Mr Michael Baldry

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

Summary of findings

Overall summary

We inspected The Shires on 5 and 8 March 2018. The inspection was unannounced.

At the previous inspection of this service in December 2016 the overall rating was requires improvement because we found the provider in breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had not ensured staff had been supported through relevant training, supervision and appraisal of their practice and, the quality assurance and monitoring system was not robust; as it had not identified the areas where improvements were needed.

We undertook this unannounced comprehensive inspection to look at all aspects of the service and confirm that the service now met legal requirements. We found improvements had been made, the provider had met the legal requirements and the overall rating had improved to Good. Although, we identified areas that needed further improvement and others needed time to be embedded into day to day practice.

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. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The Shires is registered to provide personal care and accommodation for up to 27 older people with dementia and mental health needs. At the time of the inspection there were 21 people living there. They had range of health care needs including diabetes and mental health needs and some people were living with dementia. Accommodation was provided in a converted building on two floors, with lifts that enabled people to access all parts of the home.

The service is not required to have a registered manager in place. There is a registered provider, supported by two assistant managers. One was the designated 'care manager' and responsible for the provision of care for people on a day to day basis. The other was the 'general manager' responsible for recording and updating financial issues at the home. 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.

The quality assurance system had been reviewed and areas for change had been identified and an action plan had been produced to prioritise these and drive improvement. The management had carried out regular audits, including medicines, care plans, health and safety and infection control. However, some areas needed additional work, such as the maintenance records. These had not been consistently filled in and failed to evidence work that had been completed. Including the weekly fire alarm tests.

From August 2016 all organisations that provide NHS care or adult social care are legally required to follow the Accessible Information Standard. The standard aims to make sure that people who have a disability,

impairment or sensory loss are provided with information that they can easily read or understand so that they can communicate effectively. The management had produced details of each person's needs and these had been included in the care plans for people to take with them if they have appointments outside the home. However staff had not attended training in and we have made a recommendation that the provider seeks advice and guidance from a reputable source, about Accessible Information Standards (AIS) to ensure staff are aware of their responsibilities.

Staff had a good understanding of the Mental Capacity Act 2004 and Deprivation of Liberty Safeguards and, referrals had been made to the local authority as required to ensure restrictions were safe and appropriate. Staff had received essential training as well as training specific to people's needs, such as dementia awareness and, they had a good understanding of their roles and responsibilities. The provider supported staff to develop their professional practice through supervision and yearly appraisals.

People and their relatives said people were safe. Risk had been assessed and staff provided support to ensure people could move around the home safely. Safeguarding training had been provided and staff had a good understanding protecting people from harm and what action they would take if they had any concerns. Infection control policies were in place, there were regular health and safety checks of the environment and, emergency procedures were in place to support people if they had to leave the building.

People were encouraged to make decisions about the care provided; staff had a good understanding of their needs and how they could enable people to be independent and make choices. There was a choice of food and drinks throughout the day. People were supported to eat a nutritious diet and drink enough fluids and staff assisted people as required. Staff monitored people's health and ensured people could access healthcare professionals and services, to maintain their health and well-being.

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 remains Good.

Staff understood the safeguarding procedures in place to protect people from the risk of abuse.

Risks to people had been assessed to protect people while enabling them to be independent.

Robust recruitment procedures were in place to ensure only suitable staff worked at the home. There were enough staff employed to provide the support and care people needed.

Staff managed and administered people's medicines safely.

Is the service effective?

Good

The service was effective.

Relevant training was provided and staff were supported to develop professionally through supervision and appraisals.

Staff had completed training on the Mental Capacity Act and Deprivation of Liberty Safeguards and people were supported to make decisions about the care provided.

Staff assisted people to have enough to eat and drink as required. Choices were offered and alternatives were available if people changed their mind.

People were supported to maintain good health and they had access to appropriate healthcare professionals when required.

Is the service caring?

Good

The service remains Good.

People were treated with respect and their privacy and dignity was protected.

Staff provided support based on people's preferences and choices and asked for their consent before providing assistance

in a kind and caring way.

