

Chartwell Care Services Limited

Sheringham House

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Sheringham House is a care home registered to provide accommodation and support with personal care for up to five people with mental health needs, learning disabilities and autistic people. At the time of the inspection, one person was living at the home. The home has adapted facilities and en suite rooms.

People's experience of using this service and what we found

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, Right care, Right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

At the time of the inspection, the location did not care or support for anyone with a learning disability or an autistic person. However, we assessed the care provision under Right support, Right care, Right culture, as it is registered as a specialist service for this population group.

The service was able to demonstrate how they were meeting the underpinning principles of Right support, Right care, Right culture.

Right support:

People had control of how their care and support was arranged. People were supported to integrate into the local community and be as independent as possible. They were supported to achieve positive outcomes and one person had recently secured a move to more independent accommodation. They were unable to speak with us because they were in the process of moving.

Right care:

Staff ensured people's dignity, privacy and human rights were respected. People received care and support that was personalised for their needs.

Right culture:

The values and attitudes of staff and managers in the home enabled people to be as independent as possible and feel empowered in their daily lives.

The provider had carried out improvements to the premises following our previous inspection, to ensure the home was safe and secure. Systems were in place to protect people from the risk of abuse. Risks to people's health were assessed so staff could support them safely. Medicines were administered safely to people. Processes to assess people's needs to determine the home was suitable for them were more robust.

The provider recruited staff appropriately and checked they were suitable to work with people. There were

enough staff working in the home to support people. Systems were in place to prevent and control infections. Lessons were learned following accidents and incidents in the home.

Staff were trained to carry out their roles and received support with their continuous development. People were supported to maintain a balanced diet and their nutritional needs were monitored. People were supported to attend health appointments with professionals to help maintain their health.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People pursued their interests and were supported to avoid social isolation. Systems were in place to manage complaints. People's communication needs were met. Feedback was sought from people to help make continuous improvements to the home.

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

Rating at last inspection

The last rating for this service was Requires Improvement (published 4 August 2021) and there were breaches of regulation. We issued Warning Notices to the provider for breaches of Regulation 15 (Premises and equipment), Regulation 9 (Person-centred care) and Regulation 17 (Good governance). A requirement notice was issued for breach of Regulation 10 (Dignity and respect).

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Sheringham 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Sheringham House is a care home. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

The inspection was announced. We gave the provider 48 hours' notice of the inspection. This was because the service is small and we wanted to be sure the provider or registered manager would be available to support the inspection.

What we did before the inspection

We reviewed the information we already held about the service. This included the last inspection report and notifications. A notification is information about important events, which the provider is required to tell us about by law.

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We used all of this information to plan our inspection.

During the inspection

During the inspection, we spoke with the registered manager and four care and support staff. We were unable to speak with people because the person in the service was not at home and was in the process of moving. We spoke with their relative by telephone for their feedback.

We reviewed documents and records that related to people's care and the management of the service. We reviewed one care plan, which included initial assessments and risk assessments. We looked at other documents such as medicine records, staff training and recruitment records and premises and infection control checks. After the inspection, we continued to collate and validate evidence found.

Is the service safe?

Our findings

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

At the last inspection this key question was rated Inadequate. At this inspection this key question has changed to Good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At our last inspection the provider was not taking action to carry out essential repairs to maintain the security of the premises. This was a breach of regulation 15 (Premises and equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 15.

- At our last inspection on 9 June 2021, we found people and staff were exposed to security and safety risks. Repair and maintenance work had not been carried out by the provider, despite requests from staff for maintenance contractors to attend. We found the front and back door locks were damaged or broken and the fire alarm system was faulty. The provider was contracting maintenance professionals from near the provider's head office in Leicester to attend the home. However, this arrangement did not work due to the distance, and led to repairs not being carried out.
- By the time of this inspection, these issues had been resolved. The provider had carried out essential repairs and there was a regular maintenance contractor who helped maintain the safety of the home. The provider had sourced a local contractor who could attend the home at short notice and when needed.
- The registered manager confirmed the new arrangements for maintenance of the home was much improved and there were no longer any issues. We inspected the premises and found the home to be well maintained. The maintenance contractor was at the home on the day of our inspection because there were ongoing repair works in progress.
- Gas, water, fire alarm and electrical installations had been serviced by professionals to ensure the premises was safe for people. The management team were able to carry out regular fire alarm tests and drills. People had a personal evacuation plan, in the event of a fire or other emergency, that set out how to evacuate them safely out of the home.
- Risks associated with people's health and support needs were assessed so people could be supported safely.
- Risk assessments were developed for people and contained guidance for staff on how to control and mitigate these risks from occurring. These included risks relating to people's nutrition, personal care and triggers that could negatively affect the person's mood or feelings. Other risks that were assessed included health conditions such as epilepsy, and environmental risks when people were out in the community, such as crossing the road and being wary of strangers.
- Staff told us risk assessments were helpful and gave them an understanding of people's needs and how to support them safely.

