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Shamrock House

Inspection Report

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Summary of findings

Overall summary

Shamrock House is a care home that provides accommodation and support for 17 people with a diagnosed mental health condition. The home has seven single rooms and five shared rooms; six rooms have en-suite facilities. The home is close to the town centre and local amenities.

There was a registered manager in post as the time of this inspection. A registered manager is a person who is registered with the Care Quality Commission to manage the service and shares the legal responsibility for meeting the requirements of the law with the provider.

At the last inspection on 26 November 2013 we asked the provider to take action to make improvements to the safety and suitability of the premises and assessing and monitoring the quality of service provision. This action had been completed.

There were five shared rooms at the home and staff told us that people had chosen who to share with. However, some people who occupied these rooms expressed concern about the lack of privacy and we have asked the provider to take action to address this. You can see what action we told the provider to take at the back of the full version of the report.

People told us that they felt safe living at the home. There were sufficient numbers of staff on duty and staff had undertaken training on safeguarding adults from abuse. They displayed a good knowledge of the action they would need to take to manage any incidents or allegations of abuse. There were appropriate risk assessments in place that allowed people to take responsibility for their actions, be as independent as possible but remain safe.

There were comprehensive care planning documents in place that described people's individual lifestyles and support needs. Staff demonstrated a good knowledge of the physical and emotional needs of each person who lived at the home and we observed good rapport between people and staff. Staff told us that they worked well as a team.

People told us that they had good access to health care professionals and we saw that all contacts were appropriately recorded.

We found the location to be meeting the requirements of the Deprivation of Liberty Safeguards. People's human rights were therefore properly recognised, respected and promoted. People were encouraged to make decisions about their day to day lives and best interest meetings had been held when people needed support with decision making.

People had the opportunity to express their views about living at the home in meetings and at care plan reviews. Staff also had the opportunity to share their views at staff meetings and supervision meetings. There was a consistent staff group in place and this meant that staff were well informed about the individual needs of the people who lived at the home.

The registered manager had undertaken audits of care plans and medication systems to monitor that they were being adhered to by staff. Any areas that required improvement had been recorded in an action plan and we saw that issues had been dealt with appropriately. People told us that they were aware of the complaints procedure and we saw that there had been no formal complaints made to the home since the last inspection in November 2013.

On the day of the inspection there was a calm atmosphere throughout the home. The home was well managed although some concerns were raised about the registered manager not being accessible to staff and people who lived at the home. One reason given for this was that their office was on the second floor of the premises, away from communal areas of the home.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

People told us that they felt safe living at the home. We saw that there were sufficient numbers of staff on duty to ensure that people's care and support needs were met and the rotas evidenced that staffing levels had been consistently maintained. Staff had been recruited safely to ensure that only people considered suitable to work with vulnerable people had been employed. Staff received appropriate training that included the topic of safeguarding adults from abuse.

Risk assessments had been completed as part of the care planning process and these provided staff with the information they needed to manage people's behaviours in a consistent way.

Staff displayed an understanding of the principles of the Mental Capacity Act 2005. We found the location to be meeting the requirements of the Deprivation of Liberty Safeguards. While no applications had been submitted, proper policies and procedures were in place. Relevant staff had been trained to understand when an application should be made, and in how to submit one. People's human rights were therefore properly recognised, respected and promoted.

Medication was stored in locked cabinets in one of the communal rooms and we asked the registered manager to complete a risk assessment to evidence that they had addressed safety and security.

We observed that most areas of the home were well maintained and that the premises were clean and tidy.

Are services effective?

People told us that their privacy and dignity was promoted by staff. However, two people who occupied shared rooms expressed concerns about the lack of privacy in their bedrooms. One person said "There isn't any privacy - as you can see I share a bedroom. I would like it better if there was a screen". We have asked the provider to take action to address this.

