

SORCH LTD

Shire Oak House

Inspection report

33 Lichfield Road
Sandhills
Walsall
West Midlands
WS9 9DH

Tel: 01543372331

Date of inspection visit:
21 February 2022
28 February 2022

Date of publication:
23 March 2022

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

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

Shire Oak House is a residential care home providing personal care for up to 26 older people and/or people with dementia. At the time of inspection 24 people were living in the home with two vacancies.

Shire Oak House accommodates up to 26 people in one adapted building. The accommodation is over two floors with a lift connecting the ground floor to the first floor. There is a dedicated managers office located on the ground floor. There are usually five staff on day shifts including a senior carer as well as the registered manager. Nights are covered by two staff with managers available 'on-call' as required.

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

There was no system in place to ensure that people coming into 'step down' service provision had an adequate stock of medication. We found a person's medication had not been given to them for a day due to the provider not holding enough stock and not having an effective system that ensured staff chase up prescriptions so that people had medication available to them.

There was no effective system in place to ensure that the provider was ensuring staff references were sought and that gaps in working history were explored.

People told us staff were kind and caring and treated them with dignity and respect and we observed some examples of staff working in a caring way.

The family of a person who lived at the home told us that their relatives received good levels of care and support.

People received person centred care and there were enough activities available for people to enjoy. People and their relatives were usually consulted about their wishes about the end of their life and were involved in reviews of their care. People, relatives and staff were always given the opportunity to provide feedback on the service and any concerns they had regarding their relative

People were supported to have maximum choice and control of their lives and staff always supported them in the least restrictive way possible and in their best interests.

People, staff and relatives knew how to complain. The provider and registered manager understood their responsibilities under the duty of candour.

From 11 November 2021 registered persons must make sure all care home workers and other professionals visiting the service are fully vaccinated against COVID-19, unless they have an exemption or there is an emergency. We checked to make sure the service was meeting this requirement. We found the service had effective measures in place to make sure this requirement was being met.

Rating at last inspection.

The service was registered with us on 01 June 2021 and this is the first inspection.

The last rating under the previous provider for this service was good (published 02 May 2019).

Why we inspected

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. This included checking the provider was meeting COVID-19 vaccination requirements.

We have found evidence that the provider needs to make improvements. Please see the Well-Led section of this full report.

You can see what action we have asked the provider to take at the end of this full report.

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

Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified a breach in relation to regulation 17, good governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. 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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Shire Oak House

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 undertaken by one inspector.

Service and service type

Shire Oak House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

We used all this information to plan our inspection.

During the inspection

We spoke with five people who used the service about their experience of the care provided. We also spoke

with four members of staff; a senior care worker and three care workers. Additionally, we spoke to the registered manager, the provider and a healthcare professional who visits the home on a regular basis.

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

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records as well as audits and policies. We spoke with three relative and one professional who regularly have contact with people who use the service.

Is the service safe?

Our findings

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

This is the first inspection at this service under the new provider. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- A person had not been administered medications that were prescribed to them for one day. We were told by the registered manager that they had ordered the medication, however the doctor had not sent the prescription at the time of inspection. Staff had not followed up on the order and this meant that medication was not available at the time they were required. Missing medication could pose a risk to people's health. The person did not suffer any harm as a result of the missed medication and arrangements were made at the time of the inspection to obtain the persons medication.
- Arrangements were in place to ensure medicines were stored safely.
- Staff explained to people why they were offering their medicines and supported people to take them safely.
- Staff completed medicine management training and competency checks were completed.

Staffing and recruitment

- One staff member did not have any references on file. This meant any potential risks that the staff member may pose had not been safely assessed.
- Two staff records did not have an explanation for gaps in their work history. There was no risk assessment to show these gaps had been discussed.
- People told us care staff were available when they needed help.

- Our observations during the day indicated there were generally enough staff on duty to meet people's identified needs. However, we were told by professionals who visit the service, that the shape of the building meant that staff were 'spread thin' when they had to go to different parts of the building to see to different people living there. The provider agreed that this can appear to be the case at times due to the physical shape of the building, but stated that they ensured the call bells were always answered in a timely manner to ensure people received care when they required it.

Assessing risk; safety monitoring and management; Systems and processes to safeguard people from the risk of abuse

- Risks to people's safety were appropriately assessed and action taken to manage identified risks. Care records and risk assessments held sufficient and up to date information on how to support people safely. We saw five care records and these were appropriately reviewed as stated within the providers policy. This meant staff had the information they needed to manage identified risks and provide the care people needed.

- The provider has ensured that notifications are sent to the CQC in a timely manner and that they work effectively with healthcare and commissioning partners to deliver safe care. We saw that they had noticed a person appeared to be losing weight and they worked with healthcare services to ensure the person was well supported.