People could have visitors at any time and relatives and friends were made to feel very welcome.

Is the service responsive?

Good

The service remains Good.

People's needs had been assessed to ensure their needs could be met and people and their relatives were involved in planning and reviewing the care provided.

Care plans contained clear information about people's needs and guidance for staff to ensure they provided the care and support people needed

Activities were provided based on people's preferences and staff respected people's choices if they chose not to participate.

The complaints procedure was available to people and their relatives to use if they wished.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

Quality assurance and monitoring systems were in place. Audits had identified areas for improvement and action had been taken to address these. However, additional work was needed to ensure records were complete and up to date.

Feedback about the service provided was consistently sought from people, relatives and staff.

Staff were aware of their roles and responsibilities and there were clear lines of accountability.

The provider worked in partnership with other agencies, including the local authority and health and social care professionals.

The Shires

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 checked 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.'

This inspection took place on the 5 and 8 March 2018 and was unannounced. The inspection team consisted of two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before our inspection we reviewed the information we held about the service, including safeguarding's and notifications which had been sent to us. A notification is information about important events which the provider is required to tell us about by law. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with 14 people living in the home and six visitors. We spoke with the provider, both assistant managers, seven care staff and two health and social care professionals.

We observed the care and support provided, at mealtimes and during activities. We observed medicines being given out and looked around the home. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We looked at a range of documents related to the care provided and the management of the home. These included four care plans, medicine records, three staff files, supervision and appraisal records, accident/incidents, complaints and quality assurance audits.

We asked one of the assistant managers to send us copies of records after the inspection including policies and procedures for equality and diversity, safeguarding and infection control. These were sent to us as requested.

Good

Is the service safe?

Our findings

At the last inspection this key question was rated good. At this inspection the good rating had been sustained.

People and relatives were positive about the care and support provided. One person told us, "Yes it's a nice place to live and I feel safe here. The staff are very pleasant and I think there are enough of them." A relative said, "I have always been happy with the care. I definitely feel my husband is safe and well looked after." Staff told us there were enough staff working in the home and they were able to provide the support and care people needed.

People were protected from the risk of abuse because staff had attended training in safeguarding people and knew what steps to take if they thought someone was at risk of harm or abuse. Staff explained their role was to, "Keep everyone safe, us as well." Staff told us the provider had safeguarding procedures in place; they had read these and were confident the provider or assistant managers would take action if they had any concerns. They discussed different types of abuse and were aware of their responsibilities if they had concerns about a person's safety. One member of staff said, "It is our responsibility to make sure people are safe." Another member of staff told us we, "Treat residents like I'd like Mum or Dad to be." One person said, "I'm well looked after and very safe" and, a relative told us they felt their family member was, "100 % safe, wouldn't be here otherwise." The assistant managers understood their responsibilities in reporting any concerns about people's safety to the local authority and had contacted them in line with safeguarding procedures.

A whistleblowing policy was in place and staff knew how to use it to keep people safe. One member of staff said, "I would have no problem whistleblowing. If I saw something I was worried about I would intervene straight away and report it. To the senior or manager and we can contact social services or you (CQC) as well. The contact numbers are on the wall for anyone to see."

Staff had a good understanding of equality and diversity. They discussed how they ensured people were not discriminated against, were treated equally and safe from harm. One member of staff said, "We treat everyone the same here, we respect residents preferences and support them to make decisions about their lives." Another member of staff told us, "We know about the equality act and we support residents here who are protected under that. I have never seen any discrimination here, it wouldn't be tolerated."

Accidents and incidents were recorded and staff were clear about what action they would take in the event of a person falling or an incident occurring. One member of staff said, "We check to see if people are hurt or injured and call senior staff, if we have any worries we call the paramedics." The incident log had information about incidents and accidents which had happened as well as what changes staff had made to reduce the risk of them happening again. The management team had knowledge and oversight of these so they could assess risk and make appropriate changes. For example, one person left the building without staff knowing. Staff quickly found the person and made changes to the home's front door security and risk assessments to ensure staff were aware of where the person was at all times. This showed that lessons were

learnt when incidents occurred and action had been taken to prevent them happening again as much as possible.

