

Sheridan Care Limited

Honeysuckle 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

This inspection visit took place on 17 May 2016 and was unannounced.

At the last inspection on 14 November 2013 the service was meeting the requirements of the regulations that were inspected at that time.

Honeysuckle House is registered for the regulated activity providing accommodation for persons who require nursing or personal care. The service can accommodate a maximum of twenty five older people of whose primary care needs are those of persons who live with dementia. The communal space provides two lounges and a large dining room. There is a small parking area for visitors at the front of the building. The home is situated in close proximity of Blackpool promenade and local facilities such as shops, tram routes and other community facilities. At the time of our inspection visit there were 24 people who lived at the home.

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We found the registered manager had systems in place to record safeguarding concerns, accidents and incidents and take necessary action as required. Staff had received safeguarding training and understood their responsibilities to report unsafe care or abusive practices.

The registered manager understood the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). This meant they were working within the law to support people who may lack capacity to make their own decisions.

The environment was maintained, clean and hygienic when we visited. No offensive odours were observed by the inspector. Hand sanitiser dispensers were prominently placed around the home for the use of staff involved in the delivery of personal care.

We found recruitment procedures were safe with appropriate checks undertaken before new staff members commenced their employment. Staff spoken with and records seen confirmed a structured induction training and development programme was in place.

Staff received regular training and were knowledgeable about their roles and responsibilities. They had the skills, knowledge and experience required to support people with their care and support needs.

We found sufficient staffing levels were in place to provide support people required. We saw staff members could undertake tasks supporting people without feeling rushed. One person visiting the home said, "Always

plenty of staff on duty when I visit. They are always available if you need them."

We found equipment used by staff to support people had been maintained and serviced to ensure they were safe for use.

Care plans were organised and had identified the care and support people required. We found they were informative about care people had received. They had been kept under review and updated when necessary to reflect people's changing needs.

We found people had access to healthcare professionals and their healthcare needs were met. One person visiting the home said, "They are very quick to get the doctor if [relative] is unwell. Always up date so I know what is going on."

We found medication procedures at the home were safe. Staff responsible for the administration of medicines had received training to ensure they had the competency and skills required. Medicines were safely kept with appropriate arrangements for storing in place.

People were happy with the variety and choice of meals available to them. Regular snacks and drinks were provided between meals to ensure people received adequate nutrition and hydration. The cook had information about people's dietary needs and these were being met.

People visiting the home told us they were happy with their relatives care. One person said, "[Relative] came to stay here on respite care and loved it so much they wouldn't go home. I visit every day and have no concerns about anything."

We saw people were happy with the activities arranged to keep them entertained. These were arranged both individually and in groups.

The service had a complaints procedure which was made available to people on their admission to the home. People we spoke with told us they were happy and had no complaints.

The registered manager used a variety of methods to assess and monitor the quality of the service. These included satisfaction surveys and care reviews. We found people were satisfied with the service they received.

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.

The service had procedures in place to protect people from abuse and unsafe care.

Staffing levels were sufficient with an appropriate skill mix to meet the needs of people who lived at the home. The deployment of staff was well managed providing people with support to meet their needs. Recruitment procedures the service had in place were safe.

Assessments were undertaken of risks to people who lived at the home and staff. Written plans were in place to manage these risks. There were processes for recording accidents and incidents.

People were protected against the risks associated with unsafe use and management of medicines. This was because medicines were managed safely.

Is the service effective?

Good ●

The service was effective.

People were supported by staff who were sufficiently skilled and experienced to support them to have a good quality of life.

People received a choice of suitable and nutritious meals and drinks in sufficient quantities to meet their needs.

The registered manager was aware of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguard (DoLS). They had knowledge of the process to follow.

Is the service caring?

Good ●

The service was caring.

People were able to make decisions for themselves and be involved in planning their own care.

We observed people were supported by caring and attentive staff who showed patience and compassion to the people in their care.

Staff undertaking their daily duties were observed respecting people's privacy and dignity.

Is the service responsive?

Good ●

The service was responsive.

People participated in a range of activities which kept them entertained.

People's care plans had been developed with them to identify what support they required and how they would like this to be provided.

