

Sherborne Court Neurological Centre Limited

Sherborne Court Neurological Centre

Inspection report

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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:

Sherborne Court Neurological Centre provides personal and nursing care to people with neurological conditions and brain injuries. The service accommodates up to 40 people in one purpose-built building. There were 30 people receiving a service on the day of the inspection.

People's experience of using this service:

At our last inspection Sherborne Court was rated requires improvement and we found four breaches of regulation relating to safe care and treatment, safeguarding, staffing and good governance. At this inspection we found improvements had been made and the service was no longer in breach of regulations.

Overall medicines were managed safely, however some further improvements were required to improve recording. The management team had already identified some of these issues and were acting to address them.

People and their relatives overall were positive about the service. They told us they felt safe and well cared for. There had been an increase to staffing levels, which were kept under review and adjusted accordingly.

People's choices and preferences were known to staff and respected. Staff were caring and respectful. People's privacy and dignity was promoted. There were some positive examples of good outcomes for people, which had improved their quality of life.

Care plans were in place and staff had focused on making improvements to the records. Aspects of some care plans would benefit from further person-centred detail. Risk were managed safely and improvements had been made in relation to risk assessment, especially nutritional risks.

The environment had undergone improvements and people had been consulted about the decoration. People were asked for consent before care was provided and staff complied with The Mental Capacity Act (MCA) to ensure people's rights were protected.

Staff were supported through supervision and training. There was an effective in-house team of specialist support, which ensured people's needs were fully assessed and supported to achieve goals and gain independence, where possible. People were supported with a range of activities and to go out into the community.

The provider and registered manager now had an effective quality assurance system. The registered manager was responsive and approachable to both people that used the service and staff. They had a clear understanding of their responsibilities of their registration with us.

Rating at last inspection: Requires Improvement (Last report published 6 June 2018)

Why we inspected: This was a scheduled inspection based on the previous rating.

Follow up: We will continue to monitor the service though the information we receive.

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

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.

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our Well-led findings below.

Good ●

Sherborne Court Neurological Centre

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:

This inspection was carried out by two inspectors, a specialist nurse advisor 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. Their area of expertise is learning disabilities and older people.

Service and service type:

Sherborne Court is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The service accommodates up to 40 people in one purpose-built building. There were 30 people receiving a service on the day of the inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

The inspection was unannounced.

What we did:

Prior to the inspection, we reviewed the information we had received about the service since the last inspection. This included information from other agencies and statutory notifications sent to us by the

manager about events that had occurred at the service. A notification is information about important events which the provider is required to tell us about by law. We also looked at information sent to us by the provider. Providers are required to send us key information about their service, what they do well, and improvements they plan to make. This information helps support our inspection.

During the inspection, we spoke with eight people who used the service and six relatives. Some people who used the service were not able to speak to us about their care experiences, so we observed how the staff interacted with people in communal areas.

We also spoke with several staff including, three care staff, two nurses, a domestic, maintenance person, physiotherapist, the registered manager and the regional manager. We also spoke with two visiting health and social care professionals.

We reviewed the care records of seven people. We looked at three staff files, which included pre-employment checks and training records. We looked at records relating to the management of the service. For example, rotas, complaint logs, accident reports, monthly audits and medicine administration records.

Is the service safe?

Our findings

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

When we conducted the previous inspection in February 2018, we found the registered provider was in breach of regulations in relation to safe care and treatment, staffing and safeguarding. During this inspection we found the required improvements had been made. However, some further improvements were required to aspects of this key question.

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.

Systems and processes to safeguard people from the risk of abuse

- In general, people told us they felt safe living at Sherborne Court. Comments included, "I do feel safe here. If I wasn't happy, I suppose I'd tell [relative] first, and the manager. There seems to be enough staff around to help me when I need them"; "I am safe, and the staff are lovely" and "I like it here and I do feel safe."
- The provider had worked with the local authority to ensure all staff were suitably trained in safeguarding people from abuse.
- Staff understood their responsibility to protect people from avoidable harm and knew how to report any safeguarding concerns.
- Records demonstrated that appropriate safeguarding referrals had been made to the local authority where necessary, as well as notifications submitted to CQC.

