Herefordshire Mind

The Shires

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

We undertook an unannounced inspection on 28 August 2016.

The Shires provides accommodation and nursing care for a maximum of 13 people who have mental health support needs. People who live at The Shires may need a long term home or be planning to move towards a more independent way of life. At the time of our inspection there were 11 people living at the home.

The manager for the service was in the process of registering with us. Since the inspection they are now the registered manager for the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered providers and registered managers 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.

All the people we spoke with said they were happy at the home. They all said the staff and management team were caring and treated them with dignity and respect. People explained how staff supported them follow their interests which improved their well-being.

People told us they were supported by staff and the manager to make their own decisions about their own lives. The management team had a clear ethos that people using the service were at the heart of everything they did. People told us they were important to the staff and the manager. They said they were regularly asked their views about if they were happy with the support they received.

People we spoke with said they had support from regular staff who knew them well. Staff we spoke with recognised the different types of abuse. There were systems in place to guide staff in reporting any concerns. Staff were knowledgeable about how to manage people's individual risks, these focussed on enabling people to be as independent as possible safely. People were helped to receive their medicines by staff when they needed support. Staff were trained and knew about the risks associated with people's medicines.

Staff had up to date knowledge and training to support people living at the home. Staff always ensured people agreed to the support they received. People were encouraged to make their own choices about the food they ate. They explained that they were supported to make their own decisions and be as independent as they could. People told us staff would access health professionals as soon as they were needed and there were plans in place to support them.

People and their relatives knew how to raise complaints and the management team had arrangements in place to ensure people were listened to and appropriate action taken. Staff were involved in regular meetings and supervision meetings share their views and concerns about the quality of the service. People and staff said the management team were accessible and supportive to them. Staff were adaptable to changes in peoples' needs and knew people well to recognise when additional support was needed.

The manager monitored the quality of the service and encouraged staff to be involved in the regular audits. The manager ensured there was a culture of openness for people using the service and staff. The management team had systems in place to identify improvements and action them in a timely way.

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

People were supported by staff that knew how to provide care in a safe way. People benefitted from regular staff that knew them well and managed their identified risks. People were supported with their medicines to ensure they had them as prescribed.

Is the service effective?

Good

The service was effective

People were supported by staff with up to date training and who were knowledgeable about how meet people's needs. People received support from staff who respected their right to make their own decisions. People benefitted from a balanced diet and had choices with what they ate. People had access to health care when they needed to.

Is the service caring?

Good

The service was caring

People received caring and kind support from a staff team that enabled people to live their lives as they chose. Staff respected peoples' dignity and worked with people to achieve as much independence as possible.

Is the service responsive?

Good

The service was responsive

People were involved in how they were supported by staff who listened and were adaptable to their needs. People benefitted from regular reviews of how they were supported. People and their relatives were confident that any concerns they raised would be responded to appropriately.

Is the service well-led?

Good

The service was well-led.

People, relatives and staff felt supported by the management

team. The culture of the home was to focus on each person as an individual and to support them to achieve their potential. The provider and registered manager regularly completed checks to improve the quality of care.

The Shires

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 was an unannounced inspection which took place on 28 August 2016 by one inspector.

We looked at the information we held about the provider and this service, such as incidents, unexpected deaths or injuries to people receiving care, this also included any safeguarding matters. We refer to these as notifications and providers are required to notify the Care Quality Commission about these events.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they planned to make.

We spoke with eight people, and two relatives. We looked at how staff supported people throughout the day.

We spoke with four staff, the registered manager and the provider. We looked at the care records for two people including medicine records, training records and other records relevant to the quality monitoring of the service.

Good

Is the service safe?

Our findings

People we spoke with said they felt safe because they were supported by staff who knew them well and listened to them. One person said about the staff, "I am very safe, they [staff] look after me very well." Another person told us about staff, "They are here 24 seven to speak to." Relatives told us their family members were safe. One relative said, "They support my [family member] in a secure and safe way."

All the staff we spoke with had a clear understanding of their responsibility to report any potential abuse and who they could report it to. The registered manager and staff explained their responsibilities to identify and report potential abuse under the local safeguarding procedures. They had a good knowledge of the people they supported and said they would know if people living at the home were safe. They told us training on potential abuse and safeguarding concerns formed part of their induction and was regularly updated. Staff we spoke with said this was also reviewed in team meetings with practice discussions to support staff learning.

