Barchester Healthcare Homes Limited

Sherwood Lodge

Inspection report

Sherwood Lodge Care Home
Sherwood Way,
Fulwood,
Preston,
Lancashire
PR2 9GA
01772 715 077

Date of inspection visit: 06 and 09 March 2015
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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

Overall summary

We inspected Sherwood Lodge on 06 and 09 March 2015. This was an unannounced inspection which meant the staff and provider did not know we would be visiting. Sherwood Lodge provided 24 hour personal care for 49 older people. Sherwood Lodge offered mainly single room accommodation but could offer shared accommodation if required. The home offered both short term and long term care. It was set in landscaped grounds shared with Sherwood Court, a large nursing home. The home was easily accessible by road and rail with frequent bus services. The service provider was registered to provide accommodation and personal care for 42 older people. The majority of the bedrooms had en suite facilities.

On 05 March 2015, we received information from the Local Authority Safeguarding Team that stated a whistle blower had raised concerns about the operation of the home to a visiting District Nurse. The alleged concerns included inadequate staffing levels; that people living at the home were potentially subject to rough handling

Summary of findings

from a staff member; and that people were made to get up very early against their will. On 06 March 2015, these allegations were investigated under the Local Authorities safeguarding procedures by a social worker and the police. The investigation is on-going.

The staff rota showed that there were enough competent staff on duty who had the right mix of skills to ensure that practice was safe. However, the information within the rota was not always clear. We recommend that the service consider current guidance and best practice in relation to document management and recording.

Staff at the home explained that as people living at the home now used various pieces of equipment such as walking aids and wheelchairs, this meant that the corridors and communal areas of the building sometimes got crowded with equipment. We recommend that the service provider consult national guidance and best practice relating to storage of equipment in care facilities.

Information contained within the care files showed that staff had considered some people's preferences and choices regarding end of life care. These had been recorded in most cases, and we saw that the person themselves had been involved in the discussions, and planning arrangements. We recommend that the service consider current guidance and best practice on end of life care.

People who used the service were protected from abuse because the provider had taken steps to minimise the risk of abuse. Decisions relating to people's care were taken in consultation with people who used the service, their next of kin and other healthcare professionals. This ensured their rights were protected.

Staffing levels were determined according to people's individual needs, and there were enough staff available at the service. We saw information within the rota to show that extra staff were provided where people's needs changed and when they required extra support. Staff received training that was relevant when supporting the needs of people living at the home. Staff were supported through good links with local community healthcare professionals. This ensured people who used the service received effective care and support relating to their healthcare and social care needs.

There was a relaxed atmosphere at the home. People told us they enjoy living there and their relatives told us that staff was supportive and approachable. People were able to take part in activities that they enjoy and receive support from the staff if required.

Staff members took into consideration the Mental Capacity Act (2005) for people who lacked capacity to make decisions. People's mental capacity was assessed and there was information available in the service for the staff that helped them support a person with fluctuating capacity. We observed consistent approaches from staff; with staff explaining to people before they undertook a care process, other staff gave the person information about the care and support they were in receipt of.

Where people who used the service lacked capacity to understand or make certain decisions relating to their care and treatment, where appropriate, best interest meetings were held which involved family members, independent mental capacity advocates, and social workers.

We looked at the systems relating to medicines management and saw that the records relating to medicines were accurate and up to date. People were supported to receive the correct medicines at the right time. Staff working at the home had received appropriate training in medication administration.

The service and staff respected and involved people in the care they received. Care plans showed the person's choices and personal preferences. The care planning process had involved the person or their relative when they were written, and their views were reflected in the plans. People told us they had input into the menus or activities at the home and we saw information within the menu and the care files to show that that the choice of meals was varied.

Staff were provided with support, induction, supervision, appraisal and training. The service had a system to manage and report accidents and incidents. When action plans were needed to monitor people's safety these were produced. The service had a quality assurance system and, where appropriate, governance systems in place.

