Sentry Care Limited

Shire House Care Home

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

The inspection took place on the 19 and 21 September 2017 and was unannounced.

Shire House Care Home provides residential care without nursing for up to 22 older persons. There were 17 people living at the service when we visited some of whom were living with dementia.

A registered manager was employed to manage the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We previously inspected the service in May 2016 and found breaches of regulation related to staffing, risk management and care being person centred. The provider wrote and told us about improvements they would make to meet the requirements of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. They told us they would make these improvements by the end of August 2016. At this inspection we found that these improvements had been made.

People were supported by staff that understood how to recognise signs of abuse and the actions they needed to take if they suspected abuse. The staff also put an emphasis on the need not to go to external authorities without talking to the management team first. The registered manager and nominated individual checked this understanding with the staff team and addressed the importance of whistleblowing during our inspection.

Healthcare professionals had been concerned about some aspects of risk management. The provider organisation had changed ownership in August 29017 and the new owner had discussed concerns with the district nurse team and plans were in place to ensure these issues were acted upon.

People received their medicines as prescribed. Records, however were not always accurate and stock levels of one medicine were unnecessarily high. The registered manager and nominated individual addressed these issues immediately and put measures in place to ensure they would not be repeated.

The risks people lived with had been assessed and were reviewed regularly. Staff understood the actions in place to minimise these risks. Staff had a good knowledge of the risks people lived with and their role in reducing these risks.

Where people needed to be deprived of their liberty to live in the home, applications for Deprivation of Liberty Safeguards (DoLS) had been made. One DoLs that had been authorised had expired. This was rectified during our inspection and a system put in place to ensure this would not be repeated.

Staff were supporting people in line with the principles of the Mental Capacity Act 2005 (MCA). People were

supported to have choice and control of their lives and staff supported them in the least restrictive way possible. People's ability to make decisions about specific aspects of their life were regularly assessed and kept under review. When people could not make decisions for themselves this was done in line with the principles of the MCA.

People were supported by enough staff to meet their needs. Staff had been recruited safely which included checks that they were suitable to work with vulnerable people. Staff had the appropriate skills and training to support people safely and effectively. Staff felt supported and received regular supervision and an annual appraisal.

Staff understood people's eating and drinking requirements, likes and dislikes. There were systems in place to ensure that risks associated with eating and drinking were managed effectively.

People had access to healthcare for ongoing and emergency treatment, This included GP's, district nurses , dentists and opticians.

People were supported by staff who knew them well and understood their history , likes, dislikes and preferences. Staff were caring when they spent time with people and spoke about them with warmth and respect. People had their dignity and privacy respected and were supported in a way that reflected a person's individuality.

People's care and support plans had been written and reviewed regularly with people or appropriate representatives. Staff understood the actions they needed to take to support people with their care. People's decisions about how they wanted to spend their time was respected and reflected past lifestyles and interests.

People felt listened to and told us they knew how to complain. They felt if they did raise any concerns they would be listened to and actions taken.

Audits and surveys were robust enough to identify any areas for improvement and included both the environment and people's care and welfare. A quality assurance process was in place that ensured people had the opportunity to share their views about the service they received. When any actions were identified they were acted on to ensure people's safety and wellbeing.

People and staff held the management and home in high regard. They all reflected an ethos of staff working to create a family feel. Staff were committed to supporting each other to achieve good quality care for people.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was safe although we found some areas where improvements could be made. These were addressed during out inspection.

People's medicines were administered safely. We noted a recording error and a stock control issue which were addressed quickly and comprehensively during our inspection.

Staff demonstrated they understood how to identify and keep people safe from abuse. They understood how to report abuse but emphasised internal measures. This may have put people at risk. The provider reinforced whistleblowing procedures with all staff during our inspection.

People had risk assessments in place which were updated regularly and staff understood how to support them to reduce these risks.

People were supported by enough safely recruited staff to meet their needs.

