

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:							
John Hurley	2	2	0	3	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:

A Random Inspection was carried out in March 2010 by Inspector John Hurley and Pharmacy Inspector Lorna Somerville. We carried out a Short Observational Framework for Inspection, (which means that we observed the interactions between the staff, people who live at the home and any other people who came into contact with the observed group and evaluated the recording of those interactions)

We also looked at a sample of the care plans and medication procedures at Shire house and also talked with residents and staff.

Care Plans

We looked at the care plan for one individual who had fallen on 16/03/10. The file for this individual contained a 'Risk of Falls Assessment' that recorded that they were at high risk of falls. The care plan documented that they "can't remember what happened to their arm and thumb and so carers must always remind them" as they had sustained a broken arm and thumb. The outcome of the fall was that the individual had moved rooms to be on the lower floor where staff could monitor them more closely and that they needed to wear a blue sling and splint on their hand at all times.

During the inspection we spoke with the individual on a number of occasions. Although the care plan stated that the individual must wear the sling to support the shoulder and wear the splint to support the finger on three separate occasions at approx 10.30a.m, 12.15p.m. and again at 2.25p.m. we observed that they did not have the sling or splint on. On two occasions they told us that they were in pain but the care records did not evidence any guidance in relation to pain relief. The individual's file states that they "can't remember to ring the call bell to summon help and that carers must check them regularly". No risk assessment was evidenced relating to them not being able to use a call bell and although staff were aware that they had to check the individual there was no formal system introduced to evaluate that this was happening as regularly as the care plan instructed. During one of our visits to this individual just after dinner we found them in discomfort and needing assistance to the toilet. A call bell point was on the table in front of them but as previously established they could not use this. We found assistance for them from staff in the dining room.

During feedback to the responsible individual we highlighted that the call bell was not accessed by this person. The acting manager then consulted with the staff who confirmed that they had put the call bell point on the table. We pointed out to the responsible individual that the records state that they forget how to use this and so putting the facility on the table was ineffective.

Another person's care plan identified that they get confused and forgetful. In the care plan there is a goal/ objective, which was reviewed on 03/03/10 and stated that staff should " hold conversations about their past and family, ensure mental stimulations at all times". There is no further guidance provided to staff on what this means to the person. The daily notes do not indicate that the above mental stimulation was provided to them. The records evidenced that on 10/03/10 an assessment was carried out by a health care professional which stated that the individual is severely cognitively impaired. When

discussing this with some staff they were unaware of this.

SOFI observations

We completed a two hour observation in the home, using the Commissions approved Short Observational Framework for Inspection tool (SOFI). The person above who required staff to "ensure mental stimulation at all times" was part of this observation. During the two hour observation they were observed to be asleep 67% of the time. When wakeful they were extremely confused. Staff did not engage with them outside of performing tasks, i.e giving them a drink, even when they tried to instigate conversation. There was no evidence that staff made any attempts at following the care plan regarding mental stimulation. Staff were inconsistent with aids supplied, for example when offering a drinking cup, at one time with a lid, other times without. Staff told them they would become dehydrated if they did not drink, yet ignored them when drinks were being handed out on a second occasion. The results of the SOFI showed that there were long periods of time when there was no staff interaction. There was only one five minute period in two hours where a member of staff sat and talked with the group of people. All other staff interaction with the group was task centred around providing a drink and assistance with personal care.

Medication

We looked at arrangements for storing and giving medicines in the home. We checked the records that are held in the home for medicines given to people, and discussed how medicines are handled with the manager and other staff working in the home.

People sometimes look after their own medicines and we spoke to someone who does this. Safe storage is provided, and a risk assessment is in place to show that it has been assessed as safe for this person to take their own medicines. We watched some of the lunchtime medication round being given by a member of staff. Staff have received training in medication handling and administration. We found that medicines are given to people one at a time, and medicines charts are signed before giving to the next person. This is a safe method to give medicines however we noticed that for some people doses were placed directly into people's mouths. Although gloves were worn, they were not changed between giving medicines to different people. Ideally doses should be given to people to place in their own mouths in order that doses do not need to be handled by staff. If this is not possible for some people then a spoon could be used, or if doses have to be placed directly into people's mouths then gloves should be changed between giving to different people, in order to prevent spread of infections.

Medicines are stored safely for the protection of people in the home. There are suitable arrangements for controlled drugs. It is recommended to keep a running balance of low strength morphine preparations that may sometimes be used in the home, in order to make it easier to audit amounts of medicines in the home. There is a refrigerator for any medicines requiring cold-storage, but it is not in use at the moment due to redecoration of the room. Medicines are currently being stored in the kitchen refrigerator but are stored in a separate locked box to keep them separate from foods. When returned to the medicines refrigerator then maximum and minimum temperatures should be monitored as in the medicines policy. This is to show that medicines have been stored at the correct temperatures and are safe and effective for people.

