

Quality Homes (Midlands) Limited

Shire Oak House

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?	Good ●

Summary of findings

Overall summary

About the service:

Shire Oak House provides personal care and accommodation for up to 26 older people who are living with dementia or other mental health needs. At the time of our inspection there were 21 people using the service.

People's experience of using this service:

Staff knew how to keep people safe and protect them from harm. A person told us, "I've lived here a long while, I like it, I feel safe here. There are people around you, they are caring and kind." The home was well-staffed and people had their needs promptly met. People had their medicines on time. Incidents and accidents were investigated and actions were taken to prevent recurrence. The premises were clean, fresh and tidy.

People were assessed before they came to the home to ensure their needs could be met and people and relatives were involved in this process. Staff were well-trained and knowledgeable about people's care and support needs. A person said, "The staff know me well and can help me get up and go to bed and walk about." Staff referred people to community healthcare professionals when necessary. People said they liked the meals served and the menus had been improved in line with their preferences.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. When people were unable to make decisions about their care and support, the principles of the Mental Capacity Act (2005) were followed.

The staff were kind and compassionate. A relative told us, "They take time to get to know their residents and listen carefully to them. They respect their individuality. They are warm and caring. They are patient with them all. There is a good rapport." The staff team was established so people had the opportunity to build relationships of trust with staff. A care worker said, "We listen to people and work out what they need. Sometimes a person just wants to sit and hold your hand because that speaks more than words to them." People were supported to make decisions about their care and support and staff respected people's dignity, privacy and independence.

Staff understood people's individual needs and wishes and supported them in the way they wanted. They assisted people with their preferred daily routines. People had access to a range of activities and entertainment that they enjoyed. The activities co-ordinator put a lot of thought into how best to work with people and encourage them to be mentally stimulated. They told us, "I want all our residents to be involved if possible. I try to find each individual's own happy activity." If people had any concerns about the home, managers and staff listened to them and made improvements where necessary.

People, relatives, staff, and a visiting professional made many positive comments about Shire Oak House. The home had an open and friendly culture. A care worker told us, "I tell everyone to come here. I'm so

proud to wear my uniform. The nurses and the doctors praise us for looking after people so well. It's a friendly caring place with a good manager and deputy." People were asked for their views on the home at meetings and one-to-ones and through surveys. The managers audited all areas of the service to ensure the home was providing high-quality care and made improvements where necessary.

Rating at last inspection:

Good (report published 19 February 2016)

Why we inspected:

This was a planned inspection based on the rating at the last inspection. The service remains Good.

Follow up:

We will continue to monitor all intelligence received about the service to ensure the next inspection is scheduled accordingly.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led

Details are in our well-led findings below.

Good ●

Shire Oak House

Detailed findings

Background to this inspection

The 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.

Inspection team:

The inspection team consisted of an inspector 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.

Service and service type:

Shire Oak House is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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 the registered manager and provider are legally responsible for how the service is run and for the quality and safety of the care provided.

What we did:

Before the inspection we reviewed all the information that we have in relation to this service. This included notifications and the Provider Information Return (PIR). A notification is information about important events which the provider is required to send us by law. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During our inspection:

We spoke with four people using the service and two relatives. We spoke with the provider, the nominated individual, the registered manager, the deputy manager, two care workers, the activities coordinator and a visiting professional.

We observed how the staff interacted with people who used the service and looked at how people were supported throughout the day.

We looked at two people's care and support records. We viewed records relating to the management of the service including quality audits, and accident and incident records.

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes

- People and relatives told us people felt safe at the home. A person said, "The main thing is I feel secure, I wouldn't change a thing."
- A relative told us their family member felt safe as soon as they moved into the home. They said, "[Person] responds well to the staff, the uniforms reassure them, and they settled straight away and joined in with the activities immediately."
- Staff were trained in safeguarding and understood the provider's safeguarding systems. They knew what to do if they were concerned about the well-being of any of the people using the service.
- Records showed that the managers and staff took prompt action if they had any safeguarding concerns, referring them to the local authority and CQC.