The home was clean. Staff had access to protective clothing and used it appropriately when supporting people with personal care and giving medicines.

Is the service effective?

Good

The service was effective.

People had enough to eat and drink and they told us the food was good.

People told us they saw their GP and health professionals when they needed to.

People were assessed to see if they could consent to their care. Where they could not do so staff understood how to ensure their rights were upheld.

People were supported by staff who felt well supported and had been trained to carry out their work.

Is the service caring?

Good

The service was caring. People told us the staff were caring and staff spoke of people with kindness and respect.

Staffing and care were planned to ensure people's preferences and choices were respected.

Is the service responsive?

Good

The service was responsive. People received care that reflected their needs and preferences.

Activities were provided to keep people active and these were being reviewed and developed when we visited. People had their faith needs met.

People were confident that they could raise concerns and complaints if they needed to.

Is the service well-led?

Good

The service was well led.

People and staff told us the management team was approachable and they felt able to contribute to developments.

There were systems in place to monitor the safety and quality of the service people received.

Shire House Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on the 19 and 21 September 2017 and was unannounced. It was carried out by of one inspector from the adult social care directorate. We made calls to professionals before and after the inspection visits.

Prior to the inspection we reviewed the information we had received from or about the service. This included the notifications we had been sent, the previous inspection report and the Provider Information Return (PIR) submitted in April 2017. A PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. Notifications detail specific events about the running of a service that registered people have to tell us about.

While at the service we spoke with six people and one relative. Some of the people living in the home did not always communicate effectively with words due to their dementia. Because these people could not describe the care they received we observed care practices to help us understand the experience of people who could not talk with us. We spoke with five members of staff, the registered manger and the nominated individual. We also looked at records relating to eight people's care, and reviewed records relating to the management of the service. This included: improvement plans; three staff records; training records; policies and procedures; incident and accident records and quality monitoring audits.

After the inspection we asked the registered manager to provide us with information about how they supported one of the people living in the home. They provided this information straight away.

We also spoke with one social care professional, one environmental health professional and three healthcare professionals who had worked with the home or had visited people living at the home.

Requires Improvement

Is the service safe?

Our findings

At our last inspection we were concerned that staffing was not sufficient, the risks people faced were not adequately assessed and people were at risk due to poor infection control and kitchen hygiene. There were breaches of regulation. The provider wrote to us and told us about the improvements they would make to meet the requirements of the regulations. At this inspection we found these improvements had been made.

Staff understood how to safeguard people from harm and abuse and safeguarding concerns had been raised appropriately with the local safeguarding authority. Staff received regular training in safeguarding adults and were able to describe how they would identify abuse and who they would report to. Whilst they were confident the registered manager, or provider, would respond appropriately to concerns, they all emphasised the importance of reporting internally before externally. One member of staff said: "I would not go straight to the higher authorities." Another member of staff highlighted the need to check if a person had an infection before making other authorities aware of an allegation of abuse. This emphasis meant there could have been a delay in reporting a concern which would have left people at risk of harm. We discussed this with the registered manager and the provider and they assured us they would address this understanding. The provider spoke to all staff about the importance of whistleblowing over the course of our inspection and made safeguarding and whistleblowing a standing item on the staff meeting agenda. They also told us they would update the staff handbook to reinforce this message. Following our inspection they wrote to us with evidence of staff understanding of appropriate procedures.

People's risks were managed effectively but we received feedback from health professionals that historically plans had not always been followed. This had put people at risk of harm. We spoke with the provider who explained that they had met with health professionals and made assurances about improved responsiveness and relationships. People felt safe because the risks they faced were managed appropriately. People told us they felt safe and that staff were available when they needed them. One person told us: "I feel safe and lucky. There is no cruelty I can tell you that." Another person told us: "I feel safe. There are people around." People explained how staff helped them to stay safe. On person described how staff helped them to move safely and put creams on their skin to protect it. Another person explained staff helped them to move in their bed to protect their skin. We saw another person getting distressed which increased the risk they may hurt themselves. Staff followed the plan to reduce their anxiety effectively and compassionately. Staff were able to explain the risks people faced and understood the plans in place to reduce these risks.