Records are kept of medicines received into the home, those given to people and any unwanted medicines that are returned to the pharmacy. This provides a clear audit trail and makes it possible to see how medicines are handled in the home.

Most medicines charts are printed for the home by the pharmacy that supplies them. Sometimes handwritten entries or amendments are needed, but these are not always double signed by the staff who amend them. It is recommended to get all handwritten entries checked and signed by a second member of trained staff, to ensure that dose instructions are fully recorded and correct. This will help to minimise the risks of error.

We looked at how medicines prescribed to be given 'when required' are managed in the home. There is some information on these medicines kept with peoples medicines charts but they are not individualised to explain to staff how and when these medicines are appropriate for specific individuals. Medicines can only be given in accordance with the directions of the prescriber so it is important that doctors instructions are recorded and available for staff. We found one person who is prescribed a variable dose of a sedative medicine to be given when required for anxiety. The records show that it is given every day, and staff told us that they give it because she always has it regularly. There should be a clear care plan for all people which detail the circumstances for that individual on when it is appropriate to give, and how to decide how much to give if a variable dose is prescribed. If doses of when required medicines need to be given regularly the prescriber should be contacted and a request made for a review. It is a requirement to have clear details for individual medicines prescribed 'when required' in order to show that medicines are given as intended by the prescribing doctor.

Two further requirements were made as a result of this inspection in relation to the safe administration of medication. Due to our serious concerns over medication practices within the home a Statutory notice was also served in relation to poor medication practice.

What the care home does well:

The people who live at the home consider that they receive a good quality service. The home is generally clean in all areas and some improvements have been made. From speaking with the responsible individual and management of the home we were reassured that the home has a strong desire to make the necessary improvements where identified.

What they could do better:

We looked at three specific areas of the homes care practices at this random inspection, medication, care records and staff / resident interaction.

The responsible individual must ensure that medication is administered in a safe manner. A statutory notice was served with regards to poor medication practice.

The responsible individual needs to ensure that care plans contain sufficient guidance to staff with regards to how to meet peoples needs and further develop systems that can evaluate outcomes for those who require intensive staffing inputs.

The responsible individual needs to ensure that staff have sufficient time and opportunity to interact with the residents in a more person centred way so as to improve the quality of life for those who live at 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 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	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
6	15	18	<p>The registered person must ensure that the catering staff receive training appropriate</p>	30/03/2010

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>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>	
7	15	13	<p>The registered person must ensure that all unnecessary risks to residents are identified and as far as possible eliminated.</p> <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>	02/03/2010
8	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
9	19	13	<p>The registered person must ensure that the hot water temperature does not pose a</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>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>	
10	19	13	<p>The registered manager must ensure that all windows that are unrestricted in their 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>	05/02/2010
11	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

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
12	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
13	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>Not looked at during this inspection.</p>	07/07/2009
14	26	16	<p>The registered person shall keep the home free from offensive odours.</p> <p>To ensure that residents live in a pleasant environment.</p> <p>Not looked at during this inspection.</p>	02/03/2010
15	29	19	<p>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.</p> <p>(Previous timescale of 07/07/2009 and 24/01/2010 not met).</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
			Not looked at doing this inspection.	
16	29	19	<p>The registered person must ensure that a recent photograph is on file for each member of staff.</p> <p>To ensure that the home has accurate and up-to-date proof of people's identity.</p> <p>Not looked at during this inspection.</p>	02/03/2010
17	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
18	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>	28/01/2010

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
			Not looked at during this inspection	
19	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
20	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
21	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

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	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	The method of medicines administration in the home should be reviewed to ensure that risks of spread of infections can be minimised. This is to protect people's health and welfare.	12/05/2010

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	9	<p>It is recommended that when handwritten entries or amendments are made to medicines charts that they are checked and signed by a second member of trained staff. This is to make sure the charts are accurate and reduce the risks of errors occurring.</p> <p>It is recommended to keep a running balance of low strength morphine preparations that may sometimes be used in the home. This is to make it easier to audit amounts of medicines in the home.</p>

Reader Information

Document Purpose:	Inspection Report
Author:	Care Quality Commission
Audience:	General Public
Further copies from:	0870 240 7535 (telephone order line)

Our duty to regulate social care services is set out in the Care Standards Act 2000. Copies of the National Minimum Standards –Care Homes for Older People can be found at www.dh.gov.uk or got 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

Helpline:

Telephone: 03000 616161

Email: enquiries@cqc.org.uk

Web: www.cqc.org.uk

We want people to be able to access this information. If you would like a summary in a different format or language please contact our helpline or go to our website.

© Care Quality Commission 2010

This publication may be reproduced in whole or in part in any format or medium for non-commercial purposes, provided that it is reproduced accurately and not used in a derogatory manner or in a misleading context. The source should be acknowledged, by showing the publication title and © Care Quality Commission 2010.