

The Partnership In Care Limited

Sherrington House

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

Sherrington House is a residential care home without nursing registered for up to 48 people, some of whom are living with dementia. At the time of our inspection 46 people were using the service. The accommodation in Sherrington House is a purpose built care home over two floors

During our last inspection on 10 February 2015 the service was rated good overall, with all the key questions rated as good. During this inspection we found that the service remained good.

There was a registered manager at the service; they had been registered at this service since January 2016.

The people who lived in the service told us that they felt safe and well cared for. There were systems in place which provided guidance for care workers on how to safeguard the people who used the service from the potential risk of abuse. Staff understood their roles and responsibilities in keeping people safe.

There were processes in place to ensure the safety of the people who used the service. These included risk assessments which identified how the risks to people were minimised. There were sufficient numbers of trained and well supported staff to keep people safe and to meet their needs. They were recruited using a robust recruitment process for employing staff appropriately to care for vulnerable people.

Processes and procedures were in place to receive, record, store and administer medicines safely. Where people required assistance to take their medicines there were arrangements in place to provide this support safely.

Both the registered manager and the staff understood their obligations under the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). The registered manager knew how to make a referral if required. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice.

People were supported to eat and drink enough to maintain a balanced diet. They were also supported to maintain good health and access healthcare services.

We saw many examples of positive and caring interactions between the staff and people living in the service. People were able to express their views and staff listened to what they said and took action to ensure their decisions were acted on. Staff protected people's privacy and dignity.

People received care that was personalised and responsive to their needs. The service listened to people's experiences, concerns and complaints. Staff took steps to investigate complaints and to make any changes needed.

The registered manager was supported by the organisation and the staff they managed told us that the

registered manager was open, supportive and had good management skills. There were systems in place to monitor the quality of the service offered people.

Further information is in the detailed findings below

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remains Good

Is the service effective?

Good ●

The service remains Good

Is the service caring?

Good ●

The service remains Good

Is the service responsive?

Good ●

The service remains Good

Is the service well-led?

Good ●

The service remains Good

Sherrington House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This was an unannounced comprehensive inspection carried out on 30 and 31 August 2017.

The inspection team consisted of an 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. On this occasion our expert by experience had personal experience of caring for a relative living with dementia and supporting them while living in a residential service.

Before our inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service: what the service does well and improvements they plan to make. We looked at information we held about the service including notifications they had made to us about important events. We also reviewed all other information sent to us from other stakeholders for example the local authority and members of the public.

Many of the people living at the service were not able to tell us, in detail, their experiences of how they were cared for and supported because of their complex needs which included people living with dementia. However, we used the short observational framework tool (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We observed care and support being delivered in communal areas and we observed how people were supported to eat and drink at lunch time.

During our inspection we spoke with nine people, three relatives, the registered manager, the organisation's quality assurance lead, two senior care staff and four care staff. We reviewed seven care files, four staff recruitment files and their support records. We also looked at records, audits, policies and procedures related to the running of the service.

Is the service safe?

Our findings

At this inspection we found the same level of protection from harm and risks as at our previous inspection, staffing numbers remained consistent to meet people's needs and the rating continued to be good.

People told us that they felt safe living at the service. One person told us, "I feel safe, if I need help I have an alarm." A relative said, "The main thing is [my relative] is safe, [they] get on with the staff and they look after [them] well. When [they were] at home [they] kept falling, now [there're] fine, happier, calmer, less anxious. I want what's best for [my relative] and this is a good home, excellent actually."

Staff knew how to keep people safe and protect them from harm; they were trained and able to identify how people may be at risk of harm or abuse and what they could do to protect them. They were aware of the organisation's safeguarding and 'whistle-blowing' policies. When concerns were raised the service notified the local safeguarding authority in line with their policies and procedures and these were fully investigated.

Risks to the service and individuals were well managed. Risks had been assessed and steps had been put in place to safeguard people from harm without restricting their independence unnecessarily. Risks to individual people had been identified and action had been taken to protect people from harm. For example, the risk of being hurt if they fell, we saw there was guidance for staff on what support people required to reduce the risk without impinging on people's independence. This meant that people could continue to make decisions and choices for themselves.

The service ensured that risk assessments associated with emergency situations were carried out. For example there was a fire risk assessment in place that was up to date and reviewed as needed and each person had an individual personal emergency evacuation plan (PEEP) in place so that staff and emergency workers knew what support they needed in times of emergency.

To help ensure that people were safe regular health and safety checks were carried out regarding the building and environment, such as legionella water checks, fire alarm tests and fire drills.

People and staff told us that there were enough staff working at the service. One person's relative said, "I think there is enough [staff], if [my relative] needs them they are there." A recognised dependency tool was used to calculate the numbers of staff needed and the rotas were planned in advance. The rota reflected what we had seen on the day of our inspection and what we had been told about the planned staffing levels. This meant there were suitable numbers of skilled staff to meet people's needs.

Medicines were safely managed. Staff had undergone regular training with their competencies checked. Storage was secure and stock balances were well managed. Records were comprehensive and well kept. Staff were observed administering medicines appropriately and told us they were confident that people received medicines as they were intended.

