Friends of the Elderly

Sherwood House Residential Care Home

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

Sherwood House Residential Care Home provides accommodation and support with personal care for up to 20 older people. The home is located in the village of Linby in Nottinghamshire. On the day of our inspection 16 people were living at the home. At the last inspection, in March 2015, the service was rated Good. At this inspection we found that the service remained Good.

People continued to receive safe care. Staff understood how to keep people safe and were appropriately recruited. There were enough staff to meet people's needs although staff were very busy and had limited time to spend with people. People received their prescribed medicines safely.

People were supported by staff who received an induction, training and supervision. People were asked for their consent to the care they received. People were supported to maintain adequate hydration and nutrition and had access to healthcare professionals when required.

People were cared for and supported by staff who acted in accordance with people's preferences. Staff were caring and friendly, respected people's privacy and upheld their dignity. People were involved in planning and reviewing their own care and had access to advocacy.

People received care which was responsive to their individual needs, respected their choices and promoted their independence. People were given information about how to complain and their feedback in respect of the care they received was sought and acted upon.

People and staff felt able to make suggestions about the running of the home and we saw that suggestions were acted upon. The home had a registered manager in post who was aware of their responsibilities and the provider had systems in place to monitor and improve the quality and safety of the home.

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 home remains good	Good
Is the service effective? The home remains good	Good
Is the service caring? The home remains good	Good
Is the service responsive? The home remains good	Good
Is the service well-led? The home showed improvements which meant it is now considered well led	Good

Sherwood House Residential Care Home

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 was planned to check 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 inspection took place on 5 and 10 July 2017 and was unannounced. The inspection team consisted of one 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.

Before the 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 considered this information as part of our inspection. We also checked the information that we held about the service such as previous inspection reports and statutory notifications. A notification is information about important events which the provider is required to send us by law. We also contacted commissioners (who fund the care for some people) of the service and asked them for their views.

During the visit we spoke with eight people who used the service, three relatives, two care workers, a senior care worker, the cook, the activities co-ordinator, the registered manager and the regional director. We looked at the care records of three people who used the service, the recruitment records for three staff, as well as a range of records relating to the running of the service including quality assurance audits and meeting minutes.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Good

Is the service safe?

Our findings

People told us they felt safe at the home and felt confident to approach staff if they had any worries. One person said, "It's a good place to live here and I am safe. My things are safe." The relatives who we spoke with also told us they felt their relation was kept safe. One person's relative said, "I have no concerns as my relative and their possessions are absolutely safe."

Systems were in place to help ensure people were safe. The staff we spoke with were able to describe the signs of abuse and what action they would take if they suspected abuse. We saw that information was displayed in the home advising people who to contact if they had concerns about abuse and that people were regularly reminded of this information during meetings. The registered manager was aware of their responsibility to inform the local authority safeguarding team about possible abuse and had done so when needed.

Risks to people were identified and assessed. The level of risk to a person was identified and measures put in place if required to reduce the risk. For example, a person had been identified as being at risk dehydration and a fluid chart was being used by staff and contact had been made with the person's GP. The staff we spoke with were knowledgeable about the risks to people's safety and the measures in place to keep them safe. Records showed that safety checks were in place to reduce the risk of harm to people from equipment and the environment.

Most people we spoke with told us there were enough staff and they did not have to wait too long for support. Some people told us they did have to wait as staff could be busy, but this was often not too long. Staff told us although staffing levels were sufficient to meet people's care needs they were very busy which impacted on them and their ability to spend time with people. We observed this to be the case during our inspection. The registered manager told us they considered the needs of people when determining the level of staff required and monitored call bell response times and would consider our feedback. They told us that staffing levels were flexible and gave an example of when these had been increased to meet people's needs. Staff recruitment processes involved checks to help ensure that staff were suitable for the role.

People received their medicines safely and in the way they preferred. Systems were in place to ensure people had medicines available to them and that these were stored safely and securely. Only staff who had received medicines training and had their competency assessed were able to support people with their medicines. One person administered their own medicines and a risk assessment had been carried out to ensure they were safe to do so.

Good

Is the service effective?

Our findings

People and their relatives felt staff knew them well and were competent in meeting their needs. All of the staff we spoke with felt supported in their role by regular training and supervision. One member of staff told us, "We get enough training and regular updates. My induction was pretty long and I shadowed another member of staff before working on my own." Records showed that staff had received training relevant to their role but not always at the frequency identified by the provider as being required. The registered manager told us they had arranged additional training dates following our inspection to ensure staff remained up to date.

People were encouraged to make decisions about their care and daily routine. People gave examples of being able to have breakfast later if they wished, having a bath when they wanted to and choosing to spend their time in different parts of the home and garden. Staff had a good understanding of people's rights to make their own decisions and how they maximised people's decision making ability.

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 MCA. The procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We found that the service was working within the principles of the MCA. The registered manager told us that all of the people who lived at the home at the time of our inspection had the capacity to make their own decisions and records showed that people had been involved in decisions about their care and consented to the care being provided. Although no one who was living at the home required a DoLS authorisation, the registered manager was aware of the circumstances they would request an authorisation.

People were supported to maintain their nutrition and hydration. One person told us they did not like all of the food they received at the home but that "They (staff) always change it if you ask them to." Another person commented, "There is plenty to eat and drink and the food is very good, you can help yourself to fruit." We saw that people were offered a choice of meal and the food looked appetising and nutritious. People were encouraged to drink fluids throughout the day and records showed that people's weight was monitored in line with their care plan and any changes in people's weight were responded to.