There was a registered manager in place at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered

Summary of findings

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 last inspected this service on 08 July 2014 and the home was required to make improvements in relation the administration of medicines, care planning for new admissions and ensuring adequate staffing levels were in place to consistently meet people's assessed needs. We included the information and findings of the last inspection when planning and undertaking this inspection.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People using the service and their relatives told us they felt safe living at the home and they had no concerns.

Staff were aware of what steps they would take to protect people. People were not restricted in any way, where risks had been identified, staff supported people to make informed choices.

Medicines were managed effectively. People were supported to get the right medicine at the right time.

Is the service effective?

Good

The service was effective.

Staff completed relevant training to enable them to care for people effectively.

Staff were supervised regularly and felt well supported by their peers and the registered manager.

People were supported to maintain a balanced diet. Staff consulted with community healthcare professionals where people required a modified diet and extra support.

Where people using the service lacked capacity to understand certain decisions related to their care and treatment, best interest meetings would be held which involved family members, independent mental capacity advocates, and social workers.

Is the service caring?

Good

The service was caring.

We observed that people were treated with kindness and compassion when we observed staff interacting with people using the service.

We saw that the staff supported people to take part in individualised activities that promoted their independence.

People were involved in decision making about how they wanted to spend their time and the places they wanted to visit.

Is the service responsive?

Good

The service was responsive.

People using the service led active social lives that were individual to their needs.

People had their individual needs assessed and consistently met.

Care plans were person centered and staff were aware of people's choices, likes and dislikes which meant that care was provided in a person centered way.

There was an open culture at the home and staff told us they would not hesitate to raise any concerns or complaints and felt that they would be dealt with appropriately.

Summary of findings

Is the service well-led?

Good

The service was well-led.

A number of audits were carried out at the home to monitor the service, these included health and safety audits. Incidents at the home were used as an opportunity for learning. Reviews for people who lived at the care home had been carried out with health and social care professionals, family members and independent advocates. This showed the service worked in partnership with other agencies to make sure people's needs were monitored and met.

Sherwood Lodge

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, and to provide a rating for the service under the Care Act 2014.

The inspection was led by the lead Adult Social Care inspector for the service. Before we visited the home we checked the information that we held about the service and the registered manager/provider. Prior to this inspection we gathered information from a number of sources. This included notifications we had received from the provider about significant events that had occurred at the service.

On 05 March 2015, we received information from the Local Authority Safeguarding Team that stated a whistle blower had raised concerns about the operation of the home to a visiting District Nurse. The allegations concerns included inadequate staffing levels; that people living at the home were potentially subject to rough handling from a staff member; and that people were made to get up very early against their will. On 06 March 2015, these allegations were investigated under the Local Authorities safeguarding procedures by a social worker and the police. The investigation is on-going.

During our inspection we observed how staff interacted with people who used the service. We reviewed the care records of four people, staff training and personnel records, and records relating to the management of the service such as audits, policies and procedures. We spoke with seven people who used the service, two relatives of people who used the service and a visiting professional. We also looked around the home including the communal areas and with permission of people living at the home, some of the bedrooms.

Good

Is the service safe?

Our findings

The feedback from people living at the home about safety was consistently positive. One person said, "I've lived here for years, and I've always felt safe and secure." Another person said, " The staff work very hard, and are very good at keeping use safe." One relative that we spoke with said, "I've only been visiting for a short period of time, and in that time I've not had any concerns about people's welfare or safety."

The Registered Manager explained that she regularly reviewed the staffing levels and adapted them to meet people's changing needs. We saw evidence of this in previous rotas. She added that the company had introduced a number tool which would be used to determine staffing levels, and that training in this tool was planned in the forthcoming week.

