

Helen McArdle Care Sheraton Court

Inspection report

Warren Road
Hartlepool
Cleveland
TS24 9HA

Tel: 01429 277365

Website: www.helenmcardlecare.co.uk

Date of inspection visit: 8 and 12 June 2015

Date of publication: 04/09/2015

Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Requires Improvement 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

The inspection took place on 8 and 12 June 2015. Our first visit on 8 June 2015 was unannounced and our second visit on 12 June 2015 was announced. At our last inspection in November 2014 we found Sheraton Court was meeting the regulations we inspected.

Sheraton Court is registered to provide personal care for up to 80 people, some of whom are living with dementia. At the time of this inspection there were 78 people living at the service, with a further two people in hospital.

The home had a registered manager. 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.

All of the people and family members we spoke with told us the service was safe. They went on to say they were treated equally and fairly. One person said, "Yes, I do feel safe living here. I am safer because I can get help when I need it." Another person said, "We are all treated the

Summary of findings

same and that is as it should be.” One family member said, “I have only seen [my relative] being treated with kindness. I don’t think it makes any difference who you are, everyone seems to be treated well.”

Medicines were mostly managed safely and people received their prescribed medication on time. Records relating to the application of creams and information about ‘when required’ medicines were not up to date.

Staff had a good understanding of safeguarding adults and whistle blowing. They said they would report concerns to the registered manager or deputy manager straightaway. All of the staff we spoke with told us they had not witnessed anything of concern whilst working at Sheraton Court.

People, family members and staff said there were usually enough staff to meet people’s needs in a timely manner. One person said, “The girls are very good and help me as soon as they can. They are always rushing about. I don’t have long to wait to get help. At night sometimes I have to wait a bit longer because of needing the toilet. More staff then would be appreciated.” One staff member told us staffing levels were, “Adequate”, and the home was, “Fully staffed on all shifts.” There were recruitment and selection procedures to check new staff were suitable to care for vulnerable adults.

The registered provider carried out regular checks to ensure the premises and equipment were safe for people to use. Staff we spoke with knew what to do in an emergency and confirmed regular fire drills took place. Risk assessments were in place for all aspects and areas of the home. A business continuity plan had been developed to respond to emergency situations. Incidents and accidents were investigated and action was taken to help keep people safe. The premises had been adapted to meet the needs of people living with dementia.

Staff received regular supervision and could access the training they needed to fulfil their caring role. Records confirmed supervision, appraisal and training were up to date. The registered provider acted in accordance with the Mental Capacity Act 2005 (MCA) including the Deprivation of Liberty Safeguards (DoLS). Staff had a good understanding of MCA. DoLS authorisations had been agreed by the relevant local authority.

We observed people were supported to make sure they had enough to eat and drink. People told us the meals

were good and said the registered provider aimed to meet their preferences. One person said, “We get weighed very often to make sure we don’t lose weight. You will never lose weight living here; we get so much to eat.” The registered provider was pro-active in ensuring people with special dietary needs received appetising, well presented meals. A new process of moulding pureed food was being introduced.

People were supported to meet their healthcare needs. We saw people had regular access to health professionals when required. We spoke with two visiting community nurses who gave us positive views about the home.

People told us they were well cared for by kind staff who listened to them. One person said, “I am sure I am well cared for. Everything I need is provided for me. I get good food and a good clean bed. Staff know how important it is for me to have a nice clean bed.” Another person said, “I don’t think you could get better help anywhere. You just have to ask for something to be done for you and they are there doing as you ask. Yes they do listen and are very kind.” Family members we spoke with were also happy with their relative’s care.

People told us they had a key worker with whom they had a positive relationship. One person said, “I am very happy with my key worker, she will do anything I ask her to do.” Another person said, “My key worker will do anything for me, always seems happy and is always helpful. She comes quite quickly when I use the call bell.”

People were not always treated with dignity and respect. Some staff did not know people’s needs well and relied on a more experienced care worker for assistance. On occasion they called across the dining room to each other to check about individual people’s preferences. People told us staff tried to spend one to one time with them but this was often rushed.