- Staff were able to tell us about safeguarding risks and how to manage any risks by speaking with the registered manager. They told us that training in safeguarding was good and that the registered manager often spoke about safeguarding during meetings.

Preventing and controlling infection

- We were assured that the provider's infection prevention and control policy was up to date. The provider's contingency plan and risk assessments for staff had fully explored or mitigated all risks.

- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance. People had been supported to have named visitors coming into the home.

- We were assured that the provider was preventing visitors from catching and spreading infections.

- We were assured that the provider was meeting shielding and social distancing rules.

- 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 accessing testing for people using the service and staff.

- 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.

The Government has announced its intention to change the legal requirement for vaccination in care homes, but the service was meeting the current requirement to ensure non-exempt staff and visiting professionals were vaccinated against COVID-19.

Learning lessons when things go wrong

- The provider had a system in place to identify any complaints or incidents which involved care staff, seniors and the registered manager having daily 'flash' meetings. This meeting discussed accidents, incidents and people's needs over the last day. This was an effective way to ensure information was effectively shared and good practice was maintained.

- The provider told us that the registered manager and management team 'action planned' incidents with a detailed log of how to risk manage future events to reduce the likelihood 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.

This is the first inspection at this service under the new provider. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff told that there has always been training available, and that the registered manager and provider are always available to answer questions about anything they need further information about. One staff member told us, "I had issues about the safeguarding training and the registered manager was very patient in explaining it in a way I understood".
- A person, living in the home told us, "I was worried after the old staff left when the new provider took over. But the new staff are just as good and really know what they are doing when it comes to caring for us". They told us about how staff knew them well and could tell by facial expressions if they were upset.
- The training matrix showed that all staff members had been provided with all mandatory training within the last 12 months.
- All staff we spoke to who had started at the home since the provider took over, told us that they had received induction according to their job roles. Staff who had been inducted with the previous provider told us that refresher training had been made available to them.
- Some formal staff supervisions were taking place. This meant that staffs concerns were addressed in a timely manner. Additionally, staff were receiving feedback upon their performance and progression in their roles formally. The registered manager told us that they would be implementing a more robust system of formal supervision with staff in the near future to invest in retaining staff.
- Staff told us that they enjoyed working at the home. One staff member said, "There was a lot of change when the new provider came in. But it's been better for the [people living in the home] and us because they have invested in training and in making the home a lot nicer [decoration]".

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

- A person told us that they were always well supported in the home. They said, "They [staff] always make sure that they check how much I have eaten and weigh me to see if I'm losing too much weight". Records confirmed that diet and nutrition plans were in place and people were encouraged to eat and drink as needed to maintain good health.
- One person told us "The staff show me pictures sometimes of food as I don't always remember if I like it". This made it easier for staff to support people eat well.
- One family member told us that, "My relative sometimes tells me the food isn't very tasty, but the home tries to give them options and is happy to change things if people who live in the home] or relatives talk to them".
- We saw that there was enough food for all the people living at the service with two choices of main course as well as fresh vegetables.
- People told us that the food was good. One person said, "I really enjoy some of the meals they give, it's

really tasty and filling. They [staff] always ask us what we want and we help to decide what we eat by telling us if we have had it before and if we enjoyed it last time".

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

- A healthcare professional who often visits the service told us that, "The registered manager and staff really take an interest in the people they support. They are always diligent in their work".
- Oral care plans were available; however, the registered manager told us it was difficult to get appointments due to the coronavirus pandemic. They told us that things were getting better now.
- People told us, and records confirmed, that the registered manager and staff work with other professionals to support people living in the home. We saw that people had been supported to attend external appointments, and that follow up appointments had been completed.
- Hospital passports were available in two of the five care plan files we reviewed. They were detailed and had been reviewed to reflect peoples changing needs as required. The registered manager told us that all care plans would include hospital plans when they implemented the electronic care plans in the near future.

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

- The building was not dementia friendly. We saw pale and light colours used across the home on walls and flooring, which is not deemed suitable for people with dementia. There were no contrasting colours which helps people differentiate between surfaces. The provider explained, and people who lived at the service confirmed, that when they took over, the property was in need of refurbishment. They told us that they were in 'phase 1' of the refurbishment, which is to make the home safe, clean and free from draughts and cold. The next phase would be to make the home dementia friendly. They told us that they worked with a dementia adviser from the local authority and they would look to address areas like colour schemes and better signage. We saw some signage that supports a dementia friendly environment; however, this was not across the entire home.
- One family member told us, "The place was really tatty before the new owners took over. They have really made good changes and will get better".
- We saw that the home was clean, and the building had been refreshed with paint and new fittings. We were told by people that better handrails were installed, and that the provider had addressed families concerns about the lack of refurbishment by the previous provider. This meant that people with mobility issues had environmental support to help them move around the building easily.

