

Key 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:	one star adequate service
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A quality rating is our assessment of how well a care home 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 full review a 'key' inspection.

Lead inspector:	Date:
Susan Hale	1 7 0 6 2 0 1 0

This is a review of quality of outcomes that people experience in this care home. We believe high quality care should

- Be safe
- Have the right outcomes, including clinical outcomes
- Be a good experience for the people that use it
- Help prevent illness, and promote healthy, independent living
- Be available to those who need it when they need it.

The first part of the review gives the overall quality rating for the care home:

- 3 stars - excellent
- 2 stars - good
- 1 star - adequate
- 0 star - poor

There is also a bar chart that gives a quick way of seeing the quality of care that the home provides under key areas that matter to people.

There is a summary of what we think this service does well, what they have improved on and, where it applies, what they need to do better. We use the national minimum standards to describe the outcomes that people should experience. National minimum standards are written by the Department of Health for each type of care service.

After the summary there is more detail about our findings. The following table explains what you will see under each outcome area.

Outcome area (for example Choice of home)

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

This box tells you the outcomes that we will always inspect against when we do a key inspection.

This box tells you any additional outcomes that we may inspect against when we do a key inspection.

This is what people staying in this care home experience:

Judgement:

This box tells you our opinion of what we have looked at in this outcome area. We will say whether it is excellent, good, adequate or poor.

Evidence:

This box describes the information we used to come to our judgement.

We review the quality of the service against outcomes from the National Minimum Standards (NMS). Those standards are written by the Department of Health for each type of care service.

Copies of the National Minimum Standards – Care Homes for Older People can be found at www.dh.gov.uk or bought from The Stationery Office (TSO) PO Box 29, St Crispins, Duke Street, Norwich, NR3 1GN. Tel: 0870 600 5522. Online ordering from the Stationery Office is also available: www.tso.co.uk/bookshop

The mission of the Care Quality Commission is to make care better for people by:

- Regulating health and adult social care services to ensure quality and safety standards, drive improvement and stamp out bad practice
- Protecting the rights of people who use services, particularly the most vulnerable and those detained under the Mental Health Act 1983
- Providing accessible, trustworthy information on the quality of care and services so people can make better decisions about their care and so that commissioners and providers of services can improve services.
- Providing independent public accountability on how commissioners and providers of services are improving the quality of care and providing value for money.

Reader Information

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Internet address	www.cqc.org.uk

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
Additional conditions:		
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
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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 convenience. The original Edwardian house has been extended to provide additional bedrooms. There are two communal lounges and a separate dining room on the

Brief description of the care home

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.

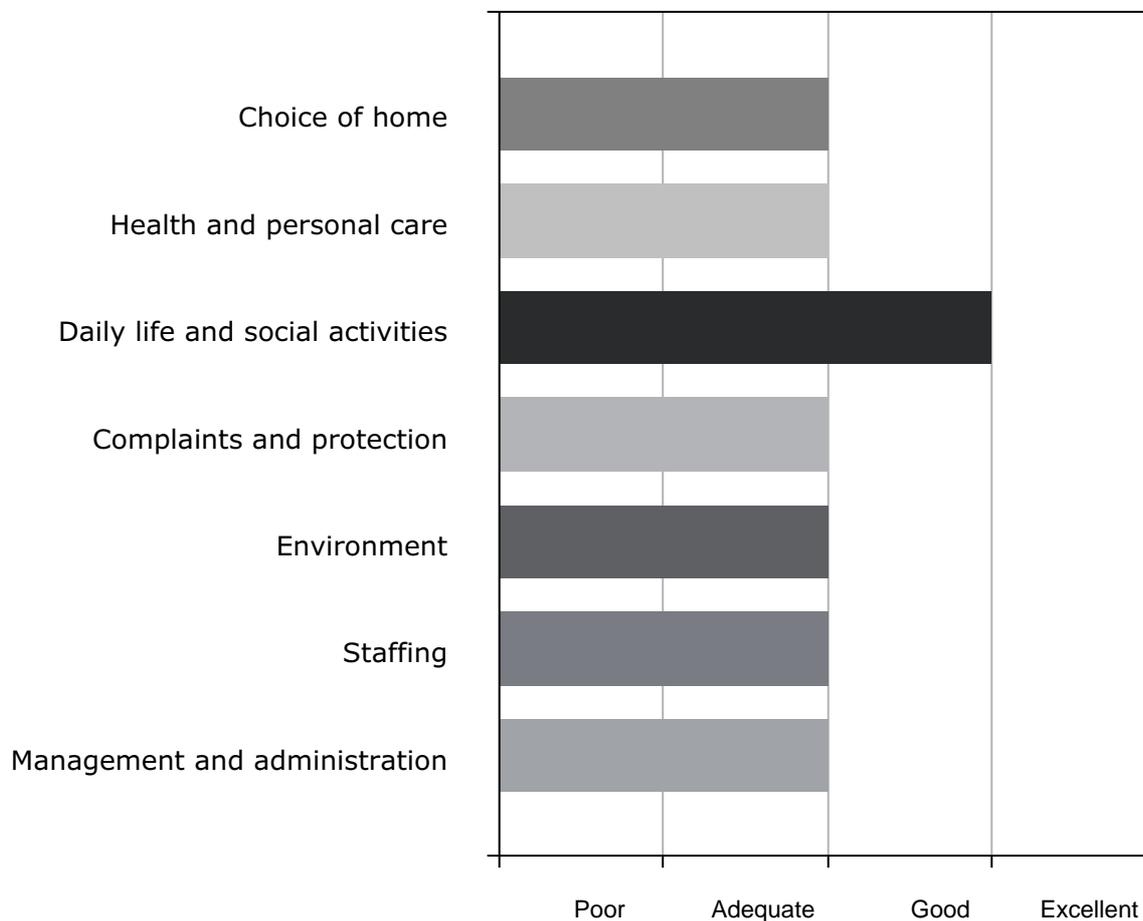
Summary

This is an overview of what we found during the inspection.