People told us they knew their comments and complaints would be listened to and acted on effectively.

Is the service well-led?

Good ●

The service was well led.

Systems and procedures were in place to monitor and assess the quality of service people received.

The registered manager had clear lines of responsibility and accountability. Staff understood their role and were committed to providing a good standard of support for people in their care.

A range of audits were in place to monitor the health, safety and welfare of people who lived at the home. Quality assurance was checked upon and action was taken to make improvements, where applicable.

Honeysuckle 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 checked 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 17 May 2016 and was unannounced.

The inspection team consisted of an adult social care inspector.

Before our inspection on 17 May 2016 we reviewed the information we held on the service. This included notifications we had received from the provider, about incidents that affect the health, safety and welfare of people who lived at the home and previous inspection reports. We also checked to see if any information concerning the care and welfare of people who lived at the home had been received.

We spoke with a range of people about the service. They included the registered manager, deputy manager, four staff members, two people who lived at the home and four people visiting the home. Prior to our inspection we spoke to the commissioning department at the local authority and Healthwatch Blackpool. Healthwatch Blackpool is an independent consumer champion for health and social care. This helped us to gain a balanced overview of what people experienced accessing the service.

During our inspection we used a method called Short Observational Framework for Inspection (SOFI). This involved observing staff interactions with the people in their care. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We looked at the care records of three people, training and supervision records of four staff, arrangements for meal provision, records relating to the management of the home and the medication records of four people. We reviewed the services recruitment procedures and checked staffing levels. We also checked the building to ensure it was clean, hygienic and a safe place for people to live.

Is the service safe?

Our findings

People we spoke with us told they felt safe when supported with their care. Observations made during our inspection visit showed they were comfortable in the company of staff supporting them. One person who lived at the home said, "I like living here and feel safe." One person visiting the home told us they had no concerns about their relatives care. The person said, "I visit every day and have no concerns about the safety of [relative]. I watch and listen during my visits and have never seen anything but kind and caring staff. Another person visiting the home said, "I am perfectly happy that [relative] is safe and well cared for. The staff always make me welcome and I look forward to visiting."

We looked around the home and found it was clean, tidy and maintained. No offensive odours were observed by the inspector. We observed staff making appropriate use of personal protective clothing such as disposable gloves and aprons. Hand sanitising gel and hand washing facilities were available around the building. These were observed being used by staff undertaking their duties.

We found equipment had been serviced and maintained as required. Records were available confirming gas appliances and electrical equipment complied with statutory requirements and were safe for use. Equipment including moving and handling equipment (hoist and slings) were safe for use. We observed they were clean and stored appropriately, not blocking corridors or being a trip/fall hazard. The fire alarm and fire doors had been regularly checked to confirm they were working. We found windows were restricted to ensure the safety of people who lived at the home. We checked a sample of water temperatures and found these were delivering water at a safe temperature in line with health and safety guidelines. Call bells were positioned in rooms close to hand so people were able to summon help when they needed to.

Records were kept of incidents and accidents. Details of incidents looked at demonstrated action had been taken by staff following events that had happened.

The registered manager had procedures in place to minimise the potential risk of abuse or unsafe care. Records seen confirmed the registered manager and staff had received safeguarding vulnerable adults training. The staff members we spoke with understood what types of abuse and examples of poor care people might experience.

There had been no safeguarding concerns raised with the local authority regarding poor care or abusive practices at the home since our last inspection. Discussion with the registered manager confirmed they had an understanding of safeguarding procedures. This included when to make a referral to the local authority for a safeguarding investigation. The registered manager was also aware of their responsibility to inform the Care Quality Commission (CQC) about any incidents in a timely manner. This meant that we would receive information about the service when we should do.

Staff spoken with told us they had received mandatory moving and handling training and they felt competent when using moving and handling equipment. We observed staff assisting people with mobility problems in the lounge. We saw people were assisted safely and appropriate moving and handling

techniques were used. The techniques we saw helped staff to prevent or minimise the risk of injury to themselves and the person they supported.