Whilst we were at the home we observed that people were encouraged and supported to make decisions and choices about their daily lives. We noted that staff consulted with people rather than telling them what to do. Information about advocacy services was available for people who lived at the home in case they needed support with decision making.

Summary of findings

We saw in care plans that people's needs had been assessed and individual preferences and choices were recorded. People had signed some of the documents in their care plan to evidence that they had been involved in the care planning process and that their care plans had been reviewed. However, not all documents in the care plans were up to date and this could have resulted in people not receiving the correct support.

People told us that they had access to the doctor and other health care professionals when they needed it.

We asked staff how they ensured they were aware of the latest information about each person who lived at the home. They told us that, if they had not been at work for a few days, they would read the handover book so that they were aware of any incidents or changes in the person's well-being since they were last on duty.

Are services caring?

People told us they were happy living at Shamrock House. We observed interaction between people who lived at the home and staff. This was positive, supportive and respectful. Staff we spoke with were able to explain people's needs and were able to describe people's individual preferences.

Staff told us that there had been a consistent staff group at the home and this had helped them to understand and know people's needs. One member of staff said, "It is more like a large family here".

We noted that there was a general air of calm. Nothing (including the serving of lunch) was hurried. Staff asked people throughout the day if they were alright and if they required any support.

Everyone who we spoke with told us they felt staff listened to them and supported their needs.

We saw that people had signed consent forms to indicate that they were happy for information about them to be shared with health and social care professionals and to record that they were happy for staff to hold and administer their medication.

Are services responsive to people's needs?

Everyone we spoke with said they would approach a member of staff if they had a problem and all thought it would be dealt with appropriately. They said that this might be at a 'residents' meeting or when they spent time with staff going through their care plans.

Staff told us that they were quite confident that people who lived at the home would raise concerns or complaints. They said that people had different members of staff that they felt more comfortable talking with and this was well known to staff. We checked the

minutes of recent meetings. We noted that people were asked if any repairs to the property had been identified. One person complained about the noise from the water system and we saw that action had been taken by the registered manager to rectify this. This evidenced that people's concerns were listened to and acted on.

Staff told us that they had meetings and we saw the minutes of a meeting in February 2014. Staff told us that their suggestions were usually listened to but that there were sometimes restrictions on their suggestions being actioned due to the cost involved.

Are services well-led?

There was a registered manager in post who had overall responsibility for the running of the home. The manager told us that each member of staff also had an area of responsibility; this included infection control, medication, care plans, fire safety audits and water temperature tests.

The registered manager had supervision meetings with staff and staff told us that they were able to discuss any concerns they had, their training needs and any issues concerning people who lived at the home. We noted that the registered manager also had supervision meetings with the provider. Staff told us that they had regular training opportunities.

Minutes of staff meetings and resident meetings recorded information that indicated there had been learning from incidents that had occurred in the home. This had led to additional risk assessments being undertaken and safer working practices being introduced, including an in/out board for people who lived at the home.

Staff told us that they worked well as a team and that communication from one shift to the next was effective. However, staff expressed concerns about the registered manager's office being located on the second floor of the home and felt that this made them less accessible to staff and to people who lived at the home. In addition to this, there was no office for other staff to use so writing in care plans and private conversations had to take place in communal areas of the home. This had the potential to result in a breach of confidentiality.

We saw that the registered manager had undertaken quality monitoring audits on care plans and the medication system, and that an infection control audit was being developed. The audits that had been carried out included details of any areas that required improvement and the action taken. In-house safety checks were also carried out regularly to ensure that the premises were well maintained and safe.

Summary of findings

What people who use the service and those that matter to them say

During the inspection people told us that they felt safe living at the home. One person told us, "Yes, I feel safe here; the staff are very good - they understand me" and another person said, "I have been here a long time and seen a lot of changes in residents but can truthfully say I have always felt safe."

Five of the six people who we spoke with told us they had a care plan and we saw that people had signed their care planning documentation. One person said, "I can access my care plan whenever I want to. It's good I can see what has been said."

