

Sentry Care Limited

Shire House Care Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Shire House Care Home is a residential care home. The home is registered to accommodate up to 22 older people in one adapted building. Nursing care is not provided by staff in the home. This type of care is provided by the community nursing service. At the time of this inspection there were 19 people living in the home.

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

Since our last inspection the provider had used a care consultant to help identify areas where risk management and oversight could be improved. They had taken appropriate action to ensure people were kept safe and quality maintained. The registered manager understood the importance of taking a pro-active approach to risk.

There were sufficient staff to meet people's needs. The home used a dependency tool to set staffing levels accordingly. People and relatives said there were always enough staff and they responded in good time when they needed assistance.

People told us they felt safe living at the home. Their relatives agreed. One person said, "I absolutely feel safe."

People received their medicines on time and as prescribed. The home liaised with health professionals to ensure people's medicines were regularly reviewed to help ensure they were still benefitting from taking them.

The home was visibly clean throughout and free from malodours. We were assured with infection prevention and control practices.

Accidents and incidents were reported and recorded appropriately. Accidents and incidents were analysed to identify the cause, any themes and what could be done to prevent a recurrence.

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.

The home had a friendly and supportive culture. People, relatives and professionals felt the home was well-led. There was praise for the registered manager and management team. The registered manager told us they feel supported by the provider.

The registered manager and senior staff had developed and maintained good working relationships with a variety of external professionals in health and social care.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk.

Rating at last inspection

The last rating for this service was good (published 21 November 2017).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Shire House on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Shire House Care Home

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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Shire House Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Shire House Care Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

Inspection activity started on 6 February 2023 and ended on 13 February 2023. We visited the location's service on 6 February 2023.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 6 people who use the service and 3 relatives about their experience of the care provided. We spoke with and received feedback from 9 members of staff including the registered manager, senior carers, care assistants, domestic and the cook. We received written feedback from a health and social care professional who works with the home.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included 3 people's care records and multiple medication records. We looked at 3 staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- People had individual risk assessments as required to cover areas of their life including mobility, dietary intake, blood thinning medication and skin integrity. These were regularly reviewed with people's and, where appropriate, their relative's involvement. A relative said, "I think they've done well with managing [family member's] risks. [Family member] has a lot of medical issues when they came to the home including swollen legs. They have dealt with that very well." The registered manager had sought advice from the local authority frailty team in setting realistic daily fluid intake targets for people.
- Environmental risk assessments took place. These had improved following review by a care consultant employed by the provider. Home environment risk assessments were undertaken for areas such as legionnaires disease, repositioning equipment, fire safety and water temperature checks prior to personal care. The registered manager understood the importance of pro-active risk management, advising us, "Prevention is better than a cure. We shouldn't wait for things to happen."
- People had personalised emergency evacuation plans which helped ensure a safe evacuation from the premises in an emergency such as a fire.
- There was an ongoing maintenance programme that included replacing carpets, new boilers, room decoration and repairs to the roof.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at Shire House Care Home and had staff readily available to support them. A person told us, "I absolutely feel safe." Another said, "It's very pleasant here. We're looked after well." Relatives felt the same, commenting: "Yes I feel [family member] is safe" and "I would say [family member] is safe there."
- Staff had received training to understand the signs and symptoms that might indicate a person is experiencing harm and abuse. They were aware of their responsibility to report concerns to the registered manager or senior staff member on shift. Staff also understood how to raise concerns with external agencies such as CQC, police and the local safeguarding team. A staff member told us, "If I had concerns about a particular client I would be very confident in taking my concerns to the [registered manager]."

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Two people had conditions related to their DoLS authorisations and these were being met.
- People told us staff always asked for their consent before supporting them. For example, a person shared, "They get my permission before helping me with personal care. Nothing is taken for granted."
- Where people were assessed as lacking capacity to make a specific decision, consent had been given on the person's behalf by representatives with the necessary legal authority to do so. Supporting paperwork was available on people's files.

