

Herefordshire Mind The Shires

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service well-led?	Requires Improvement ●

Summary of findings

Overall summary

About the service

The Shires is a care home providing personal and nursing care to 10 people with mental health care needs at the time of the inspection. The service can support up to 13 people.

People's experience of using this service and what we found

Improvements needed to be driven through in the maintenance of the home, to continue to reduce the risk of infections and to enhance people's lives further. The nominated individual gave us assurances improvements to key areas of the home would be undertaken without delay.

Governance systems required further development, so the registered manager could be assured people's medicines were stored safely and remained effective. People's care records did not always confirm if they had been offered care. The registered manager immediately took steps to address this.

People told us they valued living at the home, and the culture fostered by staff encouraged them to ask for support when they wanted it. People gave us examples showing how this had increased their confidence, independence, well-being and promoted their safety.

People worked with staff to identify their safety needs and to agree plans to promote their safety. Staff knew how to identify the signs of abuse and were confident senior staff would take action to support people.

There were enough staff to care for people.

Some people administered their own medicines. Where people wanted assistance to manage their medicines staff supported them. Senior staff promptly investigated medicine errors, so any learning could be taken from this. This had led to a reduction in the number of medicines errors.

Improvements had been made in the way staff were supported to develop the skills they needed to care for people. People's needs were assessed, and staff took action to care for people. This included ensuring people had enough to eat and drink so they would remain well. In addition, people were supported to seek care from other health and social care professionals where this was needed.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Requires Improvement, (published 31 August 2019).

Why we inspected

We received concerns in relation to the management of medicines and the premises. As a result, we undertook a focused inspection to review the key questions of Safe, Effective and Well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

The overall rating for the service has changed from Requires Improvement to Good. This is based on the findings at this inspection. However, we have found evidence that the provider needs to make improvements. Please see the Well-Led section of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Shires on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-Led findings below.

The Shires

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

This was a focused inspection to check on specific concerns we had about the management of people's safety and how the home was run.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection team consisted of one inspector and a specialist advisor in nursing.

Service and service type

The Shires is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority and professionals who work with the service. We also requested feedback from Healthwatch to obtain their

views of the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spent time seeing how people were cared for and spoke with five people living at the home. We spoke with six members of staff including the registered manager, a nurse and four care staff.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at three staff recruitment files and staff training. We also checked nursing registration documents. A variety of records relating to the management of the service, including quality audits, surveys completed by people living at the home and medicines management were reviewed. We checked documents relating to how staff communicate regarding people's care and safety needs, accidents and incident records and key policies and procedures.

After the inspection

We continued to seek clarification from the registered manager and nominated individual to validate evidence found. For example, in relation to checks undertaken by the registered manager and plans for the maintenance of the premises. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they were encouraged to raise any concerns they may have and felt they would be listened to.
- Staff knew how to recognise potential abuse. Staff were confident if they raised any concerns immediate action would be taken to protect people.

Assessing risk, safety monitoring and management

- People told us staff talked to them about their safety needs. This helped to ensure people's individual risks were managed in the most appropriate way and for people to remain as safe as possible.
- We saw people's individual risks were identified and action taken to mitigate these.
- Staff worked with people to regularly review their safety needs and risks. Plans were put in place to support people to remain as safe as possible, whilst maintaining people's freedoms.

Staffing and recruitment

- People told us they did not have to wait long if they wanted support from staff. We saw there were enough staff on duty to care for people during the inspection.
- The provider had systems in place to promote safe recruitment. This included appropriate pre-employment checks before staff started to provide care to people.

Using medicines safely

- People worked with staff to safely administer their own medicines where this was possible. Individual risk assessments were in place to support safe practice in relation to this.
- Where people required support from staff to have their medicines, this was done by staff who had been trained to do this safely. The registered manager checked staff remained competent to administer people's medicines.
- We found no evidence of harm to people, but some people's "when required" medication protocols required further development and updating, in order to support staff to continue to administer these medicines safely. The registered manager gave us their assurances people's medication protocols would be reviewed.

Preventing and controlling infection

- We were partly assured that the provider was promoting safety through the layout and hygiene practices of the premises. The home presented as clean, however, further improvement and maintenance of porous surfaces was required in order to reduce the risk of the spread of infections further. We spoke with the

nominated individual. The nominated individual gave us assurances improvements to key areas of the home would be undertaken without delay.

