

# Review of compliance

Sentry Care Ltd

Woodland Walk, Marlborough, Dorset BH22 9LP

<b>Region:</b>	South West
<b>Location address:</b>	Shire House Sidmouth Rd Lyme Regis Dorset DT7 3ES
<b>Type of service:</b>	Care home service without nursing  Regulated activity: Accomodation for persons who require nursing or personal care!
<b>Date the review was completed:</b>	
<b>Overview of the service:</b>	<p>Shire House is a large detached house set in its own grounds on the outskirts of Lyme Regis. There is level access to most parts of the garden and parking available for visitors.</p> <p>There are two communal lounges and a dining room. Bedrooms are available on all three floors of the home, which can be accessed by a lift. There are 18 single bedrooms and two double bedrooms, many of which are en-suite</p>

and spacious.

There is a condition that has been attached to the home's registration that they must have a registered manager by 1 April 2011.

# Summary of our findings for the essential standards of quality and safety

## What we found overall

**We found that Shire House was meeting the two essential standards of quality and safety we reviewed.**

The summary below describes why we carried out the review, what we found and any action required.

### Why we carried out this review

We last inspected this service on 17 June 2010 under the Care Standards Act 2000 and identified that improvements needed to be made to the home's systems that support care practice, such as care planning and staff training. We carried out this responsive review under the new Health and Social Act 2010 to monitor the home's progress to make improvements to the running of the home. We used the following essential standards to help us measure these improvements.

- Respecting and involving people who use services
- Care and welfare of people who use services

### How we carried out this review

We reviewed the information we hold about this provider. We carried out a visit on 7 January 2011, during which we talked to people who lived at the home, to a visitor and to the management team.

We spent approximately four and a half hours at the home, which included observing a handover between two different shifts. The atmosphere in the home was open, welcoming and organised. We also checked the provider's records, and we looked at the records of people who live at Shire House.

### What people told us and experienced

We talked to four people in their rooms and spent time hearing about their experiences of living at Shire House. They were all able to answer direct questions about the home and seemed at ease and happy to share their views. People told us about their own individual daily routines, and how they made choices about where they spent their time. They told us that staff supported them to maintain friendships.

One person told us that the carers knew them very well, and that a member of staff wrote the care plan with them. We saw that they had signed their own care plan.

We also met seven other people during our visit as they made their way into the dining room or as they waited for the lunch. They told us that there was a choice of meals, and explained that they could make specific requests for meals.

People were all able to answer direct questions about their care and well-being. One person told us that a group of the staff were “born carers” and that the staff were “delightful”. Another person said they felt that their loss of physical independence was tempered by being treated as an equal by staff. A third person said that staff were “OK” and a fourth said that the staff had literally saved their life and that they were “wonderful”. A fifth person told us that they were “wonderfully cared for”. People felt they knew who to talk to if they had a complaint or a concern.

People told us that their environment helped maintain their well-being, such as being able to bring in their own furniture and being able to receive visitors in their rooms. Four people told us their beds were very comfortable and that they were warm. People told us that their large bed sit style bedrooms gave them a feeling of independence. Nearly all were personalised with people’s own furniture, such as three piece suites, pictures, plants and ornaments. People told us this was important to them.

People told us that they had good contact with health care professionals and could give us examples of the type of care they received, which was reflected in their care records.

People told us about how they had moved to the home, although some were unclear about the specifics as they had been quite ill at the time and had to leave the choice to their spouses or relatives.

People spoke to us generally about the home, which they felt was well run and they told us that they felt well cared for. One person said they would like to see the manager more as they spent time in their room and therefore did not see her in the communal areas but they were clear that they could speak to other staff members if they had a problem.

## **What we found about the standards we reviewed and how well Shire House was meeting them**

### **Outcome 1: People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run**

- Overall, we found that Shire House was meeting this essential standard.
- People understood and were involved in choices connected to their care and the support available to them. People benefited from living in an environment where they felt listened to, and their individuality was respected and recognised.

### **Outcome 4: People should get safe and appropriate care that meets their needs and supports their rights**

- Overall, we found that Shire House was meeting this essential standard.
- People experienced effective, safe and appropriate care, treatment and support that met their needs. There were good quality assessments and an understanding of people's physical and mental well-being means that the people at Shire House are well cared for. Staff were having assessments and training to further improve their skills.

**Outcome 24: People should have their needs met because it is managed by an appropriate person**

- Overall, we found that Shire House was meeting this essential standard.
- The management and leadership of the home was well organised and there was a calm atmosphere. This benefited the people living at Shire House. The manager of the home has submitted an application to be registered by the Care Quality Commission.

**Action we have asked the service to take**

We have asked the service to submit an application to register the manager by 1 April 2011, which the manager confirmed they are in the process of doing, which is confirmed by the information we hold about this provider.

**Other information**

Please see previous review reports for more information.

**What we found**  
for each essential standard of quality  
and safety we reviewed

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

**Compliant** means that people who use services are experiencing the outcomes relating to the essential standard.

A **minor concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard.

A **moderate concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard and there is an impact on their health and wellbeing because of this.

