

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?

Requires improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

This inspection took place on 3 September 2015 and was unannounced. At our last Inspection on 30 August 2013 the provider was meeting all the regulations required by law. Shire Oak House is a residential home which provides accommodation for up to 26 people. At the time of our inspection there were 25 people living in the home.

The home had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People and their relatives told us that they felt safe at the home. Staff we spoke with were aware of their responsibilities in protecting people from the risk of abuse. Assessments were in place when people were at risk of harm. People were given their medicines when they needed it. Medicines were not always stored correctly but this was rectified during our inspection.

Summary of findings

Principles of the Mental Capacity Act and Deprivation of Liberty Safeguards had not always been followed. People told us there were sufficient staff to look after them and staff knew them well and understood how to meet their needs.

People were supported to have sufficient food and drink to enable them to maintain a healthy diet. Staff were aware of people's individual needs and understood the importance of offering people with special dietary needs appropriate choices to meet their needs. People had access to outside healthcare services when they needed treatment from other healthcare professionals.

People and their relatives told us that the staff were kind and considerate when caring for them. Their privacy and dignity was respected by staff when delivering personal care.

People felt comfortable in speaking up if they felt they had any concerns or complaints. Staff supported people to access activities in groups or individuals when they chose to.

We saw that there was an open culture within the home and staff were happy to raise any concerns with the registered manager. Systems were in place to monitor the quality of the service provided. Improvements had been made as a result of some of the systems in place.

Summary of findings

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.

Good



Staff understood their responsibilities in protecting people from the risk of harm. Risks to people's health and care needs had been identified and where necessary plans in place to minimise risks. There were sufficient numbers of staff to look after people. People received their medicines when they needed.

Is the service effective?

The service was not always effective.

Requires improvement



People's rights were not always protected as staff did not have a good understanding of the Mental Capacity Act and Deprivation of Liberty Safeguards. People were supported to have sufficient food and drink when they required it and staff understood their nutritional needs. People had access to other healthcare services when required.

Is the service caring?

The service was caring.

Good



People and their relatives told us that the staff were caring. People's preferences were respected by staff who knew and understood them. Staff respected people's privacy and dignity when supporting them.

Is the service responsive?

The service was responsive.

Good



People's needs had been assessed. People felt listened to and if they needed to make a complaint felt assured it would be dealt with. Staff supported people to be involved with activities they were interested in.

Is the service well-led?

The service was well-led.

Good



There was an open and transparent culture within the home. There were systems in place to monitor the quality of the service. Staff felt they could raise concerns with the registered manager and they would be listened to. Systems were in place to allow people and staff to comment on the quality of care in the home.

Shire Oak House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 3 September 2015 and was unannounced. The inspection team consisted of two Inspectors.

As part of the inspection we reviewed the information we held about the service. We looked at statutory notifications

sent to us by the provider. A statutory notification is information about important events which the provider is required to send us by law. We gathered information from the Local Authority. We used this information when planning our inspection.

During the inspection we spoke with five people who lived at the home, three members of staff, families visiting people who lived at the home and the registered manager. We observed staff and people at different times of the day and in different areas of the home. We spoke with three members of staff and the registered manager. We looked at four peoples care plans and records relating to how the service is monitored by the management.

Is the service safe?

Our findings

People living in the home told us they felt safe living there. One person told us, “I feel safe. The doors are always closed”. Another person told us that they felt safe because staff were concerned for their welfare. One person told us that staff always put the call bell close to them when they went to sleep so they could reach it if they needed anything. All the staff we spoke with were able to tell us what they would do if they suspected anyone was at risk of harm and understood their responsibilities in reporting it. Staff also told us that if appropriate action was not taken by the registered manager that they knew how to alert the appropriate people to escalate this and ensure people were protected from the risk of abuse.

We saw people being safely supported to move around the home by staff. The registered manager told us that all people had individual risk assessments in place to ensure that risks to people were monitored. We saw evidence of this in the care records we looked at. Staff were able to tell us who was at risk of falling and what they had put in place to reduce the risk for these people. We looked at accident records and saw that the registered manager was monitoring when people had previously had accidents to ensure that action could be taken to prevent any unnecessary reoccurrences. We saw that preventative action had been taken in one person's case to ensure they didn't fall out of bed again. We saw equipment being used to support people who were at risk of sore skin. There was a lock on a person's room which would have prevented them from unrestricted access to the rest of the service. The risks present due to this lock had not been assessed so it was not clear whether the person's rights were compromised as a result. The registered manager agreed the risk to the person's rights should have been assessed. We found that people had access to unsecure cleaning chemicals that could have been harmful to them as a lock was broken. The lock was repaired when we raised this as an issue, but had not been recognised by the provider.