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Learning lessons when things go wrong

- People and staff contributed to reviews of incident so any lessons could be learnt. This included "de-briefs", where people had experienced any anxiety. Systems were also in place to review any medication errors and near misses, so safety would be further developed.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- People told us staff knew what action to take to support them.
- Staff now had opportunities to develop their skills and knowledge to meet people's needs. This included mental health and physical health training specific to the needs of the people they cared for. In addition, staff undertook a comprehensive induction programme which included working alongside more experienced colleagues. Staff told us this gave them time to get to know the resident's day to day routines and their care needs.
- Care staff were supported in their roles through regular supervision and meetings to plan the best way to support people and reflect on their own practice.
- We found no evidence of harm to people but systems to support staff providing clinical care still required further development, to enhance people's care further. The registered manager gave us assurances they would review the clinical support available.

Adapting service, design, decoration to meet people's needs

- People told us they liked living at The Shires, enjoyed using the facilities and were pleased with the presentation of their rooms.
- We saw several areas of the home required additional maintenance and refurbishment. A plan to maintain and improve the home was not in place at the time of the inspection. The nominated individual gave us assurances improvements to key areas of the home would be undertaken without delay, to further enhance people's well-being.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to have enough to eat and drink to develop their own cooking skills, nutritional knowledge and independence further.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The views of people receiving care and other key stake holders were considered when people's needs were assessed.
- Systems were in place to review people's assessments as their needs changed.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People chose which GP practices they wanted to care for them.

- Staff supported people by monitoring key aspects of their health. Where any concerns were identified, staff worked with people and their health professionals to promote people's health further. For example, staff sought advice from speech and language specialists, dieticians and mental health specialists.
- People were supported to attend health appointments such as annual health checks and vaccinations.

Ensuring consent to care and treatment in line with law and guidance

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 to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- People told us they were encouraged to make their own decisions and that these were respected.
- Where people required support to make some decisions, people and other professionals were appropriately consulted and specific decisions made in people's best interests.
- We found authorisations to deprive individuals of their liberty had been appropriately authorised.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Continuous learning and improving care

- Although staff recognised improvements needed to be made to the home, this had not been driven through to enhance people's lives further and to continue to reduce the risk of infections. For example, re-plastering of the lounge, refurbishment of some bathrooms and replacement of a carpet in a corridor area was required. One staff member told us, "The building is deteriorating; residents deserve better. There is no investment."
- At the time of the inspection the registered manager confirmed plans to address premises improvement had not yet been developed. We spoke with the nominated individual and outlined our concerns. The nominated individual gave us assurances improvements to key areas of the home would be undertaken without delay.
- There was no evidence of harm to people, but we found existing governance systems had not promptly identified gaps in the monitoring of the ambient room temperature where people's medicines were stored. This meant the registered manager could not be assured people's medicines remained effective to administer. In addition, people's care records did not consistently record when they had declined support from staff. The registered manager took immediate action to address this.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People told us the way the service was run meant The Shires was a good place to live. People also said the way they were supported encouraged them to try new experiences, improved their well-being, and helped them to develop their skills and confidence further.
- People and staff told us they saw the registered manager and provider's representative often. We saw people enjoyed spending time with the registered manager and staff.
- Staff gave us examples showing how the culture at the home encouraged people to fully discuss their needs, so individual plans could be developed to support people. One staff member explained how this approach empowered people to discuss sensitive concerns. This helped to ensure people's and the wider community's safety was promoted.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics: Working in partnership with others

- People and staff told us they were encouraged to make suggestions for improving care and their suggestions were listened to.

- Staff gave us examples of the joint work they did with other organisations so people's health and well-being needs were met. People told us how much they valued the support they received from staff which had helped them to work with local community groups and develop their confidence further.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their responsibility to check the quality of people's care. For example, the registered manager reviewed any medication administration and recording errors promptly and investigated these. Learning had been taken from these to promote safer medication administration.
- Staff were supported to understand how they were expected to care for people through staff meetings and discussions with their managers.
- The registered manager understood their duty to be open with people if anything went wrong with their care and what key events needed to be reported to The Care Quality Commission.