Risk assessments specific to each person's needs had been completed and reviewed as people's needs changed; with clear guidance for staff to follow to provide safe care and support. These included nutritional risk, skin integrity and risk of pressure damage, risk of falls and mobility and, if people needed assistance moving around the home. The assessments took account of people's independence and their right to make decisions. Staff supported people to take risks and walk around as much as possible using walking aids, such as zimmers, or by offering an arm to lean on. Staff told us, "We support residents to be as independent as they can be and only use hoists when we know they can't stand safely" and, "How we support residents depends on how they are feeling each day. Some days they are able to walk to and from the lounge and other days they are tired and we use a wheelchair, it all depends on how they feel." Staff spoke to people quietly and respectfully when they assisted people to transfer using wheelchairs and the hoist; they explained what they were doing and asked people if they were ready and comfortable throughout.

There were enough staff working in the home to meet people's needs and provide the support they wanted. People said, "The staff are very pleasant and I think there are enough of them." "It is a very nice place to be with plenty of staff. You'd think the staff were your family" and, "We can call staff if we need anything and they come quickly." A relative told us, "The staff are excellent. I think this place is wonderful." Another relative said, "Very friendly and attentive staff….no great changes which is excellent." Staff were very clear about their roles. A member of staff remained in the lounge/dining room to ensure people at risk of falls were safe and, staff supported each other when two staff were needed to assist people. Staff said, "We have enough staff to look after residents and if anyone is off the team leaders or managers help out, works quite well I think now" and, "Seniors work off the floor to do their work, but if we're busy and a resident needs help they are always available." The care manager said they reviewed the staffing levels to ensure people received the support they needed and the number of staff increased if people's needs changed. For example, when one person had a chest infection.

The Provider Information Record (PIR) stated appropriate recruitment procedures were in place and staff records supported this, they showed a robust system which protected people as far as possible was in place. These included completed application forms, two references, evidence of residency and right to work in the UK, reasons for gaps in employment and a disclosure and barring system (DBS) check to ensure they were safe to work in care. The care manager said these checks were completed before staff worked at the home. One member of staff told us, "Everything was checked before I started here."

There was a safe system in place for people to receive their prescribed medicines. Senior staff were responsible for ordering, checking, storing and giving out medicines. They said they had completed medicine training, records showed they had done this, and had been assessed to ensure they were competent. Medicine administration record (MAR) charts showed people's prescribed medicines, with the time they should be taken, a photograph of each person and any allergies. Risk assessments, to assess if people were able to look after their own medicines, had been completed and staff told us these had identified that people needed staff support. Medicines were stored safely in a locked room and locked cupboards. A fridge was available to store medicines and the temperatures of the room and the fridge were checked daily to ensure medicines were safe for people to take. The room temperature was above the expected level at times; staff used fans to reduce this and told us the extractor fan was not working and the provider was arranging repairs.

Where people were prescribed 'as required' medicines there was guidance in place for their use. These medicines were given when needed, such as paracetamol for pain relief. Staff asked people if they were

comfortable and if they needed anything for pain at different times during the inspection, in addition to the prescribed times. Staff had followed the advice of GPs and had given two people medicines 'covertly'. That means without the knowledge of the person concerned; if they were unable to swallow or refused to take the medicine and it was necessary for their health and wellbeing. Topical creams were prescribed as needed and there was guidance for staff to follow. This was being reviewed during the inspection so that records could be kept in each person's room, for staff to refer to and sign after cream had been applied.

Environmental risk assessments and checks were in place to ensure the home was safe for people, visitors and staff. These included testing for electrical equipment, water temperatures, the call bell system and emergency lighting. A gas safety record and electrical certificates were in place and checks had been completed on the stair lift and hoist. The care manager said one of them walked around the home daily, to check corridors were clear and that they could exit the building if needed in case of emergency. Personal emergency evacuation plans (PEEPs) were in place for each person; with details of the assistance people needed to leave the building kept in the care plans and the grab bag kept near the fire panel. Fire alarm testing was carried out weekly and staff said they reminded people before the alarm went off, "So they are not surprised by it."