We looked at the services recruitment procedures. We found relevant checks had been made before three new staff commenced their employment. These included Disclosure and Barring Service checks (DBS), and references. These checks were required to identify if people were safe to work with vulnerable people. References had been requested from previous employers to provide satisfactory evidence about their conduct in previous employment. These checks were required to ensure new staff were suitable for the role for which they had been employed.

We looked at the services duty rota, observed care practices and spoke with people supported with their care and their visitors. We found staffing levels were suitable with an appropriate skill mix to meet the needs of people who used the service. We saw the deployment of staff throughout the day was organised. People who required support with their personal care needs received this in a timely and unhurried way. The atmosphere in the home was calm and relaxed and we saw staff engaged with people they supported in conversation. One person visiting the home said, "Never been an issue with staff not being available when I visit. The atmosphere in the home is very calm and staff take their time when dealing with people."

Care plans seen had risk assessments completed to identify the potential risk of accidents and harm to staff and the people in their care. The risk assessments we saw provided instructions for staff members when delivering their support. We also saw the registered manager had undertaken assessments of the environment and any equipment staff used when they supported people. Where potential risks had been identified the action taken by the service had been recorded.

We looked at how medicines were prepared and administered. Medicines had been ordered appropriately, checked on receipt into the home, given as prescribed and stored and disposed of correctly. The registered manager had audits in place to monitor medicines procedures. This meant systems were in place to check that people had received their medicines as prescribed. The audits confirmed medicines had been ordered when required and records reflected the support people had received with the administration of their medication.

We observed one staff member administering medicines during the lunch time round. We saw the medicines cabinet was locked securely whilst attending each person. People were sensitively assisted as required and medicines were signed for after they had been administered. The staff member informed people they were being given their medicines and where required prompts were given.

Is the service effective?

Our findings

People received effective care because they were supported by an established and trained staff team who had a good understanding of their needs. Our observations confirmed the atmosphere was relaxed and people had freedom of movement. We saw people had unrestrictive movement around the home and could go to their rooms if that was their choice. We saw people visiting the home were made welcome by staff and updated about their relative's welfare. One person visiting the home said, "Always informed about [relatives] health and welfare when I visit. I know when the doctor has visited and what they have said."

We spoke with four staff members and looked at the training matrix. The staff members we spoke with said they were happy with their training. One staff member said, "I had a thorough induction when I came to work here and have completed lots of training since. The training is very good."

Records seen confirmed staff training covered safeguarding, moving and handling, fire safety, first aid and health and safety. Staff had received dementia care training and were knowledgeable about how to support people who lived with dementia. Senior staff responsible for administering people's medicines had received medication training and had been assessed as competent. All staff had achieved or were working towards national care qualifications. This ensured people were supported by staff who had the right competencies, knowledge, qualifications and skills.

Discussion with staff and observation of records confirmed they received supervision from the registered manager. These are one to one meetings held on a formal basis with their line manager. Staff told us they felt well supported by the registered manager and valued their supervision sessions. One staff member said, "This is a great place to work. I have been so well supported since I came to work here." Another staff member said, "We get good feedback during supervision about our performance, what we are doing well and where we could to improve. We can also discuss our training and personal development needs."

On the day of our inspection visit we saw breakfast was served to meet the individual preferences for each person. There was no set time and people were given breakfast as they got up. We noted a variety of cereals and drinks were on offer along with a cooked breakfast of bacon and egg. The staff we spoke with understood the importance for people in their care to be encouraged to eat their meals and take regular drinks to keep them hydrated. Snacks and drinks were offered to people between meals including tea and milky drinks with biscuits.

The service operated a three week summer and winter menu. Choices provided on the day of our inspection visit included Spanish chicken, sliced potatoes in cheese, mixed vegetables followed by cheese cake, fresh fruit and cream. A variety of alternative meals were available and people with special dietary needs had these met. These included four people having their diabetes controlled through their diet, two people on a low calorie diet and two vegetarians. Seven people required a soft diet as they experienced swallowing difficulties.