Using medicines safely

- Overall medicines were managed, checked, stored and administered safely and effectively.
- Staffed had been trained to administer medication and their competency was assessed. Two staff assessments were overdue and were in the process of being carried out.
- Topical cream medication administration records (Known as TMARs)were in place for staff to record that creams and ointments were applied as required. However, there were some gaps in the charts, and some records were not in place when creams were being applied. This meant we could not be sure creams had always been applied as required. We asked the registered manager to review the TMARs to ensure they were all accurate. Management were already monitoring the accurate completion of charts.
- Handwritten instructions on medication administration records (MARs) had not always been countersigned to check they had been written accurately.
- Where people had allergies these had been recorded, however further details about the type of reaction and action staff should take was not clearly included in people's support plans.
- Where treatment had been provided, such as for the management of wounds or infections, whilst appropriate action had been taken, records did not always confirm when the issue had been resolved.

Assessing risk, safety monitoring and management

- Improvements had been made in relation to records relating to the assessment and management of risk.

Documentation was now consistent and up to date, especially with regards to nutritional risks.

- Risk assessments were in place and kept under review. In a couple of examples, we identified the need for further risk assessments to be implemented, these were undertaken by the end of the inspection.
- There were examples where action had been taken to assess and manage risks as safely as possible. For example, a person at high risk of falling had been referred for an occupational therapy assessment and sight assessment to help reduce the risks.
- Regular safety checks had been carried out on the environment and on the equipment used.
- Emergency plans were in place to ensure people were supported in the event of a fire or untoward event. However, we found these would benefit from further details in relation to people's specific support needs.

Staffing and recruitment

- Since the last inspection the provider had reviewed and increased the nursing hours within the home. Nurses now had allocated time to enable them to focus on people's support plans and other documentation. Staff told us, occasionally staff absences and emergencies impacted on this but felt overall there were sufficient staff to carry out their roles effectively.
- Staffing was kept under review and adjusted as needed. Levels increased at the weekend because an extra person regularly stayed at the home. Shift times had changed to ensure staff were available during the busier times of day.
- Some people needed individual support from a carer on a one to one basis, we saw this support was included on the rotas. On a few occasions this support had not been available to one of these people due to unforeseen circumstances. Appropriate risk assessments had been carried out to ensure that people were not left at risk during these times.
- During the inspection, we saw plenty of visible staff and call bells were answered in a timely way.
- Recruitment of new staff was ongoing, and a new role had been introduced to focus on recruitment. Agency staff were used at times to cover gaps in the rota. There were six new staff in the recruitment pipeline due to start employment.
- Staff had been recruited safely. Records viewed demonstrated all required pre-employment checks were carried out.

Preventing and controlling infection

- All areas of the home were seen to be clean and hygienic. There were no unpleasant odours.
- Staff understood their responsibility in relation to infection control and were seen wearing personal protective equipment (gloves and aprons) appropriately.
- Effective infection control audits were undertaken on a regular basis.

Learning lessons when things go wrong

- Accidents and incident records were completed and reviewed regularly by the registered manager, who identified any areas where risk could be reduced, as well as any trends or patterns within the home.
- The management team discussed any incidents or accidents in daily flash meetings and other meetings to consider any lessons learnt. A meeting had recently been held with staff to reflect on and learn from an accident that had occurred.
- The provider shared information throughout the organisation in the interests of ongoing improvement.

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

- Staff assessed, and documented people's needs and preferences in relation to their care and planned care based on this.
- An in-house support team was available which included professionals providing expertise in psychology, occupational therapy, physiotherapy and speech and language therapy. This support meant staff were able to seek help, support and guidance and implement effective strategies and goals to support people. We saw a positive example where one person no longer required a surgical intervention for breathing due the support of the staff team.

Staff support: induction, training, skills and experience

- Regular training was provided through e-learning, as well as face to face training. Training was monitored, and staff were prompted when refresher training became due. Staff had also received bespoke training in relation to nutritional and feeding tube care.
- New staff completed a thorough induction which was in line with the Care Certificate. The Care Certificate is a set of standards that social care and health workers should adhere to in their daily working life.
- Practical moving and handling training had been addressed as an area for improvement due to the needs for new trainers to keep everyone up to date. Senior staff had completed 'train the trainer' training and a programme was in place to ensure staff completed this in a timely manner.
- Staff were supported by regular one to one meetings with their manager, although the frequency of these did vary for some staff. Staff told us they were kept up to date with changes through daily meetings, staff meetings and communication records.