People were also supported to maintain their health and had access to healthcare professionals when required. One person told us, "The nurse or doctor visit every week." Records showed that people had regular access to healthcare professionals such as the GP, district nurse and physiotherapist. Staff were aware of the guidance provided by health professionals and had followed this to ensure people's health needs were effectively responded to.

Good

Is the service caring?

Our findings

People were complimentary of the caring and friendly approach of staff. One person said, "The staff are very very kind and we couldn't wish for better. They are like brothers and sisters. We all have a laugh together." People's relatives were also complimentary of the caring attitude of staff. One relative commented, "The staff are warm and welcoming." They told us when they visited to see if the home was suitable for their relation, a long standing resident had told them the staff were caring. During our inspection we observed staff show an interest in people's welfare and meeting people's needs in a kind and friendly manner.

People's choices and preferences in relation to their daily routines were listened to and respected by staff. One person told us, "They (staff) help me how I want them to and I cannot fault their care." People's questions such as what the time was and what was for lunch were responded to by staff although there was not always visual prompts which may assist people, such as a clock and signage. People were aware of people's communication needs and we observed staff explaining who was in the room to a person with a visual impairment.

Information was available within the home about advocacy services and records showed that an advocate had been involved in providing people with information about changing their GP and gathering people's views. Advocates are trained professionals who support, enable and empower people to speak up about issues that affect them.

People were treated with dignity and respect. People told us they could spend their time as they wished, either in their rooms or in communal areas of the home and garden and their families were able to visit unrestricted. We observed that staff respected people's personal space by knocking on their bedroom doors and maintained people's dignity by asking discreetly if a person required support with their personal care before a meal. The staff we spoke with talked about people respectfully and we observed them supporting a person's independence whilst walking with them in a patient and encouraging manner.

People's preferences and choices as to how they wished to be cared for at the end of their life were respected. Some people had made decisions about whether or not they wished to be resuscitated and whether they wanted to refuse certain treatments at the end of their life and these had been appropriately recorded in their care plans.

Good

Is the service responsive?

Our findings

People were involved in planning and reviewing their own care. The registered manager told us that care workers reviewed care plans with people every six months and records showed this to be the case. People's care plans contained information about how people wished to be supported and people told us they received care and support in line with their preferences. One person's relative told us, "They (staff) address all the little things like having cheese on toast for tea for example. There are things for my relative to look forward to like a trip to the river."

Each person living at the service had a range of care plans to provide staff with information about the person's individual care and support needs. The registered manager told us that care plans were updated monthly or sooner if changes occurred. However, one person's care plan had not been updated to reflect recent changes in their mobility which meant that the information was confusing and the measures required to keep them safe unclear. Despite this, staff were aware of recent changes and told us how they supported the person to keep safe. The registered manager amended and updated the care plan during our inspection to reflect the changes.

The staff we spoke with were knowledgeable about people, their preferences and the level of support they required. They gave examples of promoting people's independence whilst ensuring their safety, for example when supporting a person to mobilise. They were also aware which people required regular repositioning to prevent a pressure ulcer and records showed this support was being provided in line with guidance provided in care plans.

People told us that a range of activities were provided which they could join in with if they wished. One person told us, "There are different activities and they (staff) look after us very well" whilst another person commented, "We have trips out occasionally. We went to the river on a bus and then onto the boat. We had afternoon tea with cream cakes. There are enough activities." People told us about being given the opportunity to join in with a church service once a week and we saw that people had access to a telephone, computer, books and magazines. During our inspection we observed the activities co-ordinator supporting people to compile their life histories and providing a quiz. The activities co-ordinator told us they had been provided with training relevant to their role which had helped develop their ideas.

Information was available within the home about how people could make a complaint. Records were kept of people's concerns and suggestions which showed these had been acted upon. A formal complaint had been received by the registered manager shortly before our inspection and they were in the process of responding to this.

Good

Is the service well-led?

Our findings

People who lived at Sherwood House had the opportunity to have a say in how the home was run. For example, regular meetings were held where people who lived at the home could raise concerns and make suggestions. We saw that one suggestion made was in respect of how food was served during mealtimes. We observed that meals were served in line with the suggestions made during our inspection. This showed that people's suggestions were sought and acted upon.

The staff we spoke with also felt included in the running of the home. They told us they received feedback from the registered manager about their performance and were able to make suggestions or raise concerns. Staff told us they worked well together as a team to meet the needs of people who lived at the home and that the registered manager was approachable and visible.

People and their relatives told us they thought the home was well managed. One person said, "[Registered Manager's name] is very good as a manager. They listen to us and sort out all our little problems." The provider complied with the condition of their registration to have a registered manager in post. 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.

We found the registered manager was clear about their responsibilities. We checked our records and found we had received all but one of the relevant notifications required. The registered manager accepted they should have submitted a notification regarding an injury which occurred at the home and did so immediately after our feedback.

When we previously visited the service we found people's care plans had not always been robustly audited which meant people had been at risk of receiving inappropriate care. At this inspection we found systems were in place to monitor the quality and safety of the service. These included a number of internal checks including the auditing of people's care plans. The registered manager also told us about research studies the home was involved with whereby people living at the home had consented to being involved in research projects to try and improve outcomes for people living in care homes. The registered manager told us they were supported in their role by the provider and received the support and resources required to deliver a good service.