

***We are the regulator:** Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

Shire House Care Home

Sidmouth Road, Lyme Regis, DT7 3ES

Tel: 01297442483

Date of Inspection: 11 December 2012

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We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Supporting workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Sentry Care Limited
Registered Manager	Miss Marie Chayro Bunao
Overview of the service	Shire House is a large detached house set in its own grounds on the outskirts of Lyme Regis. 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.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

	Page
Summary of this inspection:	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
More information about the provider	4
Our judgements for each standard inspected:	
Respecting and involving people who use services	5
Care and welfare of people who use services	7
Safeguarding people who use services from abuse	9
Supporting workers	10
Assessing and monitoring the quality of service provision	11
About CQC Inspections	13
How we define our judgements	14
Glossary of terms we use in this report	16
Contact us	18

Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 11 December 2012, observed how people were being cared for and talked with people who use the service. We talked with staff.

What people told us and what we found

We spoke with people who told us they were "very happy" with the home and the level of care they received. One person told us they were "nice and happy" and another said "the staff can't do enough for you."

People told us the food was "very, very good" and that they had a "good choice of food". People said that they felt safe in the home and one person described the staff as "very kind and patient."

We saw that the staff were supported by the provider through regular training and that staff were encouraged in their professional development.

The home had suitable systems to monitor the quality of the service provided and to assess and manage risks to the health, safety and welfare of people using the service and others.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

People told us they were involved in the planning of their care and they were treated with dignity and respect. We spoke with four people, all of whom told us they were able to express their individual views within the home and that staff listened to them. They all said they were aware they had a personalised care plan and told us that staff met their individual needs.

We looked at the care records of three people. The care plans were person centred and contained information on people's preferences for food, the activities they enjoyed and information about people's life history. The care plans were reviewed monthly by the provider.

People said they felt respected and that staff respected their privacy. They said that staff knocked on their doors before entering, which we observed during our inspection. We observed respectful communication between staff and people. We spoke with one person who said the staff were "absolutely superb."

People were encouraged to express their views about their care and treatment. The provider told us that the activities organiser spoke with people on a one to one basis every month to seek their views on matters within the home. For example, we saw from the records of these conversations that people were asked for their views on the activities held within the home, the food menus and the time that their food was served. In addition to this, residents' meetings were held and one person told us that "they (the staff) couldn't do enough for you."

People were able to make choices. For example, most people chose to eat together during lunch. We spoke with four people about the food. All spoke highly of the food and two people told us the food was "very, very good". People told us that they had a choice of different meals offered daily.

People had the opportunity to participate in activities to promote their health and wellbeing. We spoke with four people about the activities within the home. All spoke very highly of

the activities organiser. One person told us "I'm always aware of what's going on." There were activities held every day which included, for example, singing, quizzes, and group discussion. People spoke highly of the organised trips to the local town and outings in the local area they could participate in.

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

People's needs were assessed and their care was delivered as planned. We spoke with four people who all told us their care needs were met by staff. One person told us the staff "do everything I need" and that "you only have to ask for something." Another person told us "they (the staff) are only too willing to help."

We spoke with two staff during our inspection who demonstrated knowledge of people's personal needs and preferences in relation to daily living. This included, for example, people's mobility needs, medical conditions, meal preferences and meal location preferences. The staff demonstrated they knew what routines people liked to follow.

There was a call bell in each room. Two people we spoke with told us the call bell was answered quickly on the occasions they had needed to use it. We observed staff responding quickly to call bells during our inspection.

People's care plans demonstrated that their individual needs and risks were assessed. We looked at the care plans of three people. The care plans contained information on people's individual risks and how to manage the risks. For example, each person had an assessment for their risk of falls which included guidance for staff on how to minimise the risk of a fall. The guidance told staff that a person's room must be kept clear of hazards on the floor and ensure that the person's mobility equipment, if required, was always easily accessible. The care plans also contained information on people's risks of developing pressure ulcers on their skin, and what level of care a person needed when being transferred within the home.

Care plans were regularly reviewed. All of the care plans had been reviewed monthly by the provider as part of the home's review system. This ensured that any changes in people's needs were met. Within the care plans was a continual dependency assessment record which allowed staff to monitor if a person's needs were increasing, and if required, change their care plan to meet the person's needs. For example, the home had identified a person who had lost weight and had immediately made the appropriate referral to the person's GP. A dietary plan was implemented for the person and they are now gaining weight.

People had an individual emergency plan in the event of a fire. This plan showed people's

individual mobility needs and the number of staff that would be required to assist the person in the event of an emergency to ensure people's safety during an evacuation.

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, as the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

People felt protected from the risk of abuse. We spoke with four people who told us they felt safe within the home. One person described the staff as "very kind and patient."

