The Partnership In Care Limited

Sherrington House

Inspection report

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Date of inspection visit: 10 and 11 February 2015
Date of publication: 02/06/2015

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

Overall summary

This inspection took place on 10 and 11 February 2015 and was unannounced.

Sherrington House provides accommodation and personal care for up to 47 older people who require 24 hour support and care. Some people are living with dementia. There were 44 people living in the service when we inspected.

There was 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.

Staff understood their responsibilities to ensure people were kept safe and knew who to report any concerns to.

There were procedures and processes in place to ensure the safety of the people who used the service. These included checks on the environment and risk assessments which identified how risks to people were minimised.

Summary of findings

There were sufficient numbers of staff who were supported to meet the needs of the people who used the service. Staff were available when people needed assistance, care and support.

There were appropriate arrangements in place to ensure people's medicines were stored and administered safety.

Staff had good relationships with the people and their representatives and they were attentive to their needs. Staff respected people's privacy and dignity and interacted with people in a caring, respectful and professional manner.

People were supported to see, when needed, health and social care professionals to make sure they received appropriate care and treatment.

People, or their representatives, were involved in making decisions about their care and support. People's care plans had been tailored to the individual and contained information about how they communicated and their ability to make decisions.

People's nutritional needs were being met. Where issues were identified, for example, where a person was losing too much weight, appropriate referrals were made to other professionals. The service took action to ensure that people's dietary needs were identified and met.

People knew how to make a complaint if they were not happy with the service they were provided with. People's concerns and complaints were listened to, acted on and used to improve the service.

Staff understood their roles and responsibilities in providing safe and good quality care to the people who used the service. The service had a quality assurance system and shortfalls addressed. As a result, it would lead to continued improvements in the quality of the service being provided.

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?
The service was safe.

Staff understood how to recognise poor care or potential abuse and how to respond and report these concerns appropriately.

There were enough staff to meet people's needs. Staffing levels were assessed and adjusted to meet the changes in people's support needs.

There were systems in place to manage people's medicines safely.

Good

Is the service effective?
The service was effective.

People were supported to maintain good health and had access to appropriate health services which ensured they received on-going healthcare support.

People made choices about what they wanted to eat and drink and the quality of food provided was good.

People were asked to give their consent to their care, treatment and support.

Good

Is the service caring?
The service was caring.

Staff treated people with kindness, dignity and respect.

People and their relatives were involved in making decisions about their care and these were respected.

Good

Is the service responsive?
The service was responsive.

People received care that was responsive to their changing physical, mental and social needs.

People's concerns and complaints were investigated, responded to and used to improve the quality of the service.

Good

Is the service well-led?
The service was well-led.

The service provided an open culture. People were asked for their views about the service and their comments were listened to and acted upon.

The service had a quality assurance system and took action to ensure identified shortfalls were addressed. As a result the quality of the service was continually improving. This helped to ensure that people received a good quality service at all times.

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 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 10 and 11 February 2015 and was unannounced. The inspection was carried out by one inspector.

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 looked at other 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.

We spoke with 16 people who used the service and five people's relatives. We used the Short Observational Framework for Inspectors (SOFI). This is a specific way of observing care to help us understand the experiences of people who may not be able to verbally share their views of the service with us. We also observed the care and support provided to people and the interaction between staff and people throughout our inspection.

We looked at records in relation to four people's care. We spoke with the clinical director, the registered manager and seven members of staff, including deputy manager, administrator, team leader, care staff, catering, and domestic staff. We looked at records relating to the management of the service, two staff's recruitment and training, and systems for monitoring the quality of the service.

Good

Is the service safe?

Our findings

People told us they felt safe. One person said that they liked the security of being able to lock their bedroom door at night as they didn't want to be disturbed. But at the same time if they, "Rang the emergency bell," staff could get access to their bedroom. People's relatives confirmed that they felt their relatives were provided with safe care. One person's relative told us where they had brought up any environmental issues which could impact on a person's safety, they had been addressed. Another said they would have removed their family member if they had any concerns about their safety or welfare, "As long as treating [person] okay, happy for [person] to be here."