Information held within the staff rota showed that there were enough competent staff on duty who had the right mix of skills to ensure that practice was safe. However, the information was unclear in places, and when changes to the rota had been made due to staff absence, these had not been made, so the information was not accurate. **We recommend that the service consider current guidance and best practice on documents management and recording.**

There were policies and procedures in place for the management of risks. When spoken with, staff displayed that they understood them, and our observations found that they were and consistently followed. Restrictions were minimised so that they felt safe but also had the freedom to move around the home if required. Risk assessments were found to be balanced and centred on the needs of the person. We spoke with one staff member who explained that from time to time, some people living at the home became agitated or confused. Where people were found to be in this situation, we found that the staff managed the situation in a positive way, protecting people's dignity and rights. The records showed that they regularly reviewed how they did this, and worked with people to support them, and manage their own behaviour. Information held within the records of two people showed that staff understood what the causes of the behaviour were, and gave people reassurance. If required, the staff referred people for a professional assessment at the earliest opportunity.

The Registered Manager had made sure that systems were in place to protect people from avoidable harm and potential abuse. Policies and procedures relating to the safeguarding of vulnerable adults were found to be available to people living and working in the home. We spoke to four members of staff, and they all had a very good and clear understanding of the different types of abuse, how to recognise abuse and how to respond to allegations or suspicions. We saw documentary evidence to show that staff had undertaken specific safeguarding training. One staff member said, "We've had training in safeguarding and it's helped me understand what we need to do if problems or issues arise. We know how to respond and report safeguarding issues."

Upon receipt of the concerns raised by a whistle blower, the Registered Manager and Deputy Manager took immediate action and put systems in place to ensure that people using the service were safe. The named staff member was spoken with, and their training information was looked at to ensure they had received moving and handling training. Statements were taken from other staff members, and the service worked closely with the local authority safeguarding team and police to ensure the investigation was undertaken appropriately.

We found documentary evidence to show that the staff regularly reviewed the risk assessments. We found that the risk assessments of two people who smoked, were in the process of being updated to reflect their current situation. The regional manager for the organisation had monthly contact with the Registered Manager (or more frequently if required), in order to keep an overview of risk and safety issues at the home. Risk assessments were found to be completed with the person if possible, and there were plans in places to show how the staff should respond to an emergency or untoward event. The premises and equipment used within it were seen to be well maintained, with supporting safety documentation available. Staff were observed to use equipment correctly.

Recruitment systems were appropriate and the Registered Manager made sure that the right staff were recruited to keep people safe. Pre-employment checks had been carried out, and application forms completed, Disclosure and Barring (DBS) clearances, references and identification

Good

Is the service safe?

checks were in place. Staff we spoke with explained that they had attended a formal interview and did not begin work until references and appropriate clearances were obtained.

The processes for the safe and secure handling of medicines were found to be appropriate and improvements had been made since our last inspection. Clear guidelines and processes were in place for the handling of controlled drugs. A senior carer explained that the staff involved in medicines administration had received training in the safe administration of medicines, and information within the personnel and training records supported this. The processes to ensure a person's prescriptions were up to date and reviewed were found to be appropriate, and took into account their needs or changes to their condition or situation. We saw information within the care files of three people that where appropriate, the staff involved people in the regular review and risk assessment of their medicines. When protecting people with limited capacity to make decisions about their own care, we found documentary evidence to show that the service followed appropriate procedures when medicines needed to be prescribed and administered. Information held within the care files showed that staff had spoken with people and assessed the risks linked to where people wished to manage their own medicines.

Good

Is the service effective?

Our findings

People we spoke with told us, or indicated the staff that provided their service were caring and compassionate in carrying out their role. A visiting healthcare professional said that the staff they had spoken with had been knowledgeable and professional in their approach.

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards. We discussed the requirements of the Mental Capacity Act (MCA) 2005 and the associated Deprivation of Liberty Safeguards (DoLS), with the registered manager. The Mental Capacity Act 2005 (MCA) is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people's best interests. Deprivation of Liberty Safeguards (DoLS) are part of this legislation and ensures where someone may be deprived of their liberty, the least restrictive option is taken.

