

Sheerwater Healthcare Limited

Sheerwater House

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Inspected but not rated

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Sheerwater House is a residential care home providing support to older people and people living with dementia. The service is registered to provide support to up to 20 people and there were 14 people living at the service at the time of our inspection.

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

Since the last inspection in November 2019 improvements had been made to the care received by people living with dementia. The registered manager and provider had taken steps to make the environment dementia friendly. Staff had been working in partnership with the mental health team to better understand how to support people during times of distress. However, further work was required to the provision of activities and ensuring that people have access to activities that are stimulating and engaging.

Person-centred care plans were in place which provided detailed guidance for staff on how the person wished to be supported. Systems were in place to involve people and staff in the running of the service. People were at the centre of decision making about their care. One person told us, "The staff here are ever so helpful, kind and friendly. They involve me in everything."

Staff were caring in their approach to the people they supported and at this inspection we saw people were treated with respect and dignity. People and visitors to the service were consistent in their views that staff were kind, caring and supportive. One relative told us, "I cannot praise the service enough."

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The registered manager and the staffing team knew their responsibilities and worked well with health and social care professionals. People, relatives and staff reported feeling confident in raising concerns with the management team. Relatives told us they were involved in people's care planning and were kept up to date with any changes. One relative told us, "I can't thank the owner enough for what he does and how he keeps us updated with any changes or anything he thinks we need to know."

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

Rating at last inspection

The last rating for this service was Requires Improvement (published 9 January 2020).

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection. This was in relation to dementia care and support and governance of the service. This focused inspection

looked at the key questions of 'Responsive' and 'Well-led'. We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has changed from Requires Improvement to Good. This is based on the findings at this inspection.

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

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

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 safe.

Details are in our safe findings below.

Inspected but not rated

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below

Good ●

Sheerwater 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.

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

Inspection team

The inspection team consisted of two inspectors.

Service and service type

Sheerwater 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 since the last inspection in November 2019. 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 prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the

judgements in this. We used all of this information to plan our inspection.

During the inspection

We spoke with seven people who used the service about their experience of the care and support provided. We also observed care and interaction between people and staff. We spoke with three care staff, the registered manager, deputy manager, chef and the nominated individual. We reviewed a range of records including five care plans, daily notes and activity logs.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at policies, audits, complaints, meeting minutes, satisfaction surveys and incident and accidents records. We also received feedback from six relatives via telephone and email.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. We have not changed the rating of this key question, as we have only looked at the part of the key question. We looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was 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.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same. This meant people's needs were not always met.

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

- At the previous inspection in November 2019 we made a recommendation around scoping best practice dementia care and support in terms of person-centred support and activities. At this inspection, we found some improvement had been made but ongoing work was required to ensure people had access to stimulating and engaging activities.
- Care staff were responsible for leading on activities and supporting people to engage with activities. One member of staff told us, "We speak to the residents and ask them what they want to do. Another member of staff told us, "We try and do individual activities and try different things, so people don't get bored." However, this was not observed in practice on the day of the inspection.
- Some people living at the service commented that often there was little to do. One person told us, "One activity, is me just sitting in this chair." Another person told us, "There are not a lot of activities going on."
- On the morning of the inspection, people were observed sitting in the lounge area with the TV providing source of entertainment. A number of people were comfortably dozing in their chair, whilst other sat around with no source of engagement. One person asked a member of the inspection team if they could find them a book to read. Opportunities to engage people with activities were missed, although staff members were regularly accessing the lounge area.
- A group activity of skittles was observed just before lunch whereby four people were engaged. However, for those people who did not engage with the group activity of skittles, thought and consideration was not given to how they could engage or what activities might be of interest to them.
- Activity records demonstrated that for those able to participate a range of activities took place which included bingo, arts and crafts and dominoes. One staff member told us, "We recently had a film evening whereby we put a film on and had popcorn. People really enjoyed it." Opportunities for people to engage with activities were available, however, staff's approach to activities was inconsistent which led to some people commenting that they felt there was little to do.
- We brought these concerns to the attention of the management team who were responsive to our concerns. The registered manager told us they would meet with people to discuss and review activities. Provision of activities was also added as an urgent action to the provider's service improvement plan. This remained an ongoing area that requires improvement.
- Volunteers visited the service three days a week to provide companionship and conversation to people living at the service. One person told us, "We sit and have a nice chat and talk about different things. I really enjoy it."
- Improvements had been to the provision of person-centred dementia care. Staff told us how steps had been taken to make the environment more dementia friendly which has having positive outcomes for people. One staff member told us, "With the introduction of signage around the home it has definitely

helped orient people and promote people's independence with going to the toilet."

