



Inspection Report on

Shire Hall Care Home

**Shire Hall Care Home
Overstone Court
Cardiff
CF10 5NT**

Mae'r adroddiad hwn hefyd ar gael yn Gymraeg

This report is also available in Welsh

Date Inspection Completed

24th and 25th October 2022

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About Shire Hall Care Home

Type of care provided	Care Home Service Adults With Nursing
Registered Provider	Hallmark Care Homes (Bute Town) Limited
Registered places	99
Language of the service	English
Previous Care Inspectorate Wales inspection	
Does this service provide the Welsh Language active offer?	This service is working towards providing an 'Active Offer' of the Welsh language and demonstrates a significant effort to promoting the use of the Welsh language and culture.

Summary

People and their representatives told us they are happy with the service they receive and have a good relationship with care staff. People do things they enjoy and have activities to look forward to. We observed care staff being kind, caring and respectful to people. People are communicated to and informed about the care they receive. Family members and representatives told us they are kept informed.

Personal care plans are in place, and these are followed to ensure people's outcomes are met. People are encouraged to share their views of the service on a regular basis. The service provider supports people to maintain their well-being and have access to health services.

Shire Hall offers a welcoming and homely environment and is suitable to meet people's needs. The home is well maintained, and regular health and safety checks are completed.

Staff are well supported through regular supervision and training. The service provider maintains clear oversight and leadership from the responsible individual and the management team. They are knowledgeable, visible, and supportive in their roles.

Staff complete daily records of the care that people receive. Records are not always being updated on time for everyone. Items, such as toiletries are not secure in people's rooms, which could cause harm to others who walk with purpose.

Well-being

Personal plans detail people's likes and preferences. Not all people are included in regular personal plan reviews and management is taking immediate measures to address this. Representatives tell us they are kept updated on an informal basis. The service provider supports people to make daily choices and do things that matter to them.

People and their representatives told us they know how to raise a concern and are confident that concerns will be acted upon. Resident's meetings enable people to share their views and opinions on the quality of the service they receive. People, representatives, and professionals have access to surveys and questionnaires to express their views and to help make improvements. The responsible individual (RI) completes visits to the home to formally seek the views of people, representatives, and staff. Relatives are kept informed by newsletter, email and through optional relative meetings.

The layout and facilities of the home supports the well-being of people and has dedicated areas for activities and socialising. There is adapted furniture and equipment available to meet the needs of people living there. The home is secure, and staff follow procedures to ensure visits are safe. People have full use of the large garden and actively participate in gardening projects. The service provider plans for people to access the community and enjoy activities outside of the home. People told us they feel safe.

People benefit from a choice of meals which are nutritious. Alternative meals are offered to suit people's tastes. People choose whether to eat their meals in the communal dining areas to socialise with others, or in the privacy of their own room. The service provider offers people a range of activities. We saw positive interactions between care staff with people playing cards and enjoying a coffee in the on-site 'café'. The service offers people the benefit of a 'Lifestyles' team who are imaginative, creative, and passionate about people's outcomes.

Shire Hall Care Home has an 'Active Offer' of the Welsh language and provides bilingual information about the service. People's diversity, culture and heritage is recognised and catered for.

People can be confident that there is clear governance and leadership of the service. The management team and care staff receive regular supervision and support. Relatives speak highly of all staff, and told us, "*Interaction is magical*" and "*My relative is always doing something*"

Care and Support

People are given information to inform them of the service they can expect from Shire Hall. The statement of purpose accurately reflects the service people receive. People experience a positive admissions process. Information is gathered from the person, their relatives, and relevant professionals, to inform personal plan development. Care staff follow the plans to support people to achieve their personal outcomes and staff have a good understanding and knowledge of the people they care for.

Personal plans are detailed, person centred and provide care staff with information about how best to care and support the person. Not all care plans are updated regularly with the person, the management team is taking immediate steps to address this. We found most people's needs are met. Informal meetings with relatives take place to reflect changes in care and support needs. Staff know how to access people's personal plans. Daily recordings are not always being completed on time and we cannot be assured people are receiving timely support reflective of their plan. The management team is taking action to ensure daily recordings remain accurate. We saw care being delivered in a respectful and sensitive way.

People benefit from a consistent staff team and continuity of care and support. We found people have a good relationship with all staff. People told us "*I have enough interaction with staff*" and "*My loved one has come on leaps and bounds here.*" We saw staff provide positive engagement at every opportunity in all communities.

The service provider offers good access to food and drinks throughout the day and night. There are dining rooms in each community and the home has a varied daily menu. Modified diets are catered for, and staff have a good understanding of dietary needs. People's weights are monitored, and systems are in place to act on any concerns.