People had their needs assessed when they were admitted into the home including gathering details of people’s preferences. This was used to develop person centred care plans. Care plans identified specific goals for people aim towards. Care plan review records lacked meaningful information about the continuing relevance of each person’s care plan. Family members told us they had the opportunity to be involved in reviewing their relative’s care.

Summary of findings

People said they enjoyed the available activities both inside and outside of the home. One person said, “We are going to the sing-a-long this afternoon. I enjoy it. We all sing the old songs which are better than the rubbish you hear today. We have had ‘singing puppets’ they were really good.” Another person told us, “I went out in the bus they have. We had fish and chips at Seaton Carew. The run out and the dinner was lovely.”

People knew how to make a complaint if they were unhappy. One person said, “Yes I do know that you can make a complaint about anything you are unhappy about. I have nothing to complain about. I am well looked after and happy.” Complaints were logged and investigated with action taken to prevent the situation from happening again. The registered provider had received compliments about the care delivered at Sheraton Court.

People and family members had opportunities to give their views through regular meetings and surveys. Minutes of previous meetings confirmed these were well attended. Positive feedback had been received following the most recent survey.

Staff described the registered manager as approachable and supportive. One staff member said, “The Manager is good. If we had any worries we know we could go to her and she would help if she could.” Staff told us they enjoyed working for the registered provider. Staff were able to give their views about the service through attending regular meetings, daily handover meetings and ‘huddles.’

The registered provider’s vision and values underpinned the care delivered at the home. Some staff we spoke with were unable to tell us what the vision and values were. One staff member said they were, “Not sure.”

A quality assurance programme was in place. An action was developed following completion of the various audits. Checks carried out on the accuracy of care records had been successful in identifying areas for improvement.

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?

The service was not always safe. People and family members told us the service was safe. They also said they were treated equally and fairly. Procedures were in place for the safe management of people's medicines. Records relating to the application of creams and information about 'when required' medicines were not up to date.

Staff had a good understanding of safeguarding adults and whistle blowing. They knew how to report concerns. Staff said they had not witnessed anything of concern.

People, family members and staff said there were usually enough staff to meet their needs in a timely manner. There were recruitment and selection procedures to check new staff were suitable to care for vulnerable adults.

Regular checks were done to ensure the premises and equipment were safe for people to use. Risk assessments were in place for all aspects and areas of the home, as well as a business continuity plan for emergency situations. Incidents and accidents were investigated.

Good



Is the service effective?

The service was effective. Staff received regular supervision and training. The registered provider acted in accordance with the Mental Capacity Act 2005 (MCA), including the Deprivation of Liberty Safeguards (DoLS). Staff had a good understanding of MCA. DoLS authorisations were in place.

People were supported to make sure they had enough to eat and drink. They told us the meals were good and said the registered provider aimed to meet their preferences. The registered provider was pro-active in ensuring people with special dietary needs received appetising, well presented meals.

People were supported to meet their healthcare needs. We saw people had regular access to health professionals when required. We spoke with two community nurses who gave us positive views about the home.

The home had been adapted to meet the needs of people living with dementia.

Good



Is the service caring?

The service was not always caring. People told us they were well cared for by kind staff who listened to them. Family members were happy with their relative's care.

People told us they had a key worker with whom they had a positive relationship. People told us staff tried to spend one to one time with them, but this was often rushed.

Requires Improvement



Summary of findings

People were not always treated with dignity and respect, as some staff did not know people's needs well. We observed staff call across the busy dining room to each other to check on individual people's preferences.

Is the service responsive?

The service was responsive. People had their needs assessed and this was used to develop person centred care plans. Care plans were reviewed consistently but care plan review records lacked meaningful information. Family members had the opportunity to be involved in reviewing their relative's care.

People said they enjoyed the activities that were available both inside and outside of the home.

People knew how to make a complaint if they were unhappy. Most people we spoke with had no concerns about the care they received. Complaints were investigated and action had been taken to prevent the situation from happening again. The registered provider had received compliments about the care delivered at Sheraton Court.