People told us that they were encouraged to raise any concerns about their safety and wellbeing with staff so it could be addressed. One person told us if they had any concerns or worries they would tell the manager as they, "Would sort it out."

Where a person told us, "I think they [management] should make sure people who come in can get on," with each other. This was linked to their experiences where people's mental health related behaviours, such as shouting, which they found unsettling. Staff told us compatibility with others living in the service was taken into account during a person's pre-assessment. They provided us with a recent example where they had turned down a new admission for this reason. However, they could not always predict the impact of moving into a service could have on a person's mental health needs. Where this had occurred, staff had worked closely with specialist health and social care professionals to ensure the welfare and rights of the individual, as well as other people living in the service.

Staff had received training in safeguarding adults from abuse which was regularly updated. Staff understood the policies and procedures relating to safeguarding and their responsibilities to ensure that people were protected from abuse. A member of staff showed us their induction training book. This contained a safeguarding exercise, which helped them to understand the potential types of abuse that could occur in a care home, and how to report it. Staff further demonstrated their understanding by providing examples of action they had taken to ensure people's safety and welfare. This included putting in complaints to other healthcare providers, when they felt a person had not received an acceptable service.

People's care records provided staff with information of risks associated with people's care and support needs. Guidance was given on providing safe care whilst minimising restrictions on a person's freedom. This included supporting people who were at risk of falling by reducing health and environmental risks which could increase the risk of a fall. For people living with dementia who required assistance from staff with their mobility as they were at risk of falling, discreet movement sensors alerted staff that the person was getting up, so they could check on their welfare. Where we accidentally set off the sensors, staff were attentive and arrived promptly and checked that the person was safe. To ensure the person's safety, staff checked and reset the alert system on leaving the bedroom.

Staff used the information gained from incidents and accidents to reflect and on what had happened and learn from it, to see if the situation could have been prevented. For example, an incident had resulted in a person making physical contact with a member of staff. When staff had analysed the information they had identified that the approach they had used could have acted as a distress trigger. People's care records showed how the information was used to update the guidance given to staff to reduce the risk of it happening again.

Risks to people and others were being managed. Records showed that equipment used by staff to support people's mobility and care needs were being regularly serviced to ensure they were safe and fit for purpose. This included fire detection systems and equipment. Contingency plans were in place for identified risks that could affect service delivery, which included people being evacuated to a place of safety in the event of a fire.

People told us there were enough staff to meet their needs. One person told us, "If you want to go to the toilet you can press the buzzer." They said that they were normally not kept waiting, unless staff were dealing with an emergency which they felt was acceptable, "When an accident happens you have to accept that staff need to attend to them first." A relative told us that there, "Always seems to be plenty of staff." Another relative told us that staff were busy at times, but had no concerns as their family member's needs were being met.

We saw staff were attentive to people's needs. Emergency call bells were answered straight away, which ensured that the people received prompt care and support. Time spent

Good

Is the service safe?

in different communal areas identified that no one was left for long periods. People who chose to stay in their bedroom said that staff regularly checked to see if they wanted anything. Where people over a 24 hour period required regular attention, for example repositioning in bed to prevent their skin becoming sore records confirmed that this was happening.

Systems were in place to monitor people's dependency needs and adjust the staffing levels and skill mix accordingly. For example, arrangements were in place to extend the supper time cover, so catering staff would be available until 7pm in the evening to support people's needs. Where staff had identified that it was taking them longer to administer people's medicines in the morning, a second member of staff was brought in to help. This reduced the risk of people not receiving their medicines within the required timescales.

Appropriate checks had been undertaken on prospective staff members before they were employed by the service. Staff confirmed that they were aware that checks about them were completed to ensure that they were appropriate to support people using the service.