People told us they had discussed their support needs with staff at the home. This included identified risks to their safety and welfare. For example, the support people required with administering medicines and going out into the community. One person explained how they were supported to be as independent as possible when going out. They explained how they reported to staff to ensure they were safe. They went onto to say how this made them feel supported but still independent. Staff explained how they managed risks to people while maintaining people's independence as much as possible. One member of staff explained how some people living at the home managed their medicines independently. Staff had assessed the risks and worked with people to ensure they were receiving their medicines as prescribed.

People told us they were consistently supported by staff who knew them well. Staff we spoke with said they were an established team. Any concerns during their shift would be acted on and passed onto staff during the end of shift handover. One member of staff said, "We always know what's going on and are kept fully up to date." Staff were aware of how to manage people's risks and how they were reflected in the risk assessments for each person. For example, we saw on person was always monitored when they ate, to reduce their risk of choking. Staff we spoke with were aware of the risks and we saw there were risk assessments in place that reflected this.

People told us there were always enough staff to meet their needs. One person explained how they were supported to do the things they enjoyed and attend appointments with the support from staff. They said, "[Staff] will try and fit everything in, they are very accommodating." Staff and the registered manager said they had enough staff to meet the needs of people using the service. Staff explained how staffing could be changed to meet people's needs and ensure that people could arrange to attend events that were important to them. Relatives told us there were sufficient staff on duty to meet their family member's needs. We saw there were enough staff on duty to meet the needs of people living at the home. One staff member said, "We all work together so people can achieve what they want to do."

The registered manager told us staffing levels were determined by the level of support needed by people.

This was provided in a flexible way depending on what people living at the home wanted to do. The registered manager ensured there were sufficient appropriately skilled staff to meet the needs of the people living at the home. She explained that when she needed extra staff when one person living at the home was unwell she had been able to arrange this. One relative we spoke with confirmed that additional staffing was arranged when needed.

Staff told us they completed application forms and were interviewed to check their suitability before they were employed. We spoke with a new member of staff and they said the registered manager checked with their previous employers and with the Disclosure and Barring Service (DBS) before they started work. The DBS is a national service that keeps records of criminal convictions. This information supported the registered manager to ensure suitable people were employed, so people using the service were not placed at risk through recruitment practices.

Some people needed support with their medicines. Staff told us that this was assessed and where possible people were supported to be independent with their own medicines. The registered manager said this was discussed with people living at the home and they were included in decisions about how they were supported. We saw people's plans guided staff in how to support people with their medicines. Staff told us that these plans were updated when needed and staff were aware of any changes. We saw there were protocols in place for people who had medicines that were "as required" to ensure people received them appropriately. Staff said they checked medicine records every time they administered medicines and would investigate any missing signatures. We saw medicines were kept and disposed of in a safe way.

The registered manager told us about a pharmacist inspection in March. She had completed most of the actions and was taking steps to ensure they were all completed.

Good

Is the service effective?

Our findings

People we spoke with told us staff knew how to support them. One person said about staff, "They are a really competent." Relatives we spoke with told us staff were very knowledgeable about how to support people living at the home. One relative said, "They [staff] are really knowledgeable about what they are doing."

Staff told us that they had received an induction before working independently with people. This included training, reading people's care plans, as well as shadowing a more experienced member of staff. Staff said they met all the people initially to get to know them. They said experienced staff shared their best practice so people had their needs fully met. One member of staff explained how well the manager supported them when they started and was always open to discuss best practice. They went on to say, they felt prepared and had received training in all areas of care delivery. Another member of staff explained how when new staff arrived they had regular practice discussions and this helped bring new ideas into the team and was valued by existing staff and the manager. Staff told us they were confident with how they provided support for people using the service.

An auxiliary member of staff we spoke with explained that they had completed the same training as support staff because the worked as part of a team. They went on to say that this was an effective way to provide continuous support for people consistently. One member of staff explained how the manager had arranged a specialist nurse to hold a workshop with staff at the home. They went onto say how this helped them support one of the people living at the home by having a greater understanding about what they were going through.

Staff told us they felt well supported and had regular supervisions and an opportunity to review their training needs. They were encouraged to complete training to improve their skills on a regular basis. This training included Mental Capacity Act 2005 (MCA); staff we spoke with were able to explain what this would mean for people they supported.

The 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 told us staff always asked for their consent before supporting them. Staff we spoke with told us they were aware of a person's right to refuse their support and explained how they manage this to ensure people's rights were respected. Staff told us they always ensured that people consented to their care and we saw examples of this throughout our time at the home.