Everyone felt the staff treated them with dignity and respect. One person said, "I get a bath or a shower twice a week. The staff will assist if we need it. I am quite happy for them to help as they are gentle enough. They make sure I am covered properly and have my dressing gown on hand to make sure I don't get cold or anything."

People told us they were happy living at Shamrock House. Most people had been there for many years and felt they were well known to the staff. One person said, "They (the staff) know what I like and dislike - I have been here so long" and another person said, "I would say the staff respect me and value my opinions." The people we spoke with told us that 'residents' meetings were held; one person said, "We have meetings from time to time, we can talk about anything. I believe the staff would listen to our ideas."

For most people, there were no restrictions in respect of them leaving the premises or going out alone. One person said, "I don't walk out on my own due to injuries from my last fit. I go out shopping with a member of staff but I could go out if I wanted."

Shamrock House

Detailed findings

Background to this inspection

We visited this home on 10 April 2014. We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the regulations associated with the Health and Social Care Act 2008 and to pilot a new inspection process under Wave 1.

The home is registered to support 17 people and the manager told us that an additional person attended the home for day care.

The inspection team consisted of an Inspector and an Expert by Experience. This is a person who has personal experience of using or caring for someone who uses this type of care service. On the day we visited the home the Expert by Experience spoke with six people who lived at Shamrock House. We also spoke with three members of staff and the registered manager.

Before the inspection we reviewed all of the information we held about the home. We contacted the local authority safeguarding adult's team and the local authority quality monitoring team to ask them for feedback about the service.

On the day of the inspection we spent time observing the interaction between people who lived at the home and staff. We looked at all areas of the home, including people's bedrooms (with their permission), bathrooms and communal areas. We also spent time looking at records, which included people's care records, staff records and records relating to the management of the home.

Are services safe?

Our findings

We had carried out an inspection in November 2013 and we found that some areas of the home were not well maintained. The provider submitted an action plan telling us by which date they would achieve compliance. At this inspection we checked the areas that had required maintenance and noted that they had been actioned. Some minor repairs to the premises had been carried out and fire doors had been repaired. Door closes had been fitted so that doors did not need to be 'wedged' open. In addition to this, a handrail had been at the main entrance door to aid access for people who were less mobile.

At this inspection we saw that medication was stored in a locked cabinet that was in a communal area of the home and a controlled drugs cabinet was fastened to the wall in the same room**.** We were concerned that these cabinets were visible to anyone who visited the home and asked the registered manager to complete a risk assessment to evidence that security and safety had been addressed.

We saw that there were sufficient numbers of staff on duty to ensure that people's care and support needs were met. We observed that people did not have to wait for support or for attention from staff when they requested it. The staff rotas that we saw recorded that there were three care staff on duty throughout the day and that the registered manager and deputy manager were on duty in addition to care staff. Catering and domestic staff were employed and this allowed care staff to concentrate on supporting the people who lived at the home. The rotas evidenced that staffing levels had been consistently maintained.

Staff had been recruited following the home's employment policies and procedures. Application forms, employment references, identification and safety checks had been retained in staff records and these ensured that only people suitable to work with vulnerable people had been employed.

We checked staff training and development records. There were records of meetings staff had attended with the registered manager and we saw that the manager had also had a supervision meeting with the provider. The records evidenced that staff had the opportunity to discuss health and safety issues, training and any concerns about people who lived at the home.

Staff had undertaken training on safeguarding adults from abuse; the registered manager and a senior member of staff had also attended safeguarding training specifically designed for managers of care services. We spoke with staff about the topic of safeguarding and they were able to describe the different types of abuse and what action they would take if they observed an incident of abuse or became aware of an abusive situation. They said that they were confident that the registered manager would deal professionally with any incident they became aware of and that they could contact the registered manager 'out of hours' if they needed additional advice. The local authority safeguarding adult's team told us that they had received no safeguarding alerts from or about the service since 2012.