The quality rating for this care home is:

one star adequate service

Our judgement for each outcome:



How we did our inspection:

The inspection took place over the course of one day and was undertaken by two compliance inspectors. The last key inspection took place in December 2009. We have undertaken random inspection visits on 18th January 2010, 2nd February 2010, 22nd March 2010 and 13th May 2010.

The inspection focused on outcomes for people who live at the home. Each outcome group is awarded a rating and these are collated to give an overall rating of either excellent, good, adequate or poor.

Three statutory notices have been served since the key inspection one on care planning, one on recruitment of staff and one in relation to medication practice. The random inspection visits referred to were to check compliance with the statutory notices. We found that some but not all statutory notices had been complied with.

We sent out surveys to people who live at the home and to relatives and visitors. We had five responses from residents' and three from relatives' and their views are incorporated into this report.

During the inspection we undertook a tour of the premises, talked to five residents', five members of staff and the registered provider. The acting manager was on leave and the home was being managed by the registered provider and the deputy manager. We looked at selected care plans and other documents and records relating to the running of the care home.

There were 17 people living at the home on the day of the visit.

The current fee levels range from £405-£577. 50 per week.

What the care home does well:

The home provides information about the services it offers so that people considering moving into the home can make an informed decision.

The home employs an activities organiser and activities are provided every afternoon, Monday to Friday. People have the opportunity to go out with the activity organiser including local trips in the car.

Five residents' completed our survey and their comments included that the home provides ' warmth and friendship and genuine care and attention from the staff' , 'all I need is provided' and ' this is a wonderful place to live I am very happy'.

The home has an accessible, well maintained garden that residents' are encouraged to be involved in if they want to and that they told us they enjoyed.

The home employs enough staff to be able to meet the current number of residents' needs.

What has improved since the last inspection?

People's needs are now assessed before they move into the home to make sure that their needs can be met and that Shire House is the right place for them.

A training programme is now in place to make sure that people work at the home have the skills and knowledge to meet residents' needs.

The home is cleaner than has been observed during previous visits.

The way in which staff recruitment files are maintained and kept has improved significantly to make sure that people are recruited safely and that records are kept securely.

Health and safety procedures relating to the environment have improved particularly in relation to the safety beam in the lift and the regulation of the hot water system to make sure that people are not at risk of scalding.

A start has been made in setting up quality assurance systems so that the views of people who live at the home are sought and also reviewing some of the homes systems.

What they could do better:

The statement of purpose/service user guide/brochure needs to be reviewed and updated to make sure that it includes all the required and relevant information so that people considering moving into the home can make an informed decision.

Efforts need to continue to improve the care planning and risk assessment processes to make sure that records are cross-referenced, accurate and reflect people's current needs and circumstances.

Robust systems need to be in place to make sure that medicines are administered in the way the prescriber has stated and medication records must be consistent and up-to-date.

Infection control practice at the home needs to improve to reduce the risk of cross infection and keep people safe. All staff should undertake infection control training to make sure that they are aware of good practice.

Efforts need to continue to increase the number of staff qualified to at least NVQ level 2 to make sure that staff have the right skills and knowledge to meet people's needs.

All staff must undertake mandatory training to make sure that they have the skills and knowledge needed to undertake their role with confidence.

Supervision and risk assessments must be in place if new members of staff start working at the home before a satisfactory disclosure from the Criminal Records Bureau has been received to reduce the risk of potential harm to people living at home.

Record keeping needs to improve in relation to COSHH and safer food better business kitchen records to make sure that systems are in place to keep staff and residents safe.

Policies and procedures need to be specific to Shire House to make sure that staff are given appropriate guidance and advice on what is expected of them.

Personal evacuation and escape plans must be developed to make sure that should a fire occur staff would have up-to-date and clear information about residents needs should the home need to be evacuated.

The registered provider must ensure that they have the skills and knowledge required to run a care home to make sure they are able to offer advice and support to the acting manager and staff and ensure that the home is well run in the residents' best interests.

Staff must be provided with formal supervision to make sure that they are offered support and guidance.

A copy of the latest Care Quality Commission inspection report should be freely available in the home.

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 on page 4.

The report of this inspection is available from our website www.cqc.org.uk. You can get printed copies from enquiries@cqc.org.uk or by telephoning our order line 0870 240 7535.

Details of our findings

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Outstanding statutory requirements

Requirements and recommendations from this inspection

Choice of home

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People are confident that the care home can support them. This is because there is an accurate assessment of their needs that they, or people close to them, have been involved in. This tells the home all about them and the support they need. People who stay at the home only for intermediate care, have a clear assessment that includes a plan on what they hope for and want to achieve when they return home.