People and family members had opportunities to give their views about the home, through regular meeting and surveys. Positive feedback had been received following the most recent survey carried out in 2014.

Good



Is the service well-led?

The service was well led. The home had an established registered manager, who staff described as approachable and supportive. Staff told us they enjoyed working for the registered provider. Staff had the opportunity to attend regular meetings, daily handover meetings and 'huddles.'

Some staff were unable to tell us about registered provider's vision and values.

The registered provider had a quality assurance programme in place. Checks carried out on the accuracy of care records had been successful in identifying areas for improvement.

Good



Sheraton Court

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, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 8 and 12 June 2015. Our first visit on 8 June 2015 was unannounced and our second visit on 12 June 2015 was announced.

The inspection was carried out by three adult social care inspectors, a pharmacist inspector and an expert by experience, with experience of services for older people. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection the provider completed a provider information return (PIR). This is a form that asks the

provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information included in the PIR along with other information we held about the home, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales. We also spoke with two visiting community nurses.

We spoke with 15 people who used the service and eight family members. We also spoke with the registered manager, the deputy manager and six care staff. We observed how staff interacted with people and looked at a range of care records. These included care records for eight of the 78 people who used the service, 17 people's medicines records and recruitment records for six staff.

During this inspection we carried out observations using the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not communicate with us.

Is the service safe?

Our findings

All of the people and family members we spoke with told us the service was safe. One person said, “Yes, I do feel safe living here. I am safer because I can get help when I need it.” Another person said, “The girls help me so much and never a grumble. I am safer because I get help with having a bath. They have to use the hoist, but have been trained to use it. The girls help me with dressing too.” Another person said, “I am much safer in here than I was at home. I kept on falling and I was frightened. Now I am not frightened at all, and I have not had any falls.” One family member said, “I am so happy [my relative] is in here. I feel [my relative] is very safe. [My relative] used to forget her medication and [my relative] fell a couple of times. That has all been dealt with now.”

People and family members went on to say staff treated people equally and fairly. One person said, “We are all treated the same and that is as it should be.” Another person said, “I think we are treated very well, I can’t say they make any difference on who you are.” One family member said, “I have only seen [my relative] being treated with kindness. I don’t think it makes any difference who you are, everyone seems to be treated well.”

All medicines were administered by staff. We watched a senior carer giving people their medicines. They followed safe practices and treated people respectfully. People were given time and the appropriate support needed to take their medicines. Consideration was given to the times that medicines were administered. Arrangements were in place to ensure that special label instructions such as, ‘before food’ were followed when administering people’s medicines.

We saw that the Medication Administration Record sheets (MARs) had photographs in place to assist with positive identification when administering medicines. Arrangements had been made to record the application of creams by care workers. However, on all units the records showing the application of creams were sometimes missed. This meant that it was not always possible to tell whether creams were being used correctly.

We looked at the guidance information kept about medicines to be administered ‘when required.’ Although there were arrangements for recording this information we found this was not kept up to date and information was

missing for some medicines. For example, one person was prescribed two medicines that could be used for pain. There was no care plan or guidance in place to assist senior care staff in their decision making about which would be the most appropriate to use.

Medicines were kept securely. Records were kept of room and fridge temperatures to ensure they were safely kept. Medicines that are liable to misuse, called controlled drugs, were stored appropriately. Additional records were kept of the usage of controlled drugs so as to readily detect any loss.

Staff had a good understanding of safeguarding adults including how to report concerns. Staff said they would report concerns to the registered manager or deputy straightaway. One staff member said they would, “Speak to [deputy manager] or the manager. They would act on it straightaway.” Staff were also aware of the whistle blowing procedure. One staff member said, “Whistle blowing was part of the regular training.” All of the staff we spoke with told us they had not witnessed anything of concern during the time they had worked at Sheraton Court.