The care manager said observations and infection control audits had identified that the cleanliness in the home was not to the level they wanted. To improve this they had reviewed and updated the cleaning schedule and had arranged additional training for housekeeping staff to ensure they followed it. Staff had attended infection control training. Protective personal equipment (PPE), such as gloves and aprons were available and we saw staff used these when needed. A relative said they home was well maintained, "It is clean and tidy, staff look after my relatives room and keep that nice." A visitor told us, "I visit weekly, the home is presentable, clean, no smell, very clean including fingernails." Hand washing and hand sanitising facilities were available throughout the home and staff used these. Laundry facilities were in place with appropriate equipment to clean soiled washing safely.

Good

Is the service effective?

Our findings

We have inspected this key question to follow up the concerns found during our previous inspection in December 2016. At the last inspection we found a breach of a legal requirement. This was because the provider had not provided support for staff in terms of ongoing supervision and appraisal to identify any training or development needs.

At this inspection we found improvements had been made and that they now met the previous legal breaches.

In July 2016 we found staff did not have full awareness of the Mental Capacity Act 2005 and how to protect people who may not be able to make some decisions for themselves. In addition, this had not been identified by the provider through regular support and supervision.

At this inspection we found relevant training was in place; a programme of supervision had been introduced. Staff said the management supported them to develop their skills and ensure they had a clear understanding of people needs. People and relatives felt the staff had the skills to provide the support and care they needed. One person said, "They know what I need and they are very good." A visitor told us, "I can't praise the place enough, amazing staff, amazing. They know exactly how much support different residents need."

Staff had attended training in Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). They had a good understanding of MCA; the importance of enabling people to make decisions and they were confident that they supported people to make choices about all aspects of their lives. Staff said, "Residents make choices about everything, if they want to sit in the lounge or dining room, if they want to remain in their room and if they want to listen to music or watch TV, we ask for their consent for everything." "All of the residents can make some choices and we always ask them if we can help them do something, like use the bathroom" and, "We ask residents if they want anything. We know from their expressions or body language if they do or not, like a drink or if they are comfortable, even if they can't tell us."

The 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 people 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. We checked whether the provider was working within the principles of the MCA. Best interest meetings had been arranged with health and social care professionals, to discuss people's specific needs and how these could be met.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people by ensuring if there are any restrictions to their freedom and liberty these have been authorised by the local authority as being required

to protect the person from harm. Staff understood when an application should be made and the process or doing this. The registered manager said DoLS applications had been sent to the local authority as they were needed, in particular for the locked front door and people's individual needs. Information was recorded in the person's care plan if an application had been made and there was guidance in place for staff to follow. A best interest assessor, who visited the home to assess a DoLS referral for one person during the inspection, said the staff seemed knowledgeable about the people they had raised concerns about and, "Seem very receptive" to their guidance."

Staff said there was regular formal one to one supervision and yearly appraisals, as well as day to day observations of practice. Supervision is a system that ensures staff have the necessary support and opportunity to discuss any issues or concerns they may have. One member of staff told us, "We can talk to the manager or owner at any time really, but the one to one supervision means we can sit down and talk about everything that might affect how work. They are very supportive." Another member of staff said, "Supervision boosts your confidence, you can be honest and open." Records showed that all staff had had one to one supervision and appraisals had been added to the supervision plan to be completed over the coming months.

Training based on current legislation and standards had been arranged to ensure staff had an understanding of people's needs and the skills to provide appropriate support and care. Staff said there was a programme of training for them to attend. One member of staff told us, "We have to do the training, which is quite right and we are reminded when updates are due." Another member of staff said, "We do some training on line, like safeguarding but moving and handling we do with a trainer." The assistant care manager had reviewed the training programme and provided a spreadsheet to show the training staff had completed those that were planned and when updates were needed. The training included dementia awareness, first aid, food hygiene, moving and handling and safeguarding. Staff also attended training specific to their roles and responsibilities, such as medicine training.