People can decide whether the care home can meet their support and accommodation needs. This is because they, or people close to them, have been able to visit the home and have got full, clear, accurate and up to date information about the home. If they decide to stay in the home they know about their rights and responsibilities because there is an easy to understand contract or statement of terms and conditions between them and the care home that includes how much they will pay and what the home provides for the money.

This is what people staying in this care home experience:

Judgement:

People using this service experience **adequate** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People do not move into the home unless their needs have been fully assessed and the home is confident that they can be met.

The home provides information about the services provided which need reviewing to include all the relevant information.

Evidence:

The home provides a statement of purpose/service user guide/brochure which gives information to prospective residents' and their families' about the services provided at the home. It is written in plain English and includes colour photographs of the home. However, it does not include a copy of the contract of residency, details of the sizes of the private rooms and does not include a copy or make reference to the latest Care Quality Commission inspection report. It is not dated and includes reference to intermediate care that the home is not registered to provide.

Evidence:

Five residents' completed our survey, three of whom said that they had received enough information to help them decide if Shire House was the right place for them to move into, two people said that they hadn't. All five respondents told us that they had a contract of the terms and conditions of residency. Three relatives' completed our survey, one of whom said that they received enough information about the home two said that they usually did.

One person was living at the home temporarily for respite care and we looked at the pre-admission assessment that had been undertaken before they moved in. It was positive to see improvements in the quality of the pre-admission assessment but it had not been signed.

Health and personal care

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People's health, personal and social care needs are met. The home has a plan of care that the person, or someone close to them, has been involved in making. If they take medicine, they manage it themselves if they can. If they cannot manage their medicine, the care home supports them with it, in a safe way. People's right to privacy is respected and the support they get from staff is given in a way that maintains their dignity.

If people are approaching the end of their life, the care home will respect their choices and help them feel comfortable and secure. They, and people close to them, are reassured that their death will be handled with sensitivity, dignity and respect, and take account of their spiritual and cultural wishes.

This is what people staying in this care home experience:

Judgement:

People using this service experience **adequate** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

Some improvements in relation to care planning and risk assessments are evident but these need further work to make sure they are up to date and reflective of peoples' current needs.

The outcome for residents has improved but the paperwork does not always reflect this.

People have access to medical and health care professionals whenever necessary.

The way in which medication is managed at the home needs to improve significantly to keep people safe and well.

People are treated with respect and their right to dignity and privacy respected.

Evidence:

A statutory requirement notice was served on 23rd December 2009 because of breaches in the Care Home Regulations 2001 relating to poor care planning practice. A

Evidence:

visit took place by two inspectors' on the 18th January 2010 to check if the home had complied with the requirements of the notice. The notice was served as during the previous visit two people living at the home did not have a care plan. During this visit we saw that both residents' now had a care plan and they had been signed by the residents' concerned to show their agreement with the care being provided. However, on one care plan the person had significant food allergies but there was no plan or risk assessments in relation to this and no information and guidance on file for staff to follow should the person have an allergic reaction. The care plan relating to falls and the moving and handling risk assessment had not been updated following a fall that had occurred recently. Food and fluid charts were in place but these were not totalled daily and there was no evaluation of the records by the acting manager to determine if the food and fluid intake was sufficient. Daily records were in place but the majority were very brief and were a list of tasks undertaken by staff.

The second care plan looked at had similar shortfalls including poor cross referencing in relation to the person's dietary needs and the cook on duty on the day of the inspection was unaware of the person's nutritional needs.

A third care plan looked at contained similar shortfalls. Records showed that bedlinen had not been changed for at least 10 days. The person had fallen but this had not been recorded in the accident book and the care plan and falls risk assessment had not been updated to include reference to the fall. In common with all plans looked at the dependency assessment and key worker input records or blank and the pressure sore and nutritional risk assessments were incomplete. The requirements in the statutory notice were therefore not fully met.

During the visit in June 2010 we looked at the care file for a person visiting the home for respite care and found that it was generally in good order with clear and concise instructions to staff and how the person's needs should be met. However, the risk assessment in relation to self-medication was not robust and needs further development.

It was positive to see the care plans are now being reviewed more frequently and when people's needs change and the people who are able to are asked to sign the plan to evidence their agreement with the care provided.

We looked at the way that medication was managed in the home. A statutory notice in relation to poor medication practice was served on 23rd April 2010. A visit took place on 13th May 2010 to see if the home had complied with the requirements of the notice. During the visit on the 13th May 2010 there had been some improvements in

Evidence:

the way that medication was administered and in the recording processes. We determined that the notice had been complied with. However, during this visit we noted that the recording of prescribed creams was poor and it was not possible to track if people were receiving this medication in line with the prescriber's instructions.

During the visit of 17th June 2010 although there had been some improvements since the last key inspection there are still serious concerns in the way that medication is administered at Shire House. This is of particular concern as the registered provider is a pharmacist and responsible for the training of staff in medication procedures and for auditing medication administration records (MAR charts) and care plans. During this visit on one file looked at there was a discrepancy in the records as to how much a particular medication (that is treated as a controlled drug) should be given both on a daily basis and given each time required. It was agreed during the visit that the acting deputy manager would contact the GP and determine the correct dosage and way the medication was to be administered. We also requested that the PRN rationale and medication care plan was updated during the visit so that it was accurate, and we could be assured that the medication was safely administered in line with the GP's instructions. This was completed by the acting deputy manager.