People's medicines were administered safely although we found a recording error and excessive stock of one medicine. Everyone told us they were happy with how their medicines were administered. One person said, "I get my medicine when I need it." Another person told us they got pain relief whenever they were in pain. Medicines were given to people as prescribed by staff who were appropriately trained and confirmed they understood the importance of safe administration and management of medicines. Clear direction was given to staff on the precise area prescribed creams should be placed and how often and there was guidance for staff about all medicines that were given "as required" (also known as PRN). Staff kept a record to show creams were administered as prescribed and we saw that this was checked by senior staff daily.

Medicine storage rooms and fridge temperatures were monitored daily and a record kept to ensure the temperature was in the correct range.

The recording of specialist medicines was not always correct. We found one omission and a health care professional described another example. Some medicines require additional measures to ensure they are kept safely. We discussed this with the nominated individual and registered manager. A system was put in place that ensured that any error would be picked up quickly and the omission was rectified immediately. The person had received the medicine as prescribed. We also discussed the stock of medicines as this was not being well managed and was excessive for one person. These were returned to the pharmacy during our inspection.

There were enough staff to meet people's needs. People told us that they rarely waited long for staff to attend to them if they called for assistance. One person explained: "They usually come quickly." We saw that this was the case, as when people rang their bells these were answered promptly. We spoke with the registered manager who explained that staffing levels had been increased permanently since the last inspection and that this would be kept under review. Staff told us there were enough staff to meet people's needs. They told us although they remained busy in the mornings they had time to sit and chat with people in the afternoons.

People were supported by staff who were recruited safely. Robust recruitment practices were in place and records showed that appropriate checks, including the uptake of references and Disclosure and Barring Service checks (DBS), were taken to help ensure the right staff were employed to keep people safe.

People were protected by good infection control practices. The kitchen was clean and the service had been awarded a food hygiene rating of five stars. We spoke with an environmental health professional who told us that all the issues they had previously identified had been satisfactorily addressed. Staff had access to protective clothing and used it appropriately when supporting people with personal care and giving medicines.

Good

Is the service effective?

Our findings

People and a relative told us the food was good and that they had enough to drink. The meal time was a relaxed and social event for people who chose to eat together with support provided discretely to those who needed it. People explained that they could ask for alternatives if they didn't want the menu choices. One person explained they had been struggling to eat following an illness and they were offered foods that they especially liked. They told us: "They are trying their darndest." People were asked in advance what they would like to eat and if they chose not to eat it when it was served they were offered alternatives. Their likes and dislikes were discussed and recorded to ensure they enjoyed their meals and snacks.

Where people had special dietary needs these were catered for and information was kept in the kitchen to ensure people received an appropriate and safe diet. We noted that one person could not have some drink and food due to their medication and this had not been recorded. This meant there was a risk that they would be given this. We spoke with a senior member of staff who rectified this immediately. The registered manager also reviewed this information for everyone else and found there were no further omissions. There were systems in place to ensure that people received food safely with referrals to dieticians and speech and language therapist, made in response to people's changing needs.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).
We checked whether the service was working within the principles of the MCA , and whether any conditions on authorisations to deprive a person of their liberty were being met.

People told us that they were always asked if they wanted any care or support; one person told us: "They always check with me." Staff explained how they checked they had people's consent and were able to describe how decisions were made about the care of people who could not make these decisions. One member of staff said: "I always ask people what they want." Another member of staff said: "You check with people and you keep looking to see they are ok with the care." Records showed people's capacity was reviewed regularly and where they did not have capacity to make specific decisions this was clearly recorded alongside the decisions made in their best interests.