People told us that they felt safe living at the home. They said that they were supported and encouraged by staff rather than being pressurised. One person told us, "Yes, I feel safe here; the staff are very good - they understand me" and another person said, "I have been here a long time and seen a lot of changes in residents but can truthfully say I have always felt safe."

One person did express concern regarding other residents having seizures and having to summon staff. This person told us, "I feel safe the majority of the time but if someone is having a fit it can be frightening. If there is nobody about you have to use the call system to get staff." We discussed this with the registered manager who told us that a small number of people occasionally had a seizure. There was no pattern to the seizures and it was not appropriate for people to be accompanied by staff at all times, as they wished to be independent and to leave the home unaccompanied without restrictions. There were risk assessments in place that recorded these people wished to go out independently and they were aware of the risks involved, and appropriate precautions had been put in place.

We checked the care records for three people who lived at the home. These contained risk assessments for areas such as medication and bathing and more specific risk assessment that addressed the needs and behaviours of the person concerned, such as self-neglect, suicidal thoughts and the risk of violence. The person had signed the risk assessments to record their agreement. The risk assessments included advice for staff about how to respond to particular behaviours so that there was a consistent and safe approach to behaviours that could

Are services safe?

challenge the service. When we spoke with staff they were able to explain how they managed some people's behaviours and we noted that this reflected the information recorded in care plans.

For most people there were no restrictions in respect of them leaving the premises or going out alone. One person said, "I don't walk out on my own due to injuries from my last fit. I go out shopping with a member of staff but I could go out if I wanted". Another person said, "I don't go out much these days - I like to stay in".

Some staff had undertaken training on the topic of Deprivation of Liberty safeguards and discussion with the registered manager demonstrated an understanding of the key principles of the Mental Capacity Act 2005.

None of the people who lived at the home were subject to continuous supervision and control under Deprivation of Liberty authorisations. We saw in one person's care plan that a decision had been made that they did not go out unaccompanied. In the person's care file there was a record of a section 136 Mental Health Act (MHA) discharge meeting. This stated, "To continue being escorted when out of the premises". The records evidenced that this person had the capacity to make decisions and had been involved in this decision making process. We discussed with the registered manager whether this person was being deprived of their liberty. The registered manager said that, if this person insisted on going out, they would not restrict them but may have to inform the police due to the outcome of previous incidents when they had gone out alone.

We observed the home was clean and most areas were tidy. Everyone told us they were happy with the way their rooms were cleaned. However, one person told us that the chest of drawers in their room was "Falling apart". They did explain it was due to be replaced and that they were also going to have new flooring. The registered manager was able to confirm that the room was due to be upgraded and that she was waiting to receive a start date from the contractors.

When we arrived at the home we noted that there was a lot of old furniture lying around the grounds which made the home look unkempt. We were informed by the registered manager that this was due for removal that weekend.

We checked maintenance records and saw that there were current safety certificates in place for the fire alarm system, the electrical installation and portable appliances; there was also a landlord's gas safety certificate in place. The home was not equipped with a passenger lift or a stair lift but we saw that people who lived at the home were able to use the stairs and mobilise independently.

Are services effective?

(for example, treatment is effective)

Our findings

We noted that five bedrooms were shared and that not all of them had a divider to promote privacy. People told us that they liked the person who they shared their room with and staff told us that people who shared rooms were 'matched' in respect of their personality and their use of the room. For example, one room was shared by someone who spent all day out of the home and another person who liked to stay in their room. This ensured that the person who liked to spend time in their room had privacy throughout the day.

However, two people who lived at the home did express concerns about the lack of privacy. One person said "There isn't any privacy - as you can see I share a bedroom. I would like it better if there was a screen". Another person told us "I understand it is good for me to share because if I have a fit X (resident) will call the staff. It's not nice for us to have to share though as sometimes X wets the bed and they have to see to them. This disturbs me". This meant there had been a breach of the relevant legal regulation (Regulation 17 (1)(a) of the Health and Social Care Act 2008) and the action we have asked the provider to take can be found at the back of this report.