We looked at other other medication records and found gaps in recording. This could mean that medication had not been given as prescribed or that staff had not signed the record when the medication had been given. Records relating to medication prescribed ' as required' (PRN) were not all dated to show that they were current. Medication care plans and PRN rationales did not include information about possible triggers to people needing some types of medication for example that for anxiety, and did not give staff any information or advice on measures to try before administering medication.

It was clear from looking at records that people have access to medical and health care professionals' whenever necessary. It was very positive to see the efforts made by the home to secure access to NHS chiropody services that people at the home are entitled to receive. Five residents' completed our survey, two of whom said they always received the medical care they needed and three people said that they usually did. One resident commented that the home provided ' excellent transport to medical appointments and hospital visits'.

During the June 2010 visit, on the second care file looked at we saw evidence that the resident's needs were being met after cross checking care planning and risk assessment documentation with the daily record. However, because of the layout of the care plans and constant crossing out in the file the care plan was not concise and

Evidence:

was not clear but did give some instructions to staff on how the person's needs should be met.

On the third care file looked at we noted similar issues as already stated in relation to the changes made to the file making it difficult to work out what the person's current care needs were. We looked at this file during the visit that took place on the 13th of May 2010. The person concerned had recently had a fall and there were good records that staff had supported the person to attend follow up medical 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. 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 the 9th April 2010 and 4th May 2010 as it didn't take into account the person's increased pain and change in medication due to an injury sustained in the fall. The difference in scoring was significant and meant that the true level of risk was not identified. It was concerning to see that although this had been pointed out on the 13th May the assessment had not been reviewed and updated until 9th June 2010. During the visit on 13th May 2010 we found that some of the care records included subjective comments and inappropriate language used by staff that were disrespectful and did not afford residents' dignity. The person in charge on 17th June 2010 told us that this had been addressed with staff concerned to make sure that it does not reoccur.

However, although the care files are difficult to use and unclear there was documentary and visual evidence of an improvement in the outcome for one resident following their recent fall.

It was positive to see that on all the care files looked at, a care plan relating to foot care was in place as recommended in the inspection report of January 2010. We saw that the home had been proactive in trying to obtain NHS chiropody services for residents' to make sure that they received health care treatment that they were entitled to.

Two people said that they always received the care and support they needed and three people said that they usually did. We saw that staff knocked on the door of private rooms before entering and treated people with kindness and respect.

In the report of the visit that took place on 18th January 2010 we recommended that a risk assessment should be in place in relation to the use and storage of dental tablets. The home decided not to undertake risk assessments but to fit locks to

Evidence:

residents bathroom cabinets.

Daily life and social activities

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

Each person is treated as an individual and the care home is responsive to his or her race, culture, religion, age, disability, gender and sexual orientation. They are part of their local community. The care home supports people to follow personal interests and activities. People are able to keep in touch with family, friends and representatives. They are as independent as they can be, lead their chosen lifestyle and have the opportunity to make the most of their abilities. People have nutritious and attractive meals and snacks, at a time and place to suit them.

There are no additional outcomes.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

Routines of the home are as flexible as possible to meet the needs and preferences of people who live at the home.

People who live at home are satisfied with the level and quality of activities organised.

Visitors to the home are made welcome.

People who lived at the home are satisfied with the quality and variety of food served.

Evidence:

We spoke to some people who live in the home who told us that the daily routines were as flexible as possible to meet their needs and preferences. People told us that they are able to get up and go to bed at times to suit themselves.

Residents' told us that they were able to have visitors at any time and that their visitors are made welcome. One relative who completed our survey commented that ' carers always friendly towards me and my mother's visitors'. The brochure/service user guide/statement of purpose tells visitors that they are welcome and that they are able to take refreshments and meals with their relative by prior arrangement with

Evidence:

staff. One relative who completed our survey asked whether perhaps staff could eat with residents at mealtimes to give residents the opportunity to talk to staff outside of a task based situation.

There is a noticeboard in the dining room for residents where the weekly activity plan is displayed. However, the date displayed on the noticeboard was the 12th June which may have confused some residents. The home employs an activities organiser who works five afternoons a week Monday to Friday. Residents are able to go out with the activities organiser on car trips if they want to. Five residents' completed our survey, one person said there was always activities that they could take part in and four people said that there usually was. One relative who completed our survey commented that ' I am very happy with the care my mother receives. The activities and chances to be taken out on trips has improved significantly over the last six months and as my mother enjoys this, she benefits from them and this improves the quality of her life'.

A member of the local clergy was visiting on the day of the inspection and residents' were asked if they wish to take communion in the communal lounge. People who did not want to do this were assisted to leave the room by staff.

The statement of purpose/service user guides for brochure clearly tells residents' that they are able to look at any care records held by the home about them. People are encouraged to bring into the home personal belongings within the constraints of their room.

We observed that some people were handed biscuits by a member of staff and were not able to choose their own biscuit. We also observed that biscuits were carried in a member of staff's hand to a residents' private room.

