

Herefordshire Mind The Shires

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

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

Summary of findings

Overall summary

About the service

The Shires is a residential care home providing personal and nursing care for up to 11 people with mental health needs within one large adapted building. At the time of our inspection, there were 10 people living at the home.

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

Staff training provision did not fully reflect the needs of the people living at the home. This included a lack of basic mental health training for care staff. The arrangements for the clinical supervision of the registered manager and other nurses were not sufficiently robust. The provider's quality assurance systems and processes were underdeveloped and inconsistent, limiting their ability to monitor and improve the quality and safety of people's care.

Staff understood how to recognise and report any abuse involving the people who lived at the home. The risks associated with people's individual care and support needs had been identified, recorded and plans put in place to manage these. Staffing levels ensured people's individual needs could be met safely. The provider adhered to safe recruitment practices and checked the suitability of prospective staff. The provider took steps to protect people from the risk of infections.

People's individual care needs were assessed and reviewed in order to deliver care and support that achieved positive outcomes for them. People were involved in choices about what they ate and drank, and they had support to maintain a healthy diet. Staff worked effectively with a range of community health and social care professionals to ensure people's care and health needs were met. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff treated people with kindness and compassion. People were encouraged to have their say about the service and to participate in decision-making that affected them. People were treated with dignity and respect at all times. Staff recognised the importance of promoting equality and diversity in their work and avoiding any form of discrimination.

The service was responsive to changes in people's needs, working effectively with community health and social care professionals to address these. People were involved in developing their care plans, which were read and followed by staff. People had support to participate in a range of social and recreational activities, and to take advantage of job opportunities. People knew how to raise any concerns or complaints about their care. People's wishes and choices regarding their end of life care were acted on.

The registered manager promoted an open and inclusive culture within the service, engaging well with and encouraging the involvement of people, staff and community professionals. Staff were clear what was expected of them and had the management support they needed to succeed in their job roles.

Rating at last inspection

The last rating for this service was Good (report published 8 October 2016).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our Safe findings below.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our Responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our Well-led findings below.

The Shires

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection was carried out by one inspector.

Service and service type

The Shires 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 they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

The first day of the inspection visit was unannounced. We informed the registered manager in advance of when we would be returning for a second day to complete the inspection visit.

What we did before the inspection

Before the inspection visit, we reviewed information we had received about the service since the last inspection. This included information about incidents the provider must notify us of, such as any allegations of abuse. We sought feedback on the service from the local authority and local Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection

We spoke with six people who used the service about their experience of the care provided. We also spoke with the registered manager, housekeeper, two student nurses and three care workers.

We reviewed a range of records. This included three people's care records, medicines records, staff training records, three staff recruitment files and selected policies and procedures. We also reviewed a variety of records relating to the safety of the premises and management of the service.

After the inspection

We spoke with three community health and social care professionals about their experiences of working with the service. We also spoke to two nurses employed by the service.

Is the service safe?

Our findings

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

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at the home, and they were clear what to do if they had any concerns about their own or others' safety. One person said, "I feel safe. I have my privacy and a key to my own bedroom. I would go to [registered manager], staff or the nurse in charge with any concerns. They will listen to me." Another person told us, "You are not alone here; you have trained staff to look after, help and support you. You feel safe and secure. It's just a really nice place to be."
- Staff received training in, and understood, how to recognise and report any potential abuse involving people who lived at the home. They told us they would bring any concerns of this nature to the attention of a nurse or the registered manager without delay.
- The provider had procedures in place to ensure abuse concerns were reported to the appropriate external agencies, in line with local safeguarding procedures.

Assessing risk, safety monitoring and management

- The risks associated with people's individual care and support needs were assessed, recorded and kept under review. This included consideration of people's physical and mental health needs, behaviours, nutrition and hydration, road safety awareness and the safe management of their medicines.
- Staff confirmed they read and followed people's risk assessments to keep them as safe as possible.
- Staff were kept up to date with any new risks, or changes in existing risks, through handovers between shifts, use of the staff communication book and email updates from the registered manager. One staff member told us, "Communication is really good. Every handover covers each resident, so we are constantly in the loop as to what's going on."

Staffing and recruitment

- People were satisfied with the home's staffing arrangements, and confirmed staff were available to help them when needed. One person explained, "I very rarely need staff, but they are not difficult to find."
- The registered manager and provider monitored and, where necessary, adjusted staffing levels in line with people's current needs.
- Pre-employment checks were completed on prospective staff to ensure they were suitable to work with the people who lived at the home.