Systems were in place to ensure people's medicines were managed safely. Where people were able to tell us about the level of support they received from staff, they confirmed they received their medicines as prescribed. One person told us, "I have my tablets, one in the morning, one at dinner, one before I go to bed." Where people were living with dementia, relatives confirmed that staff kept them updated on any changes. One relative said, "They [staff] always call me." By making contact it enabled people's representative to ask further questions about any changes, and why they had been implemented.

Staff told us that they had been provided with training to support them in safely assisting people with their medicines when they needed them. Staff handled people's medicines in a safe, unrushed manner. They took time to talk to the person, offered a drink, and where required discreetly observed to confirm that they had taken it. Staff checked and signed people's records to ensure the medicines were being given to the right person at the right time. When staff had finished supporting people with their medicines, they stored them safely away.

Good

Is the service effective?

Our findings

People told us that the staff had the skills to meet their needs. One person said, "I couldn't wish for better carers (They) look after me." Relatives described the improvements they had seen in their family member's health and well-being. This they attributed to the effective care and support they were receiving. One relative told us that a person's care had, "Been very good," and described the improvements they had seen in the person's mobility. They told us that their relative was, "Moving a lot better."

Staff told us that they were provided with the training that they needed to meet people's support and care needs effectively. They felt supported by the induction programme for new staff, which included a work book to complete. A staff member told us that they still used this as a point of reference, "I always go back to my induction book to refresh my memory." They told us that their learning and developments needs were kept under review to meet people's needs.

The provider had systems in place to ensure that staff received training, achieved qualifications in care and were supported to improve their practice. Observational supervision was used to check that staff were following the provider's policies and procedures, and provide staff feedback on practice. Where staff had been found not to the meet the required level of competency in the management of people's medicines, the registered manager was aware and this was being addressed through further training and supervision. This demonstrated that there were systems in place to check that the training and supervision staff received was effective enough to ensure they had the required skills to meet people's needs.

People told us that before they received any care or treatment the staff asked for their consent and they acted in accordance with their wishes. One person told us they would turn down staff's requests to help them, as they wanted to retain their independence and, "Do as much as I can myself." That staff acted on their wishes, whilst reminding them that help was there if they needed it.

We heard staff providing people with information to ensure they knew what they were consenting to. For example before a person was given their medicines to take, staff explained what they were taking and why. Staff asked if people wanted to take part in activities, go to the dining room for their lunch, or if they wanted assistance to go to the toilet. We saw staff acted on the responses people gave them.

Records identified people's capacity to make decisions. People had signed to confirm their consent to different aspects of their care and support. Care plans for people who lacked capacity, showed that decisions had been made in their best interests. These showed that relevant people, such as people's relatives and other professionals had been involved, for example, in making decisions associated with end of life care. A relative told us how their involvement had enabled them to be the person's voice, and ensure staff were made aware of the person's wishes so they could be acted upon.

Staff had a good understanding of Deprivation of Liberty Safeguards (DoLS) legislation and referrals to the local authority in accordance with new guidance were made to ensure that any restrictions on people, for their safety, were lawful. Where DoLS referrals had been made, these were kept under review to make sure that they were relevant and up to date.

People were supported to eat and drink sufficient amounts and maintain a balanced diet. People were positive about the food and told us they were given plenty to eat and drink. One person said, "I like my salad." Another person remarked, they were, "Marvellous in the kitchen…we have lunch at 12.30, and have a choice of two [main meals] only got to ask if you don't like it and they will get you something else." They also told us, "If you are unwell or go to the dentist they will serve you when you get back," which demonstrated a flexible approach to the meal service. There were facilities for visitors to make drinks. A relative told us they liked the idea, as it reflected what they would have done when they had visited the person in their own home.