All of the residents spoken to on the day of the inspection said that they were satisfied with the food served. Two new cooks have been appointed and residents' said that the food had improved since they started work. Five residents' completed our survey, one person said that they always liked the meals available and four people said that they usually did. Two people who completed our survey commented that there was a lot of noise at mealtimes coming from the kitchen, one person said that the ' noise is deafening and spoils any enjoyment of meals'. Another person commented that some of the noise was due to kitchen equipment and some was due to raised staff voices due to noisy equipment. We observed that the dining room was cleaner than on previous visits. We observed that the dining room was quite crowded and that some people using a wheelchair were not offered the opportunity to sit on a dining room

Evidence:

chair.

We looked at the kitchen records contained in the Safer Food Better Business folder and noted that they were not completed regularly and were not up to date.

Complaints and protection

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

If people have concerns with their care, they or people close to them know how to complain. Any concern is looked into and action taken to put things right. The care home safeguards people from abuse and neglect and takes action to follow up any allegations.

People's legal rights are protected, including being able to vote in elections.

This is what people staying in this care home experience:

Judgement:

People using this service experience **adequate** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

A complaints procedure is in place and people who live at the home are confident that they can raise concerns or complaints with staff.

Adult protection policies and procedures need reviewing to make sure they are relevant to Shire House.

The majority of staff have now undertaken training in safeguarding the people who live in the home.

Evidence:

The home has a complaints policy that is on display in the entrance hall but this does not make clear that complainants are able to contact the Care Quality Commission at any stage of a complaint. Five residents' completed our survey, five of whom said they knew who to talk to if they were not happy and four of whom knew how to make a formal complaint. Three relatives' completed our survey, two of whom knew how to make a complaint if they wanted to. Both respondents' said that the home had responded appropriately when any concerns had been raised.

The training matrix provided on the day of the inspection listed two courses relating to adult protection. One course was recorded as 'safeguarding adults' and the other as 'CRB/POVA'. The matrix showed that three members' of staff have not undertaken any training in either of these topics and two members' of staff have not undertaken any

Evidence:

training since 2003 and 2005.

The policy and procedure in relation to management of violence and aggression (by residents') included information that was not relevant to Shire House or the needs of people accommodated there. The policy tells readers that the home restrains people and that staff are trained in restraint. The registered provider told us that the home did not restrain people and they did not offer restraint training to staff.

The whistle blowing policy was dated March 2010 but did not include the contact details of Public Concern at Work, the local funding authority or the Care Quality Commission.

In common with other policies and procedures the adult protection policy needs revision to make sure it is specific to Shire House and in line with locally agreed multi agency safeguarding policies and procedures.

Environment

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People stay in a safe and well-maintained home that is homely, clean, pleasant and hygienic.

People stay in a home that has enough space and facilities for them to lead the life they choose and to meet their needs. The home makes sure they have the right specialist equipment that encourages and promotes their independence. Their room feels like their own, it is comfortable and they feel safe when they use it.

This is what people staying in this care home experience:

Judgement:

People using this service experience **adequate** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

The home is clean and tidy and well maintained.

People are supported to personalise their private rooms to reflect their taste and preferences.

There is a well maintained and accessible garden that people who live in the home enjoy.

Infection control practice needs to improve significantly to reduce the risk of cross infection and keep people safe.

Evidence:

The home was generally much cleaner and tidy than during previous visits. However, one resident's room had an unpleasant odour which the acting deputy manager was aware of and intended to address. Residents' are encouraged and supported to bring in personal belongings when they move into the home and to personalise their private rooms to reflect their own tastes and lifestyle.

During the visit on 18th January 2010 we noted that the bed in one private room had been made but the sheets were clearly stained and should have been changed. The frequency of bed changes was not what we expected to see and on one file checked

Evidence:

the bedlinen had not been changed for 13 days. During the visit in June 2010 we saw in one bedroom that the bed had been made by a member of staff although it was clear that the carpet near the bed was wet and on examination the sheet and duvet cover were wet. This was pointed out to the acting deputy manager during the visit and they arranged for this to be addressed.

Five residents' completed our survey, three of whom said that the home was always fresh and clean and two people said that it usually was. One person commented that the home had an 'excellent laundry service' and went on to say that there was ' plenty of bedding and clean towels'.

All private rooms have a call bell system for people to request staff assistance when they need to. Two residents' who completed our survey commented that sometimes there was a delay by staff in responding to a call bells and comments included ' I sometimes have to wait quite a long time', 'they could tighten up a little in response to call bells' and ' call help can occasionally be a bit slow. I feel a lot is due to carers being very busy. '

The home has a very pleasant garden and outdoor area that is accessible to residents'. A variety of wooden and plastic seating is provided and some areas have raised beds so that residents' who choose to can help in the garden.

It was positive to see that radiator temperatures can now be individually regulated, windows are now restricted and the water temperature is now regulated and safe. These issues were raised at the key inspection and reported on in the random inspection reports of 18th January 2010 and 2nd February 2010.

We observed that the shower room now has appropriate signage but one light bulb was still not working although this was pointed out in January 2010.

On the first floor the fire escape door was unlocked and the alarm was not switched on, so staff would not have been alerted if a resident had left the building.

We saw that protective clothing, hand wash, paper towels and vinyl gloves were available for staff in communal toilets and bathrooms. We saw that there were waste bins in communal bathrooms and toilets but that these were not foot operated to reduce the risk of cross infection. The need to provide foot operated bins in communal bathrooms to reduce the risk of cross infection was included in the inspection report of 18th January 2010. We noted that a bottle of shower cream was in the communal shower room, toiletries should be stored in individuals private rooms and not used

Evidence:

communally.