People are supported to take their medication safely and there is a thorough system in place to record and store medication. People have access to health care professionals to meet their personal needs.

Environment

People can personalise their bedrooms with items that matter to them. People have their own bathroom and access to specialist bathing equipment in communal bathrooms in each community. We found personal bathroom cabinets unlocked and toiletry items that could cause harm accessible for those who walk with purpose. The service provider will take measures to ensure the safety of people. Management monitors the environment regularly and takes action to replace or repair items in the home.

The communal areas are homely and welcoming. The café area offers people access to activities they can enjoy with visitors and is decorated with items of interest and offers an interactive experience to people. Furniture in the communities is arranged to promote and encourage people to socialise together but not all lounge area's offers enough space for people to enjoy it together. People told us they enjoy spending time in the garden, visiting the café and being with people in the dining areas. The provider offers a range of services and people have access to an on-site hairdressing salon.

The service is committed to having a good standard of cleanliness and hygiene. Cleaning substances hazardous to health are stored safely and access to storage and sluice areas are locked. The medicines and personal files are only accessible for those with authorised access, to ensure confidentiality and safety.

People can be assured that health and safety is routinely monitored to keep them safe from harm. There are robust arrangements in place for maintenance and servicing of equipment and facilities, and strong management oversight that the works are being carried out. Health and safety audits are being completed on a regular basis. People have a personal emergency evacuation plan specific to their individual support needs in case of an emergency. Fire risks are assessed, and the provider completes monthly fire drills.

There are effective infection control arrangements in place which care staff follow. There is a sufficient supply of personal protective equipment (PPE) to manage infection control in the home. Staff are trained in infection control and hand hygiene. There are up to date policies and procedures in place that staff can access.

Leadership and Management

The staff structure is clear. Staff we spoke with told us the responsible individual and management team are visible, approachable, and supportive. The RI carries out regular visits to the home to seek the views of people and to inform them of the quality of the service. Detailed quality care reviews are produced based on the monitoring and assessing of quality and effectiveness of the service. The report shows that the service is performing well. The service provider encourages feedback from staff, people, representatives and professionals with surveys and questionnaires through-out the year. The service provider invests in talking technology to include everyone. We found detailed internal audits in place to monitor and evaluate all aspects of the service which keeps the RI well informed. The manager has access to the RI and receives regular support for their role and personal development.

The management team demonstrate positive, kind, and sensitive engagement with people living at the service. People benefit from a consistent staff team that are well informed of their responsibilities. The staff team are mostly up to date with training, and they have access to policies and procedures. Staff recruitment is thorough, and all pre-employment checks are completed. New staff tell us they receive a detailed induction. Staff supervisions and appraisals are up to date and nursing staff are clinically supervised. Competencies across the staff team are regularly monitored. The home actively recruits staff and has robust staffing contingency plans in place. Staff tell us there is enough staff to meet people's needs.

The management team are proactive in addressing concerns, complaints and compliments and offer people, relatives, and staff various ways to express their views. The management team show a willingness to listen to feedback and act upon suggestions or comments. The management have robust oversight of staffing and performance of day and night staff teams.

The staff team told us contact with the management team is regular and *“There is lots of support for staff to raise a concern,”* *“Overall, the nursing team is very supportive to staff”* and *“I feel valued”*. The service provider ensures staff have the resources to provide people with good personal outcomes and on the day of inspection we found sufficient staff on duty.

Summary of Non-Compliance

Status	What each means
New	This non-compliance was identified at this inspection.
Reviewed	Compliance was reviewed at this inspection and was not achieved. The target date for compliance is in the future and will be tested at next inspection.
Not Achieved	Compliance was tested at this inspection and was not achieved.
Achieved	Compliance was tested at this inspection and was achieved.

We respond to non-compliance with regulations where poor outcomes for people, and / or risk to people's well-being are identified by issuing Priority Action Notice (s).

The provider must take immediate steps to address this and make improvements. Where providers fail to take priority action by the target date we may escalate the matter to an Improvement and Enforcement Panel.

Priority Action Notice(s)

Regulation	Summary	Status
N/A	No non-compliance of this type was identified at this inspection	N/A

Where we find non-compliance with regulations but no immediate or significant risk for people using the service is identified we highlight these as Areas for Improvement.

We expect the provider to take action to rectify this and we will follow this up at the next inspection. Where the provider has failed to make the necessary improvements we will escalate the matter by issuing a Priority Action Notice.

Area(s) for Improvement

Regulation	Summary	Status
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N/A	No non-compliance of this type was identified at this inspection	N/A
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