Another person's relative said since moving into the service, the person was eating more as their appetite had improved. They attributed this to meal times being used as a, "Time of social interaction," and staff being around to provide gentle reminders to eat, and provide assistance when required. We saw that where people who required assistance to eat and drink, this was done at their own pace

Good

Is the service effective?

and in a calm and encouraging way. Where people had not eaten their meal, staff offered encouragement and alternatives. Where a person had finished, staff checked to see if they wanted any more.

People's dietary needs were being assessed and met. Where issues had been identified, such as weight loss, health professionals, including dieticians and speech therapists, guidance and support had been sought and acted upon. Catering staff were knowledgeable about people's specific and diverse needs relating to their dietary needs. They visited all new people when they arrived to discuss their dietary needs and preferences. Where people were unable to provide this information, staff would talk to representatives to gain an insight.

In the communal lounges, drinks and snacks including biscuits, crisps and fruit were made available for people to help themselves. In one lounge we saw a person regularly took a biscuit as they walked past, some they ate, others they put in their pocket. One person's smile showed the pleasure they received from offering snacks to other people and visitors. Stocks were kept replenished to ensure people did not run out. This showed that people were being supported to keep their calorie intake up, especially where people were exerting a lot of energy walking around the service.

Staff at regular intervals offered people hot and cold drinks. One person commented as staff entered the lounge, "You know what I need is a nice cup of tea," and staff responded to their request. They also checked to see if anyone else wanted a drink. A relative told us they often heard staff, "Asking if a person wants a cup of tea." People we visited in their bedrooms were also being supported by staff to ensure they drank enough to support good health.

People were supported to maintain good health, have access to healthcare services and receive ongoing healthcare support. This included support from dentist, hospital and emergency services, community health and mental health teams. One person told us they saw their doctor, "Every so often," on their request. Relatives told us that staff made appropriate referrals to doctors and other healthcare professionals and that staff kept them updated on any health and welfare issues. People were attending dental and hospital visits during the inspection.

Staff effectively communicated with people and their relatives to ensure they were kept updated of any changes to people's health and welfare. One relative told us staff, "Always call me." They said that if the person had fallen, staff would have provided effective support, "Given a good check and called the paramedics if concerned," first. This was demonstrated when an incident occurred, staff quickly called the emergency services. On their arrival staff updated the paramedics on what had happened and of any physical and mental health issues that they needed to be aware of. Staff also provided copies of records to be passed onto the healthcare professionals who would be treating the person. Staff contacted and updated the person's relatives. This ensured that all those involved in supporting the person's' health and welfare were effectively being given the information they needed.

Good

Is the service caring?

Our findings

People had positive and caring relationships with the staff that supported them. People told us that staff always treated them with respect and kindness. One person said, "There are a lot of nice staff here." A relative told us, "All [staff] are caring," and they especially liked the way staff used the person's first name, as they felt this was a, "More friendly," way to address people and make them feel at home. Another relative commented, "Whenever I come here staff are friendly," and had observed how staff were always, "Generous with people."

People were supported to make build friendships with each other. One person told us, "I always sit on this table with my friend." Where a person enquired after the welfare of another person, staff offered, and took them to where their friend was sitting.

We saw several examples where staff's positive interactions provided reassuring support to people. This included staff not talking over people, instead ensuring they had eye contact with the person they were talking to. Where a person was showing signs that they were feeling unhappy, a member of staff sat next to the person and held their hand. The kind gesture offered provided reassurance to the person as they told them why they felt that way. The member of staff then encouraged the person to play darts. The distraction resulted in the person laughing and showing signs of wellbeing.

People were supported to express their views and make decisions about their care and support. One person told us when they moved in that staff, "Even asked me where I wanted to sleep, I said downstairs." Staff acted on this and offered them a downstairs bedroom.

Information was provided with information on advocacy services. Where needed people had been appointed an Independent Mental Capacity Advocate (IMCA) to support them in expressing their views and ensure that their best interests were being upheld.