We looked at the laundry which has a washable floor, a sink, an industrial washing machine, an industrial dryer and a domestic dryer. Vinyl gloves were provided but there was no hand wash or paper towels available for staff.

We observed two members' of staff working in the laundry. One member of staff was seen putting in a mixed load or washing into the washing machine which may have resulted in some clothes being washed at too high a temperature and some clothes being washed at a temperature that was too low to get them clean. We observed that one member of staff removed this washing from the machine and sorted it out appropriately. However, the member of staff concerned was not wearing gloves, did not wash their hands when leaving the laundry and was seen handling cups and biscuits immediately after leaving the laundry. We observed that a urine bottle was stored on the floor of the laundry and a urine bottle kept in the window which would have been visible to visitors.

We noted that food is now stored in a different area, the area was clean and tidy but the window was open and did not have a fly mesh fitted.

Staffing

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People have safe and appropriate support as there are enough competent staff on duty at all times. They have confidence in the staff at the home because checks have been done to make sure that they are suitable to care for them. Their needs are met and they are cared for by staff who get the relevant training and support from their managers.

There are no additional outcomes.

This is what people staying in this care home experience:

Judgement:

People using this service experience **adequate** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

Staff files are well organised and kept securely and recruitment procedures have improved since the key inspection.

Risk assessments and supervision of new staff is not in place for new members of staff pending receipt of a satisfactory Criminal Records Bureau check.

A training programme is in place to offer staff the opportunities to gain the necessary skills and knowledge but this will take some time to include all staff.

Evidence:

The home employs an acting manager, senior carers, carers, two cooks and housekeeping staff. We looked at the staff rotas and they showed that there were enough staff on duty to meet the needs of the number of residents' currently living at the home. Five residents' completed our survey, one person said that there was always staff available when they needed them and four people said that there usually was. Three residents' said that staff always listened and acted on what they said and two people said that staff usually did.

It is not possible to comment on the recruitment policy as in line with the other policies and procedures it is not specific to Shire House.

Evidence:

The home employs twelve carers, only three of whom (24 per cent) are currently qualified to at least NVQ II . However, the training matrix provided by the home on the day of the inspection showed that seven carers are currently registered on NVQ level II or level III training courses.

A statutory requirement notice was served on 11th January 2010 because of breaches of the Care Home Regulations 2001 regarding poor recruitment practices that potentially put residents' at risk. We visited on the 2nd February 2010 to check compliance with statutory notice. We found that while some improvements had been made in the recruitment process there were still significant concerns. There was no evidence that new staff completed statutory training including health and safety or fire safety as soon as they started work at home. Staff were not supplied with a job description or contract of employment. There was no record of interview and the way in which references were taken up was not robust enough to check people's background and competency. Staff records including CRB checks were not kept securely and in line with the Data Protection Act 1998.

During the visit in June 2010 we looked at the recruitment files of three members of staff who had started working at the home since the key inspection. The staff files are now kept securely and better organised than during previous visits, as a checklist /index was in place. All files contained the information required in the regulations and included an application form, references and proof of identity. However, there was no evidence of a risk assessment in any of the files checked in relation to people starting work after the Independent Safeguarding Authority (ISA) check has been received but before a satisfactory Criminal Records Bureau disclosure has been received. There was also no evidence that the members' of staff concerned had been supervised by an appropriately qualified and experienced member of staff.

Records showed that interview records are now kept and members' of staff are given a job description, terms and conditions of employment and their own copy of the General Social Care Council code of conduct .

We visited on 2nd February 2010 and noted that the staff training programme was poor and did not ensure the staff had access to appropriate training so that they had the right skills and knowledge to meet residents needs. The home did not use the Skills for Care common induction standard training and eleven members' of staff including the deputy manager had not undertaken any training in adult protection. Seventeen members' of staff had not undertaken any training in infection control.

During the visit in June 2010 we noted that the home now uses the Skills for Care

Evidence:

induction workbook for new staff. These were on file on all three files looked at. However, progress in working through the workbook appear to be very slow and little progress had been made since the members of staff had started work.

We were given a training matrix by the registered provider that we were told was up to date. The gaps in statutory training is referred to in outcome group 7. There has been a significant improvement in the training offered to staff since the key inspection, including the opportunities to undertake NVQ training.

Management and administration

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People have confidence in the care home because it is led and managed appropriately. People control their own money and choose how they spend it. If they or someone close to them cannot manage their money, it is managed by the care home in their best interests. The environment is safe for people and staff because appropriate health and safety practices are carried out.

People get the right support from the care home because the manager runs it appropriately with an open approach that makes them feel valued and respected. The people staying at the home are safeguarded because it follows clear financial and accounting procedures, keeps records appropriately and ensures their staff understand the way things should be done. They get the right care because the staff are supervised and supported by their managers.

This is what people staying in this care home experience:

Judgement:

People using this service experience **adequate** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

The way the home is managed has improved but concerns remain about the ability of the registered provider to sustain this.

Health and safety is generally taken seriously and has improved since the key inspection.

Not all staff have undertaken statutory training so may not have the necessary skills and knowledge to meet people's needs.