We saw there were detailed policies and procedures in place in relation to the MCA, which provided staff with clear, up to date guidance about current legislation and good practice guidelines. We spoke with staff to check their understanding of MCA and DoLS. The staff we spoke with showed a good awareness of the code of practice and explained they had received training in these areas. Records held by the registered manager confirmed this. Whilst none of the people living at the home were subject to a deprivation of liberty, the registered manager explained that if people's needs changed best interests meetings would be convened and appropriate measures would be put in place to empower and protect individuals who lack capacity. Staff received supervision from senior staff and appraisals were also undertaken to determine how the staff were progressing in their work, and to identify their training and development needs.

The staff we spoke with showed that they were knowledgeable about the work they undertook. They told us that they had received an induction when they started work, and that training was periodically offered. The staff told us that they had received training on subjects such as first aid, fire, health and safety and food hygiene. Other subjects such as promoting independence, the Mental Capacity Act and managing risks had also been undertaken by the staff and the records held by the registered manager supported this. The subjects covered were found to be appropriate to the needs of the people at the home, and the effective operation of the home.

We found that people had access to a varied diet. The records showed that the service offered people a variety of foods in the right proportions. Staff had carried out routine nutritional screening with each person at the home, and they explained that if people either had problems eating or started to lose weight then they would be referred for a professional assessment and a care plan would be put into place.

The people we spoke with said that the experience of how they were supported in their healthcare was positive. The records showed that if people needed to access a healthcare professional such as a doctor, nurse, chiropodist or optician, then this was organised quickly and records of the outcome of these visits were made. The Registered Manager explained that the people living at the home varied healthcare needs. We found information to show that some people's healthcare needs had been assessed, and those at risk of health deterioration through weight loss or dehydration had been identified. Systems were found to be in place to monitor and manage these healthcare risks, and record keeping was both accurate and up to date. Staff explained that they were fully aware of the need to record and report changes in people's health and well-being, so that prompt action could be taken to support people and intervene medically as required. We found documentary evidence to support this in the file of one person whose health needs had deteriorated over time, and the staff had made clear notes based on their observations. These had been used by a visiting healthcare professional to determine the level of care they required.

The home was found to be a large property. The registered manager explained that she had a rolling programme of maintenance for the home. The property was found to be in good order, and well maintained. Staff at the home explained that as people living at the home now used various pieces of equipment such as walking aids and wheelchairs, this meant that the corridors and communal areas of the building sometimes got crowded with equipment. We observed this during lunch when a number of walk aids were placed in a small lounge so that they were out of the way of people coming and going from the dining area. At one stage we saw some visitors at the home

Good

Is the service effective?

used the already crowded small lounge to spend time with their relative. The Registered Manager explained that the service provider had recently obtained quotes for alternative storage arrangements for equipment within the home. **We recommend that the service provider consult national guidance and best practice relating to storage of equipment in care facilities.**

Good

Is the service caring?

Our findings

People living at the home said that they liked the staff. The staff were found to be approachable and had positive relationships with the people living at the home. People we spoke with told us they were happy with the care they received from the service. One person told us, “The staff are lovely. They (the staff) are very kind and considerate. I’ve only been here for a day, and they have helped me feel at home, and have been very kind to me.” Another said, “They notice if I’m not well and get the doctor when I need him.”

We observed that staff took the time to sit and chat with people about their lives, what was going on in the home. The atmosphere in the home was relaxed and staff used humour to assist people to feel at ease. One relative that we spoke with said that the staff really do make my (relative) feel special. “ They like to listen and talk to them and make them feel wanted.” Staff were observed to speak of the people living at the home in a positive and caring manner.

