Brandon Care Limited

Sheridan House

Inspection report

Sheridan House
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Tel: 01395276676

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Ratings

Overall rating for this service	Outstanding ☆

Is the service safe?	**Good** ●
Is the service effective?	**Good** ●
Is the service caring?	**Outstanding** ☆
Is the service responsive?	**Outstanding** ☆
Is the service well-led?	**Outstanding** ☆

Summary of findings

Overall summary

Sheridan House is registered to provide accommodation for people who require personal care. The service provides care and support for 25 people. The inspection took place on 4 and 5 January 2017 and was unannounced. There were 24 people living at the home at the time of the inspection.

The service was last inspected in July 2013 when it was judged to be compliant with all the areas that we inspected.

There was a registered manager at service who had registered with CQC since our last 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 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.
Sheridan House was very well run by an experienced registered manager and deputies who worked closely together. The service had a positive culture that was person-centred, open, inclusive and empowering. Staff said the registered manager and senior listened to them. Staff welcomed feedback from people living at the home. The registered manager provided strong leadership and was a good role model for all staff. She had established a service where staff were clear about the values and ethos of the home. A person living at the home wrote 'I never thought I would be lucky enough to end my days in such delightful circumstances...Sheridan is part of the Eden Alternative scheme, so we are treated as adults with minds of our own.'

People consistently told us about the excellent care and support they received, these views were echoed by visitors. For example, a visitor wrote 'Sheridan is a warm, safe and caring home. I was astonished at the skill and professionalism of all the staff when my father was going through tough times towards the end. There was a positive solution to everything - and they had time to advise and support me too!' People were supported to lead as independent life as possible for example managing their own medicines and were encouraged to be involved in the running of the home. People said how important it was to feel in control of their lives. There was a sense of collaboration between the registered manager, staff, relatives, visitors and people living at the home; all with the goal to make the home a pleasant place to live, work and visit.

There was a commitment to care for people at the end of their life. Staff were proud of their skills in caring for people who were dying; more experienced staff recognised how younger staff might need support both practically and emotionally. Those who were skilled and passionate about enabling people to have a dignified death were supported by the registered manager to spend time with the person. A health professional said staff knew when to contact them and were quick to pick up on changes to people's health and well-being. They said the skills of the staff group enabled people to "die with dignity" and described the care as "person centred." They said the home was "a peaceful and calm place."

People told us how important it was to them to stay connected to friends and family; there was a strong

sense from a number of people that they were in charge of their life. This approach was promoted by the registered manager, including encouraging people to visit at different times before making a decision to move in. People said they had a clear understanding of the purpose of the assessment before they moved in and had received information about the service so they knew this was part of the process of making a decision around the suitability of the home.

People, or where appropriate their relatives, were involved in developing their care, support and treatment plans. People understood the purpose of their care plan and told us they had agreed the content. It was clear from our discussions with people they had been consulted by staff and records showed they had signed their care plan to agree the content. They were involved in the monthly reviews of their care plan and understood the purpose of them.

People living at the home were at the heart of the events and activities that were arranged. People praised the staff and the role of the activities coordinator and their approach. Visitors echoed these comments, describing the staff member as "brilliant." All staff took a pride in their work and our conversations with them showed they worked as a team to create a better quality of life for people. People met with the cook to organise celebration meals; the cook gave examples of the menus people had chosen and showed us the wide range of birthday cakes they had made for birthdays and seasonal events. There were a wide range of activities and social events based on feedback from the people living at the home. Staff worked as a team to make activities and events as social and pleasurable as possible.

From meeting with the people living at the home, we recognised their sense of identity and maintaining their dignity was extremely important to them. It was clear they viewed their rooms as their private space and had personalised them to reflect their interests and previous livelihoods. The commitment of the providers to create an enabling environment meant a great deal of thought had taken place to how staff and the environment could support people's independence. The layout of the home meant corridors were short to enable people to access their rooms more easily. It also meant that the style of the home did not look institutional. Some people said this design feature meant they did not need the support of staff; we saw people taking their time to move around the building independently.

The home was built to a high standard and reflected the provider's ethos to put people at the heart of the service. In a written statement the providers explained their aim, which included 'the building should be bright with as much natural light as possible to promote wellbeing.' People told us the positive impact the design had made on their daily lives and their sense of well-being. There was a large garden with uninterrupted sea views, which people said they used in good weather. There was a patio area with seating that provided ample room for a group of people to meet. Several people had direct access to the garden from their rooms.