Supervision of staff has started but needs further development to be effective.

Evidence:

The acting manager was on leave and in their absence the registered provider Mr Tan told us that he was jointly managing the home with the deputy manager. However, the rotas provided showed that the deputy manager was also expected to work as a

Evidence:

carer, and was not included as a temporary member of the management team. It was agreed during the visit that the senior member of staff concerned would work solely in a management role and that the staff rota would reflect this. During the acting manager's absence Mr Tan told us that he visited the home every day, Monday to Friday.

The registered provider did not know if any resident was subject to a Deprivation of Liberty application and was unaware of what this was.

The registered provider has told us that they are registered to undertake an NVQ level IV in care. However, serious concerns remain about the provider's lack of experience and knowledge in relation to how the care home should be run and managed.

One resident who completed our survey told us 'the home has obviously been advised on improvements and they seem to have acted on these to the benefit of the residents' and hopefully staff too'. A relative commented that 'paperwork and procedures seem to have improved recently'.

During a visit on 2nd February 2010 we looked at how staff were supervised in the home. Supervision was being undertaken by the acting manager and the deputy manager neither of whom have undertaken any training in how to do this effectively. Supervision records checked showed that this was brief and not in line with the recommendations in the national minimum standards. Supervision did not take place on a regular basis and certainly not with the frequency recommended in the standards. There was no supervision policy.

We looked at the way the home support residents' with their personal finances. Records checked were correct receipts were on file. Advice was given in relation how to manage the situation when residents' personal allowances were not passed on by their families'.

During the visit in June 2010 we looked at staff supervision records. Whilst there had been some improvement in the number of staff formally supervised, records of supervision were brief and did not include reference to training needs. We noted that three staff had not had any formal supervision since they started work at home. There is still no supervision policy. The training matrix provided showing that the acting manager, deputy manager and a senior member of staff had undertaken training in staff supervision since the key inspection.

We noted that bed rails are sometimes used at the home but there are no systems in

Evidence:

place in relation to risk assessments and no understanding that once in place bedrails should be checked at least weekly to make sure they are fitted properly and safely.

We noted that there had been three staff meetings since the key inspection. The minutes of the meetings included personal information about residents' contrary to the Data Protection Act 1998.

We looked at the homes policies and procedures which have been purchased from an external contractor but the ones looked at had not been personalised to reflect the specific policies and decisions that will be made in the way that Shire House is managed.

The home had a safer food better business file to record temperatures and the way the kitchen is organised and managed. The records in the file were out of date and the file was in poor condition.

We looked at the fire records and noted that equipment was checked and serviced regularly and that fire drills took place. However, the registered provider was unaware of the need for personal evacuation and escape plans for each resident and did not understand what these entailed.

We checked the temperature of several hot water outlets and noted that they are now within acceptable range after the fitting of blender valves as required in the last inspection report.

We saw that all radiators are covered and that the covers have been changed so that the temperature can be individually adjusted. All windows are now restricted to ensure the safety of people who live at the home.

A safety light beam has been fitted in the lift in case anyone falls in there and any resident using the lift is accompanied by a member of staff to ensure their safety.

We looked at the COSHH file but this was out of date and did not evidence that staff training was up to date or that risk assessments were in place in relation to the chemicals and cleaning solutions used in the home.

The training matrix showed that one carer did not have a current qualification in moving and handling people safely. Eight members' of staff have not undertaken any training in health and safety. Eight members' of staff have not undertaken any training in COSHH and two members' of staff including a member of the housekeeping

Evidence:

staff have not undertaken any training in infection control.

We cross referenced the accident book with the daily records and found that falls were now being recorded. The number of falls that occur each month is recorded but further work is needed to evaluate the cause of falls and how to reduce them. However, the complaints log contained details of two incidents where residents' had sustained an injury and these had not been recorded in the accident book.

The home has made a start to introduce quality assurance systems as a means of evaluating the quality of care and services provided. As part of the system residents' are being asked their opinion about the home and this had been recorded but not in a way that meets the requirements of the Data Protection Act. Serious consideration should be given to seeking the views of residents' in a way that preserves their anonymity in line with the recommendations of the national minimum standards. Consideration should be given as to how the results of audits are acted upon and used to inform future development of the service.

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, Care Homes Regulations 2001 and the National Minimum Standards.

No.	Standard	Regulation	Requirement	Timescale for action
1	7	15	<p>The registered manager must ensure that all care plans and reviews accurately reflect the needs of the 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>	05/02/2010
2	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 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> <p>(Previous timescale of 12/05/2010 not met).</p>	12/05/2010
3	9	13	<p>All external preparations that are prescribed must be</p>	14/07/2010

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, Care Homes Regulations 2001 and the National Minimum Standards.

No.	Standard	Regulation	Requirement	Timescale for action
			<p>applied in accordance with the directions of the prescriber, and a record kept of all preparations applied.</p> <p>This is to show that people are receiving all medicines and preparations that have been prescribed for them.</p> <p>Not looked at during this inspection.</p>	
4	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>(Previous timescale 30/03/2010 not met).</p>	30/03/2010
5	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 07/07/2009 not met).</p> <p>To ensure that people who live and work at home are safe from the risk of cross infection.</p>	07/07/2009
6	29	19	<p>The registered person must ensure that recruitment</p>	18/02/2010

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, Care Homes Regulations 2001 and the National Minimum Standards.