The provider had a current safeguarding policy in line with the local authority policy and a current whistleblowing policy. These were held within the staff office at the home. During our inspection we saw that information on how to report suspected abuse was also available in public and staff areas of the home.

The home did not have a current Mental Capacity Act and Deprivation of Liberty Safeguards (DOLS) policy, although the provider had current Department of Health guidance on the Mental Capacity Act and DOLS available for staff within the home's policies folder. The DOLS aim to protect people living in care homes and hospitals from being inappropriately deprived of their liberty. There were no people requiring authorisation to be deprived of their liberty at the time of our inspection.

Staff were able to tell us about the different types of abuse and how to report concerns. We spoke with three staff who told us about the different types of abuse a person may be exposed to, and how they would recognise signs of abuse. Staff were aware of the location of the home's safeguarding policy to obtain guidance if required. Staff said that in addition to reporting concerns to the home management, they could also report concerns to external agencies such as the local authority.

Staff had completed training in safeguarding. We looked at the staff training matrix which showed us that all staff had completed training in safeguarding.

The provider might find it useful to note that although the training matrix showed that staff had completed training on the Mental Capacity Act and DOLS, staff knowledge on this subject varied. One member of staff was able to demonstrate a limited knowledge of the Mental Capacity Act and DOLS, but two other staff did not have this knowledge.

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

Staff received appropriate training. We spoke with two staff who told us they received regular training and felt fully capable to do their role. They told us that additional training was encouraged by the provider. The staff training matrix demonstrated that staff had completed mandatory training, for example first aid and movement and handling. Staff had also completed further specialist training in dementia care, end of life care, equality and diversity and promoting dignity and respect.

The training matrix showed that all of the home's management and senior staff had completed a minimum of a level three National Vocational Qualification (NVQ) in care. Some staff were currently undertaking NVQ training in care.

Staff received appropriate appraisal. We looked at staff files that showed us that staff received regular appraisal with the registered manager or provider. Staff confirmed they received appraisal and that subjects such as their individual performance and training were discussed. The staff told us the home's management were approachable if they required assistance or guidance.

Staff received regular supervision but their practice was not always monitored. We saw evidence that regular supervision meetings were held with staff, but staff were not always observed in practice to ensure their competency. Staff told us they were not observed in practice. We did see that the provider had observed and recorded a staff member when they were completing a medical administration round but this was not done regularly. The provider might find it useful to note that although staff received regular supervision their competency should be monitored when they are performing their role.

Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people using the service and others.

Reasons for our judgement

People's views and experiences of the service were used to improve the standard of care. The provider told us that residents' meetings were held monthly and this was confirmed by people we spoke with. We saw the minutes for residents' meetings which showed, for example, that people discussed their food preferences and activities they would like to do. We saw that people living in the home had also given feedback about the way their laundry had been done and the provider had taken action to make improvements.

The activities organiser spoke individually with people every month to obtain their feedback about the service. This was sometimes for general feedback, although on occasions the conversations were themed. For example, one month people were asked for their views on awarding a prize for the best member of staff. People were asked for their views on the staff and the care provided by them, to which they had responded positively.

People's relatives were asked for their views about the service. We saw the annual survey results that had been completed last year. The feedback was very positive and included comments such as "I am thoroughly impressed with the quality of staff" and "it's a lovely, happy home" were within the surveys.

The provider told us that messages were communicated to all staff about the feedback from the residents' meetings, and an action plan was completed to implement changes requested by people. The provider told us that staff meetings were held and subjects such as errors identified in care plans, people's feedback on the quality of care and the standard of food are discussed. The provider might find it useful to note that the current style of recording the matters discussed during staff meetings was very limited in detail.

The provider had systems to assess and monitor the quality of the service. Every person's individual care plan was audited monthly by the provider. We looked at recent audits and saw that the audit had highlighted a missed weight recording and a person's falls risk had not been updated monthly by staff as required. The provider told us any areas that were identified for improvement would be immediately communicated to staff.

The provider had systems to identify, assess and manage risks in the home.

Environmental and fire risk assessments had been completed. The provider had a quality assurance matrix that ensured all audits were completed. For example the fire system, the emergency lighting, the hoisting equipment and the lift within the home were checked and serviced regularly when required. A weekly audit was conducted on medication records, whilst monthly audits were conducted on infection prevention, the cleanliness of the home and food safety. The provider observed the kitchen staff ensuring best practice was being followed for food safety and hygiene.

The home had recorded accidents and incidents and these were analysed monthly by the provider to establish any trends.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social 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 essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ Met this standard This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ Enforcement action taken If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

Minor impact – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

Phone: 03000 616161

Email: enquiries@ccq.org.uk

Write to us
at: Care Quality Commission
Citygate
Gallowgate
Newcastle upon Tyne
NE1 4PA

Website: www.cqc.org.uk

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