- Staff recognised when people's dementia was deteriorating and sought input from the mental health team. Staff told us how they had supported one person who was presenting with agitation due to their memory deteriorating. One staff member commented, "Through working with the mental health team we have introduced a memory box which includes photographs, ornaments and other items of importance. When the individual is starting to show signs of distress, we sit down and go through their memory box together. It has really helped in reducing their distress, but it is also amazing to see them remember key events from their past and talk to us about them."
- Staff had worked creatively to help support people living with dementia. For example, a bus station had been created in the garden. Staff told us how they would sit with people at the bus station and review the bus timetable as a strategy to help manage people's anxiety and agitation associated with their dementia. A post box had also been designed whereby people could post letters to their relatives and vice versa.
- Relatives commented staff had a good understanding of dementia care and were able to respond to change in need promptly and in a responsive manner. One relative said, "Their understanding of dementia is superb." Another relative told us, "The staff are so kind and caring and really know when she's experiencing distress and how to support her (their family member). They will hold her hand and provide that level of comfort she really needs."

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received care and support that met their individual needs and reflected their choices and preferences. People and relatives spoke highly of the care provided. One person told us, "I love it here, the friendliness, we all get on well and staff know what's important to me."
- Care plans were personalised and informed staff about each person's needs and how they liked to be supported. People's life history was recorded and included detailed background on what was important to the person. This guided staff to support people in the way they wished to be supported.
- Relatives spoke highly of the responsive nature of the service and of staff. One relative told us, "Staff reacted promptly when they recognised my loved one was at risk of falling. They made the appropriate referrals to the falls team and a decision was made to move my loved one to the ground floor."
- Staff understood people's individual needs and personalities. Staff clearly recognised what was important to people and ensured objects of importance were readily available and to hand.
- Events that were important to people such as birthdays, were celebrated. On the day of the inspection, staff were celebrating one person's birthday. The service had been decorated with banners and balloons. People and relatives spoke highly of the attention to detail given to making people feel special on their birthdays.

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.

- People's communication needs were detailed in their individual care plans. These needs were shared with other professionals when needed. People could access healthcare services to receive support around their hearing or vision.
- Staff responded to people's individual communication needs. For example, staff used flash cards to help communicate with one person. Where required staff ensured people were wearing their glasses and hearing aids.
- Where people's English language speaking skills had deteriorated and they often spoke in their native

language, Staff had taken the time to learn key phrases. Staff had also sought radio stations and TV channels in the individual's native language. This enabled the person to communicate and reduced the risk of social isolation.

Improving care quality in response to complaints or concerns

- People and their relatives knew how to complain, and a copy of the complaints policy was made available to people when they moved into the service. A copy was also on display within the service. One relative commented, "I wouldn't hesitate in raising a concern or complaint as I know the provider will take it seriously and will make changes."
- The registered manager kept a record of all concerns or complaints to ensure all were addressed and any action taken as a result.

End of life care and support

- End of life care was provided in a dignified and respectful way. Information on end of life care was recorded in people's care plans. However, end of life care plans were not always detailed and sometimes lacked information on what was important to the person. The registered manager told us that end of life care planning was being developed further.
- Staff spoke with compassion and dedication on how they delivered end of life care to people. One staff member commented, "It's about keeping them comfortable, pain free and also supporting the family. It's also important that after the person has passed that they continue to be treated with dignity and respect. We always make sure that they clean and dressed in clothes they would want to be dressed in when they are taken to the funeral director."
- Relatives feedback to the service about the care their loved ones received at the end of their lives was extremely positive. One relative wrote, "A huge thank you for all your care, kindness, love and cheer and fun over the last few years that you have looked after her (their family member). We couldn't have wished for a better home with a better team to keep her safe, happy and well."