People were complimentary about the approach of staff, such as "very kind"; one person described the home as a "friendly place." Throughout our inspection, the atmosphere was calm and relaxed. People were at ease with one another and with staff. Staff knew people as individuals and carefully changed their approach 'going the extra mile' to ensure people heard them or understood the choices being offered.

People felt safe living at the home. Comments from people living at Sheridan House included "Staff are very kind."; "If you can't be at home, this is the best place to be" and "Really very lovely." People looked at ease in their surroundings and with each other and staff; the atmosphere was calm and unrushed. They did not have concerns regarding the staffing levels which met their physical and emotional needs. Staff had a good understanding of how to keep people safe and their responsibilities for reporting accidents, incidents or concerns. There were checks carried out on the building and equipment to ensure these were safe.

People were positive about the standard of the food and were able to make choices about what they had to eat. Staff took time to explain the ingredients in meals, including puddings to ensure people were making an informed choice. People consistently told us "Food is very good", "I can't fault it at all" and the cook was "very good." People said they spoke with the cook to give them feedback and make suggestions. The cook explained how they worked with people to ensure they understood their individual likes. They showed a strong commitment to ensuring food was not repetitive and was adapted if people's care needs changed, for example if they became unwell.

Staff had the knowledge and confidence to identify safeguarding concerns and acted on these to keep people safe. Safe recruitment procedures ensured that people were supported by staff with the appropriate experience and character. People received their medicines in a safe and caring way. People visiting and living at the home praised the standard of cleanliness and the lack of unpleasant odours. People expressed satisfaction with the standard of the laundry and the quality and comfort of the home's furnishings. All these factors helped maintained people's dignity.

People living at the home said they were confident staff could meet their care needs because they had the right skills. A common theme from their feedback was the staff were "friendly" and put them at ease. Visitors to the home praised the qualities of the staff group and the registered manager. They told us they a good rapport with staff and described the peace of mind it gave them knowing the staff group's commitment to provide a high standard of care and support.

We met with staff who held different roles within the home; they were passionate about providing a high standard of care and support to the people living at the home. Communication amongst the staff team was strong which meant the staff group was kept up to date with people's care needs. People were supported with their health and had access to health and social care professionals, when necessary. Staff were aware of their responsibilities in relation to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards and demonstrated through their practice an understanding of how this impacted in the way they worked.

People said they did not have any cause for complaint, but that they would be able to raise concerns with staff or the registered manager if they needed to. Complaints and concerns were taken seriously and used as an opportunity to improve the service. There were systems to monitor the quality of the service, including responding to suggestions for improvements.

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.

Recruitment practices were well managed. The registered manager could demonstrate that staff were suitable to work with vulnerable people before they started working at the home.
Medicine was safely managed.
Staffing levels met people's emotional and physical needs.
Staff knew their responsibilities to safeguard vulnerable people and to report abuse.
The home's environment was a safe place to live.

Is the service effective?

Good

The service was effective.

Staff had the knowledge and skills required to meet people's individual needs and promote their health and wellbeing. Staff were calm in their approach and gave individuals time and worked at a pace that suited them.

There was good teamwork which ensured each person was given attention.

Staff worked closely with local healthcare services to ensure people's health needs were met. Food was provided to a high standard.

The environment was designed to a high standard and provided people with space to move around, both internally and externally.

People were supported to make their own decisions wherever possible. Staff understood the principles of the Mental Capacity Act which was shown in their approach and practice.

Is the service caring?

Outstanding

The service was outstanding in providing caring support.
The service was exemplary in recognising people as individuals and responding to their preferences. They supported them to have as much choice and control over their lives as possible. This

included end of life care. People were supported effectively and compassionately by staff at the end of their lives.

Staff knew people well and treated them with dignity and respect.

Is the service responsive?

Outstanding ☆

The service was outstanding in providing responsive support.

People received personalised care that was responsive to their changing needs. People, or where appropriate their relatives, were involved in developing their care, support and treatment plans. People understood the purpose of their care plan and told us they had agreed the content.

People living at the home were at the heart of the events and activities that were arranged.

People were supported to retain an active presence in the local community and to maintain their personal interests and hobbies. The staff team organised a varied programme of activities and events.

People and their relatives knew how to raise concerns and make a complaint if they needed to.

Is the service well-led?

Outstanding ☆

The service was outstanding in the way it was run.

The registered manager worked alongside a supportive and committed staff team. Staff worked in a way which reflected the values of the service.