People said there were usually enough staff to meet their needs in a timely manner. Family members confirmed they also thought there were enough staff. One person said, “The girls are very good and help me as soon as they can. They are always rushing about. I don’t have long to wait to get help. At night sometimes I have to wait a bit longer because of needing the toilet. More staff then would be appreciated.” One family member said, “The staff are on the go all the time. It would be in their best interests as well as the people in here, if there were another couple of them to help out.” Another family member said, “Obviously more staff would relieve some situations. I have every trust in the staff here. [My relative] does not have to wait an unreasonable time to get attention when she uses the call bell. The staff know what they are doing, they are great, but more through the night would be helpful, I am sure.” Another family member said, “I like the fact that [my relative] gets good attention, usually from [staff member’s name] who is [my relative’s] key worker. She always has a smile and is good natured.”

Staff confirmed there were enough staff to meet people’s needs. One staff member said, “We love our residents. We do our best to answer the call bell quickly and we know that our residents and families know we do our very best for them. Yes it would be great to have more staff but that is

Is the service safe?

not our decision.” Another staff member told us staffing levels were, “Adequate”, and the home was, “Fully staffed on all shifts.” We saw staffing levels were reviewed to check there were enough staff to meet people’s needs. This included considering people’s dependency but did not specifically take account of night time staffing levels, the dementia unit in isolation or busy times during the day.

There were recruitment and selection procedures to check new staff were suitable to care for vulnerable adults. We viewed the recruitment records for the six most recently recruited staff. We found the provider had requested and received references, including one from their most recent employment. All files we viewed confirmed a disclosure and barring service (DBS) check had been carried out before confirming any staff appointments. These checks were carried out to ensure people did not have any criminal convictions that may prevent them from working with vulnerable people.

The registered provider carried out regular checks to ensure the premises and equipment were safe for people to use. We saw there were up to date records which showed that contractors were involved in servicing the lifts, fire alarm system, emergency lighting. These had all been undertaken within the last 12 months. The registered

manager told us some staff required updated fire safety training. They went on to say they held regular fire drills. Staff we spoke with knew what to do in an emergency and confirmed regular fire drills took place.

Risk assessments were in place for all aspects and areas of the home. These included people’s bedrooms, clinical areas and stores for cleaning materials. However, staff had only recently signed to confirm they had read the assessments. A signature sheet at the front of the risk assessment folder had been signed ‘as read’ by 34 of the staff. We saw 15 of these staff had signed on the day of our inspection. We asked the registered manager about this. She told us staff had looked at the risk assessments over the weekend. They had then signed today now that the registered manager was back in the building. A business continuity plan had been developed which detailed how the registered provider would respond in an emergency.

Incidents and accidents were logged and investigated. We saw action had been taken to help keep people safe such as referrals and regular contact with the ‘falls team’ and provision of specialist falls monitoring equipment. We saw the registered manager regularly analysed incident and accident records. However, we found no particular trends and patterns had been identified.

Is the service effective?

Our findings

Staff received regular supervision. We viewed supervision and appraisal records for six staff. These showed staff had the opportunity to discuss their personal development plan on a regular basis. We found appraisals were written positively. They commented on the staff member's capabilities, with encouragement and support for the good work they were doing. One staff member, who had started in a housekeeping role, had since moved to a caring role. This indicated there was room for development within the service. Training records we viewed showed training the provider deemed as essential was up to date. However, it was initially difficult to assess whether training was up to date as the training matrix contained inaccurate and out of date information.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) including the Deprivation of Liberty Safeguards (DoLS), and to report on what we find. MCA is a law that protects and supports people who do not have the ability to make their own decisions and to ensure decisions are made in their 'best interests.' It also ensures unlawful restrictions are not placed on people in care homes and hospitals. Staff were aware of MCA including DoLS and were able to describe what they meant. The deputy manager said DoLS authorisation were due for review and was involved in progressing this at the moment. The deputy manager told us there were 26 people with a DoLS authorisation in place. Staff we spoke were able to describe what DoLS meant and why people had a DoLS authorisation in place.