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

- Records in relation to nutritional risk had improved since the last inspection. Nutritional risks were fully assessed and managed. We saw staff following support plans appropriately.
- People were supported to have enough to eat and drink, some views were varied about the quality of the food, but overall people were satisfied and told us they were offered a choice.
- They said "The food is nice. There's plenty of it and there is a choice of things to eat." and "The food is alright I suppose. I choose what I want every week but if I change my mind there is usually something else that I can have."
- Staff encouraged people to take part in ordering the food and others shopped for food which they the prepared themselves.
- Staff recorded the amounts people drank to ensure they'd had enough fluid. However, individual targets were not identified, which meant it was unclear how much each person should ideally drink. We noted where a person was reliant on staff for a drink there were occasional gaps where we would have expected

frequent drinks to be offered. We raised this with the registered manager who assured us she would review this with the staff.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff worked very well with health and social care professionals to provide effective care to people. In one example agencies had worked closely to prevent a hospital admission, which prevented distress to the person.
- Information regarding people's changing health needs was shared between staff during shift handovers, and people's care was adjusted as required.
- Staff knew how to refer people to other healthcare services if they had concerns about a person.
- People's rehabilitation needs were supported, for example exercise programmes to use in the gym were implemented and people had access to hydrotherapy.
- Two visiting care professionals told us staff seemed caring and knew people well. One was particularly complimentary about the improved training and support provided in recent months and had seen the benefit of these improvements.

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

- The premises were well maintained and provided a choice of communal areas. The building had undergone some refurbishment and people had been consulted with about the decoration. There was a gym and café room for people to use.
- People's rooms were personalised. There was signage available, with people's names and photographs displayed on their bedroom doors.
- There was outside space, including a sensory garden which people could access. A new greenhouse was being erected, which along with raised flower beds enabled people to take part in gardening if they wished.
- There was a therapy kitchen which was in the process of being refurbished to make it accessible. This enabled people to take part in activities including cooking or laundry and supported people's independence.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular 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 particular 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.

- Staff sought consent before providing care. Staff explained, "One person declined oral care today and that's it if they have capacity to decide" and "You always get consent and explain what you are doing."
- Where there were concerns a person did not have the ability to make a specific decision, their capacity to do so had been assessed. Where people were deemed to lack the capacity to make a decision, decisions had been made in their best interests.

- Staff had undertaken training and understood the principles of the MCA.
- Any restrictions on people's liberty had been authorised and staff were taking action to meet any conditions attached to these authorisations.

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; respecting equality and diversity

- People and their relatives were positive about the staff. They told us staff were kind and caring. They said, "I think the Staff are lovely and good at their jobs."; "I have got a lot of faith in the staff. They keep [relative] calm which is sometimes difficult" and "Staff are brilliant and helpful."
- People looked comfortable and at ease in their surroundings. Staff had clearly developed positive relationships with people. We observed friendly banter and genuine warmth in conversation between people and staff.
- Staff were trained to understand equality and diversity to ensure people were cared for without discrimination and in a way that respected their differences. There were examples where staff had supported people to follow their religious beliefs and were inclusive of people's needs around their sexuality.
- People had "communication passports" which helped staff and other people to understand and meet people's differing communication needs.

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

- People were supported to express their views and were involved in making decisions about their care.
- People and their relatives were involved in reviews of their care and support plans. One person told us, "I have a care plan that can be added to as needed, it's kept up to date by the staff I think."
- Staff provided people with information about available support and supported them to access advocacy services if required.
- Regular resident and relatives' meetings were held, which enabled people to give feedback about the service. One person said, "We have resident's meetings where we can talk about anything that is bothering us here."

Respecting and promoting people's privacy, dignity and independence

- We saw positive feedback shared by a relative which said, "[Name] received an excellent standard of nursing care, always delivered with such patience and compassion and in a dignified manner."
- Staff understood the need to treat people with dignity and respect their privacy. We saw staff knocking on people's doors before entering. One person told us, "The Staff are all okay. They seem kind and considerate. They always knock on my door before coming into my room." Another person was able to lock their door when they wanted privacy.
- Staff worked well at promoting people's independence. We saw examples where various members of the staff team were working with people to support them to move to an independent setting within the community.

- Where able, people were supported to carry out tasks independently such as doing their laundry or making a hot drink.
- People were supported to keep in contact with people who were important to them. Visitors were able to visit freely, and some people had telephone lines in their bedrooms. Access to Skype was available via a computer.
- Staff were aware of the need for confidentiality and the provider made checks to ensure that records were secure. Staff had undertaken training in the new legislation in relation to data protection.