People were supported and encouraged to play an active role in the running and development of the service.

There were systems to monitor the quality of the service, including responding to suggestions for improvements.

Sheridan 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 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.

This inspection took place on 4 and 5 January 2017 and was unannounced. The first day of inspection was carried out by two adult social care inspectors. On the second day, the lead inspector was accompanied by a pharmacist inspector.

Prior to the inspection we reviewed information we held on our systems. This included reviewing whether any statutory notifications had been submitted to us. A notification is information about important events which the service is required to tell us about by law. We had asked the provider to complete 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 spoke to the registered manager and nine staff, who were working at the home on the days of inspection. This included two deputy managers, a maintenance manager and a catering manager. At the time of this inspection, 24 people were living at Sheridan House. We met with people living in the home. We spent time in communal areas of the home to see how people interacted with each other and staff. This helped us make a judgment about the atmosphere and values of the service. We spoke with nine people about their experiences at Sheridan House. However, some other people were not able to comment specifically about their care experiences, so we used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people living with dementia. We also spoke with two visitors to hear their views about the service.

We looked at a sample of records relating to the running of the home and to the care of people. We reviewed three care records, including risk assessments, care plans and medicine administration records. We reviewed two personnel records and three training records for staff in the home. We were also shown policies, procedures and quality monitoring audits which related to the running of the service.

During the inspection we spoke with a health professional, who was a part of a larger team who regularly visited the home.

Good

Is the service safe?

Our findings

People felt safe living at the home. Comments from people living at Sheridan House included "Staff are very kind"; "If you can't be at home, this is the best place to be" and "Really very lovely." People looked at ease in their surroundings and with each other and staff; the atmosphere was calm and unrushed. They did not have concerns regarding the staffing levels and showed us their call bells so they could ring for support if they needed to.

There were sufficient staff to meet people's needs. People told us staff were available when they needed them. The registered manager worked with senior staff to identify the staffing levels necessary to keep people safe and cared for. An assistant manager said there were two assistant managers, two team leaders, two care workers as well as a cook, activities coordinator and housekeeping staff. There was also a maintenance manager on site. In addition the registered manager and the catering manager worked across both Sheridan House and its sister home, located in the same road.

Staff had the knowledge and confidence to identify safeguarding concerns and acted on these to keep people safe. Training records showed that all staff had completed training in how to safeguard vulnerable adults from the risks of abuse. Staff were able to describe what they would do if they had a concern. This included reporting to senior staff or the registered manager or outside agencies. Staff said they were confident that action would be taken if they raised a concern. The registered manager understood their responsibilities in terms of reporting, and where appropriate, investigating safeguarding concerns. This included working with the local authority to ensure the risks of a similar incident happening would be reduced.

Safe recruitment procedures ensured people were supported by staff with the appropriate experience and character. Staff files included application forms, records of interview and appropriate references. Records showed that checks had been made with the Disclosure and Barring Service (DBS) to make sure people were suitable to work with vulnerable adults. The DBS is a criminal records check which helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Records also confirmed that staff members were entitled to work in the UK.

People received their medicines in a safe and caring way. People were asked if they needed any medicines that had been prescribed for them on a 'when required' basis, for example pain relief. People were encouraged to look after their own medicines if they wished, and after it had been assessed as safe for them. A person living at the home told us how this arrangement worked well. Lockable storage was available in every room for people to keep their medicines safely.

Other people had their medicines given by staff who had received training, and had been assessed to make sure they gave medicines safely. There were clear records of medicines administered to people or not given for any reason. This helped to show that people received their medicines correctly in the way prescribed for them. Care staff also recorded the application of creams or other external items.

One person was prescribed a medicine that needed additional monitoring and regular blood tests. Staff kept the results of the most recent blood test and the current dose with the administration records. This meant that staff were able to ensure they always gave the correct dose. Policies and procedures were available to guide staff. There was information in people's care plans about their current medicines, including guidance for administration if medicines were prescribed 'when required' so staff knew when it was appropriate to give them.

Records showed there was an audit of how medicines were managed and handled in the home. We saw that any issues with medicines were picked up, reported and handled appropriately. Medicines were stored securely and at the correct temperature. There were suitable storage arrangements and records for some medicines that required additional secure storage. We checked these with a member of staff and confirmed that the amounts present were correct.