Staff had a good understanding of equality and diversity; training had been arranged for those staff that had not yet completed it and, there were policies in place for staff to refer to. The policy provided clear details about the groups covered by the Equality Act 2010; age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation and, that these are now called 'protected characteristics'. Staff were confident people's equality, diversity and human rights would be protected and they were aware that as employees they were equally protected.

Staff worked through an induction programme when they started work at The Shires. They shadowed and worked with more experienced staff, until they were assessed as competent to provide appropriate care and support for people. This included staff working night shifts; new staff worked in addition to the staff on duty and their competency was assessed by senior staff working nights. The care manager said new night staff would have the introduction to the home on days, but it was important for them to be assessed at night as the working pattern was quite different. Staff who had no experience of working in care homes worked towards the care certificate. This is a set of 15 standards that health and social care workers follow. It helps to ensure these staff have appropriate introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. Staff were supported to do additional training if they wished. One member of staff had booked a place on a specialist infection control training day and another would like to do additional training in supporting people with dementia and the care manager was sourcing this. Other staff had completed health and social care diploma to level 2 and the assistance managers had signed up to do level 5. One member of staff said, "I think the training is very good and they also realise that some of us might not want to do the diploma, but we keep up to date with everything else."

People were supported to have enough to eat and drink. Choices were provided for each meal, people were asked what they wanted and alternatives were offered if they changed their minds. There was a four week menu plan, which was available for people and visitors on the notice board. People said they food was good. One person told us, "I always enjoy my lunch. When I am having breakfast they ask me what I want for lunch." People chose where they wanted to have their meals, their own room, the lounge or at the dining tables. Staff said, "It is really up to them." Relative's told us, "I feel the food is good here and I am offered the opportunity to have lunch with my husband if here" and, "The food is fabulous, a good variety of food. I have lunch with my wife every day. They don't charge me for it. The food is wonderful."

The atmosphere at mealtimes was relaxed and comfortable. Staff showed people the meals provided and asked them if they were what they wanted before they put them on their table. A member of staff said, "We know what they like and dislike and what they have asked for, but they change their minds and that is ok. It is their meal." Staff clearly understood that some people would not sit at the tables until their meal was ready. People were asked if they wanted to sit down but were not pressured to do so. Staff showed one person their meal when it was ready and asked them if they were ready to sit down and eat it, they sat down and told us, "Very good." People who needed assistance with meals were supported by staff in a respectful manner. Staff asked people if they liked the meal and assisted them to eat at their own speed. They used eye to eye contact as they chatted to people and involved other people around them in the conversation if appropriate.

People's preferences and dietary needs were assessed before they moved into The Shires, and updated monthly when the care plans were reviewed and if their needs changed. The Malnutrition Universal Screening Tool (MUST) was used to assess people's specific needs; records showed if people were independent with eating and drinking, if they needed prompting or assistance, or were at risk of being malnourished. Meals were fortified with cheese and cream if appropriate and supplements were given if prescribed by their GP. Staff explained that people had different dietary needs. Such as diabetic diet and pureed or soft diets if they had difficulty swallowing. One member of staff said, "We know how much support residents need, some eat larger meals and other may have their meal at a different time, depending on how they feel." Another member of staff told us, "We weigh residents monthly at least, sometimes more, and if we are worried about anything we tell the seniors and the doctors are called." Food and fluid charts were completed to record the amount people had to drink and eat and, if they had any concerns their GP was contacted.

People were supported to be as healthy as possible and staff contacted health and social care professionals as required. Referrals were requested to different professionals, such as the mental health team; speech and language team (SaLT) and district nurses, depending on each person's needs. The visits were recorded and records updated if there were any changes to how people were supported. Feedback from healthcare professionals was positive; one said the reporting of pressure area concerns and request for advice had improved in the six months prior to the inspection. Opticians, chiropodists and the hairdresser visited regularly and arrangements were made for people to see other professional as required, such as the community dentist.