Using medicines safely

- Medicines were managed safely in the home. At our last inspection, we made a recommendation for the provider to seek guidance on maintaining and controlling the room temperature where medicines were stored, because it was sometimes exceeding the recommended maximum temperature limit for medicines.
- At this inspection, we saw action was taken and there were more effective temperature control systems in place. A ventilator was installed for air flow and records showed the room temperature was being maintained at or below the maximum temperature of 25 degrees.
- Records showed people were supported to take their medicines safely and as prescribed. Medicine Administration Records (MAR) were completed by staff after they administered medicines.
- Risks relating to people's medicines were set out within people's medicine files to make staff aware of possible side effects. There were protocols for medicines that were used as and when required, such as painkillers. We noted the protocols had not been reviewed for some time. The registered manager told us they would ensure reviews took place monthly, as required in the provider's medicine policy.
- The provider followed the principles of STOMP (Stop over medicating people with learning disabilities) and ensured people's behaviour was not controlled by excessive and inappropriate use of medicines.
- Staff had been trained in medicines and their competency and understanding of procedures for the safe handling of medicines was assessed.
- The registered manager completed audits of medicines to check people had received the correct medicines and for any errors or gaps in records.

Preventing and controlling infection

- At our last inspection, we were not assured that the provider was promoting safety through the layout and hygiene practices of the premises due to the security issues we found and the risk of dust and debris coming into the home.
- At this inspection we were now assured safety was being promoted through the layout and hygiene practices of the home. However, we recommended the provider look into displaying more handwashing and PPE (Personal Protective Equipment) signage in bathrooms.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- The provider was facilitating visits for people living in the home in accordance with the current guidance.

Systems and processes to safeguard people from the risk of abuse

- Systems to protect people from the risk of abuse were in place. The provider had implemented safeguarding procedures for the home to ensure abuse was identified and reported. A relative said, "[Family member] is OK. They're kept safe."
- Staff had received training in safeguarding people from abuse. Staff told us the procedures they would follow should they identify people at risk.
- Staff were aware of their right to whistle-blow to external agencies such as the local authority or the police, if they were unable to report concerns about people's safety to the provider.

Staffing and recruitment

- There were suitable numbers of staff in the home to support people and maintain people's safety.
- We looked at the staff rota which confirmed which staff and how many staff were allocated to each shift during the week. A staff member told us, "We have enough staff, there are no issues with this."
- The provider was able to allocate additional staff where needed, for example if people required two staff to support them at all times or when they went out.
- Staff were recruited safely. The provider carried out criminal background checks, sought references and obtained proof of identify and eligibility to work of new staff they employed.

Learning lessons when things go wrong

- There was a procedure for accidents and incidents in the home to be recorded and reviewed.
- Action was taken by staff and managers to keep people safe. Lessons were learned to identify if things could have been done better and to help prevent a repeat of the incident. For example, a person had missed taking their prescribed medicine due to feeling angry and emotional. A review of the incident took place.

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.

At the last inspection this key question was rated Requires improvement. At this inspection this key question has changed to Good. This meant 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

At our last inspection the provider was not effectively assessing people's needs prior to their admission into the home to determine if the home would be suitable and staff would be able to support their needs. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- At our last inspection we found a person was admitted to stay in the home but staff were unable to meet their needs. The pre-admission assessment of the person and their needs was not appropriate because they were not suitable for the home and put other people and staff at risk.
- There had been no new admissions of people after our last inspection. However, the registered manager told us they were confident people's needs would be assessed more thoroughly in future and the provider had learned lessons.
- The provider's procedure for pre-admission assessments included people's needs and choices. Their histories, backgrounds, mental health, physical health and equality needs would all be assessed.
- The provider had reviewed their policy following our last inspection. The procedure set out some conditions for admitting people such as assessing that the home had the resources, capacity and skills to meet the person's needs to avoid the placement breaking down at a later stage. We were assured the provider would carry out more thorough assessments of people's needs in future.

Staff support: induction, training, skills and experience

- Training was provided to staff to give them the skills to support people safely. Training topics included safeguarding adults, infection prevention and control, medicine administration, equality, restraint techniques and positive behaviour support.
- A training matrix showed staff had completed their training. Refresher training was provided to staff to help keep their skills up to date. A staff member told us, "The training was very good. Very thorough and helpful."
- Staff were supported in their roles and had opportunities to discuss their work, their performance and any problems in supervision meetings and annual appraisals with the registered manager.
- Staff told us the registered manager was approachable and helpful. A staff member said, "[Registered

manager] is very supportive and I've learned a lot from them."