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 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 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being

met.

- We found that the provider was working within the principles of the MCA and that the registered manager had a good level of understanding around the principles. Seven people at the home were subject to DoLS at the time of the inspection, and the registered manager had reviewed records from the previous provider to ensure that documents were timely and reflected changes in needs.
- Staff were able to tell us about the principles of the MCA and told us that they had been trained in DoLS.
- 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 home supported this practice. Mental capacity assessments had been completed for some decisions when people lacked capacity.

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.

This is the first inspection at this service under the new provider. This key question has been rated good. 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

- Staff seek accessible ways to communicate with people when their protected and other characteristics under the Equality Act make this necessary to reduce or remove barriers. We saw that a visually impaired person was spoken to by staff starting a conversation by stating which side they are standing on. This helped the person to know where to reach for someone when they needed physical support whilst maintaining the persons dignity.
- A family member told us, "The staff are really great. They are so polite and really try to communicate with [relative] even though [relative] may not understand everything. They speak clearly and at their level by kneeling down".

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

- Residents house meetings did not always happen regularly. However, we saw evidence of some meetings where people living in the home were given the opportunity to feedback upon items such as food, health and safety and people's needs. This meant that information was provided to people who live in the house effectively and people had a formal forum to discuss concerns or choices.
- People told us that they would be asked about their choices when care was provided. They also said that reviews would be completed with the registered manager asking their opinion on any changes.
- We saw a staff member asking a person if they wanted to eat lunch now or later as the person had woken late and had a late breakfast. The person stated that they would like it later as they were not hungry. The staff member made a note in the record to remind other staff to ask the person later.

Respecting and promoting people's privacy, dignity and independence

- Staff maintained people's dignity. A person told us, "The staff always knock before coming in my room".
- People and their relatives felt staff encouraged them with independence. A person said, "Whatever I can do myself I do, but the staff encourage me. I sometimes try to clean my room myself and they don't take over but help me with difficult things like putting up pictures".
- People told us staff took their time and did not rush them. A staff member said, "We look after vulnerable people who can't look after themselves. We need to respect them and make them feel at home. We will all get old someday".

Is the service responsive?

Our findings

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

This is the first inspection at this service under the new provider. This key question has been rated good. 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

- Wherever possible, people's goals were discussed with them at care planning and review stage. People and their relatives as well as professionals were involved in the development and ongoing review of their care. We reviewed five care records and found evidence in three records of discussions with people and their families. Reviews were regular and inclusive. The registered manager told us that they are in the process of changing to an electronic care planning system which would involve intensive training for all staff. This would make the process of personalising care more robust and include all staff and people living at the service.
- Staff were kept informed about changes in people's care and support needs by the registered manager, during 'flash' meetings and one to one supervision. This meant that staff always have the most up to date information about people's choices to support them in the best possible manner.

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.

- Where people's communication abilities were limited, we saw staff communicating well with people who had communication difficulties. Some staff knew people well and had a good level of awareness of people's communication needs. We saw a staff member using simple language and crouching so that the person could see their face easily.
- Some of the records we reviewed had detailed communication plans. A communication plan helps all staff understand individual needs. Staff knew where communication plans could be located.
- The provider told us they would provide information in other formats if this was required to support people. For example, by providing care plans in easy to read format or using translation services to communicate with people who did not speak or understand English. There were no care plans in an alternative format, and the provider explained that it was not required for current people who lived at the home. There was a visually impaired person and the registered manager had informed staff within their care plan that all documentation should be read to them as they could not read alternative formats such as Brail.

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

- We saw some evidence of any discussions between the staff and people who lived at the home regarding activities. Some care plan records listed people's past interests and hobbies. We saw board games and

colouring pads in the lounge, and we saw an activity board on the wall in the communal lounge giving pictorial lists of upcoming activities. People knew what activities were planned and could tell us where the activities board was located.

- The service currently asks people verbally about what activities they would like to do every week. The registered manager told us that they planned to change the way activities happen in the future with the arrival of the care planning electronic tool. They will be highlighting people's interest and the electronic tool will ensure support staff have an easier way to know people's interests and update the record as they get to know them better. The tool will provide easier access to information than current paper files.
- The registered manager and staff support people to have visits with friends and family to ensure that they can continue relationships in the least restrictive manner possible. A family member told us that the registered manager had ensured that their relative was given access to the home internet service to be able to use video calling.
- People felt well supported and relatives felt their loved ones were treated with kindness and compassion. A person said, "They (staff) are really good here. My relative is really well taken care of and I couldn't ask for more. The new owners are always willing to talk to families and this reassures us".
- People and their relatives as well as professionals felt staff listened to them and they could talk to staff. A person told us, "They are very friendly, very caring and they listen to me. They know when I want to talk to them or don't".