People we spoke with told us that there were enough staff in the home. One person told us that staff always came

quickly when they pressed their call bell. The registered manager told us that they had recently reviewed staffing levels and as a result had increased staff on the morning shift. This was because more people wanted to get up earlier. Two of the staff we spoke with thought that there were sufficient staff on duty to meet people's individual needs. We saw staff in the lounge at all times and were available to help people if they required any assistance. The registered manager told us that they never had to use agency staff as they had enough staff to ensure cover when staff were off sick. The registered manager told us that the staff had all worked there for a number of years, which ensured that the people living there had consistency in the level of care they received.

We looked at how people were being supported to take their medicines when they needed it. One person told us that they liked to have their medicines in their room. They told us that they were diabetic and that their medicine was always given to them on time. We saw medicines being given to people at specific times of the day and staff taking their time to talk to people when giving them their medicines. We saw that regular audits were carried out which showed that people got their medicine on time. We looked at one person's controlled drugs record and medicines left in the packet. The correct amount of tablets remained. This showed us that this person was receiving their medicine as prescribed. We saw evidence of regular checks completed by the registered manager with regards to the competency of staff giving people their medicines. No areas of concern with regards to competency of staff had been highlighted. Staff we spoke with told us there were protocols in place for people when they required medicine when they were in pain. Staff accurately recorded when medicines had been given. Most medicines were stored securely, however we found a fridge used to store medicines had been left open. We informed the registered manager of this and they ensured it was locked immediately. The storage for controlled drugs did not comply with the Misuse of Drugs (safe custody) regulations. The registered manager recognised this and took action to rectify this during our inspection.

Is the service effective?

Our findings

One person we spoke with told us that they would like to be free to leave the home when they wanted and that they felt tied to the home as they weren't allowed to go out alone. We looked at this person's care plan which did not address their ability to go out by themselves. Their capacity had not been assessed to make this decision for themselves. The registered manager told us that this person would not be safe to leave the home unaccompanied.

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 make particular decisions, any made on their behalf must be in their best interests and the least restrictive as possible.

The three staff we spoke with told us that they had received training in the MCA and Deprivation of Liberty Safeguards and had a basic understanding of how capacity affected people being able to make choices.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLs).

The registered manager told us that no people living in the home had their liberty restricted. However, they were unaware of important developments in deciding whether arrangements made for the care of people who might lack capacity to consent to those arrangements amounted to a deprivation of liberty. We found one person was cared for in a way that may have restricted them in order to keep them safe. However, the registered manager and other staff had not recognised that some restrictions may be a potential deprivation of people's liberty and so had not sought the appropriate authorisation. We asked the registered manager to make a referral to the appropriate authority. Principles of the MCA and DoLs had not always been followed.

One person living in the home told us that they thought the staff had good knowledge of their medical condition and staff knew what they needed. Another person told us, "the

staff understand what I need; it's a nice place to live." A relative of a person living in the home told us, "Mum is happy here. The staff know her funny little ways." We saw that staff supported people with their physical and social needs which meant they could socialise with friends and family in and outside of the home. Staff offered encouragement and support to people when they needed it.

The people we spoke with thought that staff had the right skills to look after them. Staff told us that they had recently received training in first aid, medicines, dignity and infection control. One member of staff told us that they had recently received training in diabetes. They were able to explain how this training had resulted in changes to their practice and how they were more aware of the consequences resulting from sugar intake. They felt this had helped them in their role and given them more skills and knowledge to help people. Staff told us that they received regular supervisions. They felt that they were supported by the registered manager and the deputy and they felt comfortable talking about any issues in supervisions. The registered manager told us that they discussed people's care plans in supervisions with staff. This was confirmed by a member of staff who thought that this helped them in their role to support people.