Where people needed DoLS to protect their human rights these had been applied for. One person living in the home had a DoLS granted and we found this had expired. We discussed this with the registered manager, who acknowledged that this had been missed, contacted the supervisory authority immediately and put in a further application. They also put in place a monitoring system to ensure that this would not be

repeated.

New staff currently underwent the service's induction and shadowed experienced staff before taking up duties on their own. We met a member of staff who had recently taken up a post and they told us they had been given the guidance and support they needed. Where staff needed to complete training in the Care Certificate, this had been identified and sourced but this had not yet been started for one member of staff. The Care Certificate is a national induction for all staff who are new to care. The registered manager assured us that this was a priority now the member of staff had returned from leave.

People had access to their GP and other health professionals. They told us they saw a range of health care professionals including: chiropodists, GPs, nurses, opticians and dentists. Records indicated that reviews of people's health and medicines were undertaken regularly and there were care plans in place enabling staff to understand and provide appropriate support to people with on going health conditions.

People told us that staff had the skills they needed to carry out their jobs. One person told us: "They are mostly excellent." Staff received the training and support they needed to carry out their role effectively. The provider had identified a range of training subjects as essential for staff working within the service. For example, all staff received training which kept their skills up to date in safeguarding adults, moving and handling, fire safety and looking after people living with dementia. Staff training was mostly current and where staff had missed training as they were away, a further date was scheduled. Staff received annual appraisals and supervisions on their own with the registered manager to reflect on their practice, training needs and personal development. They also had groups support sessions to support team working and shared understanding.

Staff appreciated the training and support they received. One member of staff told us: "The training is excellent." Another member of staff described their pride at achieving a nationally recognised qualification. They put this success down to being part of a supportive team. Another member of staff commented on how supportive their colleagues and the registered manager were. They told us: "I feel very supported. I can share any worries."

Good

Is the service caring?

Our findings

People, professionals and staff told us the staff were caring. One person told us: "I think they really care about me. I feel they do." Staff liked and cared about the people living in the home and this was evident in many interactions and the way they spoke about people with us. For example we saw a member of staff taking time to sit and talk quietly with a person about a recent event that they had enjoyed. The person told us later how much they valued the fact that staff knew them well. This was in evidence in all the interactions we saw during our inspection and reflected in the comments made by people and relatives. "They are lovely." "They are my other family."

The home was calm and welcoming and people had their possessions with them in communal areas as well as in their private bedrooms. People told us they felt respected by the staff. There was a dignity diary in the lobby available for anyone to read. This provided a record of times when dignity had been promoted by staff such as when someone had been given time and reassurance in a way that reflected their individual needs and circumstances. It also detailed times when staff could have improved on their practice. These records were all anonymised. This focus on dignity was evident in the conversations we had with staff.

People were supported and encouraged to retain skills and to keep interests going. One person played the piano regularly, another was an avid football fan and watched all their teams games. This person also told us how important it was that dogs could visit them in the home. Another person described how staff waited for them to carry out tasks before helping them. They valued the independence this protected.

People went through the day at their own pace and made choices about how they spent their time and who they shared their time with.

Good

Is the service responsive?

Our findings

At our last inspection we were concerned that care was not delivered in a way that met people's preferences and needs. There was a breach of regulation. At this inspection we found improvements had been made.

People received care that reflected their needs and preferences. Assessments and discussion with people and their relatives provided the information for care plans that were designed to ensure people's preferences would be respected. For example care plans detailed how people preferred to communicate and their preferences about their choice of activities, personal care routine and appearance. They also detailed the time people preferred to get up and go to bed. People told us that these wishes were respected. One person told us they had talked with staff about how they liked to receive their care. They told us: "I have a routine. I like to stick with it."

People's care records were reviewed with them, or their representative, every month to ensure they were an accurate account of their current needs. Staff were able to describe people's needs confidently and knew their likes and dislikes. For example they were able to discuss the time people liked to wake and how they preferred to start their days.