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

- People were supported to have food and drink of their choosing and maintain a balanced diet. Their nutritional requirements and risks were assessed and monitored.
- Some people had cultural or religious requirements, for example, they needed food that was permissible according to their religion. This was provided and prepared for people by staff.
- Fresh fruit and vegetables were available for people to encourage them to eat healthily. Food was stored safely and checked to ensure they did not exceed the recommended use by dates.

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

- People were supported to maintain their health and were able to register with health services such as the local GP, dentist and other services that were relevant to them. People's oral health was monitored so they could maintain healthy teeth and gums.
- Care plans included the contact details of health professionals or agencies involved in their care. They included health action plans which contained important information about the person for staff and health professionals to follow.
- Records showed people attended health care appointments and annual health check ups. Staff told us they could identify if people were not well and knew what action to take in an emergency.
- Staff worked jointly with social care professionals such as mental health and learning disability social workers to ensure people continued to receive the right type of care and support for their needs.

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 when this is in their best interests and legally authorised under the MCA. 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.

- People's ability to consent to decisions made about their care was assessed.
- Staff understood the principles of the MCA and told us they asked for people's consent at all times before providing them with support.
- Where applicable, the provider had ensured authorisations for DoLS were in place for people whose liberty was being deprived.

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

- Sheringham House is located in a residential area and there were no obvious signs it was a care home. The local town was accessible for shops and services.
- The home was designed and decorated to help meet the needs of people with learning disabilities and autistic people.
- There had been improvements in the upkeep of the home and there were further plans for redecorating. There was a games room and sensory room for stimulation and activities.

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.

At the last inspection this key question was rated Requires improvement. At this inspection this key question has changed to Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

At our last inspection the provider was not promoting or respecting people's privacy and dignity. This was a breach of regulation 10 (Dignity and respect) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 10.

- At our last inspection people's privacy and dignity was not respected because windows in some parts of the home did not have blinds or curtains fitted.
- At this inspection, we saw this had been rectified and blinds were in place on all the windows.
- We found some windows in people's rooms had an opaque screen fitted on them. We questioned the purpose of it because it meant people would not be able to look outside of the window and there would be less natural light. The registered manager and maintenance contractor told us the screen was removable and was intended for extra privacy. However, the person would be able to choose if they wanted it or not.
- Staff told us they made sure doors were closed when people required privacy. If people wished to be left alone, staff told us this was respected.
- Care plans contained information about people's levels of independence and daily living skills. For example, tending to their own personal care and hygiene. People were encouraged to go about their daily lives as much as they could. A staff member said, "I promote independence and [person] is able to do most things for themselves."
- Staff told us they understood the home's confidentiality policy and did not put people's personal information at risk.

Ensuring people are well treated and supported; equality and diversity

- People were well treated and supported. Staff told us they had got to know people well and understood how to support them in accordance with their needs. Relatives told us the staff were kind and caring. A relative told us, "The staff have been respectful to [family member]."
- Staff understood equality and diversity and were aware of how to not discriminate against people. Staff told us they respected people's beliefs. A staff member said, "I am respectful of all people. I would not discriminate a person based on their sexuality, race or religion."
- People's sexuality, religious and cultural needs were recorded in their care plans. Staff told us they

supported people to explore their sexual needs or practice their religion or cultural beliefs.

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

- People were supported to express their views and make decisions for themselves. They and their relatives were involved in decisions about their care.
- Keyworker meetings were held with people to review their progress and talk about anything they wanted. A key worker, is a member of staff allocated to work with the person closely and update their care plan.
- People were supported to express their thoughts and provide feedback to staff. A staff member said, "It is very important to listen to people and hear what they have to say."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated Requires improvement. At this inspection this key question has changed to Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences.