Assessing risk, safety monitoring and management

- Staff knew how to reduce the risk of avoidable harm by following people's personalised risk assessments to keep people safe. Records used to monitor risks, for example, falls, nutrition, and pressure care were in place.
- One person's risk assessment for behaviour that challenges needed reviewing. This was to ensure staff were using the best strategies available to keep the person and others safe, including the possible use of a pressure mat at night to alert staff if the person left their room. The registered manager said this would be done.
- The environment and equipment were mostly safe and well-maintained. A chain window restrictor in one person's room was broken. The provider was made aware of this and immediately came to the home with a maintenance person who repaired it. The provider said he would replace chain window restrictors with stronger purpose-designed ones to increase people's safety.
- The home was in a period building and had some low, large windows. The registered manager said she would risk assess these to see if any of them needed safety glass, following health and safety advice where necessary.

Staffing levels

- People and relatives said people received care when they needed it. A person said, "If I call the staff they come as soon as they can, sometimes they will be busy with someone else but they do come as soon as they can."
- The registered manager assessed people's needs and ensured there were sufficient staff on duty on each shift. The home did not use agency staff so permanent staff covered shifts where necessary.
- Staff confirmed there were enough staff to meet people's needs. We saw that staff were quick to respond if people needed support and people were never rushed.

- The provider had systems in place to ensure staff were safely recruited. Staff supplied references and underwent criminal records checks to show they were suitable and of good character.

Using medicines safely

- People had their medicines safely and as prescribed. Medicines were administered by experienced, trained staff who had been assessed as competent.
- The registered manager and deputy, the home's contract pharmacist, and the CCG, audited medicines stocks and records to ensure they were safe. Any improvements needed were promptly addressed.
- People had personalised medicines care plans. These told staff how people liked to have their medicines administered. For example, "[Person] will take their medication independently once given them with water."

Preventing and controlling infection

- The home was clean, tidy and fresh. Care, housekeeping, and kitchen staff were trained in infection control.
- The provider had infection control and hygiene monitoring systems in place to ensure people were protected from the risk of infection.
- Managers carried out infection control audits and acted if improvements were needed. Arrangements were in place for the safe management of laundry and clinical waste.

Learning lessons when things go wrong

- Managers analysed accidents and incidents, learnt from these, and acted to reduce future risk.
- For example, the registered manager told us that that to avoid 'failed discharges' she always assessed people in hospital before admitting them back to the home to ensure their needs could be met.

Is the service effective?

Our findings

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

Good: People's outcomes were consistently good, and people's feedback confirmed this.

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

- People were assessed before they came to the home to ensure their needs could be met.
- A relative told us that prior to their family member coming to the home, "We had a meeting and discussed everything about [person's] care right from what they preferred for their evening meal to what they liked to do in the day and much more."
- Peoples needs were assessed holistically and delivered using guidance from NICE (National Institute of Clinical Assessment) and other professional bodies.
- Assessments included people's health, social, and cultural needs, from their perspective, in line with how they wanted their needs met.
- Managers and staff understood Human Rights principles (fairness, respect, equality, dignity and autonomy) and incorporated these into the way they provided people's care and support.

Staff skills, knowledge and experience

- People and relatives said the staff were knowledgeable and experienced. A person said, "The staff seem to be well-trained. They are confident in what they're doing."
- Staff had a comprehensive induction and ongoing training including manual handling, dementia care, first aid, and health and safety. If people had specific needs not covered by the home's training programme the managers arranged training with other agencies to ensure these needs could be met.
- Staff had regular supervision and appraisal sessions with managers. Staff told us these were constructive and supported them to develop their knowledge and skills.

Supporting people to eat and drink enough with choice in a balanced diet

- People made positive comments about the food. A person told us, "The food is good." Another person said, "We're well-fed here, the food is nice."
- A relative told us, "[Person] is vegetarian and the staff look after them just fine. Even when they do cooking as an activity they give [person] meat-free products to cook with."
- The home's menus were changed in response to people's requests. The registered manager said, "Our menus have become more international as people no longer want traditional English food all the time. For example, lasagne has become very popular here."
- People's nutritional needs were assessed and they were referred to the SALT (speech and language therapy team) and dieticians where necessary to ensure their nutritional needs were met. If people needed assistance to eat their meals staff provided this.