Staffing and recruitment

- The home used a dependency tool to match staffing numbers to people's needs. People's dependency levels were regularly reviewed. People told us staff usually responded in good time to their requests or need for assistance. For example, a person said, "I see lots of staff. They are there when I need them." Two relatives expressed, "I've never gone there and thought they need more staff. They don't seem rushed" and "There are always plenty of staff around."
- The home had safe recruitment practices including checks with the Disclosure and Barring Service (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- People received their medicines on time and as prescribed. Records and people confirmed this.
- Staff administering medicines had the relevant training and competency checks.
- People's medicines administration records were completed correctly and signed and dated by two staff where handwritten entries had been made on them. This is best practice guidance.
- Protocols for the use of 'as required' medicines were in place. These provided guidance for staff to follow to ensure those medicines were administered in a consistent way.□
- Daily checks ensured medicines were stored correctly and at safe temperatures.
- Topical cream administration charts were in place and had been completed to demonstrate people had their cream applied as required.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed. A relative told us, "They locked down very quickly which we were pleased with at the start of the pandemic."
- We were assured that the provider's infection prevention and control policy was up to date.
- The home was supporting visits for people in line with current government guidance. A person told us, "My

[relatives] live down the road. They can visit any time and were in here yesterday." A relative said, "There are 4 or 5 of us. [Family member] gets 3-4 visits per week."

Learning lessons when things go wrong

- Accidents and incidents were reported and recorded appropriately. These were then analysed to identify the cause, any themes and what could be done to prevent a recurrence. All reports were signed off by the registered manager. Lessons learned were shared with staff via an encrypted social media app and in team meetings. This had included where a person had tripped on a carpet. The carpet was repaired, and checks carried out to determine the safety of other flooring in the home.

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 our last inspection we rated this key question good. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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

- Improvements had been made to strengthen the governance systems and oversight of the home since the last inspection.
- People, relatives and staff and were positive about the registered manager and management of the home. A person said, "I would recommend the home. All the staff do a great job and [registered manager] has everything under control." A relative stated, "It's run very well. I would hold [registered manager] and [director] in high regard." Staff comments included, "[Registered manager] operates an open-door policy and is always receptive to collaborative approaches and addressing concerns raised about the residents" and "I appreciate [registered manager's] exemplary leadership and hands-on approach in managing us."
- A professional commented, "I have had numerous interactions with the owner, manager, and senior care staff throughout the duration of my visits and have never questioned that the home is well led."
- The registered manager was aware they must notify CQC of significant incidents and events. This had been done.
- The registered manager demonstrated a good understanding of their responsibilities under the duty of candour and promoted an open and honest culture. They told us, "We would be open, honest and apologise. We would inform safeguarding and CQC. We would do an investigation and then update the person affected, safeguarding and CQC."

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

- Shire House Care Home had a friendly and homely culture. A relative said, "The home has a nice friendly atmosphere. It has a nice feel." Staff comments included: "A friendly caring atmosphere within the home. Professional and does feel like a family home environment", "They treat me very well here, there's a feeling of belonging" and "It is a busy but friendly environment."
- Staff said they felt proud to work at the home. Their comments included: "I do I feel proud to be a part of Shire House Care Home, the carers I work with and my lovely residents", "Yes because I've already been working here for 18yrs" and "I'm proud that I was given an opportunity to work in Shire House Care Home and be able to serve elderly residents treating them as my extended family."
- The registered manager fed back positively to us about the staff team when expressing, "I'm really, really lucky. It feels like family. I have been here 18 years. We have staff that sometimes leave and then they come back. Returning staff say our team is different to others. We stand all together to ensure we provide a high

standard of care."

- The registered manager told us they feel supported by the provider. They commented, "[Name of provider] is the best. Visits every fortnight. Supports the additional training of staff and doesn't question the cost."
- Staff were supported to undertake additional learning and qualifications to support them in their role.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- Surveys were undertaken to obtain views of the home from people and relatives to identify areas for improvement. Staff feedback was obtained during provider monthly reports. The most recent people's survey took place in November 2022. Ten people responded and almost all feedback was positive. Where issues were raised these were quickly resolved to people's satisfaction.
- Team meetings were held where staff were encouraged to contribute ideas, discuss people's health and raise concerns where required. Staff commented: "We are always encouraged to attend team briefs and to speak out", "I can say what needs to be improved and they listen" and "We are encouraged to attend meetings but some of the agenda in our meeting is not given immediate solutions." We raised the latter comment with the registered manager. They said they would introduce a, 'You said, we did' approach to ensure staff were better informed of specific follow up actions.

Working in partnership with others

- The registered manager and senior staff had developed and maintained good working relationships with external professionals in health and social care. This approach supported good care and treatment for people at Shire House Care Home. Partnership working included district nurses, GPs, the frailty team and community mental health team.