- At our last inspection, we found systems for providing person-centred care required some further work to ensure the care and support people received was appropriate, met their needs and reflected their preferences. At this inspection, we found these systems were more effective.
- People received support that was person-centred. They had choice and control of how they wished to receive their care and support. They discussed their goals with staff and what they wanted to achieve.
- People had a care plan which included details of their background, personal history, their learning disabilities or mental health needs, their interests and preferences.
- Care plans were personalised and contained information about what was important to the person, for example people's religion and their personal possessions.
- People were supported to achieve positive outcomes, for example improving their health and wellbeing and developing their education and social skills. At the time of our inspection, the person staying in the home had told the provider they wished to move on to more independent living nearer their family. Arrangements had already been made with professionals to help facilitate this. This showed how the provider was able to support people to achieve their goals and respect their wishes.
- People were supported to lead independent lives and staff understood their habits, behaviours and routines. Staff communicated with each other to ensure people received the support they needed. A staff member said, "The care plans were very helpful. It helped me understand [person] and I get on really well with them. I have enjoyed working with [person] and supporting them."
- Handover meetings took place between shifts so staff could update incoming staff of how people were and to report on actions that required following up.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them.

- People were supported to pursue their interests and daily routines, such as going out, walking, shopping, watching films, sensory activities, listening to music and travelling on public transport.
- People were able to use the internet safely in the home and were also supported with their education, as some people attended college on certain days.
- People were supported to maintain relationships with family and friends to avoid social isolation. They were able to have visitors and keep in regular contact with them by telephone or video call.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are

given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication abilities were set out in their care and support plans. Staff told us there were no issues with communication, as the person they supported could communicate clearly.
- The provider ensured information was made available to people in easy read formats to help them understand what the information was trying to say, such as understanding how to report abuse or make a complaint.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure for the home should people wish to make a complaint if they were not happy with something.
- There had been no formal complaints about the home since it became registered with the CQC, although relatives told us they were able to contact the home or the provider to discuss issues and concerns. A relative said, "I was not happy about some things but the company helped me look into things and kept in contact with me and updated me." Records showed that concerns were looked into and resolved.
- The registered manager told us complaints would be investigated fully and people would receive an outcome for their complaint should they arise in future.

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.

At the last inspection this key question was rated Requires improvement. At this inspection this key question has changed to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At our last inspection the provider did not have effective systems to assess, monitor and improve the quality and safety of the service and to mitigate the risks relating to the health, safety and welfare of people. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Systems to manage the quality and safety of the home were in place and improvements had been made following our last inspection. The provider had resolved the security and safety issues which had meant the premises were not safe.
- There was now a clear line of communication between staff, contractors and the provider to ensure matters arising from maintenance issues were dealt with promptly. The registered manager told us, "It's much better. Things are getting sorted out now as we have [maintenance contractor] who keeps in regular contact and comes when we need them. We really just want to move on and get the service going again. I love my job here and I have a great team."
- The registered manager told us they received continual support from the regional manager and nominated individual, who was responsible for supervising the management of the home on behalf of the provider.
- The registered manager carried out regular audits and checks of the premises and of records. We reviewed audits of medicines, health and safety checks, maintenance checks, staff training and care records which were up to date. This demonstrated the registered manager had an understanding of regulatory requirements.
- An action plan was used by the registered manager to monitor progress against targets they wanted the home to achieve such as maintaining the garden to make it more comfortable and homely. They monitored the quality of the service to drive continuous improvements.
- Staff told us they were clear about their roles and responsibilities. They felt supported and encouraged by the management team.
- Relatives we spoke with were positive about the home and staff. A relative said, "They are good, they are ok. They try to sort things out for [family member] and are nice and helpful."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people;

- Records showed people received support to help them achieve positive outcomes.
- Staff were very positive about the registered manager and told us there was an open culture. One staff member told us, "[Registered manager] is excellent, really friendly and supportive. I enjoy working at Sheringham House and with the service users."

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

- People were engaged with and their views were listened to. They met with staff to discuss what was important to them. They and their relatives were kept informed and updated on any changes.
- Staff meetings were used to share important information and discuss any concerns. The staff discussed topics such as safeguarding, staffing arrangements, people's care needs and learning from incidents.
- People's equality characteristics were considered and recorded.
- The provider sent out surveys and questionnaires to people, relatives, staff and professionals for their feedback about the home. We saw that all comments were positive.
- Compliments were also received. One relative had written, "Thank you so much for looking after [family member]. You have been patient and lovely to talk to. You have done a brilliant job and work really hard." A social care professional had written, "Brilliant visit to Sheringham House. Staff were extremely welcoming. I look forward to my next visit to see [person]."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider and registered manager were aware of their legal responsibility to notify the Care Quality Commission of any allegations of abuse, serious injuries or incidents involving the police.
- The registered manager was open and transparent to people and relatives when things went wrong.

Working in partnership with others:

- The provider worked well with other social care agencies and professionals such as Child and Adolescent Mental Health Services and local Learning Disability Teams to help support people with learning disabilities, mental health needs and autistic people.
- The provider had established links with other services and with local colleges that people attended. The provider kept up to date with new developments in the care sector and shared best practice ideas.