The registered manager had an understanding of the MCA and was aware of her responsibility to ensure decisions were made within this legislation. She was aware should anyone need support with decisions she would assess their capacity and arrange best interest discussions to ensure people's wellbeing was

protected.

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

Staff we spoke with understood the legal requirements for restricting people's freedom and ensuring people had as few restrictions as possible. The manager had not needed to submit any DoL applications at the time of our visit. They understood the process and were aware of how to access any further support.

People said they had choice about the food they ate and that the food was good. They told us they were all involved in their shopping, food preparation, cooking and making choices about what they ate. One person said, "I can cook my own or they [staff] will do it for me, we decide what I feel like." Another person said, "I love the food, I can have what I like." We saw when extra support was needed that staff did this in a discreet way, promoting people's independence as much as possible. Staff we spoke with said people were monitored regularly to ensure they were maintaining a healthy diet with both food and drink. Staff were aware which people had special dietary needs and how they needed to meet them. Relatives we spoke with said the food was very good.

People told us they received support with their all aspects of their health care when they needed it. One person said, "We arrange appointments together, and if I need to I can tell staff any worries and they will help." They explained they felt reassured with staff support. Staff had involved other health agencies as they were needed in response to the person's needs. For example, people we spoke with told us they attended the dentist and opticians regularly. Staff said there were health plans in place to ensure people were fully supported with their health needs.

Good

Is the service caring?

Our findings

People we spoke with said they enjoyed spending time with staff and they all said staff were caring to them. One person said they were very happy living at the home and felt staff were very kind to them. They went onto say, "They look after me really well, and always have my best interests at heart." All the people we spoke with said they were happy living at the home and got on well with each other and staff. Another person said about the staff, "They are amazing can't fault any of them." A further person told us, "It's great living here, the staff are all great." People said they valued their relationships with staff. Relatives told us all the staff were caring and patient. They all said they could not think of anywhere better for their family member to be. One relative said, "[Family member] is very settled and trusts the staff."

We saw good relationships between staff and people living at the home. For example, we saw a member of staff supporting one person get ready to attend an appointment. They spent time reassuring the person and we saw the person was relaxed and happy as they left. We also say positive interactions between people living at the home and staff during meal time preparations and during the meal. People enjoyed the lively conversations and chose whether they ate in the dining room or took the meal back to their rooms.

Staff demonstrated they knew people well during our conversations and had a detailed and personal understanding of each person's individual needs. Staff valued people's individual interests shared in their achievements. One person spoke about a particular member of staff and told us they, "They really help me to do what I want. It means a lot to me." Throughout our inspection we saw people had positive relationships with staff and where help was needed we saw they supported people's wellbeing.

People we spoke with told us they felt important and listened to. One person said, "I am listened to, I can do what I want and I am supported to achieve what I decide I want to do." They went on to explain how they were supported to attain training in their particular interest and how this improved their well-being. Another person explained how they could make their own choices and decide where they wanted to go and what they wanted to do. Relatives we spoke with said they felt the service prioritised their family member's independence and interests to ensure their choices were supported.

People said staff respected their dignity. One person explained they needed little support but when they did need extra help staff always respected their dignity so they did not feel embarrassed asking for the help. Another person told us, "I have a positive life here; no one shouts at me ever, I am very happy here." People said they had privacy when needed and were able to use their rooms for personal space. One person told us about their choice of personal style and how they preferred to dress and said, "I make choices everyday". Another person told us they regularly spoke with staff who would support them if they were worried about anything.

Relatives said staff always treated them and their family member with dignity and respect. Staff we spoke with showed a good awareness of people's human rights, explaining how they treat people as individuals and really listened to what people wanted. All the staff we spoke with had examples where they had worked with people living at the home to achieve their goals. They were really proud of how people had achieved

improvements to the way they lived their lives. For example, one person was achieving their personal aspiration and attending a volunteer work in the community. They now attended this on their own, after working with staff to achieve this level of independence. All staff we spoke with were passionate about how important the people they supported were and how the management team supported them to focus on each person as an individual.

Good

Is the service responsive?

Our findings

People we spoke with said they were involved in decisions about their care. They told us they were consulted and involved with all aspects of how they are supported. One person said, "I am listened to about everything." People said they received consistent, personalised care and support. They were involved in identifying their own needs, made their own choices about how they wanted to be supported.

People told us they knew staff well, and staff knew how they liked to be supported. Staff said they knew people's support needs could change from day to day. They said they knew people well enough to recognise when they required additional help. People we spoke with said when they needed extra help staff always supported them. Relatives told us staff were adaptable to meet the needs of their family member.