Staff providing consistent, effective, timely care within and across organisations and supporting people to

live healthier lives, access healthcare services and support

- Records showed people's healthcare needs were met by a range of community professionals including GPs, community nurses, chiropodists, and dentists.
- Staff knew people well and ensured that any changes in their health were noted and discussed with the registered manager.
- A visiting healthcare professional told us the managers and staff reported concerns about people's health promptly so they could be seen by GPs and community nurses as soon as possible.

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

- The home had two lounges and a dining room so people had a choice about where they spent their time. A few people preferred to stay in their rooms and staff respected their wishes.
- There were pictures and tactile items in the home designed to be of interest to people living with dementia.
- The home had a sensory room with light up water features, although these were not working at the time of our inspection. The registered manager said she would get these repaired.
- Every month the home borrowed a different life-size 'set' to transform the sensory room. We saw photos of people enjoying previous sets which included a shop, a cinema, and a pub.

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

- Staff knew how to support people in making decisions and how to facilitate giving them choice over day to day decisions and activities. Staff took the required action to protect people's rights and ensure people received the care and support they needed.
- Records showed staff were trained in the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS). Appropriate applications had been made to the local authority for DoLS assessments. This told us people's rights were being protected.

Is the service caring?

Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect

Good: □ People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported

- The staff were caring and kind. A person said, "They are warm hearted, pleasant and caring." Another person told us, "The staff are very caring, they're friendly and talkative"
- A relative said that having an established staff team with minimal turnover made people feel cared about. They told us, "The staff are stable. It's always the same people looking after people."
- Staff knew what to do if a person was distressed or agitated. A person said, "They comfort us if we're upset." We saw staff encourage a person to return to the lounge after personal care by singing their favourite song. The person joined in and made their way to their chair singing along with staff.
- Relatives told us they were always made welcome at the home. A relative said, "The whole family is cared for here, it's not just the residents. We all are welcomed and we all feel comfortable visiting."
- Staff told us how they cared for and comforted people. A care worker told us, "I like to take people for their baths because you can have time with them and talk with them and they talk about their past. They just relax in the water – it calms them."
- The activities co-ordinator told us how people were included in celebrations at the home. They said, "We have flowers for Mothering Sunday and put bunches on the table for people, it makes it nicer for the people who don't have any visitors to feel involved, we do similar at other times too."

Supporting people to express their views and be involved in making decisions about their care

- People's needs, wishes and preferences were at the centre of the assessment, planning and delivery of their care and support.
- Relatives says there were consulted about their family member's care and contacted with any updates. A relative said, "They let me know immediately if [person] needs anything."
- We saw care workers supporting people to make decisions about their care, activities and meals and drinks. Care works gave people options to help them make choices.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy and dignity. They knocked on bedroom doors before entering, maintained confidentiality, and kept people's records secure.
- People had keys to their own bedrooms if this was safe for them. All bedrooms had call bells so people for call for assistance when necessary.
- A 'dignity tree' was displayed in the home's entrance hall. Here people's thoughts about what dignity meant to them were hung on the tree for others to read.

Is the service responsive?

Our findings

Responsive – this means that services met people's needs

Good: People's needs were met through good organisation and delivery.

Personalised care

- People's care plans were personalised so staff could support them in line with their likes, dislikes and preferences. For example, people's preferred bedtimes and getting up times were recorded.
- Care plans had a section called 'This is me' which included information on 'My life so far', 'Things which worry and upset me', and 'Hobbies and interests'. This helped staff get to know people as individuals.
- Staff were knowledgeable about the people they supported. For example, one care worker told us how a person liked to wear co-ordinated clothing. Another care worker said a person liked staff to call them by their given name whereas their family used a diminutive.
- The home's activities co-ordinator provided a full and varied programme of events for people to take part in. A visiting healthcare professional told us, "There is always something interesting going on when I come here."
- The activities co-ordinator worked at the home from Monday to Friday providing group and individual sessions for people in the lounges and in their rooms. She also left activities out so care workers could continue them with people over the weekend.
- We saw a group of people taking part in a singing session and an exercise class. People enjoyed these activities and were laughing and smiling. We saw a person who preferred quieter activities looking through a book of reminiscence pictures with a care worker. Some people were having a reflexology session with a visiting therapist.