People were supported to make sure they had enough to eat and drink. One person said, "We get weighed very often to make sure we don't lose weight. You will never lose weight living here; we get so much to eat." Another person said, "We get well cooked food, good cakes, plenty to drink. Even the family get offered drinks when they come."

People told us the meals were good. They said the registered provider aimed to meet their preferences. One person said, "The cook is good, he makes lovely soup and nice dinners. Puddings are nice too, he is good at crumble." Another person said, "We get plenty to eat and it is always well cooked. The veg is done just the way I like it, not overcooked. He knows the things we like and he does them for us." Another person said, "The chef is a good cake

maker. I enjoy a nice cake after a cooked dinner or in the middle of the afternoon with a cup of tea." One family member said, "My mam enjoys her meals. She has put a bit of weight on since she came in. I am really pleased about that. She tells me how she has enjoyed her meal, it is good to hear."

The registered provider was pro-active in ensuring people with special dietary needs received appetising, well presented meals. Staff told us people's specific dietary needs were documented including their preferences, allergies and how they required their food to be served. We saw there was an individual record for each person. Staff we spoke with could readily describe people's needs and preferences. They explained they worked as a team and discussed people's needs on admission. Staff had access to dietary information about the key dishes made in the kitchen and what foods they contained.

The registered provider was rolling out a new process of moulding pureed food known as 'Galea.' This ensured the food was visually attractive and more appetising for people needing a pureed diet. Staff said they tried to do, "Anything that makes someone's life more dignified." Staff also explained the registered provider had introduced a new product called 'Aeroform.' This was a fruit juice for people at the end of life which was intended to freshen and moisten their mouth.

People were asked to make meal choices a day in advance. We observed staff talking with one person on the dementia unit, asking them what they wished to eat the following day. They had a booklet with pictures which the person was struggling to understand. We asked the staff member for their views on this process. They told us they thought it was good to give people the choice. Although they later forgot what they had asked for the previous day, staff reminded them. One family member commented this process was no good, as their relative could not remember what they had chosen the next day. A senior staff member told us this was done to help with ensuring they had enough meals available for people to choose from. They said people were asked again at the meal-time and could change their mind if they wished.

Staff told us there were always two choices. If people preferred something else they would, "Always make what they fancied, whether that was a bacon sandwich or cheese on toast." We observed a staff member brought up a plate of sausage sandwiches for one lady. The staff member told

Is the service effective?

us the person had got up later and enjoyed a sausage sandwich. Staff said cakes were always baked for people's birthdays and there was always a roast dinner on Sundays. They said, "There are regular residents meetings and I go to these and get informed about what they like and what they'd like to see."

We observed the lunch time in all three dining rooms to assess whether people had a pleasant experience. We found the meals were well presented. People had a choice of mushroom soup with bread and Scotch egg with beans or coleslaw. This was followed by a choice of a cake or a jelly. People were supported into the dining rooms and offered apple or blackcurrant squash. Staff asked everyone what they preferred. They showed them both jugs of squash to help them make their choice. Once all people were seated staff began serving meals. Staff asked people what they would like to eat. They also asked people whether they would like to have an apron on and whether they would prefer tea or coffee.

Throughout the lunch-time staff checked people were okay and were enjoying their meal. We saw one person required specific support to eat and drink. The care worker was patient and encouraging towards the person. This was done with kindness and humour which meant that the person ate soup with bread, a desert and a cup of tea. People were not rushed and could take as long as they needed to finish their meals. We saw people were chatting to each other at their tables.

People were supported to meet their healthcare needs. One person said, "I have trouble with my legs, they need dressing. My nurse from my old practice comes out. I get all the help I need. The staff look after me well." One family member said, "We always get a call if [my relative] is not too good. Our GP is good she will come out anytime." Another family member said, "I am pleased the way we are kept up to date with [my relative's] health problems. They get the doctor in to see her if she needs him. She is doing quite well at the moment, it is down to the good care she gets." One staff member said, "We call out the family doctor if the resident is feeling unwell. We also inform the family. We do whatever our resident or family ask us to do."