People told us that they were happy with the food and that they were offered choices. One person told that they liked to eat in their room and used their own tray. Another person told us, "You can ask for whatever you like. There is always a choice of food." "We have had some great food here recently." We saw people having lunch in the dining room. People had different portion sizes according to their own needs. People were enjoying the food and there was a happy atmosphere whilst they were eating. Staff were helping people with their food and asking if they were enjoying it. One member of staff asked a person if they were still hungry and whether they would like anything else to eat. We saw that people were given a choice of where to eat their lunch. Staff we spoke with were able to tell us of people's preferences and choices. We saw staff in the dining room offering choices to people as to what they would like to drink. This included both hot and cold drinks. Some people chose a hot drink and staff knew their preferences in how they chose to drink it. This demonstrated that people's nutritional needs and preferences were being met.

Is the service effective?

People told us they were supported to see healthcare professionals when they needed to. One person told us that the district nurse had been in recently to syringe their ears. Another person was happy that their friends were able to take them to any health appointments they needed to attend. A visiting professional who was there to check on people's care needs told us that although they were not in the home long the person they were visiting was always clean and always looked happy and well looked after. A relative of a person living in the home told us that they

were kept up to date with any health issues with their family member and that they were always contacted if staff had to contact the doctor for any reason. We saw in one person's care plan that they had not been eating as well as normal. The doctor had been contacted and had visited as well as the dietician who had prescribed drinks to help with the person's nutritional needs. The staff told us that they tried to promote good health by encouraging light exercise with people. This showed us that people had access to healthcare professionals when their needs changed.

Is the service caring?

Our findings

People we spoke with made positive comments about the staff that looked after them and also about the care they received. One person told us that they liked the staff and found them caring. We saw staff taking a very open and supportive approach to people's care. We saw staff asking people if they were comfortable and one member of staff asked one person who was sitting by themselves whether they wanted some company. One relative told us, "The staff are very caring, mum gets lots of hugs and they get her anything she wants."

We saw one person dressed as if they were going outside. Staff told us that this is how they liked to be both inside and outside. We spoke with the person and they told us that they liked living in the home and that this is how they preferred to dress. Both of the relatives we spoke with commented that they would and had recommended the home to other people. We observed lots of laughter and banter between staff and people and their families. The atmosphere was very friendly in the home. Staff joined in with people and their relatives and conversation was easy. Staff knew both the people and their relatives well.

One person told us that when staff helped them with their care they always asked first and explained what they are doing. Another person told us that they did not feel intruded when staff were helping them to get washed and dressed because they always made sure the door was closed. All the staff we spoke with told us that they asked people before helping with their care. One member of staff gave us a specific example of how asking permission whilst

supporting the person enabled them to remain calm whilst personal care was being delivered. This demonstrated that staff understood the need for people to consent to their care before they could support them.

All the staff we spoke with were able to tell us of people's individual needs, likes and dislikes. We saw that people were supported to express their views and their opinions were listened to by staff. A member of staff gave us an example about one person who didn't like their room and when another became available they were able to move. We saw staff speaking with people and asking their opinion about what they would like to do and how they wanted to spend their time. One person told us that they were very independent. They told us how staff only supported them when they needed support. This was very important for this person to maintain their independence. Another person we spoke with told us that they preferred to be by themselves and that staff respected this and did not disturb them.

The registered manager told us that all the staff had training in dignity. Staff told us that they needed to ensure that people followed the same routine as they did at their home to ensure that their dignity was maintained. One person told us they did not feel very well. We informed staff of this and staff took the person to a more private area to discuss their health and what they needed. This meant that their dignity was considered whilst discussing private information with staff. However, we saw one person in the dining room receiving personal grooming from a family member. Staff had not considered this person's dignity. We spoke with the staff regarding this and they agreed that the person's dignity may have been compromised and they would speak with the family.

Is the service responsive?

Our findings

One person told us that they did not feel involved in planning their care but they did not mind as the care was good. Another person told us, “The staff understand what I need. It’s a nice place to live.” Staff told us that people were involved in residents meetings and that they could talk about any issues and make suggestions. We saw the minutes of some of the meetings. People had been involved in discussions about the menus and new ideas for activities in the home.

The registered manager told us they liked to involve relatives and any professionals as well as the person when people first moved into the home so together they can assess the needs of the person.