Is the service effective?

Our findings

We found staff had the same level of skill, experience and support to enable them to meet people's needs effectively as we found at our previous inspection. People continued to have freedom of choice and were supported with their dietary and health needs. The rating continues to be good.

Staff told us that they had the training and support they needed to carry out their role effectively. Records evidenced that staff received appropriate supervision and appraisal. These sessions were focused around developing the skills and knowledge of the staff team. In these sessions staff were offered the opportunity to request training and discuss career progression.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). People using the service had their capacity to make decisions and consent to their care assessed appropriately under the MCA. DoLS applications had been made and sent to the local authority to be authorised.

Staff continued to demonstrate they understood the MCA and DoLS and how this applied to the people they supported. Staff continued to encourage people to make decisions independently in areas they were able to. Staff demonstrated they knew people well, and this enabled them to support people to make their own decisions, for example what time they went to bed, what to wear or whether they wanted a bath or a shower.

The service had ensured that people were supported to maintain a balanced diet. People told us they were happy with the food they were served. One person told us, "The food is good, sometimes I have two dinners and it's always very fresh. You get three good meals a day here and plenty of snacks, I had an ice lolly yesterday, it was lovely."

The service had responded to specialist feedback given to them in regard to people's dietary needs and had taken action to meet them. For example, by introducing food that was fortified with cream and extra calories to enable people to maintain a healthy weight.

People were supported to maintain good health. Records demonstrated that the staff were proactive in obtaining advice or support from health professionals when they had concerns about a person's wellbeing. One person told us that, "I have a pressure sore, it was very big to start with, now its small, they are looking after it well."

Is the service caring?

Our findings

At this inspection people remained happy living at the service, they continued to be complimentary of the staff and felt cared for. The rating continues to be good.

We saw examples of positive and caring interactions between the staff and people living in the service. People were able to express their views and staff listened to what they said and made sure their decisions were acted on. One person said, "It's good, the [staff] are really good with me, I've got a great [staff member] as my key worker. I get on with all the [staff], I've got no complaints. They remember everything, what needs to be done, your family and everything."

When staff spoke with people they were polite and courteous. Relatives were complimentary about how staff treated their family members. One relative told us "[The staff] are all very good, very encouraging, respectful and caring. They take [my relative] a cup of tea in bed in the morning." Relatives told us they were able to visit whenever they wanted to and were always made to feel welcome.

People, where able, were involved in planning their own care. People important to them were also involved. Regular reviews of people's care were carried out and they and their relatives were invited to take part in the review.

People's right to privacy and dignity was respected and promoted. One person told us, "I like the way [the staff] keep me covered when I'm getting dressed and look away when I need privacy."

Staff knew people well including their preferences for care and their personal histories. Staff told us that they tried to support people to maintain their independence as much as possible and assessed the level of support people needed on an ongoing basis. A staff member told us, "I make sure I don't take [people's] independence from them, one day they can do more than another. I help them to decide what they want to do."

Is the service responsive?

Our findings

At this inspection we found staff were as responsive to people's needs and concerns as they were during the previous inspection. The rating remains good.

The service ensured that people's care records were personalised to include information about them, such as their hobbies, interests, preferences and life history. This information enabled staff to get to know people quickly and to offer support in the way they wanted to be supported. Care plans were detailed and were kept under regular review. They were kept secure.

The care plans were detailed enough to give staff a good understanding of people's preferences and life experiences. This helped staff to support people to engage in meaningful activities that they enjoyed.

The service routinely listened to people to improve the service on offer. One person said, "There are residents meetings, I like going to them we air our views and make suggestions for trips out."

The service had a robust complaints process in place that was accessible and all complaints were dealt with effectively. People told us that they had not needed to complain, but that they were confident that if they did have any reason to make one it would be handled quickly and a dealt with properly. One person told us, "If I had a complaint I'd take it to the boss, she would get things done."

Is the service well-led?

Our findings

This service continues to be as well led as at the previous inspection. The rating remains good.

There was a registered manager at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. Statutory notifications received showed us that the registered manager understood their registration requirements.

During our inspection the registered manager was transparent in their conversations with us. This was the first service they had managed, having been promoted from deputy manager and they had showed us the changes they had made and what they planned to do. The home had been improved by decorating and the environment had been made friendlier for those people living with dementia.

A relative told us that the registered manager was friendly and available if people wanted to speak with them. They felt they could approach the registered manager if they had any problems, and that they would listen to their concerns. People told us that they were happy with the quality of the service, one person said, "[The registered manager] is a good person, she is always around if you need to see her."

The registered manager was often seen around the home and would stop to say hello and ask how people were as she passed by. Staff said the registered manager was very visible and supportive.

Staff we spoke with were positive about the culture of the service and told us that they felt they could approach the registered manager if they had any problems and that they would listen to their concerns. Staff said that the manager put people's needs first and looked for ways to make them happy.

The registered manager continued to assess the quality of the service through a regular programme of audits. We saw that these were capable of identifying shortfalls which needed to be addressed. Where shortfalls were identified, records demonstrated that these were acted upon promptly.