Improving care quality in response to complaints or concerns.

- People and their relatives were aware of how to raise concerns or complaints with the provider. The provider, registered manager and staff responded appropriately.
- The provider had a system to investigate complaints as part of management meetings so that everyone was aware of the incident and could support in resolutions. The outcome was relayed to staff in team meetings or by handover.

End of life care and support

- The provider was not supporting anyone at the end of their lives during the inspection. However, there were records of discussions having taken place with people about end of life wishes.
- Where people had a Recommended Summary Plan for Emergency Care and Treatment (ReSPECT form) these were held in their files. Staff knew where the forms were able to tell us that they would be used in the event of an emergency with the registered managers approval to provide the best information.

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.

This is the first inspection at this service under the new provider. This key question has been rated 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.

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

- The provider did not have an effective process in place for 'step down beds' to ensure that a stock of peoples medication was kept in the home and that stock levels did not deplete to a situation where people did not have access to prescribed medication. This could potentially mean that people suffer harm as a result of not receiving medication as prescribed.
- The provider did have a robust staff file audit system that enabled them to identify gaps in staff employment histories and ensured references were sought as required by their own policy regarding recruitment.

The provider's failure to ensure that effective systems were in place was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There were auditing systems to ensure care plans had adequate guidance for staff to follow. The provider told us, and records confirmed that they completed audits regularly including care plan audits.
- There was a system in place to monitor accidents and incidents. There was a good level of oversight in place to analyse information and use lessons learnt to reduce the likelihood of re-occurrence. Staff were invited to share lessons learnt to facilitate better incident management.
- Systems in place had identified risks to people and ensured that staff were able to follow risk assessment guidance. In one instance, we saw that the smoking risk plan for a person detailed where the staff member should stand in order to minimise the particular risks from that persons disability.
- The providers systems identified that they had not always sought to find out people's views and wishes regarding their end of life wishes. This was identified in team meeting minutes and the provider told us that the new care planning regime would address this.
- The providers systems had identified and ensured that all staff receive training and were knowledgeable about whistleblowing and safeguarding policies.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Regular staff meetings were not always held, however staff told us that they always received feedback informally from the daily 'flash' meetings as well as regular updates from the registered manager.
- People and relatives told us they knew who the registered manager was and that they were approachable.
- There was a policy regarding equality and diversity in place which ensured that staff were aware of how to

ensure people's equality characteristics were considered in their care. Staff told us of examples where they would look at a person's culture and heritage as part of the support offered such as knowing how to dress black Caribbean hair.

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; Continuous learning and improving care.

- The provider and registered manager were open and transparent during the inspection and demonstrated a willingness to learn and improve. The provider and registered manager had begun to make changes and improvements to the service, however they acknowledged further improvements were required. They told us that they were looking to improve the physical appearance of the home by becoming more dementia friendly and were updating care planning systems to ensure that plans and risk assessments were more accessible and robust for staff to provide the best quality of care. They planned to use an electronic case planning system to help them monitor record quality and ensure all activities were recorded.

Working in partnership with others

- We saw that the provider worked in partnership with several different professionals to ensure that people's needs were met. For example, social workers, district nurses and pharmacists.

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

- One person told us that they wished to attend religious services with another person who lived at the home. However, the provider had risk assessed that this would not be risk compliant so was working to provide the person with staff support to attend religious services. The provider told us that this was due to a risk of falls due to the mobility concerns of both people who wished to go together.
- One family member told us, "The provider is always willing to listen to us and makes sure they [provider] contact us regarding any changes for our relative. They realised that my relative was getting more frail and they spoke to me about moving my relative closer to the lounge area to support them in staying engaged with other people who lived at the service. I can't ask for any more than that".
- Another family member told us, "They really try to make things individual, like asking if my relative prefers to be called by first name or Mr/Mrs etc".
- The provider told us that they were very welcoming of cultural differences and that they promoted culturally appropriate individual care plans when they did have a person of minority descent in the home. They gave an example of ensuring care plans highlighted cultural and religious needs of people and assessments on the safest way to provide these activities. They also told us, and our site inspection confirmed, that they employed a diverse range of care staff to support different languages and cultures of the people living within the home.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance No system in place to ensure medication was ordered for step down bed service users No system in place to ensure staff recruitment measures are taken effectively.