People took part in a range of activities and work was underway to extend this and improve the recording of how people occupied their time, when we visited. Two people, who spent their time in their rooms, commented that they would like staff to spend more time chatting with them. One person told us they worried they were taking up their time and didn't feel this was allocated to them. They said: "You feel like they are probably thinking of what they should be doing." We spoke with staff who told us that they had time to talk with people in the afternoons. We spoke with the provider who told us that activities were being reviewed for all people including those who usually stayed in their rooms. People told us about visits to church, animals coming into the home and sitting outside. We also heard from the manager about joint activities with people from other care homes in the locality. One person told us they enjoyed singing with people when they went out.

The service had a complaints policy available which had been updated to reflect the change in provider. People could also raise informal complaints with any of the staff. People felt they could speak to any staff. One person was asked if they had ever raised a complaint and said, "I'd be happy to say if I did." Another person told us they would speak to the registered manager if they had a concern adding "I am sure any worry or complaint would be dealt with." There had not been any complaints recorded in the year prior to our inspection.

Good

Is the service well-led?

Our findings

When we last inspected the service in May 2016 the health and safety of people was not sufficiently monitored. There was a breach of regulation. The provider wrote to us and explained how they would meet the requirements of the regulation. At this inspection we found these improvements had been made.

Staff and people told us the management team were accessible and supportive. Shire House Care Home is owned by Sentry Care Limited. This is their only service registered with us. A nominated individual (NI) was appointed to report at the provider level. The NI is a person appointed by the provider to be responsible for supervising the management of the service. There was a registered manager employed to manage the day to day running of the service. They were supported by a deputy and senior care staff.

The nominated individual had changed in the month before our inspection due to a change in ownership of the provider organisation. The new nominated individual was present and visible in the home: talking with staff, visitors and people; working with the registered manager and staff team. Staff and people told us they felt the change was positive and told us that the nominated individual was approachable. One person said to us: "They came and spoke with me. I took a liking to them straight away." Staff and the registered manager told us that they felt supported and part of ongoing improvements. A member of staff said: "I have seen improvements. I am happy."

There were regular staff meetings and staff told us these gave them an opportunity to share views on issues affecting the whole service. One member of staff told us: "We can all say what we think. We all have a chance." Minutes of these meetings reflected discussion about people's care, training and support and organisational issues. Opportunities to talk and share views meant that staff valued the support of the team and shared an ethos of care that centred around providing people with good quality care in a homely environment.

The registered manager shared an action plan that included work done following our last inspection and development work identified by a consultant engaged to support improvement in the home. Actions promoted person centred care. For example, an audit of people's preferred bedtimes was instigated to ensure appropriate staffing was available.

There were systems in place to monitor the quality of service people received. These included monitoring accidents and incidents, the safe administration of medicines, infection control audits and monitoring of care plans. People were involved in this process. A survey of people living in the home had identified cleaning as an area for improvement and there was action identified as a result of this including the purchasing of new cleaning equipment. People told us the cleaning had improved. One person told us: "They keep my room clean."

The management team were responsive to information from other professionals. The registered manager knew how to notify the Care Quality Commission (CQC) of any significant events which occurred in line with their legal obligations. We noted that two incidents had occurred where notifications had not been made.

We discussed these with the registered manager who identified why they had not realised these were necessary. They made the notifications before the inspection concluded. They also developed a robust DoLS tracking system in response to an omission picked up by the inspection.

The provider had systems in place to ensure the building and equipment were safely maintained. They had a plan to make improvements to the home and we saw that these were underway. Plans included updating soft furnishings and decorating, and making the home easier to move around for those with restricted mobility. People and staff told us that this was welcomed. We also discussed the safety of the building for a person who had dementia and walked independently. They described the safety measures that had been put in place and those that they were in the process of taking. The nominated individual understood their obligations to ensure the safety of people.