Barchester Healthcare Homes Limited

Sherwood lodge Care home

Inspection report

Sherwood Way
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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

Overall summary

We carried out this inspection under Section 60 of the Health and Social Care Act 2012 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 2012 and to look at the overall quality of the service.

This was an unannounced inspection carried out on 08 July 2014. The previous inspection was carried out on 23 May 2013, when there were no concerns identified and we found the service was meeting all standards looked at.

Sherwood Lodge provides care and support for a maximum of 49 older people. At the time of our visit there were 44 people who lived at the home. Sherwood Lodge is a purpose built home situated in the Fulwood area of Preston. It offers mainly single room accommodation but can offer shared accommodation if required. It is set in 2.5 acres of landscaped grounds shared with Sherwood Court, a large adjacent nursing home.

Summary of findings

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

Suitable arrangements were in place to protect people from the risk of abuse. People told us they felt safe and secure. Safeguards were in place for people who may have been unable to make decisions about their care and support.

We looked at how medicines were prepared and administered. We saw medication given to one person was not observed as being taken. We also found that people's medication records did not always accurately match the quantity of stock left.

The registered manager assessed staffing levels to ensure there was enough staff to meet the needs of people who lived at the home. We observed staff made time for people whenever required and took time to explain things to people so they didn't feel rushed. We saw there was a range of individual and group activities taking place. However people who lived at the home told us there was not always enough staff on duty, which meant sometimes they had to wait to be supported.

We found people were involved in decisions about their care and were supported to make choices as part of their daily life. Most people had a detailed care plan which covered their support needs and personal wishes. We saw plans had been reviewed and updated at regular intervals. This meant staff had up to date information about people's needs and wishes. Records showed there was a personalised approach to people's care and they were treated as individuals. However people who had recently been admitted to the home did not have a care plan in place.

Staff spoken with were positive about their work and confirmed they were supported by the registered manager. Staff received regular training to make sure they had the skills and knowledge to meet people's needs.

The management team used a variety of methods to assess and monitor the quality of the service. These included annual satisfaction surveys, 'residents meetings' and care reviews. Overall satisfaction with the service was seen to be extremely positive. However systems to monitor the health, safety and well-being of people who lived at the home, had not been effective in identifying areas where improvement was required. This included administration of medicines, care planning for new admissions and ensuring adequate staffing levels to consistently meet people's needs.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

Certain aspects of the service were not safe. People told us they felt safe living at the home but suitable arrangements were not in place to ensure medicines were safely administered. This was because we found errors in the recording of medicines administered to people who lived at the home.

On the day of our visit we saw staffing levels were sufficient to provide a good level of care and keep people safe. However people told us this was not always the case and sometimes staff were busy which meant they had to wait to be attended to.

Staff spoken with understood the procedures in place to safeguard vulnerable people from abuse.

The home had policies in place that ensured they met the requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS). This meant there were safeguards in place to keep people safe.

Is the service effective?

Good

The service was effective.

Staff had access to on going training and support to meet the individual and diverse needs of the people they supported.

We saw that people's nutritional needs were assessed and met. People spoke highly about the quality and choice of food.

The management and staff at the home worked well with other agencies and services to make sure people's health needs were managed.

Is the service caring?

Good

The service was caring.

People who lived at the home and their relatives told us staff were caring. We saw that staff treated people with patience and compassion and respected their rights to privacy and dignity.

People were supported to express their views and wishes about all aspects of life in the home.

Is the service responsive?

Good

The service was responsive.

Records showed people and their family members had been involved in making decisions about what was important to them. People's care needs were kept under review and staff responded quickly when people's needs changed.

Summary of findings

There was an established programme of activities. During our observations we noted people engaged in activities. People told us they had enjoyed taking part.

Is the service well-led?

Certain aspects of the service were not well led. Systems to monitor identify, assess and manage risks to the health, safety and welfare of the people who lived at the home were not effective. This was because we found errors in medication records and care plans were not in place for people recently admitted to the home.

The provider had systems in place to monitor and assess the quality of their service. 100% of people who responded to the last survey were satisfied overall with the service.

Requires Improvement

Sherwood lodge Care home

Detailed findings

Background to this inspection

The inspection team consisted of a lead inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience for the inspection at Sherwood Lodge had experience of caring for older people.