Whilst we were at the home we observed that people were encouraged and supported to make decisions about their daily lives. One person went out in the morning, returned for lunch and then went out again in the afternoon. They told us they could "Come and go as they please". Another person was out at work and staff told us they would be visiting their parent straight after work and would return during the evening. Other people told us that they liked to go out with staff rather than on their own.

We observed that staff consulted with people rather than telling them what to do. At lunchtime staff asked people what they would like for lunch (there were two choices) and where they would like to sit. During the day some people wanted to watch the television; there were two televisions so people could choose where they wanted to sit and what they wanted to watch. Some people sat in the garden and some stayed in their own rooms and were seen to be taking part in their chosen interests.

We checked the care plans for three people who lived at the home. We saw that they recorded the person's mental health diagnosis. We saw people's needs had been assessed and individual preferences and choices were recorded in their care plans. These provided very clear information about each person's needs and preferences for care and support, including what they could do for themselves, what they needed assistance with and their daily routines. We spoke with six people and five people told us they had a care plan. One person said, "I can access my care plan whenever I want to. It's good I can see what has been said" and another said, "I have a care plan and I have signed it." We saw that people had signed the care planning documentation in their care plan.

People told us that their care plans had been reviewed. One person said "X (staff member) sits with me and updates my care plan about once a month" and another said "I do have a care plan and it is updated." However, we saw that although care plans were mostly up to date, the key worker timesheet and monthly care plan update form had not been completed for the previous one or two months. Risk assessments had been reviewed and updated to ensure that they remained relevant and continued to protect people from the risk of harm.

There were records of all contact with health care professionals, including the date, the reason for the contact and the outcome. The people we spoke with told us they had access to the doctor if necessary. One person said, "You can go to see the doctor, the staff make an appointment. I went to see the diabetic nurse yesterday with X (staff member). The nurse checks everything. I am due to go again in May" and another person said, "I go to the hospital for a check-up and blood tests regularly. A member of staff will come with me." Care plans recorded that people had an annual health check and this was confirmed by the staff who we spoke with.

Those people who had been prescribed medication told us they got it on time, although two people mentioned the night time dose had changed from 10pm to 9pm and they did not know why. We asked the registered manager about this and they explained that times had been changed as some people wished to go to their room quite early and 'get settled' for bed. However if people wished they could receive medication later. Some people also told us they were asked if they were in pain and were given pain relief medication as needed. One person said, "I had headache

Are services effective?

(for example, treatment is effective)

yesterday, it was no problem I just told one of the staff and they gave me a couple of tablets." Another person said, "My medication is always on time and staff ask us if we are in pain."

We saw that staff made records each day about a person's physical and emotional health, their dietary intake, their activities and any appointments attended. We asked staff how they ensured they were aware of the latest information about each person who lived at the home. They told us that, if they had not been at work for a few days, they would read the handover book in addition to attending the face to face handover meeting so that they were aware of any incidents or changes in the person's well-being since they were last on duty.

We saw that information about advocacy services had been made available for people and two people told us that they were aware of 'formal' advocacy services. One person said "I know about advocacy but I don't need them. I am happy here" and another person said, "I know about them but I would say if I wasn't happy. I am sure it would be sorted anyway." This evidenced that people could obtain advice from an independent person if they wished.

Everyone felt the staff treated them with dignity and respect. One person said, "I get a bath or a shower twice a week. The staff will assist if we need it. I am quite happy for them to help as they are gentle enough. They make sure I am covered properly and have my dressing gown on hand to make sure I don't get cold or anything."

We noted that there were no male staff employed at the home. We asked staff if this had ever created problems in respect of privacy and dignity and they told us that it had not. None of the people who lived at the home raised this as an issue.

Are services caring?