The premises had been adapted to meet the needs of people living with dementia. For example, there were signs for bathrooms and toilets to help people with orientation. People had memory boxes outside their room to help them to recognise where their room was. We saw carpets and colour schemes were plain, to help avoid people becoming confused. Special dementia friendly crockery was used at meal times. Staff could access objects which could be used for reminiscence. Tactile objects were displayed around the home such as scarves, bags and musical instruments. Some staff had undertaken training in dementia awareness with others due to commence training. One staff member told us they had been booked onto an eight week dementia course which was due to start shortly.

Is the service caring?

Our findings

People told us they were well cared for by kind staff. One person said, “I am sure I am well cared for. Everything I need is provided for me. I get good food and a good clean bed. Staff know how important it is for me to have a nice clean bed.” Another person said, “I don’t think you could get better help anywhere. You just have to ask for something to be done for you and they are there doing as you ask. Yes they do listen and are very kind.” Family members we spoke with were also happy with their relative’s care. One family member commented, “I know [my relative] is well cared for. She would not be in here if she wasn’t. They listen to you if you have any concerns at all. [My relative] is happy so I am happy.” Another family said, “Yes, very well cared for. If I, or they, have any concerns about [my relative’s] health then they contact me straight away.” Another family member said, “Yes, well cared for and happy. She is happy and I am happy.”

We carried out a specific observation in the second floor lounge area using SOFI. We saw throughout the 40 minutes staff engaged people in an activity which involved singing and chair exercises. The activity co-ordinator encouraged and motivated people to take part. We saw everybody was involved in either singing or exercising or both. People were smiling and laughing and enjoyed themselves. Other staff also joined in and were singing and dancing along. We saw the activity co-ordinator and other staff created a lively and stimulating event.

People were free to choose how they spent their time. One person said, “We are lucky, everything is done for us. I have a lazy life and I like it. I go to bed if I want to, watch tele. If I want, the room is cleaned for me. What more could they do.”

People told us they had a key worker. They said told us they had a positive relationship with their key worker. One person said, “I am very happy with my key worker, she will do anything I ask her to do.” Another person said, “My key worker will do anything for me, always seems happy and is always helpful. She comes quite quickly when I use the call bell.”

People said staff tried to spend one to one time with them but that this was often rushed. They said staff talked to

them when they were able, but usually for just a few minutes. One person said this was because, “They are so busy.” Another person said, “Yes, [staff member’s name] is my key worker, she is lovely. We sometimes chat about our families but she is so busy she can’t spend much time just talking to me.” Another person said, “It is fine when they are not short of staff, but when they are, the staff are on the run all the time. When she can she stops and has a few minutes with me.” Another person said, “They all do their best for us. If more staff were available we could sit and have a chat more often, that would be good.”

People were not always treated with dignity or had their confidentiality respected. We observed two out of the three staff supporting people in the dining room on the dementia unit were new to the unit. They did not know people’s needs well and relied on a more experienced care worker for assistance. We saw they had to keep asking the more experienced carer for advice. On occasion they called across the dining room to each other about individual people. For example, “Does she usually eat all of her soup.” Whilst observing the lunch time on the second floor we heard staff discussing whether a person could have a certain food or whether they had an allergy to it in front of other people. We also heard people comment, “[Person’s name] has had it before.” We saw from viewing the person’s care records that they preferred a different name to that which we consistently heard staff using. We asked a staff member about this who told us some staff had difficulty with this as it wasn’t the person’s registered name.

People and family members told us there were no restrictions on when they could visit and how long they could stay. One person said, “My family come at all different times. Some are on shift work but there has never been any kind of problem. They can have a cup of tea with me, they are always asked.” Another person said, “I get regular family and one or two old neighbours coming in to see me. You don’t need to make an appointment, any time at all it is okay.” One family member said, “There are no restrictions on the family visiting [my relative]. [My relative] likes to see us and we like to see [my relative], it works well. We try to avoid meal times but the staff would not mind us coming in if we felt the need to do so.” Another family member said, “I get along as often as I can to visit [my relative]. I have never experienced any problems in visiting.”