Before our inspection on 08 July 2014 we reviewed the information we held on the service. This included notifications we had received from the provider, about incidents that affect the health, safety and welfare of people who lived at the home. This helped us to plan what areas to look at as part of our inspection.

We spoke with a range of people about the service. This included thirteen people who lived at the home, seven visiting family members, the registered manager, the regional director for Barchester Healthcare, seven staff members and three visiting health professionals. We also spoke to the commissioning department at the local authority in order to gain a balanced overview of what people experienced accessing the service.

During our inspection we used a method called Short Observational Framework for Inspection (SOFI). This involved observing staff interactions with the people in their care. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We also spent time looking at records, which included people's care records, staff training records and records relating to the management of the home.

Requires Improvement

Is the service safe?

Our findings

We looked at how medicines were administered. We saw people's medicines needs were checked and confirmed on admission to the home. And, where new medicines were prescribed we saw evidence the medication records had been amended to ensure medication was administered as prescribed. Pain monitoring was in place where needed and written guidance was in place for medicines prescribed 'when required', to help ensure consistency in their use.

Only trained staff administered medication. This was confirmed by talking to staff members. The registered manager confirmed that periodic medication audits took place. This meant there was a system in place to ensure medication was ordered, administered and recorded in line with the home's policy and procedure in respect of medication administration.

We saw staff competency assessments and regular medicines audits were being completed to help ensure that should any shortfalls arise, they could be promptly addressed. However this had not been fully effective in ensuring that the home's procedures for the administration of medicines were always followed correctly.

We found best practice for administering medication was not always followed. The member of staff, who administers the medicine and signs the record, should also observe that the person has taken their medication. On one occasion we saw the member of staff give a person their medication and then walk away from the person before the medication had been taken.

We checked four people's medication records from the current month's medication cycle. We saw errors in three people's records which raised concerns about how medicines were administered to people. We found that stock did not add up showing it might have been missed on occasions, even though the records were signed that it had been given. Failing to give people their medicines properly places the health and welfare of people at unnecessary risk.

Medicines were safely kept and we saw appropriate arrangements for storing, recording and monitoring controlled drugs (medicines liable to misuse). Storing medicines safely helps prevent mishandling and misuse.

We spoke with people about the management of their medicines. They told us they were happy for staff to administer the medication and had no concerns. One person told us they liked to self-administer some of their own medicines and confirmed they had everything they needed. Written assessments of safe self-administration had been completed, to help ensure that should any support be needed it would be consistently provided.

We looked at the staff rotas and spoke with the registered manager about staffing arrangements. They told us there was a low turnover of staff which ensured people at the home benefitted from consistency of care staff. We saw staff members were responsive to the needs of the people they supported. Call bells were responded to quickly when people required assistance. Staff spent time with people, providing care and support or engaged in activities which were of interest to them. For example we saw one person who lived at the home going out for a walk accompanied by a member of staff.

We received mixed comments from people who lived at the home about the amount of time staff had to spend time with them. One person told us, "The activities are amazing. We make cards and homemade cakes." However one person told us, "The staff do their best. We have to wait for things to be done." Another person told us, "There should be more staff, and then they could talk to me, that's what I would enjoy." Another person we spoke with explained they needed staff support when they went out. They told us they couldn't always go out when they wanted to as they had to wait for staff to be available.

We spoke with staff members about staffing levels at the home. One staff member told us, "I would like to spend more time with residents. They like to talk to us and there is not enough time to take them out." Another member of staff told us staffing levels were, "Normally fine." However their capacity was stretched when other staff members were away from the home supporting people to undertake hobbies or interests in the community or attend hospital appointments. They told us during these times staff were busy and sometimes people might have to wait to be supported.

We spoke with the registered manager about the feedback we had received. They told us the staffing levels were regularly reviewed to meet people's needs and

Requires Improvement

Is the service safe?

dependency levels. However in light of the feedback received they would review current staffing levels, to ensure there was a consistent level of staff to meet people's care and support needs.

People who lived at the home told us they felt safe when being supported. One person told us, "They come and check on me at night. I feel really safe." One regular visitor to the home told us, "There is certainly no neglect here. Staff are very patient."

The service had procedures in place for dealing with allegations of abuse. Since the last inspection, the registered manager had raised five safeguarding alerts with the local authority and notified the Care Quality Commission. Where incidents had occurred, we saw detailed records were maintained with regards to any safeguarding issues or concerns, which had been brought to the registered manager's attention. This evidenced what action had been taken to ensure that people were kept safe. We saw safeguarding alerts, accidents and incidents were investigated. Where appropriate, detailed action plans had been put in place to prevent recurrence. This demonstrated the home had a system in place to ensure managers and staff learnt from untoward incidents.