Using medicines safely

- People told us they received the level of support they needed to manage and take their medicines safely. One person explained, "They [staff] supervise me with my medicines to make sure I get them on time."
- People were supported to look after their own medicines, where it was safe for them to do so.
- The provider had systems and procedures in place to ensure people received their medicines safely and as prescribed. The qualified nurses who administered people's medicines maintained accurate and up-to-date records of the medicines they gave.

Preventing and controlling infection

- The provider employed a housekeeper who, with the support of care staff, maintained appropriate standards of hygiene and cleanliness throughout the home, following set cleaning schedules.
- We found the home clean, hygienic and fresh-smelling throughout.
- Staff were supplied with, and made appropriate use of, personal protected equipment (e.g. disposable gloves and aprons) to protect people and visitors from the risk of cross-infection.

Learning lessons when things go wrong

- The provider had procedures in place to enable staff to record and report any incidents, accidents or unexplained injuries involving the people who lived at the home, and staff were aware of these.
- The registered manager reviewed any accident or incident reports to learn from these, and took action to reduce the risk of reoccurrence.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- People had confidence in the knowledge and skills of the staff supporting them. One person told us, "I think they [staff] have good knowledge. I feel relaxed here and I don't worry as much as I did in other placements, because I have the right support and people [staff] who listen to me."
- Staff spoke positively about the provider's induction training, which had helped them settle into their new roles at the home.
- Following induction, staff participated in a programme of training and refresher training, designed to help them work safely and effectively. However, we found the training provided did not sufficiently reflect the needs of the people who lived at the home. Whilst the service specialised in supporting people with mental health needs, care staff did not receive basic mental health training to give them insight into the most common mental health conditions.
- In addition, there was no clear plan of additional training to maintain and develop the clinical knowledge and competencies of the home's nurses. The nurses we spoke with discussed the potential benefits of them attending training on taking blood, managing diabetes and current psychological approaches to managing mental health needs. We discussed these issues with the registered manager, who assured us they would review staff training provision with the provider.
- Care staff told us they attended regular one-to-one meetings ('supervisions') with a nurse or the registered manager. However, we were not assured the home's nurses, including the registered manager, received consistent clinical supervision. A nurse told us, "Supervisions can be hit and miss; it's been hard to set a firm date." The registered manager explained that, at present, no one had been identified within the organisation to provide their clinical supervision. Clinical supervision is widely recognised as having an important role to play in enhancing clinical practice.

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

- People's individual needs and requirements were assessed before they moved into the home, and then kept under regular review to ensure the care and support provided addressed these.
- The registered manager kept themselves up to date with current legal requirements and best practice guidelines through, for example, signing up to online newsletters for care providers and participating in events run by the local authority and clinical commissioning group.

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

- People told us they had enough to eat and drink, were offered a choice at mealtimes and had help to cook their own meals each week. One person explained, "I normally cook my own meals on Fridays. I had pizza

and garlic bread last week and did my own food shopping for that meal."

- Procedures were in place to identify and manage any complex needs or risks associated with people's eating and drinking.
- Mealtimes at the service were relaxed, flexible events during which people enjoyed their meals without feeling rushed.

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

- People told us staff helped them to arrange and attend appointments with the community health and social care professionals involved in their care. One person explained, "They [staff] will give me lifts to appointments and they will sit with me [during appointments]." People also confirmed staff helped them to seek professional medical advice and treatment if they were unwell.
- Community professionals described the effective working relationships they had with the service. One community professional told us, "The communication is excellent; if they [staff] have any issues, they get straight on the phone to us. They also organise things well, like medication changes for people."

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

- People told us they found the home comfortable, and that they were able to personalise their bedrooms. One person showed us the equipment installed in their bedroom, which enabled them to pursue their favourite hobby.
- We saw people had enough space to socialise with others, enjoy their meals, meet with visitors or spend time outdoors in the home's large gardens if they chose.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA

- The registered manager and staff we spoke with showed good insight into people's rights under the MCA.
- People told us staff sought their consent and respected their choices and decisions.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People praised the caring and compassionate approach staff adopted towards their work. One person said, "They [staff] tell me they care, and they show it in the way they speak to me." Another person told us, "I have a lot of respect for the staff here. They are absolutely amazing; there are some special people [staff] here."
- The staff we spoke with knew the people they supported well, and discussed their needs with empathy, respect and a clear commitment to people's continued wellbeing.
- Staff understood the need to promote equality and diversity at work and avoid any form of discrimination in planning or delivering people's care and support.