People's individual needs had been met by adaptations to the home and, equipment was provided to ensure they were as independent as possible. Changes had been made to people's rooms to meet their preferences and choices and reduce risk. For example, one person had a fall in their room and injured themselves on furniture. Staff discussed this with health professionals, the person and their relatives. Their environmental risk assessment was reviewed and the furniture was moved. Although the person continued to be at risk of falling, because they wanted to be as independent as possible, the risk of injury was reduced as much as possible. People chose where to spend their time; one person liked to go out into the garden

and staff went with them to keep them safe. The provider and assistant managers said they were planning a number of improvements to the environment, including re-decoration and replacing carpets. The sky light in the small lounge needed replacing and staff said the provider would arrange for this to be done in the summer. Improvements were also planned for the garden, furniture was to be repaired or replaced and rails installed to support people to walk around safely. Staff said this was to enable people and visitors to use the garden as a recreational and activity area.

Good

Is the service caring?

Our findings

At the last inspection this key question was rated good. At this inspection the good rating had been sustained.

Staff supported people in a caring and kind way. One person said, "The staff are wonderful and will do anything." Another person told us, "They treat me well." Relatives were very positive about the care provided for their family members. One relative said, "They are very well cared for" and, a visitor said, "I have seen that staff know people very well. The way they interact is quite special." Health professionals said staff knew people very well and provided the support people needed. Staff said they liked working at the home and enjoyed encouraging people to be independent. One member of staff had worked at the home for a number of years and told us, "It is a nice place to work, wouldn't have stayed as long if it wasn't."

People were involved in planning their care and support and we saw they made decisions about the care they received. One person said, "Yes they ask me about everything and I decide what I want." Another person told us, "I like to do things myself, they do offer, but I don't need it." Information in the care plans about how much support people needed was clear and staff supported people to be as independent as possible. One member of staff told us, "We know some residents want to walk to the lounge or bathroom on their own, but they are at risk of falling so we keep an eye on them and if necessary offer support to them as they are moving around."

Staff respected people's equality and diversity. They offered support based on people's individual preferences and knew about people's life stories, their interests and who was important to them. One person preferred female staff to support them and staff said this was respected. One member of staff told us, "We ask them and their relatives before they move in and also check when we offer support with personal care; we have to respect their choices." Staff ensured people's privacy when providing personal care. They knocked on bedroom doors and asked if they could go in, the doors were kept closed while staff assisted them and, people decided if they wanted a bath, shower or wash. People chose what clothes to wear, their clothes were comfortable, clean and people were well dressed.

People's different communication needs had been assessed and recorded in their care plans. Staff had a good understanding of these; explaining that people unable to verbally express themselves were able to do so through facial expressions and body language. One member of staff said, "Residents can tell us what they want, some quite clearly, others can say Yes or No. We know that some can't tell us, but they let us know by turning away or putting their hand up to attract our attention." Staff used people's preferred name; they ensured people could see them as they spoke, by sitting next to them, crouching down or attracting their attention with a sensitive touch on their arm. Staff spoke quietly with people in the lounge; they respected their privacy when asking if they needed assistance with personal care and their dignity when moving people using the hoist. A relative told us, "Very friendly and sensitive staff. My whole family is happy with the home."

People were supported to maintain their personal relationships and relatives and friends said they were

welcome to visit at any time. Visitors told us, "I come very day, they are all very good. I know them very well and they know me." "We visit once a week and always offered a drink and a nice seat out here to sit and chat." "They keep me up to date with things and I can ask them about anything when I visit" and, "They clearly know how to care for residents." People enjoyed their time with relatives and friends, staff chatted to all the visitors, offered them drinks and helped people to move to their room or the conservatory if they wanted to talk to their visitors there.

Confidentiality procedures were in place and staff said they were very careful to discuss people's needs in privacy. Records were kept secure and if relatives or health professionals asked for information they were referred to senior staff, "Who talk to them in private only." A member of staff said, "We respect all the information we know about residents and don't talk to other residents or visitors about their needs."

