.</p> <p>First recommended in inspection report 2nd February 2010.</p> <p>Not looked at during this inspection.</p>
15	36	<p>A supervision policy in line with the national minimum standards should be developed as soon as possible.</p> <p>All staff should be supervised at least six times a year in line with the national minimum standards.</p> <p>First recommended in the inspection report 2nd February 2010.</p> <p>Not looked at during this inspection.</p>
16	36	<p>All staff should be given a copy of their supervision record.</p> <p>All supervision record shall be signed by the supervisor and supervisee.</p> <p>First recommended in inspection report 2nd February 2010.</p> <p>Not look at during this inspection.</p>
17	38	<p>The accident book should be checked and signed by the deputy manager and evaluated to identify any trends to enable measures to be put in place to reduce accidents.</p>

Recommendations

These recommendations are taken from the best practice described in the National Minimum Standards and the registered person(s) should consider them as a way of improving their service.

No	Refer to Standard	Good Practice Recommendations
		First recommended in the inspection report 18th January 2010. Not looked at during this inspection.

Reader Information

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Further copies from:	0870 240 7535 (telephone order line)

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