No.	Standard	Regulation	Requirement	Timescale for action
			<p>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 and 18/02/2010 not met).</p>	
7	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>(Previous timescale 12/02/2010 not met).</p>	12/02/2010
8	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>(Previous timescale of 01/04 2010 not met).</p>	01/04/2010

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, Care Homes 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	19	13	<p>The registered person shall ensure that all parts of the home to which service users have access are so far as reasonably practicable free from hazards to their safety.</p> <p>This refers to the unlocked first floor fire escape door with the alarm switched off.</p> <p>To keep people who lived at the home safe.</p>	30/07/2010
2	29	19	<p>The registered person must not employ people to work at the home pending receipt of the CRB check unless they are supervised by a member of staff.</p> <p>To keep people who live at the home safe.</p>	30/07/2010
3	38	23	<p>The registered person shall make adequate arrangements for the evacuation, in the event of fire, of all persons in the</p>	31/08/2010

Statutory requirements

These requirements set out what the registered person must do to meet the Care Standards Act 2000, Care Homes 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
			<p>care home in safe placement of service users.</p> <p>This refers to personal evacuation and escape plans.</p> <p>To keep people in the home safe.</p>	
4	38	17	<p>The registered person shall ensure that all accidents that occur to service users are recorded.</p> <p>(Previous timescale of 07/07/2009 not met).</p> <p>To ensure that any trends or risks can be identified so that measures can be put in place to reduce re-occurrence.</p>	31/08/2010

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	1	<p>Serious consideration should be given to reviewing and updating the statement of purpose/service user guide to make sure that it includes the following:-</p> <p>The date it was written.</p> <p>A copy of the contract of residency.</p> <p>A copy of the latest Care Quality Commission inspection report or reference as to where this can be obtained.</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>A correct e-mail address.</p> <p>Removal of the information in relation to providing intermediate care.</p> <p>Removal of the information relating to the previous registered manager.</p> <p>Review the information under the section headed facilities relating to the lack of measures open to the home to control the hot water temperature.</p> <p>Information about complaints should make clear the complainant's are able to contact the Care Quality Commission at any stage of a complaint.</p> <p>Update the contact information of the Care Quality Commission.</p>
2	7	<p>All care planning documentation including risk assessments should be fully completed, dated and signed.</p> <p>First recommended in the inspection report 18th January 2010.</p>
3	9	<p>The risk assessment relating to self-medication should be reviewed to make sure that it is robust.</p>
4	15	<p>Serious consideration should be given to offering residents a choice of biscuits and how this can be achieved.</p>
5	15	<p>Serious consideration should be given to offering people who use wheelchairs the opportunity to sit on a dining room chair during mealtimes.</p>
6	16	<p>The complaints information should make clear that complainants are able to contact the Care Quality Commission at any stage of a complaint.</p>
7	18	<p>The whistle blowing policy should include the contact details of Public Concern at Work, the Care Quality Commission and Dorset County Council.</p> <p>The adult protection policy should be specific to Shire house and reflect locally agreed multi agency safeguarding procedures.</p>
8	24	<p>Beds should not be made with sustained or wet sheets.</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
		This was first recommended in the inspection report of 18 January 2010.
9	26	<p>Urine bottles should not be stored on the floor or in full view of visitors.</p> <p>Handwash and paper towels should be provided in the laundry.</p> <p>Urgent consideration should be given to using alginate bags for soiled laundry to reduce the risk of cross infection.</p>
10	26	Urgent consideration should be given to fitting a mesh fly screen in the food store.
11	26	<p>Residents' toiletries should be kept in their own private room and not be used communally or kept in communal bathrooms.</p> <p>All waste bins in communal bathrooms, the laundry and toilets should be foot operated to reduce the risk of cross infection.</p>
12	27	<p>The staff rota should include the hours worked by the acting manager.</p> <p>The staff rota should make clear who is the registered first aider on each shift.</p> <p>The staff rota should make clear who is in charge of each shift.</p> <p>The staff rota should include the designation of each member of staff.</p>
13	29	Urgent consideration should be given to undertaking risk assessments in relation to people who start work following receipt of the ISA check prior to receipt of a satisfactory CRB check.
14	29	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.

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
		This was first recommended in the inspection report of 2nd February 2010.
15	30	Serious consideration should be given as to how long is a reasonable time for staff to complete the Skills for Care induction workbook.
16	33	Staff meeting minutes should not include personal information about residents.
17	36	<p>A supervision policy should be developed as soon as practicable.</p> <p>Formal staff supervision should take place at least six times a year in line with the National Minimum Standards.</p> <p>This was first recommended in the inspection report 2nd February 2010.</p>
18	38	Urgent consideration should be given to checking bedrails at least weekly and to providing staff with information and guidance on how bedrails should be used and fitted.
19	38	<p>The accident book should be checked and signed by the acting manager and evaluated to identifying trends to enable measures to be put in place to reduce accidents.</p> <p>This was first recommended in the inspection report 18th of January 2010.</p>
20	38	<p>Urgent consideration should be given to updating the COSHH risk assessments.</p> <p>Urgent consideration should be given to providing appropriate training to staff in relation to COSHH.</p>
21	38	Urgent consideration should be given to improving the way that kitchen records are kept and the way that the safer food better business file is maintained.

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