Good

Is the service responsive?

Our findings

At the last inspection this key question was rated good. At this inspection the good rating had been sustained.

There were varied opinions about the number and type of activities offered to people. One person said, "I don't think there are a lot of activities here" and, a relative told us, "Sometimes activities going on, music and dancing etc, and we use the garden in the summer." In addition, people also said they did not want to take part in activities. A number of activities were offered during the inspection for people to participate in if they wished, as well as watching the TV and listening to music. People clearly enjoyed the quiz and competed with each other when calling out the answers and staff supported people to play games or look at books. One member of staff had found some books about a sport a person used to play; they sat together looking through them and talking about playing sports, another person had a manicure.

The assistant care manager, although not responsible for the day to day management of the home at the time of the last inspection, was aware that a recommendation had been made for the service to find out more about the provision of activities, to meet the specialist needs of people living in The Shires. They told us, "We have discussed this with people, relatives and staff and have contacted a service in Eastbourne that provides activities, particularly for people who have dementia. We are going to visit them and hope some residents might also be able to do that." Since this inspection one of the staff said they would like to be responsible for developing a programme of activities and additional training was being sought to support this.

People said staff listened to them and responded to their requests for help and also accepted when the offer was refused. One person said, "I am independent I don't need any help." Another person told us, "We talk about what I need and they are very good." Staff said, "Residents all need some assistance, but we are discrete and step back so they can be independent as much as possible." People's care needs had been assessed before people moved into the home; with the involvement of people, relatives and health and social care professionals if required. The information collected was used to write the care plans, which recorded people's specific needs and how these could be met. There was clear guidance for staff to follow and the records were reviewed and updated monthly and when people's needs changed. For example, when a person's mental health changed and advice was sought from health professionals. A relative said, "They discuss her needs every time we visit and there is a care plan which I can read if I want to."

Staff were knowledgeable about people's health and social care needs and reviewed them on a daily basis, before and while they provided support and care. A member of staff said, "Residents are the same as us, better some days than others, so we plan the support provided depending on how they feel and what they want to do. It means we are guided by them and they make the decisions." To ensure care was consistent and staff were kept up to date about changes in people's needs staff shared information about the people they supported during the handover sessions, at the beginning of each shift. Staff told us this meant they knew how much support people needed throughout the day and night.

From 1 August 2016, all providers of NHS care and publicly-funded adult social care must follow the Accessible Information Standard (AIS) in full, in line with section 250 of the Health and Social Care Act 2012. Services must identify, record, flag, share and meet people's information and communication needs. Staff said they had not received this training, but they had a good understanding of each person's communication abilities and their specific support needs had been recorded in the care plans as part of their hospital passport. These included information about how external health and social care professionals should communicate with them. For example, one person used glasses and hearing aids and the passport stated that these should go with them when they go outside the home. The records showed that people living with dementia may not be able to respond to questions, so staff would assist them if required. Staff said people were always accompanied by staff, unless relatives wanted to go with them, but this had not been included in the passport and the care manager said they would add this.

We recommend that the service seek advice and guidance from a reputable source, about Accessible Information Standards (AIS) to ensure staff are aware of their responsibilities

The assistant managers and staff said people, relatives, visitors, health and social care professionals and staff were encouraged to discuss the services provided, raise any concerns and put forward any suggestions for improvements. One person said, "They all ask if everything is ok and it usually is. No problems." The complaints procedure was displayed near the entrance and available to people and their relatives in the information provided when people moved into the home. A relative told us, "I can talk to the staff about anything, but I don't have any complaints." A visitor said, "Can't think of anything to complain about. I think it is excellent." The care manager said they tried to deal with any issues at the time, "A resident might not like the meal or another resident is sitting in their chair and we can usually resolve them quickly. We want to make the residents lives and their families, who are important, as comfortable and happy as we can."