People told us that they were given the opportunity to make a number of choices about the care and support they received and the care plans we looked at supported this information. People’s preferences regarding issues such as food, drink and social activities were clearly laid out within their care plan. There was also evidence to show that this information was regularly reviewed. The care plans for people who were unable to communicate verbally showed staff how they would recognise if someone was happy or unhappy, for example when choosing activities to undertake.

Information and training was made available to staff which included areas such as dignity and respect, confidentiality and equality and diversity. We saw policies for each of these areas and that staff had signed to state they had read and understood them. We discussed with staff how people’s privacy and dignity was promoted. All the staff we spoke with were knowledgeable in this area and were able to give good examples of how privacy and dignity were maintained, for example when assisting with personal care, and when supporting people at mealtimes.

Information contained the care files showed that the staff had considered some people’s preferences and choices regarding end of life care. These had been recorded in most cases, and we saw that the person themselves had been involved in the discussions, and planning arrangements. We recommend that the service consider current guidance and best practice on end of life care.

The Registered manager explained that if a person required healthcare input at the end of their life, then these arrangements would be made with the local teams in the area. Staff had received some limited training on the subject of end of life care, and one said, “I feel quite well equipped since doing the training. I know what to expect, and I feel confident in supporting, and talking with people about the subject.”

Good

Is the service responsive?

Our findings

People living at the home were found to express themselves freely, and were happy to discuss their lives, activities and interests. Comments from people included, "I think the staff are very interested in me. They stop and talk to me and ask me how I am doing. They are very attentive."

We spoke with three people about the concerns raised by the whistle blower: these included concerns that people living at the home were potentially subject to rough handling from a staff member; and that people were made to get up very early against their will. None of the people we spoke with said that the staff were rough with them. One person said, "All the staff are very patient." Staff at the home said that there were no set waking times for people at the home. One said, "There are a couple of people who get up early and this is documented in their files. Most people stay in bed until they want to get up."

The Registered Manager said that the home's had a policy on waking times that was called "Natural Waking." "No one is made to get up when they do not want to. The staff know this and people's preferences on waking times are recorded in their care plan. I frequently come to work early in the morning, and I undertake unannounced inspections in the early mornings. I have never seen people being made to get out of bed against their will. The only people who were awake when I recently undertook an unannounced morning visit were the two or three people you would expect to be up: they are people who have difficulties regulating their body clock." We spoke to three staff and they all said that there was a natural waking system operated at the home.

One said, "There is no way we could try to get people up against their will. Most of the people living here know exactly when they want to get up. There are one or two people who have problems sleeping. If they want to get up early then they can do, and we give them a drink."

Support staff were observed to promote choice through discussion and the provision of information so that people were informed. We found that people had their individual needs assessed and consistently met. Photos of previous outings that had been arranged were on display. We looked at a selection of the care records, and observed the ways in which people moved around the home. People were not restricted in any way. The care records held at the home showed that people's needs had been assessed and that care plans had been put together with the person. The plans showed how people liked to be supported in ways that were individual to them. Care plans and risk assessments had been reviewed, and this process was undertaken each month or when people's needs changed. We saw that people's care plans were written in a clear way, and were person centred, meaning that the person being care for was the focus of the plan. The care plans were found to contain a lot very detailed information about each person, and it was recommended that this be condensed into a more manageable format for the staff to follow on a day to day basis. People's healthcare needs were carefully monitored and discussed with the person, or their family or representative, as part of the care planning process.

The home had a complaints procedure and the staff and relatives we spoke with were aware of this. If people at the home wanted to raise an issue they explained that they would approach the staff or the Registered Manager. Advocacy services were available for people who found this difficult and the staff acknowledged that support would be given to people to access these services.

The home had appropriate processes in place to ensure that when people were admitted, transferred or discharged, relevant and appropriate information about their care and treatment was shared between providers and services. Information held within people's personal care records showed that liaison had taken place with other health professionals and a relative spoken with said that they had been involved with the assessment process and had been kept informed at every stage.