Our findings

People told us they were happy living at Shamrock House. Most people had been there for many years and felt they were well known to the staff. One person said, “They (the staff) know what I like and dislike - I have been here so long”. Another person said, “The staff are really good at including you. For instance, X (staff member) was doing the menu the other day - she asked me what I fancied for dinner. I think she did that because she knows I only have the one meal a day. Mind you, even if I don’t fancy what’s on one day they will offer me something else”.

We observed interaction between people who lived at the home and staff. This was positive, supportive and respectful. Staff we spoke with were able to explain people’s needs. They were able to describe people’s individual preferences and knew about their personal histories, contact with their family and friends, their hobbies and interests and their personality traits. One person said, “The staff speak nicely to us; they use plain language and explain things. They ask me how I am doing.”

We noted that there was a general air of calm. Nothing (including the serving of lunch) was hurried and drinks were made to order and brought individually when people requested them. Staff asked people throughout the day if they were alright and if they required any support. One person said, “I would say the staff respect me and value my opinions” and another told us, “There is plenty of good rapport”.

Everyone told us they felt staff listened to them and would support their needs. One person said, “We are encouraged to do our own thing, like I love my music so it’s ok to be in my room and listen with no interruptions”. Another person said, “My key worker will always check if I need anything from Doncaster if she is going. I can go out to the shop myself but it’s good that she checks because sometimes I forget things”. Staff told us that there had been a consistent staff group at the home and this had helped them to understand and know people’s needs. One member of staff said, “It is more like a large family here”.

We saw that people had signed consent forms to indicate that they were happy for information about them to be shared with health and social care professionals and to record that they were happy for staff to hold and administer their medication. This indicated that people had been consulted and their agreement obtained.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

The people we spoke with told us that meetings were held for people who lived at the home and that they felt included in the way in which the home was operated. One person said, "We have residents meetings every so often. They ask us what we think, talk about problems etc. so they can get an opinion from us". Another person said, "We have meetings from time to time, we can talk about anything. I believe the staff would listen to our ideas".

Everyone we spoke with said they would approach a member of staff if they had a problem and all thought it would be dealt with appropriately. They said that this might be at one of the meetings with people who lived at the home or when they spent time with staff going through their care plans. One person said, "The staff care about it and it gets done. If they didn't care this place would be a shambles".

We saw in one person's care plan that there had been a best interest meeting to help the person decide whether or not to have a specific medical procedure. Information about the people involved in the decision making process and the outcome of the meeting had been recorded appropriately.

We checked the minutes of recent meetings for people who lived at the home. At the meeting in December 2013 people were given feedback about our inspection in November 2013, including new arrangements for hand hygiene, the use of communal toiletries to cease and the practice of using 'door wedges' not being allowed. At the most recent meeting people were asked if any repairs to the property had been identified. One person complained about the noise from the water system. The registered manager reported in the minutes that they had arranged for an engineer to visit and he would be replacing some of the water temperature mixers. It was hoped that this would solve the problem. This evidenced that people's concerns were listened to and acted on.

We saw that the statement of purpose had been updated in April 2013 and included information about civil rights and how to make a complaint. People who lived at the home told us that they were happy to talk to staff about concerns or complaints. One person said, "I would go to one of the staff if I had a problem, they would deal with it" and another said, "I have never had to bring up any concerns but if I had I would go to a member of staff I am sure they would sort it."

The registered manager told us that they had not received any formal complaints since the previous inspection in November 2013. Staff told us that they were quite confident that people who lived at the home would raise concerns or complaints. They said that people had different members of staff that they felt more comfortable talking with and this was well known to staff.

Staff told us that they had meetings and we saw the minutes of a meeting in February 2014. We saw that staff training had been discussed; staff had completed a workbook on safeguarding adults from abuse and some staff had attended health and safety and fire training the previous week. Staff told us that their suggestions were usually listened to but that there were sometimes restrictions on their suggestions being actioned due to the cost involved.