Staff were able to confidently describe to us what constituted abuse and the action they would take to escalate concerns. Staff members spoken with said they would not hesitate to report any concerns they had about care practices. They told us they would ensure people who used the service were protected from potential harm or abuse. Training records confirmed staff had received training on safeguarding vulnerable adults.

The service had policies in place in relation to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The MCA and DoLS provide legal safeguards for people who may be unable to make decisions about their care. We spoke with staff to check their understanding of MCA and DoLS. Staff were able to tell us what action they would take if they considered they need to place any restrictions on individuals who lived at the home. This meant clear procedures were in place to enable staff to assess people's mental capacity, should there be concerns about their ability to make decisions for themselves, or to support those who lacked capacity to manage risk.

There had been no applications made to deprive a person of their liberty in order to safeguard them. However the registered manager understood when an application should be made and how to submit one. During our visit, we spent time in all areas of the home. This helped us to observe the daily routines and gain an insight into how people's care and support was managed. We did not observe any other potential restrictions or deprivations of liberty during our visit.

Where people may display behaviour which challenged the service, we saw evidence in the care records that assessments and risk management plans were in place. These were detailed and meant staff had the information needed to recognise indicators that might trigger certain behaviour. Staff spoken with were aware of the individual plans and said they felt able to provide suitable care and support, whilst respecting people's dignity and protecting their rights.

Good

Is the service effective?

Our findings

Staff confirmed they had access to a structured training and development programme. One staff member told us, “The training is very good. I have all the training I need to do a good job and look after our residents properly.” Staff training records showed staff had received training in safeguarding vulnerable adults, food safety, moving and handling, health and safety, medication, infection control, fire training and customer care. In addition staff had accessed a range of training which reflected good care practices for people who lived at the home. This included staff development training on dementia, tissue viability and continence management. One staff member told us, “The training helps me to give each person the care and support they need.”

Staff attended handover meetings at the end of every shift and monthly staff meetings. This kept them informed of any developments or changes within the service. Staff told us their views were considered and they felt supported in their roles. Since starting in post, the registered manager had identified that individual supervision sessions for staff had not been held on a regular basis. We saw evidence plans were in place to address this. It is important supervision sessions are held to ensure staff are supported in their roles as well as identifying their individual training needs.

The people we spoke with told us they enjoyed the food provided by the home. They said they received varied, nutritious meals and always had plenty to eat. They told us they were informed daily about meals for the day and choices available to them. One person said, "I had a full breakfast this morning and when I say a full breakfast I mean a full breakfast. The chef is good here.” Another person told us, “You ought to come here for the soup. It’s delicious.”

There was a choice of two hot meals provided at lunchtime on the day of our inspection. We saw people were provided with the choice of where they wished to eat their meal. Some chose to eat in the dining room others in the lounge or their own room. The people we spoke with after lunch all said they had enjoyed their meal.

We observed lunch being served in a relaxed and unhurried manner. Tables were set with linen tablecloths. People were given the choice of what they wanted to eat or drink. Some people had wine with their meal. We saw staff members were attentive to the needs of people who required assistance.

We spoke with the staff member responsible for the preparation of meals on the day of our visit. They confirmed they had information about special diets and personal preferences. They told us this information was updated if somebody’s dietary needs changed.

Staff at the home worked very closely with people and their relatives to understand people’s likes and dislikes. Care plans reviewed detailed information about people’s food and drink preferences. Care plans also assessed people’s nutritional requirements. Assessments were monitored on a regular basis. Where there had been changes to a person’s care needs, care plans had been updated. We also saw appropriate referrals had been made to other health professionals, where there had been concerns about a person’s dietary intake. This confirmed procedures were in place to reduce the risk of poor nutrition and dehydration.

People’s healthcare needs were carefully monitored and discussed with the person as part of the care planning process. We noted people’s care plans contained clear information and guidance for staff on how best to monitor people’s health. For instance we noted one person was significantly underweight when they were admitted to the home. A referral had been made to the dietician and a plan of care put in place to address the health concern. We saw the person’s condition was constantly monitored and the person had put weight on.