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

- Overall, people felt supported by staff who had a good understanding of their care and support needs and their personal preferences. This enabled them to provide personalised care, which considered people's individual needs and wishes.
- Comments included, "The Staff listen to my needs, like now, they are helping me to get more comfortable shoes" and "I'm well supported." One person was unhappy with aspects of the service and was being supported to address these issues.
- Staff promoted people's choices and control in making day to day decisions. For example, when they would like to get up, where they would like to spend their time and what they wanted to eat. One person was supported to run a small tuck shop at the home
- People had care plans in place which covered numerous areas and staff had been working on these to make improvements. The care plans would benefit from being more person centred in line with the detailed therapists plans in place. All care plans were regularly reviewed and updated as changes occurred.
- Each person had an "About me" document which detailed their history, what was important to them and how staff could support them. These were detailed, and person centred.
- Staff completed daily notes to record the care and support they had provided. Night time records were sometimes written during the early hours of the morning and therefore were not always fully reflective of the whole night. We discussed this with the registered manager.
- Staff understood the Accessible Information Standard. People's communication needs were identified and recorded in support plans.
- People were supported to undertake activities based on their interests. They were supported to go out into the community and had the use of a mini bus. People told us, "I do get to do the things that I enjoy" ; "There is regular entertainment and I go to pottery classes which I really enjoy "and "There are things to do if you want to, here. There's a gym and they have events on."
- The provider employed an activities coordinator and numerous activities were advertised for people to take part in, such as arts and crafts, reading groups and Karaoke. A music therapist visited the home on a regular basis. We saw staff were available to support people, for example people were enjoying a game of scrabble.

Improving care quality in response to complaints or concerns

- A system was in place to promote, manage and respond to complaints or concerns raised. Records showed action had been taken to investigate complaints and concerns.
- People knew how to raise any concerns or complaints, they said, "If I wasn't happy, I'd complain, but in the main, its okay here" and "I haven't complained about anything. I get on with the staff and I feel happy here, but I would definitely complain if I had to."

- There was effective communication with people's relatives who were able to raise any queries or concerns directly with the management team

End of life care and support

- People had end of life care plans in place where required. These detailed the support people required and any additional wishes that they would like to be respected at the end of their life.

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

During the previous inspection we found systems to monitor the quality of service has been ineffective and the provider was in breach of regulations. At this inspection we found that the required improvements had been made.

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 with openness; and how the provider understands and acts on their duty of candour responsibility

- Since the last inspection the registered provider and management team had focused on an action plan to make the necessary improvements.
- Staff were positive about the management of the service. They told us there had been improvements and they all worked well together as a team
- Staff told us the management team were supportive and approachable. They felt able to raise any concerns or issues.
- People and relatives knew who the registered manager was and told us they were visible around the home and available when needed.
- Were there had been staff performance issues, we saw managers had followed appropriate procedures to address these concerns.

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

- A range of systems were used to monitor and evaluate the quality of the service provided. For example, this included various audits, such as health and safety, infection control, accidents and incidents, and medicines. Where issues had been identified, an action plan had been put in place and signed off when completed.
- The regional manager and quality team also carried out regular audits. A recent audit had been carried out in the style of a CQC inspection. Some issues were highlighted including the completion of records. Certain actions had already been addressed and feedback was shared with the staff team to make the necessary improvements.
- The registered manager demonstrated a good understanding of their regulatory requirements and had provided us with notifications about important events and incidents that occurred at the home.
- There was an organised system in place to ensure staff were clear about their daily responsibilities.

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

- The registered manager was thinking about introducing a "resident of the day" approach to ensure that all

aspects of their care were reviewed by the full staff team on a regular basis. They planned to take this idea to the next staff and residents' meetings to consult with people and staff.

- Relatives were supported to be involved and we saw the psychologist had offered training to relatives to support their knowledge and understanding.
- People and views were sought about the service through an annual survey, regular meetings and a suggestion box.
- Various functions and events during the year were held where relatives were invited, which enabled them to provide informal feedback.
- The service worked well with other agencies such as the local authority to help achieve good outcomes for people.

Continuous learning and improving care

- Throughout the organisation home managers met on a regular basis to share knowledge and learning.
- The provider ensured policies and procedures were in place and kept under review.
- A new electronic system around quality assurance and audits was being introduced.