'My Story' books enabled staff to work with people and their family and friends to provide information on their lives, including; family connections, where they worked, lived, spent their holidays and their interests. The information was updated monthly with photographs, providing people with on-going memories of their life. This included photographs of social events they had joined in. One person told us they were looking forward, "To Elvis on Friday," which they saw as another photograph opportunity.

Where families had included photographs it provided staff with an even better insight into the person's life and important events. For staff supporting people with dementia, it enabled them to see the person behind the dementia. This was further demonstrated during discussions with staff, who were able to tell us about people's careers and the names of others that were important to them. We saw how they used this information to instigate meaningful discussions with people.

Staff's knowledge of individual people's characteristics and behaviours supported them to communicate in an effective manner. Discussions with staff and our own observations, showed how they used different approaches to support people's individual mental health needs.

People said their dignity and privacy was being respected. Whilst paramedics were providing medical support to a person in a communal area, staff supported the person with compassion as they provided reassurance. Staff used a mobile screen and held up blankets to shield them from public view. Therefore ensuring the person's privacy and dignity. Following the incident the manager said further modesty screens would be purchased to replace the need for blankets to be used, as they were more effective.

People's independence was promoted and respected. People told us that staff supported them to do as much as they could for themselves. One person told us, "I can do as much as I can do myself." Another person showed us their walking aid which, "Just folds up," to go in the car. This enabled them to retain their independence when they went out.

We joined people during a 'Bingo session', the use of an electronic numbers display, oversized playing cards and discs, and staff calling out the numbers, supported people to play independently and not be reliant on others for assistance. Where people required assistance, staff sat next to them and helped, enabling the person to join in with the experience. Staff interacted well people, which supported their enjoyment. Laughter was heard as people and staff called out predictable responses to certain numbers including, "Two little ducks."

Good

Is the service responsive?

Our findings

People told us that they received personalised care which was responsive to their needs and that their views were listened to and acted on. They said that staff involved them in planning and making decisions about their care. A person's relative spoke positively about the, "First assessment," as the focus was on the person and what they wanted. "They made conversation with [person], it was like an interview," making them fully involved in the process.

People were given a copy of their plan of care to keep in their bedroom. It provided guidance for staff on how the person wanted to be supported with their individual needs. This included their physical, mental, social and emotional health needs and their preferred gender of staff providing their personal care. The information recorded demonstrated that the person, and where applicable their families had contributed to contents of people's care records to make it personalised. A reminder was also included asking people to read it, and if they felt any changes were needed, to make any amendments themselves, or 'Speak to staff and ask them to do it.'

For people living with dementia, there was information on how it had impacted on the person's life and family. Where a person was unable to tell staff what they wanted, information was given on verbal and non-verbal signs as indicators of their emotional wellbeing that staff needed to be aware of. Staff told us how they monitored a person's facial expressions, to see if they were any discomfort. A relative confirmed that they had read their relative's care plan and confirmed it was how the person would want to be supported.

People told us that there were social events and hobbies they could participate in. One person showed us their art work, "Do my pictures, I love it." Another showed us what they were knitting. Two people were helping staff with the dusting, which staff told us was a normal occurrence. A relative told us how staff had organised a pony to visit and meet people, "That was nice, it brought back memories," for their relative. The different support people were being given demonstrated, as one person told us, about the, "Hard work staff put in," trying to identify what a person got enjoyment and mental stimulation from, "As no one likes the same thing."

People said they felt comfortable speaking to any of the staff if they wanted to make a complaint.

All of the people and relatives spoken with told us that they knew who to speak with if they needed to make a complaint. One person said they would, "Tell the staff," but hadn't needed to. Minutes from a meeting attended by people using the service showed that they had been reminded and encouraged to raise any concerns, so they could be dealt with.