Staff understood and responded to people’s individual needs. For example, we saw one person who was not feeling very well. Staff responded in a way that helped the person to remain calm. Staff used the communication book to log incidents such as this so the staff coming on duty knew what had happened on the previous shift. When people’s needs changed staff were kept up to date and communicated well to ensure people continued to receive the care they needed.

People were encouraged and able to spend their leisure time as they wished. One person told us that they liked to keep themselves to themselves and not join in with the activities in the lounge. This person showed us their books they like to read. The books were in large print which made them easier to read. They also showed us their embroidery which they enjoyed doing in their room. We saw another person also reading in their room and enjoying watching the television. We saw staff interacting in the lounge with people during the day. A game of bingo was being enjoyed by several people and different games were available for

those who chose not to join in. One staff member told us, “I love the one to one times and the interaction with people. I love learning about their lives and they enjoy telling me” The staff told us that one person likes to clean and another person used to work for the post office and still had a post bag with letters in it to sort. This showed us that people were able to take part in activities both in groups and more person centred and meaningful activities by themselves.

People told us that they would be happy to tell one of the staff if they had a complaint, however they had never had a reason to complain. One person told us, “I am happy living here, I have no complaints”. Another person told that they would like a bigger room so that their friends could fit in and that was their only complaint. The registered manager told us they were aware of this and when a bigger room became available then the person would have the opportunity of moving into it. One relative told us, “I would be happy to speak with the deputy if I had any concerns. They are always around.” A member of staff told us that a person had told them that they were not happy with their room and they then discussed this with the registered manager which resulted in them changing their room. People were listened to when they had a complaint and that their personal choices were taken into consideration.

The registered manager told us that since their last inspection they had changed the complaints procedure. They had introduced a log book sheet and a number so they could track complaints.

Complaint forms were available in the dining room for people and their relatives should they need to complain. We looked at the complaints log. Complaints were well documented and any actions taken as a result were recorded. The registered manager told us that they monitored any trends which developed as a result of complaints but so far there had not been any.

Is the service well-led?

Our findings

People we spoke with told us they were happy with the quality of the service. They found the management team approachable and friendly. The registered manager told us that they had regular meetings with people to gain their views on the service and how they could improve it. We looked at the minutes from staff and 'residents' meetings. We saw that staff had been informed about changes in their contract and they were kept informed of any progress with regards to the planned new extension. We saw that staff had the opportunity to discuss any training needed and also the registered manager used the time to discuss any areas of concern such as the laundry. This was then followed up at subsequent meetings when the issues had been resolved. The registered manager told us that people and their families could approach them at any time to discuss any concerns they had. We saw the registered manager talking to people, their relatives and staff whilst we were at the home. There was good rapport and friendly chat during the day which demonstrated that people and their families and staff had a good relationship with the registered manager and they were confident in speaking with her.

One person we spoke with told us that they found the registered manager to be, "Nice and friendly." Staff told us that they could approach the registered manager with anything and they would be listened to. Staff told us how they had for the first time this year organised and run the summer fete whereas in previous years it had been the registered manager. This made them feel involved in the

running of the home. Staff told us they had the opportunity to give their opinions in questionnaires and team meetings. One staff member told us, "I really feel supported and involved." Another told us, "I am happy here. I love working here." The registered manager had been in post for a number of years. They were able to tell us about all of the people who lived there and their needs and knew many of their families. They were knowledgeable about their responsibilities as a registered manager. Statutory notifications had been sent to the Commission. Statutory notifications are legal documents which registered managers have to send to inform us of changes in how the service is run and when significant occurrences happen with regards to people's care.

There were systems in place to monitor the quality of care in the home. We saw the registered manager had completed audits of people's care records and audits of people's medicines. Action to be taken as a result of these checks had been recorded. The registered manager told us that as a result of monitoring accidents and incidents they knew staff were following the correct procedures. However we found a discrepancy in the recording of one person's accidents which the registered manager agreed to follow up. We looked at the questionnaires returned by people living at the home and staff working there. Mostly the answers were all positive. One area highlighted that needed improving was the decoration of the home. We asked the registered manager about this. We were told that there was an improvement plan for the home. A new extension was planned and following this the rest of the home would be redecorated as part of the renovation