During our inspection we spoke with a community nurse, a dietician and a GP who were attending people who lived at the home. Feedback from each professional was positive. They told us relationships with staff at the home were supportive and any communications or referrals regarding a person’s health was timely. This showed there was a system in place for staff to work closely with other health and social care professionals to ensure people’s health needs were met.

We looked at the care records of three people who had been recently admitted to the home. A thorough assessment of the person’s care needs had been completed before the person was admitted to the home. However we noted there was no plan of care in place. We spoke to two of the three people whose care records we

Good

Is the service effective?

looked at. Both spoke very highly of the care they had received since arriving at the home. They told us they were being well cared for and that their health had improved. One person told us, “The staff have been brilliant. I wasn’t very well when I came here, but the care has been brilliant. I will be able to go home now in a couple of weeks, but I will miss it.”

We spoke to the registered manager about their process for care planning when people are admitted to the home. They told us risk assessments should be completed within 24 hours of admission and full care plans within seven days. We told the registered manager about the files we had viewed for recent admissions to the home. We explained that whilst the outcomes for people had been positive, people’s plan of care should be recorded to ensure people received appropriate care and support.

Good

Is the service caring?

Our findings

People told us they had a good relationship with staff, who they described as "Caring, kind, friendly and patient." A family member we spoke with told us, "I have nothing but praise for the staff. Everybody is nice and kind."

Staff spoke fondly and knowledgeably about the people they cared for. They showed a good understanding of the individual choices, wishes and support needs for people within their care. All were respectful of people's needs and described a sensitive and empathetic approach to their role. Staff told us they enjoyed their work because everyone cared about the people who lived at the home. One staff member said, "I like working here. It's like a family."

Staff showed warmth and compassion in how they spoke to people who lived at the home. Staff were seen to be attentive and dealt with requests without delay. We observed that one person appeared agitated. A member of staff demonstrated patience and understanding of the person's condition to diffuse the situation safely in a caring and compassionate way.

People were supported to express their views and wishes about all aspects of life in the home. We observed staff enquiring about people's comfort and welfare throughout the visit and responding promptly if they required any assistance.

We looked in detail at five people's care records and other associated documentation. We saw evidence people had been involved in developing their care plans. This demonstrated people were encouraged to express their views about how their care and support was delivered. The plans contained information about people's current needs as well as their wishes and preferences. We saw evidence to demonstrate people's care plans were reviewed with them and updated on a regular basis. This ensured staff regularly sought people's views on how they wanted their care delivered.

The service had policies in place in relation to privacy and dignity. We spoke with staff to check their understanding of how they treated people with dignity and respect. Staff gave examples of how they worked with the person, to get to know how they liked to be treated. One staff member told us, "Everyone is an individual. It is important we treat each person as they would want to treated." People told us staff were very polite and always maintained their dignity whilst providing care.

During our observations we noted people's dignity was maintained. Staff were observed to knock on people's doors before entering their rooms and doors were closed when personal care was delivered. We also saw where a member of staff noticed that a person, who had dressed themselves that morning, had put on clothes from the day before. The member of staff was sensitive in how they broached the subject and accompanied the person back to their room to support them to get changed. This demonstrated compassion in the staff member's approach but also that the person's dignity was maintained.

Good

Is the service responsive?

Our findings

Throughout the assessment and care planning process, staff supported and encouraged people to express their views and wishes, to enable them to make informed choices and decisions about their care and support. For example what time they wanted to get up, what their food preferences were or what hobbies or interests they had.

People's capacity was considered under the Mental Capacity Act 2005 and we saw details of these assessments included in people's care records. Where specific decisions needed to be made about people's support and welfare; additional advice and support would be sought. People were able to access advocacy services and information was available for people to access the service should they need to. This was important as it ensured the person's best interest was represented and they received support to make choices about their care.

People who lived at the home were allocated a named member of staff known as a key worker. This enabled staff to work on a one to one basis with them and meant they were familiar with people's needs and choices. We saw that as part of the care planning process, the key worker would review and discuss the person's care and support with them. Records we looked at showed these reviews had taken place as appropriate. If people's needs changed, care plans would be reassessed to make sure they received the care and support required.

The home had recently introduced a new initiative called 'keyworker time.' This involved the keyworker spending ten minutes one to one time with each person three times each week. This time was in addition to personal or other additional care. We spoke to the registered manager about the 'keyworker time' initiative. They told us the initiative was to ensure people had quality time with their keyworker to speak about, and do what was important to them. They went onto explain that one person collated their weekly time so that they could be accompanied to attend a yoga class once a week.

