

Nottingham Community Housing Association Limited

Sherwood House

Inspection report

Sherwood House Residential Care Home
Main Street, Linby
Nottingham
NG15 8AE

Tel: 01159642721

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16 May 2019

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Ratings

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

Summary of findings

Overall summary

About the service: Sherwood 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.

People's experience of using this service:

The service did not always have enough staff to enable them to offer care and support to people with complex needs. Three of the people living at Sherwood House required two people to support them with personal care and to transfer using equipment. There were only two members of staff on duty which meant that staff were unable to support people adequately and would have been unable to respond to an emergency. A senior was on duty but was unable to support the staff during medication rounds.

The environment was safe, clean and suitable for people's needs. The home was situated in a well maintained garden area with good access for people to be able to enjoy going outside and walking or sitting.

People received kind and caring support from staff who respected their dignity and privacy. They were encouraged to be as independent as possible and staff understood their needs well. Staff were knowledgeable about the needs of people and knew how they liked to be supported.

People were supported to take their medicines by well trained and knowledgeable staff who understood their preferences of how they liked to take them.

People were supported to maintain good health and nutrition; including partnerships with other organisations when needed. There were plans in place which detailed people's likes and dislikes. Choice was offered at mealtimes and the food was well presented. People and relatives knew how to raise a concern or complaint.

People were protected from the risk of harm and staff had received training in safeguarding and how to protect people from abuse and avoidable harm. Staff told us how they would report through a safeguarding concern either through internal channels or through to the local authority if necessary.

The management team showed evidence of quality monitoring across all aspects of the home. Any concerns raised by people, relatives or staff were taken seriously and addressed.

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

Rating at last inspection: This was the first full comprehensive inspection of this service since the provider registered with us in April 2018.

Why we inspected: This was a scheduled inspection

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, 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 not always Safe.	Requires Improvement ●
Is the service effective? The service was Effective.	Good ●
Is the service caring? The service was Caring.	Good ●
Is the service responsive? The service was Responsive.	Good ●
Is the service well-led? The service was Well-Led.	Good ●

Sherwood 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

One inspector carried out the inspection.

Service and service type: Sherwood House is a care home. People in care homes receive accommodation and personal care. CQC regulates both the premises and the care provided and both were looked at during this inspection. The service is registered to accommodate 19 people, there were 14 people using the service at the time of our inspection including two people on respite care. Two people were in hospital.

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: We inspected on 16 May 2019 and the inspection was unannounced.

What we did: We used information we held about the home which included notifications that they sent to us to plan this inspection. We also used the completed Provider Information Return (PIR). This is the information we require providers to send us once annually to give us some key information about the service, what the service does well and any improvements they plan to make.

During the inspection we spoke with four people who use the service, one relative, two members of staff, the cook, the deputy manager and the registered manager. We also reviewed a range of files including internal audits and environmental risk assessments. We looked at four care plans, three staff files and various internal audit documents. These were where the home monitor the health and safety of the environment and ensure equipment is maintained and infection control is managed and monitored.

Is the service safe?

Our findings

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

Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

- There was not sufficient staff to provide safe support. There were 14 people using the service at the time of our visit and three of them required the support of two staff when they moved and for their personal care. There were two members of staff on duty and one senior. The senior was administering medicines and so could not be available to support care workers.
- The registered manager advised us that they did not use a dependency tool so that they could calculate the number of staff necessary to support the needs of the people using the service. This would help to regularly assess people's changing needs and the staff required to support them safely.
- Staff told us that they felt stretched and that they did not always get a break. During our visit some call bells were ringing for more than ten minutes before being answered. This happened on several occasions throughout the day but more so in the morning when staff were getting people up and ready for breakfast.

Using medicines safely

- Medicines were administered in a safe way.
- Medicine administration records were all signed for when medicine had been given and there were no missing signatures. People received their medicine when prescribed and there was a system in place for ordering repeat medicines.
- Staff who gave medication had been assessed as competent and all staff who administered medicine were trained to do so.
- Regular audits of medicines were carried out and the manager had a good understanding of the checks and audits required to keep medicines safe.
- The fridge temperature for the storage of medicines requiring refrigeration was taken every day. This ensured the medicine would be the correct temperature to maintain its effectiveness.