There was a complaints procedure in place which was displayed in the service, and explained how people could raise a complaint. There was also information provided on external agencies and advocacy services where people could obtain support and advice in making a complaint. This demonstrated the provider's open approach to dealing with complaints. Complaints were well documented, acted upon and were used to improve the service.

Staff said they tried to resolve any concerns people had at the informal stage. Discussions with relatives confirmed that staff were receptive to hearing and addressing any concerns. One person's relative told us when they had raised any issues with staff it had been, "Sorted out," and they had no reoccurrence of the problem. They said that they would be happy to raise any complaints direct with the registered manager, "If they can't help they would point me in the right direction." In the last 12 months the provider had received one formal complaint which had been acted on and responded to in a timely manner. Records demonstrated how staff used the outcome from dealing with any complaints to improve on practice and the quality of service people received. This included supporting people's dignity by putting monitoring systems in place to ensure people, who may forget to ask, were supported to go to the toilet.

Good

Is the service well-led?

Our findings

The service provided an open and empowering culture. People told us that they felt that the service was well-led knew to speak to if they needed to. One person told us they had equal confidence that the clinical director who was, "Good to me", or registered manager who was, "Very nice," and would sort out any problems. One person's relative, told us, "You feel that you can ask questions," and described the atmosphere as relaxed and homely.

The registered manager's office was located near the entrance of the service, and an open door policy which made them accessible supported and open communication. Two people's relatives told us that they had been speaking to the registered manager in the office, updating each other on their family member's welfare.

Staff told us that the registered manager and the provider were approachable and supportive and had a visible presence in the service. We saw staff communicating with the registered manager throughout the inspection. Keeping them updated on people's welfare, and when needed, seeking advice.

Staff understood their roles and responsibilities in providing good quality and safe care to people. One staff member said, "I love my job really enjoying it." Discussions with staff also showed how they were supported to advance their career, through internal promotions and given a chance to 'acting up' in a role to learn new skills and support them for applying for permanent positions.

The registered manager told us that they felt supported in their role and that they had regular support from the clinical director both informally in their regular visits to the service and formally in their supervision and quality monitoring checks.

There was good leadership demonstrated in the service. The registered manager understood their role and responsibility as a registered manager and in providing a good quality service to people. They told us they felt supported in their role and understood the provider's values and aims, "Enabling individuals to live as they choose." They commented that they provided a good quality service by constantly learning and looking for new ways to improve people's experiences of the service they received. For example, the management were undertaking further training in dementia. They told us they would be using the training to identify areas of the service that they could develop to enhance the experiences of people living with dementia.

The provider had been open and responsive when dealing with information of concern received via external agencies. Including the safeguarding authority and Care Quality Commission (CQC). By aiding any investigation and providing promptly requested investigation reports had enabled concerns to be unsubstantiated. The registered manager told us how they using the learning from investigations, to make improvements in the service's policies and procedures. For example, updating their security systems so the entrance codes to the service were changed more frequently.

The provider's quality assurance systems were used to identify shortfalls and to drive continuous improvement. Audits and checks were used to monitor the quality of service people were receiving to ensure it was safe, effective, caring, responsive and well-led. Where shortfalls were identified, actions were taken, which were kept under review to check that they were robust enough prevent a reoccurrence. For example where the provider's recent check had identified shortfall falls in the service's medicines procedures, which were reflected our findings, further action was being taken.

People were involved in developing the service and were provided with the opportunity to share their views. This included providing feedback through quality surveys, meetings, care reviews and informally in discussions with staff. The minutes from meetings which were attended by people who used the service and their relatives, showed that their views were sought and discussed. This included people's preferences regarding food, and over the Christmas period suggestions for social events and activities. This included building links with the local community by inviting the local school to sing carols. The registered manager told us how they had acted on the information to make changes to the meals to reflect people's comments and organise changes were made to show that their views were valued and acted on and improvements were made to improve people's experiences.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

This section is primarily information for the provider

Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.