Is the service responsive?

Our findings

On admission staff gathered information about people's preferences. They said they spent time chatting with people and family members to find out how people wanted their care. This included details about people's preferred name, preferred times for getting up each day, clothes and food likes and dislikes. We saw preferences had been recorded in people's care records. Staff carried out an assessment of each person's needs. The assessment took account of the person's communication, mental state, physical, behaviour, mobility, eating and drinking needs.

The information collected during the initial assessments was used to develop person centred care plans. Care plans we viewed included details of people's specific requirements. For example, one person wanted staff to assist them to shower every day, to choose their own clothes, to prompt with oral hygiene and to help them to shave every day. Care plans identified specific goals for people to aim towards. For instance, for one person the goal a person's personal hygiene needs to be met on a daily basis. Care plans were reviewed consistently each month, with an update recorded for each care plan. However, we found the record of the care plan review lacked any meaningful information about whether the care plan was still relevant or progress towards achieving people's goals. For example, for one person staff had recorded the same comment for five consecutive months.

Family members told us they had the opportunity to be involved in reviewing their relative's care. One family member told us, "I have been present at a review and everything was going quite well." Another family member said, "You can become as involved as you like. Staff don't do anything unless they ask one of the family. We all think mam is well cared for. We always come to a review if we are asked to. It keeps us up to date with what is happening." Another family member said, "Yes I always come to the review when I am asked. I am kept up to date. I tell the rest of the family what is happening. We are able to express our opinions and are listened to. I told them my mum likes a regular bath, that happens now."

People were able to take part in activities if they chose to. They said they enjoyed the activities that were available. One person said, "We are going to the sing-a-long this afternoon. I enjoy it. We all sing the old songs which are better than the rubbish you hear today. We have had

'singing puppets' they were really good." Another person said, "We can go along to the church, which is important to me, and it is not far away. We have quite a lot of activities to choose from, it depends on what you enjoy. I enjoy my church and some outings and I go to those." Another person told us, "We have pets coming in. I like dogs, there is also a very small horse, so small it fits into the lift."

People also told us they had the opportunity to go on trips and visits outside of the home. One person said, "I went out in the bus they have. We had fish and chips at Seaton Carew. The run out and the dinner was lovely." Another person said, "We can please ourselves what we do and what we join in. I like the outings, we have been to Beamish Museum, it was lovely. It reminded me of years ago and how we lived. There are a lot of different things you can do, if you want to." People confirmed they were able to choose whether to take part in activities. One person said, "I don't want to be involved in activities. I enjoy reading and that is what I do. I do enjoy my family visiting, I am content." Another person said, "There are plenty of activities on offer but we choose what we want to do, nobody forces you. Sometimes I go to the sing-a-long other times I read or watch my tele, it depends on how I feel. I must admit though they think up lots of things for us to join in on."

People knew how to make a complaint if they were unhappy. Most people we spoke with had no concerns about the care they received. One person said, "Yes I do know that you can make a complaint about anything you are unhappy about. I have nothing to complain about. I am well looked after and happy." Another person said, "I would make a complaint if I needed to, but there has been no need. They are kindness itself in here." Another person said, "I would not have a problem in making a complaint. If there was something not right and the staff did nothing about it, then yes, I would complain, but it has not happened so far." Family members also confirmed they knew how to make a complaint. One family member told us, "Yes I know about making a complaint. If I felt [my relative] was at risk and [my relative] wasn't being helped, then yes I would complain. I have a lot of confidence in the care [my relative] gets." Another family member said, "I don't normally like complaining, but when it comes to [my relative] then if she wasn't being looked after properly, they would hear from me." We viewed the complaints log, which showed the three complaints the registered provider had received in the past six months had been investigated. We also saw

Is the service responsive?

action had been taken to prevent the situation from happening again. For example, changes had been to the laundry procedure to prevent items of clothing from going missing.