A family member told us the keyworker interventions recorded on their relative's records did not represent added value. They explained for example, that it had been recorded their relative 'has been shaved.' This demonstrated an inconsistency in how quality time with the keyworker was carried out. We raised the family member's views with the registered manager. They explained the initiative had only recently been introduced and said they would review staff understanding in light of the comments made.

We looked at people's care records and saw evidence the home had responded when people's care needs had changed. For example staff had put a short term care plan in place for one person following a fall at the home. The plan included a falls risk assessment, a body map to show any injuries suffered, a falls dairy and a plan of care to support the person. We also saw a referral had been made to the relevant health professionals for advice. This showed the home had responded to a person's changing care and support needs and sought timely medical advice as appropriate.

There was a varied programme of activities for all people who lived at the home. We saw from care records that people's individual interests and wishes had been identified to provide a personal approach to activities. There was a structured programme of activities three times a day. A notice board in the reception area advertised which activities were planned for that day. On the day of our visit there was dominoes in the morning, arts and crafts in the afternoon and crosswords and puzzles in the evening. During our observations we noted people engaged in the activities. People told us they had enjoyed taking part.

In addition to group activities people were encouraged to take part in activities which were of particular interest to them. We saw a couple of people liked to sit and read the paper, one person went out for a walk on their own, another person was accompanied on a walk with a member of staff and another person was accompanied to attend a yoga class.

People were enabled to maintain relationships with their friends and family members. Throughout the day there was a number of friends and family members who visited their relatives. They told us they were always made welcome at the home.

The service had a complaints procedure which was made available to people they supported and their family members. The registered manager told us the staff team worked very closely with people and their families and any comments were acted upon straight away before they became a concern or complaint.

Good

Is the service responsive?

Family members we spoke told us they were aware of how to make a complaint and felt confident these would be listened to and acted upon. One person said, "I've not had any concerns but I know I can speak to the staff anytime if anything needs sorting."

Requires Improvement

Is the service well-led?

Our findings

We found the service had clear lines of responsibility and accountability. All the staff we spoke with were knowledgeable and dedicated to providing a high standard of care and support to people who lived at the home.

The regional director for Barchester Healthcare was visiting Sherwood Lodge on the day of our visit. They told us they carried out monthly visits to support the registered manager. In addition they completed quality audits as part of their visit. We looked at completed audits and noted any shortfalls identified at the previous visit, were reviewed to ensure action had been taken. This meant there were systems in place to regularly review and improve the service.

The provider sought the views of people they supported through 'resident's meetings', annual satisfaction surveys and six monthly care reviews with people and their family members. We saw 'resident's meetings' were held monthly and any comments, suggestions or requests were acted upon by the registered manager. This meant people who lived at the home were given as much choice and control as possible into how the service was run for them.

We looked at the satisfaction surveys which had been completed by people who lived at the home. These were produced to get the views of how people thought the service was run. They also provided the opportunity for people to suggest ways to improve the running of the service. We saw the results of the last survey, from October 2013. The results were very positive. 100% of people being overall satisfied with the service and 97% of respondents saying they were happy with the care and support. We noted one negative in the survey which was only 23% of respondents felt that staff have time to talk. These findings reflected what people told us on the day of our visit.

All staff spoke of a strong commitment to providing a good quality service for people who lived at the home. Staff confirmed they were supported by the manager and enjoyed their role. One staff member told us, "The manager is new and making changes for the better. I feel I can go to the manager with any problems."

The provider had systems in place to identify, assess and manage risks to the health, safety and welfare of the people who lived at the home. Records reviewed showed the service had a range of quality assurance systems in place. These included health and safety audits, medication, staff training and supervisions as well as checks on infection control and housekeeping. We looked at completed audits during the visit and noted action plans had been devised to address and resolve any shortfalls. This meant there were systems in place to regularly review and improve the service.

However these systems had not been effective in identifying areas where we had found improvement was required. This included administration of medicines, care planning for new admissions and ensuring adequate staffing levels to consistently meet people's needs. We spoke with the registered manager and regional director about our findings. They told us they were currently working on initiatives for staff to spend more quality time with people in their care. This included the keyworker initiative. They also told us they would introduce care plan audits for new admissions and review the medication audits they had in place so that they were more effective in identifying areas for improvement.