On the day of the inspection we saw that some people were out for the day or part of the day. Some people were out undertaking voluntary work and others were out socialising and shopping. The registered manager told us that one person spent most of their time out of the home and that this included regular visits to their family, who lived locally.

Are services well-led?

Our findings

We had carried out an inspection in November 2013 and we had concerns about quality monitoring at the service. The provider submitted an action plan telling us by which date they would achieve compliance. At this inspection we checked the systems in place for monitoring the quality of the service and noted that appropriate action had been taken. A training plan had been developed and a review of staff training had been undertaken. As a result of this, staff had completed refresher training on safeguarding adults from abuse.

There was a registered manager in post who had overall responsibility for staff supervision, quality audits, financial management and the general running of the home. There was a part time deputy manager in post and their role was dedicated to taking people to health care appointments and doing the home's shopping. The registered manager told us that she had hoped to appoint two senior care staff so that responsibility could be shared, but this had caused some unrest in the home. This was being dealt with but in the meantime areas of responsibility had been shared amongst the staff group; this included infection control, medication, care plans, fire safety audits and water temperature tests.

The registered manager held supervision meetings with staff and staff told us that they were able to discuss their training needs and any issues concerning people who lived at the home. We noted that the provider also had supervision meetings with the registered manager.

Staff told us that they had regular training opportunities and staff records evidenced this. Some training was due to be renewed; staff had recently undertaken training on health and safety and fire safety and training on food hygiene and first aid was scheduled to take place in May. Most staff had achieved a National Vocational Qualification (NVQ) at level 2 or 3.

Staff told us that they thought there were enough staff on duty. During the visit we saw all levels of staff engaging with residents, from domestic staff to the registered manager. Everyone appeared to know their role and were relaxed but professional when dealing with people who lived at the home. There had been a low staff turnover and this had resulted in a consistent staff team. Staff told us that they worked well as a team and that communication from one shift to the next was effective.

There was a positive but calm atmosphere within the home and people who lived at the home went about their business uninterrupted. People were encouraged to take part in their chosen activities and staff supported people to be as independent as possible. It was evident that some people required more support than others and this was accommodated by staff.

Minutes of staff meetings and meetings for people who lived at the home recorded information that indicated there had been learning from incidents that had occurred. This had led to additional risk assessments being undertaken and safer working practices being introduced, including an in/out board for people who lived at the home.

The registered manager showed us a document that she had obtained from the Health Protection Agency that recorded relevant information about the control of infection. She said that this was being amended to reflect the particular needs of Shamrock House and was then going to be used as the home's infection control audit tool. We also saw the care plan audits for January – March 2014. The registered manager told us that any issued identified would be discussed with the person's key worker, who would be required to update care plans accordingly.

We saw the medication audits that were undertaken by the registered manager. We noted that these were undertaken at different times of the month so that they could monitor compliance at the start, middle and end of the medication cycle.

In-house safety checks were carried out regularly on water temperatures, door closers, the fire alarm system, fire extinguishers and emergency lighting and there had been a fire drill in January and February 2014. Most people we spoke with were able to tell us they had been involved in a fire drill at some point.

Staff expressed concerns about the registered manager's office being located on the second floor of the home and felt that this made them less accessible to staff and to people who lived at the home. The registered manager was visible in communal areas of the home at times but acknowledged that, due to the location of her office, the

Are services well-led?

staff were not always as supported as she would like them to be. In addition to this, there was no office for other staff to use so writing in care plans and private conversations had to take place in communal areas of the home. There was a risk that this could compromise people's confidentiality.

This section is primarily information for the provider

Compliance actions

Action we have told the provider to take

The table below shows the essential standards of quality and safety that were not being met. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA 2008 (Regulated Activities) Regulations 2010: Respecting and involving people who use services. How the regulation was not being met: The registered person had not made suitable arrangements to ensure the dignity, privacy and independence of services users. (Regulation 17 (1)(a).