Improving care quality in response to complaints or concerns

- People told us they would speak out if they had any concerns about the service. A person said, "I've never had cause for complaint, but I know they [managers and staff] would do everything they could to help me if I had. They're very kind here."
- Another person told us, "If I had a problem I'd talk to [registered manager] or [deputy] without hesitation."
- The home's complaints procedure needs updating to make it clear that people can refer complaints to the local authority. When we brought this to the attention of the managers they updated the procedure immediately, framed it, and hung it in the hallway for people and visitors to see.
- Records showed that if the home did receive a complaint the registered manager took action to put things right where necessary. For example, a complaint about potholes on the driveway was resolved promptly when the potholes were filled in.

End of life care and support

- Staff were trained in end of life care and people had care plans in place setting out their wishes for the care and support they would like at the end of their lives.
- If people were receiving end of life care staff worked closely with healthcare professionals to ensure their needs were met.

- Staff supported relatives when people were at the end of their lives and they were welcome to stay at the home to be with their family member.

Is the service well-led?

Our findings

Well-Led – this means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Good: □ The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong

- People made many positive comments about living at Shire Oak House. A person said, "I'm very happy here. For one thing I know the area. I have lovely views, I like the food, I have good company, I sleep well. If I needed help day or night, I'd just ask."
- A visiting healthcare professional told us, "Everyone here is very welcoming. The residents are clean and happy, the carers are attentive and there are sufficient staff who are familiar with each resident. This is a nice home to visit."
- The home had an open and friendly culture. A person told us, "The manager always listens to what you say and is very kind, and all the staff are also very kind and listen to you."
- A care worker told us, "We are like an extended family here and it's a happy place. The residents are lovely and happy and want to chat to you."

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements

- Systems were in place to monitor the quality of the service and the care provided. The area manager and registered manager carried out checks to ensure the home was providing high-quality care. If areas for improvement were identified, managers acted to address these.
- The registered manager notified CQC of certain incidents and accidents in line with her registration requirements. The provider and the area manager supported the registered manager through regular meetings, reports and action plans.
- Staff understood their roles and responsibilities and felt well supported by the managers. A staff member said, "She is a fantastic manager. We respect her because she doesn't ask us to do anything she wouldn't do herself. I've seen her on her hands and knees scrubbing the skirting boards."

Engaging and involving people using the service, the public and staff

- People and their relatives completed surveys to share their views on the home. The latest survey showed that most people rated the care, staff and activities 'excellent'. Respondents asked for improvements to the menus and these were made with a broader, more international menu being introduced.
- Minutes from the most recent residents' meeting, in January 2019, showed people and relatives discussed activities, staffing, and the menu. Following the meeting ideas for different meals and snacks were passed on to the cook for action.
- The managers worked full-time in the home and had an open-door policy so people, relatives and staff

could come and talk to them when they wanted.

- A care worker told us, "[Registered manager] spends a lot of time talking with the residents and relatives. She knows them all very well. And she knows her staff too and understands them because she was once a care worker herself."

Continuous learning and improving care

- Staff attended regular training events, meetings and supervision sessions to discuss best practice and any issues. The deputy said, "The teamwork is great. We bounce off each other and share ideas on how to improve the home."
- Minutes from the most recent staff meeting, in January 2019, showed that staff discussed infection control, medicines, greeting visitors, and personal care with a view to improving the service they provided.

Working in partnership with others

- People were supported to maintain links with the community and to go shopping and attend the theatres. Some people used their own phones to contact relatives and friends and other used the office phone whenever they wanted to.
- Staff worked in partnership with other agencies, for example health and social care professionals involved in people's care. For example, they had worked closely with a local dementia team who had helped in the provision of activities.