We saw lunch was a relaxed and social experience with people talking amongst each other whilst eating

their meal. We observed different portion sizes were provided as requested. We saw most people were able to eat independently and required no assistance with their meal. Staff did not rush people allowing them sufficient time to eat and enjoy their meal. People who did require assistance with their meal were offered encouragement and helped to feed or prompted sensitively. Drinks were provided and offers of additional drinks and meals were made where appropriate. The support staff provided people with their meals was organised and well managed.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The registered manager understood the requirements of the Mental Capacity Act (2005). This meant they were working within the law to support people who may lack capacity to make their own decisions. When we undertook this inspection the registered manager had completed a number of applications to request the local authority to undertake (DoLS) assessments for people who lived at the home. This was because they had been assessed as being at risk if they left the home without an escort.

People's healthcare needs were carefully monitored and discussed with the person as part of the care planning process. Care records seen confirmed visits to and from General Practitioners (GP's) and other healthcare professionals had been recorded. The records were informative and had documented the reason for the visit and what the outcome had been. This confirmed good communication protocols were in place for people to receive continuity with their healthcare needs.

Is the service caring?

Our findings

Although a number of people had limited verbal communication because they lived with dementia, we were able to speak with two people who lived at the home. We also spoke with four visitors. One person who lived at the home said, "I like it here the staff are nice." A visiting relative said, "[Relative] came to stay here on respite care and loved it so much they wouldn't go home. They look amazing, years younger. They are getting great care and absolutely love the staff." Another relative said, "We looked around nine homes and were becoming disillusioned before we found this one. The atmosphere was calm, relaxed and we saw the staff were polite and caring."

During our inspection visit we carried out our Short Observational Framework for Inspection (SOFI) observations. We saw staff were caring and treated people with dignity. Throughout lunch we saw positive interactions between staff and the people they supported. We noted people appeared relaxed and comfortable in the company of staff. People we spoke with during our observations told us they received the best possible care.

Staff we spoke with were knowledgeable about people's individual needs and how they should be met. They said care plans were easy to follow so they always knew what people's needs were. This meant staff knew the people they were caring for and had the knowledge and understanding of the support people required.

We observed routines within the home were relaxed and arranged around people's individual and collective needs. We saw they were provided with the choice of spending time on their own or in the lounge area. We observed staff enquiring about people's comfort and welfare throughout the inspection visit. Throughout the inspection visit we saw staff responded promptly if people required any assistance. For example we saw staff assisting people requesting to go to the toilet. Staff were patient and did not rush people allowing them to get there at their own pace.

We looked at care records of three people. We saw evidence they or a family member had been involved with and were at the centre of developing their care plans. The plans contained information about people's current needs as well as their wishes and preferences. Daily records completed were up to date and well maintained. These described the daily support people received and the activities they had undertaken. The records were informative and enabled us to identify staff supported people with their daily routines. We saw evidence to demonstrate people's care plans were reviewed and updated on a regular basis. This ensured staff had up to date information about people's needs.

The service had policies in place in relation to privacy and dignity. Staff spoken with had an appreciation of people's individual needs around privacy and dignity. We observed they spoke with people in a respectful way, giving people time to understand and reply. We observed staff demonstrated compassion towards people in their care and treated them with respect.

We spoke with the registered manager about access to advocacy services should people require their guidance and support. The registered manager had information details that could be provided to people

and their families if this was required. This ensured people's interests would be represented and they could access appropriate services outside of the service to act on their behalf if needed.

Before our inspection visit we received information from external agencies about the service. They included the commissioning department at the local authority and Healthwatch Blackpool. Links with these external agencies were good and we received some positive feedback from them.

Is the service responsive?

Our findings

We spoke with family members of two people who lived at the home. They told us their relative received a personalised care service which was responsive to their care needs. They told us the care their relative received was focussed on them. One person said, "[Relative] had a full assessment of their needs prior to moving into the home and I was involved in that process. We discussed in detail the support required and how this would be delivered. I haven't been disappointed."

We looked at care records of three people to see if their needs had been assessed and consistently met. The care plans had been developed where possible with each person identifying what support they required and how they would like this to be provided. People who had been unable to participate in the care planning process had been represented by a family member or advocate.