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

- People told us they were encouraged to have their say about their care and to be involved in decisions affecting them. One person explained, "They [staff] make sure they include you in your care and support plans. They will always say to us that if there's anything we don't agree or feel comfortable with to say and it will be changed. They involve you a lot with your care here."
- Quarterly 'residents' meetings' were organised to enable people to express their views about the service as a group. People's feedback and suggestions from these meetings were acted on. For example, people's feedback at one residents' meeting had resulted in the introduction of a regular walking group and art group.

Respecting and promoting people's privacy, dignity and independence

- People confirmed staff treated them with dignity and respect at all times. They praised the polite and professional manner in which staff spoke to them.
- People also talked about the ways in which staff promoted their independence. One person said, "They [staff] help me to stay independently through giving me support with budgeting. I also do my own laundry and clean my room twice a week." Others described how staff helped them to cook their own meals.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People told us they received the care and support they wanted and needed from staff. One person explained, "If I didn't have staff like that to help and support me, I would be in bed all day. They [staff] know how to encourage me to get up, take tablets and attend appointments."
- People's care plans were individual to them, covered key aspects of their care needs and promoted a person-centred approach. Staff confirmed they read and worked in accordance with these documents. One staff member explained, "[Registered manager] reminds us to update ourselves on people's support plans and as support workers we can review them any time."
- The community professionals we spoke with praised the manner in which staff and management responded to changes in people's needs. One professional told us, "They [provider] are always trying to find ways to resolve behaviour issues. I felt they were always trying to think outside of the box."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People told us, and we saw, they were able to effectively communicate their needs and wishes to a staff team who had taken the time to get to know them well.
- The provider had procedures in place to enable them to identify and address people's individual communication and information needs. This included the facility to produce information in alternative, accessible formats when required.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People had support to access the local community, form and maintain friendships and participate in social and recreational activities they found enjoyable.
- People spoke to us about the range of ways in which they enjoyed spending their time. These included joining in with exercise classes, art groups, going out for meals and drinks, playing football and watching live music.
- People were also supported to identify and apply for job opportunities. One person described to us how much they enjoyed their varied voluntary work at a local mental health unit.

Improving care quality in response to complaints or concerns

- People were clear how to raise any concerns or complaints about their care, and were confident these would be listened to by staff and management.
- The provider had a complaints procedure designed to ensure all complaints were handled in a fair and consistent manner.

End of life care and support

- At the time of our inspection, no one was receiving end of life care at the service. Staff had, however, recently supported one person who had passed away at the home.
- Staff worked with community healthcare professionals to ensure people's wishes and choices for their end of life care were identified and acted on in a person-centred way. On this subject, a community professional told us, "[Registered manager] took a very sensible approach [towards person's end of life care] and asked for help and support from us and other services. They were very caring and in tune with what the person wanted."

Is the service well-led?

Our findings

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

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

Continuous learning and improving care; managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- We found the provider's quality assurance systems and processes, designed to enable them to monitor and improve the quality of the service, were underdeveloped and inconsistent. We saw limited examples of previous quality audits, and the plans for future audits and checks on the quality and safety of people's care was unclear. The registered manager acknowledged this issue and the need for a more robust and consistent approach towards quality assurance. They assured us they would discuss this matter with the provider as a matter of priority.
- The staff we spoke with were clear what was expected of their respective roles, and felt confident information about any new risks would be promptly communicated across the staff team.

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

- People, staff and community professionals described an open and inclusive culture within the service, led by a registered manager who valued others' views and was open to new ways of doing things.
- All those we spoke with talked very positively about their relationship with, and support from, the registered manager. One person told us, "[Registered manager] is very straight and honest and has a good way of putting things across to me." Another person said, "I go straight to [registered manager] if anything is bothering me. She's resourceful, thoughtful and kind." A further person told us, "I absolutely adore [registered manager]. She is such a good role model to look up to and has so much care, positivity and understanding."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their responsibility to be open and honest with people and relevant others if things went wrong with the care provided.

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

- People, staff and community professionals told us the registered manager engaged and communicated well with them, encouraging their involvement in the service. A staff member told us, "[Registered manager] is a good team player and a very transformational leader. She gets us involved in things and she seeks our

opinions before introducing things." A community professional explained, "[Registered manager] is very reliable and always gets back to you. If I send an email to her, I get a response within 24 hours."

- Staff spoke about their work with enthusiasm and a clear sense their work efforts were valued. One staff member told us, "We all work as a team and help each other out. [Registered manager] makes us feel appreciated all the time. I'm just happy in my job. I always feel very lucky that I come here and enjoy what I'm doing."