A **major concern** means that people who use services are not experiencing the outcomes relating to this essential standard and are not protected from unsafe or inappropriate care, treatment and support.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary improvements are made. Where there are a number of concerns, we may look at them together to decide the level of action to take.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*.

# Outcome 1: Respecting and involving people who use services

## What the outcome says

This is what people who use services should expect.

People who use services:

- Understand the care, treatment and support choices available to them.
- Can express their views, so far as they are able to do so, and are involved in making decisions about their care, treatment and support.
- Have their privacy, dignity and independence respected.
- Have their views and experiences taken into account in the way the service is provided and delivered.

## What we found

### Our judgement

**The provider is compliant** with outcome 1: Respecting and involving people who use services

### Our findings

**What people who use the service experienced and told us**  
We talked to four people in their rooms and spent time hearing about their experiences of living at Shire House. They were all able to answer direct questions about the home and seemed at ease and happy to share their views. People told us about their own individual daily routines, and how they made choices about where they spent their time. For example, some people said they preferred to spend time in their rooms but enjoyed company at mealtimes, and chose to eat their meals in the dining room. Another person said they preferred to eat their meals in their own room because of health reasons and told us that this was respected by staff.

A number of people told us they liked to stay up late at night to watch sport on television, and we saw this was the case from their care notes. Some people have developed friendships with people living at the home, and they told us this was important to them and that the staff supported them to maintain contact. We saw this to be the case from people’s care notes, including helping people to visit each other when one person had become frail and was being cared for in bed.

We met someone who was visiting the home on a respite stay. They told us how despite the home knowing them from previous visits, they had been involved in drawing up a new care plan to ensure that it was up to date. They told us that they understood the reason why this was necessary, and we saw from their care plan that it was detailed and individual to them. The care plan included a wealth of detail about their preferences and care needs, which reflected their conversation with us. For example, they told us they preferred to manage their own medication, and showed us where it was stored. We saw from their care records that a comprehensive assessment to carry out this task had been completed with them, which they had signed. They told us that the carers knew them very well, and that a member of staff wrote the care plan with them. We saw that they had signed their own care plan.

We met seven other people during our visit as they made their way into the dining room or as they waited for the lunch. They told us that there was a choice of meals, and explained that they could make specific requests for meals. This was also reflected in people's care notes, which held good level of information regarding people's choices. We saw that each table had a menu for the day on it, which reflected what people were being served and told us that they had chosen. We heard people asking staff for specific types of portions, which staff responded positively to. We looked at the care records for someone who had been ill and did not wish to eat the food on the menu and who had requested a ham omelette, which they had eaten. This example shows how the home responds to people's individual requests.

We went to a person's room to meet them as we had been told they were unwell and their health was being monitored but they were asleep. However, we could see that they looked comfortable with a blanket and pillows, and we observed staff checking on them and heard them encouraging the person to drink. The room was warm and clean, with no odour, and there was a drink by them, which was within reach. During our visit, we saw that the person had company as they sat waiting for the ambulance to collect them to take them to a health care bed so that their health needs could be assessed. We saw a copy of their discharge summary, which focussed on their individuality and choices, to help the new provider offer continuity of care.

### **Other evidence**

Our discussions with the management team demonstrated that they were clear about offering choice and involving people who use the service. This home used a home's care planning system, and quality assurance system, which showed that the management team responded to suggestions from people living at the home. Both systems were up to date and well organised. The care planning system held up to date risk assessments and good quality information, and there were personal choices including advance decisions around resuscitation. We were able to cross reference information in different areas of the care plan, which confirmed that guidance had been followed by staff.

The home has an activities person, whose role includes visiting people individually with a monthly topic to try and involve people in decisions about life at the home. For example, how they wished Christmas to be celebrated. We also looked at people's surveys, which reflected the positive comments they had made to us, and

showed how people were encouraged to become involved. The provider told us about how he responded to people's wishes, such as providing a larger television screen. And he told us he how ensured that people's responses were collated and the results feedback to them.

We heard examples during a staff handover of how staff respected people's choice, such as organising a bath at a set time as requested by a person living at the home. The staff also recognised their duty to highlight areas of concern when people's choices might be detrimental to their health. The management team told us about a person whose health had deteriorated and who was making choices that could impede their recovery. We heard staff keeping the management team up to date with the person's choices, and saw from the person's care notes that the home was working with other agencies, such as the GP to ensure that the person's needs were being met. The manager was clear about what action they needed to take when they had assessed that they could no longer meet a person's care needs. We went to the person's room to meet them but they were asleep.

### **Our judgement**

- People understood and were involved in choices connected to their care and the support available to them. People benefited from living in an environment where they felt listened to, and their individuality was respected and recognised.

# Outcome 4: Care and welfare of people who use services

## What the outcome says

This is what people who use services should expect.