The care records we looked at were informative and enabled us to identify how staff supported people with their daily routines and personal care needs. People's likes, dislikes, choices and preferences for their daily routine had been recorded. We found care plans were flexible, regularly reviewed for their effectiveness and changed in recognition of the changing needs of the person. Personal care tasks had been recorded along with fluid and nutritional intake where required. People were having their weight monitored regularly. We saw where concerns had been identified with weight loss medical intervention had been sought. We also saw the nutritional support people required with their diet had been documented.

The service provided a variety of activities to keep people entertained. These were arranged both individually and in groups. The service had a designated activities room where a variety of activities including arts and crafts were held. We saw examples of people's paintings on display in the lounge/ dining room.

On the day of our inspection visit two quizzes were organised in both the morning and afternoon. People were observed actively participating in the quizzes and there was a great deal of laughter. Later in the afternoon two entertainers arrived and again this event was well attended. One person visiting the home said, "I visit every day and there is always something going on. When [relative] first moved into the home they wouldn't join in anything. They now attend everything. Singing and dancing, I can't believe they are the same person."

The service had a complaints procedure which was made available to people on their admission to the home. The procedure was clear in explaining how a complaint should be made and reassured people these would be responded to appropriately. Contact details for external organisations including social services and CQC had been provided should people wish to refer their concerns to those organisations.

People visiting the home told us they knew how to make a complaint if they were unhappy. One person said, "The complaints procedure is on display in the entrance hall for our attention. I really have nothing to complain about. [Relative] is very happy and so am I."

Is the service well-led?

Our findings

Comments received from staff and people who lived at the home were positive about the registered manager's leadership. Staff members spoken with said they were happy with the leadership arrangements in place and had no problems with the management of the service. They told us they were well supported, had regular team meetings and had their work appraised. One member of staff said, "It's the best home I have ever worked at. The manager is brilliant and a really nice and caring person."

Staff spoken with demonstrated they had a good understanding of their roles and responsibilities. Lines of accountability were clear and staff we spoken with stated they felt the registered manager worked with them and showed leadership. Staff told us they felt the service was well led and they got along well as a staff team and supported each other. People visiting the home told us the atmosphere was relaxed and calm. They said they were made welcome by friendly and polite staff when they visited. One person visiting said, "I am friends with the staff and will miss them when the day comes when I no longer need to visit."

The registered manager had procedures in place to monitor the quality of the service provided. Regular audits had been completed by the registered manager. These included monitoring the environment and equipment, maintenance of the building, reviewing care plan records and medication procedures. Any issues found on audits were acted upon and any lessons learnt to improve the service going forward.

Staff meetings had been held to discuss the service provided. We looked at minutes of the most recent team meeting and saw topics relevant to the running of the service had been discussed. These included training available to the staff team and the introduction of a staff survey. Staff spoken with confirmed they attended staff meetings and were encouraged to share their views about the service provided.

We found the registered manager had sought views of people about the service provided using variety of methods. These included family and staff surveys. We saw the results of the staff survey which had been generally positive. The service was still waiting for family members to return their completed survey.

We saw a sample of messages left by relatives of people who had lived at the home. Comments included, 'Many thanks for looking after [relative]. We really appreciate your care and attention.' And 'You have a very special gift of understanding and compassion which always leaves us feeling better after we have spoken with you.'

The service worked in partnership with other organisations to make sure they were following current practice and providing a good quality service. They were part of the Community Care Coordination Team Plan, which is cooperation between the service and the National Health Service (NHS) and the Clinical Commissioning Group (CCG). They also worked in partnership with the Care Home Support Team. Members of the Care Home Support Team are qualified senior healthcare professionals with district nursing experience employed by local NHS Trusts. Their aim is to work with the service to assist with care planning around management of risk of falls and monitoring of pressure ulcers. The team would look into the reason for any hospital admissions and undertake a root cause analysis if people had been admitted to hospital.

The team member would aim to find out reasons why people had been admitted to hospital and then feedback to the home and see if there were any gaps in the service.

The registered manager informed us she had found the Community Care Coordination Team Plan valuable. This was because it helped to reduce the need for people who lived at the home to be hospitalised.

Discussion with staff members confirmed there was a culture of openness in the home to enable them to question practice and suggest new ideas.

Legal obligations, including conditions of registration from CQC, and those placed on them by other external organisations were understood and met.