Systems and processes to safeguard people from the risk of abuse

- Staff were trained in safeguarding and knew how to recognise the signs of abuse. The staff that we spoke with said that they wouldn't hesitate to challenge anyone who they felt were not behaving appropriate towards a person and they would also report on to a senior or the registered manager.
- Staff were aware of the whistle blowing policy. This allows staff to raise concerns anonymously when they have concerns about anything they feel is not right.
- One relative told us "I feel that [relative] is safe here and well looked after, the room is lovely and the people really seem to genuinely care."

Assessing risk, safety monitoring and management

- Risks were assessed and managed.
- Staff understood when people required support to reduce the risk of avoidable harm. Care plans contained explanations of the control measures in place for staff to follow to keep people safe.
- Risks to people's health and wellbeing was assessed, managed and regularly reviewed.
- Staff we spoke to knew about people's individual risks in detail and could tell us how risks were managed and monitored.

Preventing and controlling infection

- Processes were in place to manage infection control.
- The home was clean and there were no malodours. We observed people cleaning during our visit and staff were aware of the importance of infection control and had been trained in infection prevention and control.
- All the staff we observed used Personal Protective Equipment and we saw them frequently change gloves and aprons.

Learning lessons when things go wrong

- We saw evidence that the registered manager had a robust quality monitoring and improvement plan in place for all aspects of the service.
- Feedback was sought from people using the service and their relatives. Regular meetings took place with people and staff and items raised were taken into consideration and acted upon.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Assessments of people's needs were comprehensive, expected outcomes were identified and care and support was reviewed. The registered manager explained that part of the information was on an electronic system and some in paper care plans. This made it difficult to always see what was the most recent review.
- Staff applied learning effectively in line with best practice, which led to good outcomes for people and supported a good quality of life. Staff told us that the training was good and helped them to both understand their role and carry out tasks more effectively.

Staff support: induction, training, skills and experience

- Staff were competent, knowledgeable and skilled and carried out their roles effectively. One person told us "Staff are lovely and really care."
- Staff had completed a comprehensive induction and had regular supervision with a line manager and an annual appraisal. Staff told us that they felt supported in their role.
- Staff told us that the training was good and they felt that they had sufficient skills and training to meet the needs of the people using the service.

Supporting people to eat and drink enough to maintain a balanced diet

- Meals gave flexibility and choice. People were offered two options and if they didn't like either, they were asked what they would like to eat. One person told us "The meals are lovely and the tables are always set out like a restaurant."
- We saw that there were enough staff available at mealtimes to support people with their meal.
- We observed people were independent with their meal. There were some people who received meals in their rooms and staff ensured that they were waited upon and supported if needed.

Staff working with other agencies to provide consistent, effective, timely care

- We saw evidence of appropriate, timely referrals to health and social care teams in people's care plans. This included GP's and other health professionals.
- One person required a fortified diet, however the person didn't enjoy the taste of the drinks offered to give them additional calories. The senior care staff worked with the district nurse and the person to try other varieties. They eventually sourced a product which was tasteless and the person was happy to have in their coffee. This meant that they were getting additional calories needed to support their diet in a way which suited them.

Adapting service, design, decoration to meet people's needs

- The home was adapted to meet the needs of those living there and there was enough suitable equipment to ensure people were looked after safely.
- People were involved in decisions about the premises and environment. It was a purpose built environment with wide corridors and open spaces.
- The gardens were well kept and people enjoyed walking around outside and sitting on the benches. The registered manager told us "We had the summer house built quite recently and people love it."
- The premises had sufficient amenities such as bathrooms and communal areas to ensure that people were supported well.

Supporting people to live healthier lives, access healthcare services and support

- There were good relationships in place to ensure that people saw healthcare professional when required.
- During our visit the registered manager discussed the moving and handling of a person who due to their condition was bruising when being moved and expressed increased pain during this time. The registered manager suggested working with the district nurse to administer some additional pain relief prior to them being moved which could reduce their discomfort.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- We checked whether the service was working within the principles of the MCA. At the time of our visit no-one living at the serviced lacked capacity.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- We observed that people were treated with kindness, dignity and respect. We received feedback from people and relatives which supported this.
- The registered manager told us that they were working with the local school on joint protocols so that they could have more activities together. People loved doing different activities with the children and the staff had training arranged in safeguarding children. Staff at the home were trained in safeguarding adults and recognised that it was important that all staff were aware of their responsibilities for a longer term commitment working with children.
- The registered manager showed us an article "Everybody should be comfortable with who they are." This engages and helps to build a network to support people and colleagues with different sexual and cultural needs.