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements: Continuous learning and improving care: 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

- At the last inspection in November 2019, the provider was required to embed and implement positive change across the service. This was in relation to risk management (audits) and completing regulatory audits. At this inspection, we found that improvements in relation to good governance had been made.
- The registered manager now completed a range of audits to help drive improvement across the service. Audits reviewed areas including medicines management, infection control, health and safety, catering and other areas of care. The results were analysed to determine trends and introduce preventative measures.
- The registered manager was aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guideline's providers must follow if things go wrong with care and treatment.
- The registered manager understood their responsibilities and the requirements of the provider's registration. They notified CQC of certain events in the service as required and the ratings from our last inspection visit were clearly displayed.
- The service had a culture which embraced continuous learning and improving care. For example, following an incident whereby shortfalls in communication between the service and a visiting healthcare professional were identified, the registered manager took action to resolve this. A new handover sheet was introduced which included clear guidance for staff on how to document any feedback or guidance from healthcare professionals.
- Incident and accidents were reviewed and monitored on an ongoing basis to identify any trends, themes or patterns. Incident records from September 2021 reflected an incident whereby one resident was physically aggressive towards another. The incident was reviewed and reflected upon to identify any key triggers for the behaviour but also how any future incidences could be mitigated.
- A service improvement plan was in place. This identified ongoing areas for improvement within the service alongside a specified timeframe and who was responsible for achieving those improvements. Activities were referenced as an area for improvement and actions included to review the activity schedule.

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

- People and their relatives praised the service. Comments from relatives included: "I cannot sing the

management's praises enough. They go above and beyond." Another relative added, "The service is well run, they communicate with us and I would 100% recommend it." A third relative said, "My experience of the owner and management has been fantastic."

- Relatives felt confident in the care their loved one received. Whilst further work to the provision of activities was required. This is further reflected in the 'Responsive' domain, relatives and people spoke of the care delivery. One person told us, "I love it here."
- There was a positive, friendly atmosphere within Sheerwater House. One person told us, "I love it here." Staff knew people well and understood their needs, preferences and personalities. We heard relaxed conversations and shared jokes between people and staff. Staff used the power of touch to help comfort people and it was clear that staff cared for the people they supported.
- People and their relatives referred to 'Sheerwater House as a 'family home.' This was due to the positive culture and how everyone was made to feel welcome when they moved into the home. One relative told us, "One the main reasons we choose the home was due to the fact that as soon as you walk in, you are made to welcome and like it's your own home. The family atmosphere is what drew us in."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics: Working in partnership with others

- Staff spoke highly of the service and of the support they received from the nominated individual (owner) and the registered manager. One staff member told us, "There have been so many improvements over the past year. The new manager is supportive, open and honest. I feel like I can approach her, and my ideas will be taken forward." Another staff member commented, "I thoroughly enjoy working here. The home has a lovely family atmosphere and we always put people first."
- Staff were provided with opportunities to be involved in the running of the service and to provide their own feedback. Regular staff meetings were held alongside one to one supervision. Staff told us how staff meetings provided them with a forum to discuss ideas around upcoming events. Minutes from the latest staff meeting held in October 2021 reflected that staff had discussed the upcoming bonfire night and their plans to have fireworks on the terrace and if people wished to have mugs of hot soup whilst watching the firework display.
- Satisfaction surveys were regularly sent out to staff, people and their relatives and were used a forum to drive improvement at the service. Recent satisfaction surveys from September 2021 found that 100% of respondents felt able to approach management with their concerns or worries.
- People and their relatives told us that they felt involved in their care and informed of any concerns or changes. One relative told us, "Management are ever so good at calling me if they have any worries. They are just wonderful at keeping us updated."
- During the COVID-19 pandemic the home has adapted to changing government guidance for visiting. Relatives told us how they had been kept updated and how they felt comfortable with the current visiting measures in place.
- Staff worked in partnership with other agencies, such as the local authority, mental health and community nursing teams, the GP, and local hospice. Staff had built strong relationships which led to improvements in people's care.
- The service was also engaging in a research project conducted by the University of Exeter which was exploring the impact of COVID19 on people living with dementia. The nominated individual told us how they felt it was important to engage in various research and how they hoped it would help them deliver high quality care through the aftermath of the pandemic.