The registered provider had received compliments about the care delivered at Sheraton Court. Comments included, "Sheraton Court and the staff are lovely. It is homely and welcoming. Staff are friendly, polite and very helpful and manage all issues that occur with [my relative] which is very re-assuring", and, "I cannot praise this home enough. Staff are so friendly and helpful, residents are well looked after. Couldn't wish for a better care home for [my relative]. A big thanks to the staff for all your hard work."

People and family members had opportunities to give their views about the home, including regular meetings and surveys. One person said, "Yes we have regular meetings. We are asked if we want to go. Sometimes I do, sometimes I don't, depends on how I feel." Another person said, "Yes I go, you can have your say about anything, I think it is a good idea." One family member commented, "I am pleased these meetings are held. You get to know staff and you find

out what is going on. I hope they don't stop them." Another family member said, "These meetings are a very good idea. If you have a query you can get answers, you can also contribute ideas. They do listen to us as relatives; it is not a waste of time." We saw from viewing the minutes of previous meetings that these were well attended. However, we found there was no record as to how issues raised by people using the service had been dealt with. For instance, one person had raised an issue about having to wait too long for staff to support them to the toilet. We could find no record of any action taken to investigate this matter.

We viewed the feedback from the most recent survey carried out in 2014. We found there had been 62 responses which were mostly positive. For example, 100% of people who responded agreed their privacy was respected and that they had a say in how staff provided care and support. We saw that an action plan had been developed which included providing more access to the garden and improving the recording of one to one time between people using the service and staff.

Is the service well-led?

Our findings

The home had a registered manager who had been in post since the home opened in 2008. The registered manager had been pro-active in submitting statutory notifications to the Care Quality Commission. Staff told us the registered manager was approachable and supportive. One staff member said, “The Manager is good. If we had any worries we know we could go to her and she would help if she could.” Another staff member said, “We have good seniors we can go to, [deputy manager] is good and Carol’s [registered manager] good.” Another staff member said, “The management’s very approachable, the staff, the girls are lovely, I feel comfortable here and very supported.”

The home had a friendly, welcoming atmosphere. One family member said, “We enjoy coming in because we are always made so welcome by the staff. They don’t mind how long we stay, when we come they always offer us a cuppa.” Staff told us they enjoyed working for the registered provider. One staff member said, “I am very happy working here. The staff get on well together and we help each other. We get training we don’t have to pay for, it helps us and our residents.” Another staff member said, “I love my job, I would not want to do anything else. We all work well together and it is a good organisation to work for.”

Regular staff meetings took place. Staff told us that in addition to staff meetings they also had handover meetings and ‘huddles’ where they discussed any day to day issues. From viewing the minutes of staff meetings, we saw the meetings were used to raise staff awareness of important issues. For example, previous topics discussed included training, the fire procedures and safeguarding.

The registered provider had a vision and values that underpinned the care delivered at the home. These were

focused around people’s dignity, welfare and happiness. Staff told us they were aware the provider had a vision and values. One staff member said the values were about, “Making sure people are treated with dignity and respect, have their rights respected, having choices with their daily living and listening to the clients.” Not all staff were clear about the values. One staff member said they were, “Not sure.”

The registered provider had a quality assurance programme in place to check that people received safe care. This included a range of checks and audits across a range of topics to assess the quality of the care provided in the home. For example, there were checks of staffing levels, complaints, performance against key performance indicators, incidents and accidents. A bi-monthly home audit was carried out of the environment, staff files, training, medicines, health and safety. An action plan was developed following completion of the audit. We viewed a recent action plan which included plans to redecorate the home, to acquire accessories for memory boxes and to address gaps in e-learning. Checks were carried out on the accuracy of care records. We saw these had been successful in identifying areas for improvement, such as where additional documents were needed or documents needed to be signed. The operations manager also carried out regular quality assurance checks of the service.

The registered provider had an online reporting system called ‘Share point’ for monitoring purposes. This included reporting of areas such as falls, incidents and accidents. The operations manager told us this was being developed to make more data available. For example, they said reporting on, “Tissue viability was going on-line next month.” Staff told us the system could be used for analysing data to identify trends and patterns.