People who use services:

- Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

## What we found

### Our judgement

**The provider is compliant** with outcome 4: Care and welfare of people who use services

### Our findings

**What people who use the service experienced and told us**  
We talked to four people in their rooms and spent time hearing about their experiences of living at Shire House. They were all able to answer direct questions about their care and well-being. One person told us that a group of the staff were “born carers” and that the staff were “delightful”. Another person said they felt that their loss of physical independence was tempered by being treated as an equal by staff. A third person said that staff were “OK” and a fourth said that the staff had literally saved their life and that they were “wonderful”. A fifth person told us that they were “wonderfully cared for”. People felt they knew who to talk to if they had a complaint or a concern.

People that we met during our visit looked well cared for. Staff told us that a sensitive approach was needed for those people who wished to retain their independence but sometimes needed additional help. People told us that their environment helped maintain their well-being, such as being able to bring in their own furniture and being able to receive visitors in their rooms. Four people told us their beds were very comfortable and that they were warm. People told us that their large bed sit style bedrooms gave them a feeling of independence. All of the fourteen rooms we visited were clean, spacious and odourless. Nearly all were personalised with people’s own furniture, such as three piece suites, pictures, plants and ornaments. People told us this was important to them.

People told us that they had good contact with health care professionals and could give us examples of the type of care they received, which was reflected in their care records. We also saw from their care records that the manager liaised with other professionals and recognised when additional support was needed. We looked at three care plans. We saw up to date risk assessments including people's falls, nutritional needs and tissue viability, with regular reviews and recorded actions when a change was identified. Daily notes that we looked at showed that staff were following the written advice.

People told us about how they had moved to the home, although some were unclear about the specifics as they had been quite ill at the time and had to leave the choice to their spouses or relatives. We saw that people's records showed that the manager had carried out a pre-admission assessment to ensure that the home could meet the person's identified care and welfare needs. Records showed a good balance between meeting people's physical needs and their mental well-being, and were person centred in the way that they were written.

#### **Other evidence**

A visitor to the home told us that they had been visiting the home for approximately a year and had seen very positive changes. They told us the staff worked well as a team and created a good atmosphere. They had observed them offering choice and listening to people's decisions. They told us that training was very much encouraged, and this reflected our discussions with the manager.

While we were visiting the home, staff practice was being observed by an external assessor and staff were undertaking tests to improve their general work skills. The manager and provider are also undertaking training in recognition of the areas they wish to develop to ensure that they have the management skills, as well as the knowledge and experience to meet people's care and welfare needs effectively and safely.

#### **Our judgement**

- People experienced effective, safe and appropriate care, treatment and support that met their needs. There were good quality assessments and an understanding of people's physical and mental well-being means that the people at Shire House are well cared for. Staff were having assessments and training to further improve their skills.

# Outcome 24: Requirements relating to registered managers

## What the outcome says

This is what people who use services should expect.

People who use the service can be confident that:  
The registered manager is of good character, physically and mentally fit and have the necessary qualifications, skills and experience.

## What we found

### Our judgement

The provider is compliant with outcome 24: Requirements relating to registered managers

### Our findings

**What people who use the service experienced and told us**  
We did not ask specific questions about the role of the unregistered manager when we met with the people living at the home. However, people spoke to us generally about the home, which they felt was well run and they told us that they felt well cared for. One person said they would like to see the manager more as they spent time in their room and therefore did not see her in the communal areas but they were clear that they could speak to other staff members if they had a problem.

During our visit, the manager demonstrated up to date knowledge about the people living at the home, which reflected our observations and the content of the care records.

**Other evidence**  
The manager told us she has worked in the home since 2004 in different roles. She is currently not registered with Care Quality Commission, which needs to be addressed. She told us that she had submitted her registered manager's application and we hold information to show that this application has been received.

Through our discussions with the manager, the manager was able to demonstrate that her knowledge and background had helped give her an overview of how people should be supported at the home and the changes that needed to be made. She

was clear about her role and her responsibilities, and areas for her own professional development and she was currently completing a training course to further develop her managerial skills.

Both the manager and the provider told us that they had completed a self assessment of the home to determine their compliance against the guidance from the Care Quality Commission on essential standards of health and safety.

**Our judgement**

- The management and leadership of the home was well organised and there was a calm atmosphere. This benefited the people living at Shire House. The manager of the home has submitted an application to be registered by the Care Quality Commission.

## What is a review of compliance?

By law, providers of certain adult social care and health care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

When making our judgements about whether services are meeting essential standards, we decide whether we need to take further regulatory action. This might include discussions with the provider about how they could improve. We only use this approach where issues can be resolved quickly, easily and where there is no immediate risk of serious harm to people.

Where we have concerns that providers are not meeting essential standards, or where we judge that they are not going to keep meeting them, we may also set improvement actions or compliance actions, or take enforcement action:

**Improvement actions:** These are actions a provider should take so that they **maintain** continuous compliance with essential standards. Where a provider is complying with essential standards, but we are concerned that they will not be able to maintain this, we ask them to send us a report describing the improvements they will make to enable them to do so.

**Compliance actions:** These are actions a provider must take so that they **achieve** compliance with the essential standards. Where a provider is not meeting the essential standards but people are not at immediate risk of serious harm, we ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

**Enforcement action:** These are actions we take using the criminal and/or civil procedures in the Health and Adult Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

## Information for the reader

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