We found written records to show that information was shared in a timely way and in an appropriate format so that people received their planned care and support. The Registered Manager explained that staff worked with other providers and professionals such as district nurses, hospital staff and social workers, to ensure that people's care plans reflected their individual and diverse needs. This was documented. Staff at the home told us that confidential information was only shared about a person once it was established it was safe to do so. We observed this in practice when a staff member spoke to another professional over the telephone regarding a sensitive healthcare matter.

Good

Is the service well-led?

Our findings

One relative said, “There’s a good atmosphere in here. The staff are good at asking people how they liked to be cared for. The senior staff show the way, and if we have ever had a problem with the care provided, then all we have needed to be is talk to any of the staff, and the problem either gets resolved, or we are given a clear explanation of the situation.”

The registered manager explained that “spirit of the service was to enable and support people to live a homely environment” that promoted their rights, individuality and choices. People living at the home were seen to express themselves freely, and were happy to discuss their lives, activities and interests. Support staff were observed to promote choice through discussion and the provision of information so that people were informed. We spoke to three members of staff and both spoke positively about their employer and the Registered Manager, and had a good understanding of their roles and responsibilities. Staff told us their work involved “Supporting people to be independent”, “Respecting their choices” and “Treating them with dignity.” The Registered Manager added that this was the culture of the home. We observed good examples of these values being put into practice with staff supporting people to do the things they wanted to do in a professional and positive manner. Information held within the records showed that people living there used community facilities such as cafes and shops, and other services. This enabled people to have a presence within the community.

The people we spoke with (service users, staff and relatives) all said that the Registered manager and management team representative provided good leadership. Staff said that the Registered Manager was knowledgeable, and that she was able to deal with issues in a positive manner as they arose. One relative said “The Registered Manager values other people’s contributions, and is clear about the way she wants the home to be run.”

The care and support systems in the home were based on current best practice. The home was organised and we found that there were clear lines of responsibility. There were good systems in place to monitor if tasks or care work did not take place. Partnership working with other agencies was planned, and was seen to be an important aspect of service provision.

The Registered Manager told us “We are all involved to a lesser or greater degree in undertaking regular audits of the home, and these are done on a periodic basis depending on the items or systems that need checking.” She added, “The senior staff and myself take on most of the audits and monitoring work, but the staff review records and care practices, and this feeds into understanding the overall quality of what we are doing here.” Information held within the records showed that the provider had systems in place to monitor incidents at the home and implement learning from them. We saw that incidents such as falls or illness was recorded accurately in people’s files, and people’s care records and risk assessments had been updated following these incidents to ensure that the most up to date information was available to staff. Records showed that staff regularly carried out health and safety audits for the home which covered fire safety, electrical checks, water temperature checks and clinical waste. Where faults had been identified, actions to rectify the fault were assigned to staff along with timescales so they could be addressed and monitored effectively. We saw clear and detailed policies and procedures were in place. The policies covered areas such as freedom of choice, storage, recording, supply and disposal of medicines and staff training and competence.

The commissioning team at the local authority said that they had not received any complaints about the service. Information held within the records showed that there were regular reviews of care which enabled individual’s support needs to be monitored. We saw information within the care files of three people to show that recent reviews for people who lived at the care home had been carried out with health and social care professionals, family members and independent advocates. This showed the service worked in partnership with other agencies to make sure people’s needs were monitored and met.

Staff said that communication throughout the service was good and they always felt able to make suggestions. Information held within the records showed that the staff had regular staff meetings to discuss the needs of the people living at the home, and the ways in which they would support people to take part in individual activities. People living at the home also took part in meetings to talk about activities. This meant people who used the service and staff were able to influence the running of the service and make comments and suggestions about any changes.

Good

Is the service well-led?

There had been no complaints about the service since the last inspection.

This section is primarily information for the provider

Action we have told the provider to take

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

This section is primarily information for the provider

Enforcement actions

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