People told us they regularly discussed their plans with staff and reviewed how they were supported and what they wanted to do next. People we spoke with said they would say if they were not happy with something. All the people we spoke with said they were happy living at the home.

People told us they could choose what they wanted to do with their time. One person living at the home did some volunteer work with support from staff when needed. They explained how much they enjoyed their work and they were always enthusiastic to attend. Some people did activities together and others chose things to do on their own. People told us they were never bored and always had interesting things to do that they enjoyed. One person explained how they enjoyed the evenings when they could watch films and chat with other people living at the home and staff. They said it was great fun especially at the weekends.

People we spoke with said they could attend clubs and activities in the community, such as wood work, and football. Six people told us they were able follow their particular interests and worked with support staff to attend the pastimes they were interested in achieving. Relatives told us that their family members had interesting things to do with their time which were individual to them. Staff said they were constantly looking for new ideas for people living at the home to be aware of and participate in when they wanted to.

Six people said they were regularly asked if they were happy with everything in their meetings with the manager. One person told us if they were not happy then staff and the manager always took action to sort out the concern. We saw there were questionnaires completed by people living at the home. We looked at those completed for last year and saw there were positive comments from people. One relative we spoke with said they were regularly involved in meetings with their family member and staff to review how they were supported.

People we spoke with told us they would say if they were not happy with anything. One person said they were happy to speak with staff or the manager about any concerns. They said, "They always listen." Relatives said they were confident to speak to staff or the management team if they had any concerns. The manager investigated any concerns raised and actioned them appropriately. For example, we saw one complaint had been investigated and a meeting held to discuss and agree the outcome. There were clear arrangements in place for recording complaints and any actions taken.

Good

Is the service well-led?

Our findings

The manager was in the process of completing her registration for the home. Since our inspection she is now the registered manager for this service.

People who used the service told us the service was well managed. They said they could always speak with the manager at any time, and they would always take the appropriate action. People we spoke with told us they were listened to by the manager and the staff supporting them. One person said, "The manager is lovely, so calm and kind, she will always listen and cares how I am."

Relatives told us that the staff and manager were open and honest and shared information when appropriate. One relative said, "They are always honest about any concerns and encourage us to work with them to support our [family member.]"

The manager knew all of the people who used the service and their relatives well. They were able to tell us about each individual and what their needs were. They explained that their ethos was to support people to achieve as much as they could to reach their full potential. She went onto say that this was in relation to people living at the home and staff. The manager told us that some people living at the home would live there for a long time whereas others would move out into the community. She felt it was really important that staff supported people to achieve what they could and work together to plan achievable goals to improve their well-being at the home. Staff told us they were encouraged to achieve vocational awards which they felt improved their practice when providing support for people living at the home.

Staff told us the culture of the service was all about the importance of each person living at the home as an individual. They explained how this was emphasised through the ethos of their manager through team meetings. All the staff we spoke with were passionate about supporting people focussing on their abilities, and being responsive and adaptable in how this was achieved. One member of staff said, "We always try hard to encourage people to be as independent as possible and do things they enjoy." Staff said they all communicated well and worked together to support people. One member of staff explained that staff worked day time and night time shifts to support their knowledge of people living at the home. They felt this was a very positive step and really supported staff to have a good picture of people.

Staff said they were supported by the manager. They told us they could always speak to someone if they had any concerns. One member of staff said about the manager and staff team, "We share ideas with each other and work together." Another member of staff said, "I love working here, it is such a happy place, I just love coming here." Staff told us they had regular one to ones and they were able to share information and ideas. They said they felt well supported and listened to as a result of this. For example, one member of staff explained how they were involved in ideas for one person to access area of the community. They said they had been listened to and the idea had been developed and shared with the person. Staff told us how any compliments were always passed on so they felt valued and appreciated.

The management team completed regular checks to ensure they provided quality care. The manager said

they had identified where improvements were necessary. They were working towards these improvements and the manager was supporting staff to empower them to complete regular audits to support her monitoring the quality of care. For example, we saw there were plans in place to make improvements to the building. Staff told us these plans had been started, such a new roof had just been completed. Further plans to improve the accommodation were in the process of being discussed with people living at the home and staff.

Staff told us they always reported accidents and incidents. We saw documentation available for staff which was completed when needed. The management team investigated the incidents to ensure any actions that were needed were made in a timely way. The registered manager explained how they would review through a practice discussion with staff and resolve any on- going actions when needed.