People and their relatives, if appropriate, were supported to discuss their end of life preferences with staff. The care manager said they would talk about end of life care before people moved into the home and some had plans already in place, but these conversations were not always appropriate. They said, "It is a really important discussion to have and we ask sensitively if residents have any plans. Some are very clear about what they want to do and plans are in place, but other people really don't want to talk about it and we have to respect that." People's choices were recorded in the care plan, with clear information about the support they wanted, and some people asked to remain in The Shires when their health needs changed. Staff worked with GPs and health professionals when people's need changed to ensure they were comfortable and received the care and support they wanted.

Requires Improvement

Is the service well-led?

Our findings

We have inspected this key question to follow up the concerns found during our previous inspection in December 2016. At the last inspection we found a breach of a legal requirement. This was because the provider did not have a robust quality assurance and monitoring system in place, which meant areas for improvement, had not been identified and, there was no process to drive improvements forward.

At this inspection we found improvements had been made and that they now met the previous legal breaches. However, additional work was needed to ensure records were accurate and up to date and that the quality assurance and monitoring process was embedded into practice.

The quality assurance system had been reviewed and changes made to monitor the services provided. Audits for medicines, care plans and environmental risk assessments had been developed and were completed regularly. The assistant care manager said additional audits were planned to look at all of the care and support provided, including activities and food, to support the positive feedback from people, visitors and staff. However, there were areas that needed additional work. These included the maintenance records, which were not consistently up to date. For example, the fire alarm test record had gaps and had not shown that the system had been tested regularly, although staff told us this was tested weekly. These were the responsibility of the provider who said they would address them immediately.

The management team had changed six months prior to this inspection with the appointment of two assistant managers who had clear responsibilities in the home. One was the designated care manager and was responsible for the provision of care for people on a day to day basis; they had reviewed how people were supported and a number of changes had been made. The other was a general manager responsible for recording and updating financial issues at the home. They worked with the care manager to ensure suitable equipment was in place and people's needs were met. The assistant managers said they worked well together and it was clear their skills complemented each other. The provider said the changes in management had had a positive effect on the services provided and more importantly on the care and support people received. They said, "We had to make some changes when the previous managers left and it was difficult, but I think we have two really good managers working together with staff and making sure residents are happy and have the care they need."

People and relatives said the provider and assistant managers were available and approachable. One person said, "The manager is always around and the owner says hello and asks if everything is ok when he comes in." Relatives told us their family members received the support they needed and they discussed their needs and how these could be met with the managers and provider on a regular basis. Staff were equally positive and said they could talk to the manager and provider at any time. One member of staff told us, "The managers are around all the time and the provider comes in several times a week, so they know what is going on and I think we all feel we can talk to them all about anything. We work as a team so that is essential."

There were clear lines of accountability and staff were aware of their colleagues and their own roles and

responsibilities. One member of staff said, "I like spending time with people and didn't want to be a senior and do paperwork." Another member of staff told us, "It is a nice home to work in and we have a senior on each shift, they do their job and we have time to spend with residents, which is the best thing." All staff said they worked well together as a team and felt supported by their colleagues, assistant managers and the provider.

Staff said the assistant managers had discussed the changes with them during the team meetings and felt this was a positive development. One member of staff said, "We know what is going on and what is planned to improve things." Another member of staff told us, "The team meetings are very good and we have been encouraged to join in and put forward suggestions for improvements."

The care manager said they planned to introduce 'residents/relatives' meetings so they could involve them in decisions about developing the service. They told us, "They have been offered in the past and residents haven't wanted to do them, but I think they should be offered so that residents and their relatives have the opportunity to sit down together and talk about how they think we should move forward. As well as the daily discussions they have with staff and us."

The provider had notified CQC of significant events which had occurred in line with their legal obligations. The assistant managers were aware of their responsibilities under Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to, it requires providers to be open and transparent and sets out specific guidelines providers must follow if things go wrong. The assistant managers told us they were open about all aspects of the services provided. They contacted relatives or their representatives to inform them of any concerns they might have and the feedback from visitors to the home was that they had contacted them. The care manager said, "We contact the local authority to discuss our concerns and seek advice and additional information if needed from the GPs."