Supporting people to express their views and be involved in making decisions about their care

- People and their families were involved in care planning and invited to express their views in all aspects of their lives. One person told us "They always ask us when they are doing anything." One relative said "We are consulted and there are regular updates and meetings."
- The registered manager listens and acts on any feedback received from people. People were consulted about their care and treatment and any changes explained and discussed with people.

Respecting and promoting people's privacy, dignity and independence

- Staff showed genuine concern for people and were keen to ensure people's rights were upheld and that they were not discriminated against in any way.
- People's right to privacy and confidentiality was respected.
- We observed how staff treated people with dignity and respect and provided compassionate support in an individualised way.

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People were supported by staff who knew them well and understood their preferences.
- People had care plans which were personalised and detailed. People's communication needs were assessed and staff could explain what different formats could be used to communicate should this be needed. At the time of our visit, people using the service could communicate verbally.
- Activities were planned with people to ensure that they were engaged and interested. The home had chair based exercises taking place at the time of our visit. The registered manager explained that they hire a mini bus to take people on outings this could be wherever people wanted to go, country parks and garden centres were popular. They also had a river cruise arranged annually which people enjoyed.
- The registered manager explained that they were exploring the sport Boccia as they felt it would be something that people would enjoy and the school had the equipment they could use. Boccia is a ball sport related to bowls which can be played from a wheelchair.
- There were external entertainers invited into the home occasionally and a church service was held once a month.

Improving care quality in response to complaints or concerns

- People knew how to complain and were confident that they would be listened to.
- The registered manager actively requested feedback from people and their relatives. Complaints and compliments are followed up and a resolution sought for complaints.
- Feedback from relatives and residents was collated and addressed. The registered manager was proactive when responding to feedback and was keen to engage with people and relatives to gain an understanding of how they could make improvements.
- People were encouraged to give feedback and offered every opportunity by meetings, questionnaires or just by speaking to staff or management.

End of life care and support

- People had care plans for their end of life. The plans were quite comprehensive and some were filled in completely with information from relatives on what the person would like at the end of their life. The plans contained information on what the person wanted and where they wanted to be at the end of life. It also reflected the people of importance they wished to be with them.
- The service had a good relationship with the GP and had anticipatory medication ready for end of life care so that this was available as soon as needed.

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The management showed clear evidence of a robust quality monitoring process for the home which was recorded. This included all aspects of the environment, staff supervision and appraisals and health and safety. The registered manager was going to source a dependency assessment so that they can manage staff requirements better. Notifications were made in an accurate and timely manner and evidence was shown of learning from errors. The service had an open and transparent culture. People were supported by staff who were committed to providing good quality care to people. The staff we spoke to were enthusiastic about their work and felt that they were supported well by the manager.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The service was well managed. People at all levels were clear about their roles and responsibilities and managers were accountable for staff and further understood the importance of their roles.
- There was a system in place to monitor all incidents. This highlighted if appropriate action had been taken including sending notifications to external parties such as the local authority.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The manager was aware of the importance of understanding equality and diversity and protected characteristics.
- At the time of our visit, there wasn't anyone living at the home with protected characteristics but staff could talk us through what provision they would put in place and how they fully understood different needs.
- People's views on how the service was run were gathered by having regular meetings to discuss various aspects of the service.

Continuous learning and improving care

- The registered manager had learned from mistakes and kept staff informed of any changes that could effect people's care. Regular meetings were held with staff to discuss issues and to allow staff to have their say.
- The staff we spoke with said that they felt confident to raise any issues with the registered manager. They also said the staff in the home were a genuine team and they all wanted what was best for people using the service.

Working in partnership with others

- We saw evidence that people were supported to access health and social care services required. They had regular visits from healthcare professionals who people told us had a good relationship with the home.
- The registered manager explained that they had engaged with the local authority to provide an art scheme within the home, this included making collages. They were involved in the scheme last year and people really enjoyed it so they were looking forward to this being repeated.
- The home had a good relationship with the local school and invited the children in to do different activities. The registered manager was looking to develop this on a more formal footing and the teachers who supported the children are being trained in safeguarding adults. There will be regular sessions held with different activities.