People were supported to take risks to retain their independence; any known hazards were minimised to prevent harm. For example the registered manager described when one person had moved into the home, there had been best interest meetings to consider how they were enabled to visit the local town. The registered manager explained that whilst they had had systems to ensure that the person returned by a specified time, these systems were no longer necessary because of a reduced risk and the person was now "free to come and go as they pleased."

Staff had a good understanding of how to keep people safe and their responsibilities for reporting accidents, incidents or concerns. There were checks carried out on the building and equipment to ensure these were safe. For example we saw evidence that hoists were regularly maintained and serviced every six months. Where issues were identified, records showed repairs had been carried out and signed off. The maintenance manager showed us records of the checks they carried out on fire safety equipment on a weekly basis. A monthly check on each person's room was carried out as part of the review of their care and where issues were identified, these were addressed in a timely manner.

People visiting and living at the home praised the standard of cleanliness and the lack of unpleasant odours. People expressed satisfaction with the standard of the laundry and the quality and comfort of the home's furnishings. All these factors helped maintained people's dignity.

Good

Is the service effective?

Our findings

People living at the home said they were confident staff could meet their care needs because they had the right skills. A common theme from their feedback was the staff were "friendly" and put them at ease. For example, one person discussed with us their views on the staff group; they said "Everything was done with the best of intentions." People said the registered manager was a good judge of character and chose the staff well. They said most new staff were introduced to them and described how staff had the right approach and were confident when they provided care. A staff member told us how much they enjoyed working at the home describing it as "family orientated" in its approach; they said "I get up and I want to go to work."

Visitors to the home praised the qualities of the staff group and the registered manager. They appreciated guidance and advice from staff and the registered manager and their knowledge, particularly around end of life care. They told us they had a good rapport with staff and described the peace of mind it gave them knowing the staff group's commitment to provide a high standard of care and support. They pointed out that their relationships with staff included people working in all areas of the home, including the laundry, kitchen and activities. They recognised how all the staff worked together as a team and all contributed to the well-being of their relatives.

We met with staff who held different roles within the home; they were passionate about providing a high standard of care and support to the people living at the home. This came across in their descriptions of their responsibilities in their individual roles and working as a team. One staff member said "we can rely on each other." Their conversations demonstrated how well they knew people and how they considered them to be at the heart of their practice and approach. For example, one staff member was able to reflect on their role to bring people together and to listen to their wishes rather than impose what they felt people needed. The staff group recognised the importance of training and updating their skills.

Staff were supported with training and supervision to ensure they had the knowledge and skills necessary to meet people's needs. Training records showed staff had completed training in courses including fire safety, first aid, medicine administration, manual handling, infection control, food hygiene, safeguarding vulnerable adults, health and safety. Staff were enthusiastic about the training available and how they were supported to develop their learning and knowledge.
In addition, staff had been supported to undertake training to meet specific needs, for example some staff had completed training in end of life care, diabetes and stoma care. Staff were also encouraged to undertake nationally recognised qualifications in care to support their knowledge and understanding. Records showed that most staff had either completed, or were in the process of completing a qualification in care.

Staff were also supported with regular supervision. This included meeting with their line manager and being observed in their working practice. The registered manager said that to ensure staff were all working safely and effectively, they had introduced a training and supervision programme in May 2016 called 'Back to Basics' programme. This promoted a range of skills, including report writing; foot care; personal care; pressure area/skin care; observations and communications. If issues were identified with a member of

staff's practice, an action plan was developed to support them to improve.

When new staff were recruited, the registered manager reviewed the type of support they needed. The registered manager said if a new recruit had not worked in care before they would be expected to complete the Care Certificate. The Care Certificate was developed by Skills for Care. It is a set of 15 standards that all new staff in care settings are expected to complete during their induction. New staff were also expected to shadow more experienced staff until they were assessed as competent to work on their own, which staff confirmed. As part of the induction programme, new staff also completed the 'Back to Basics' programme and shadowed experienced staff, who gave feedback on their performance to the management team.

Communication amongst the staff team was strong which meant the staff group was kept up to date with people's care needs. For example, we observed a handover meeting between staff who were finishing the morning shift and staff who were coming on duty. This information included whether people had received personal care, what they had eaten and any new or unusual health issues relating to each person and the actions that had been taken.

There were good written records in place to ensure there was a clear audit trail of the care provided. Daily notes were written up on a form which meant that all staff had access to key information following the meeting. They provided a concise summary of key issues, such as pressure care and whether the person had had a fall. Staff said the form was very useful as they were able to see at a glance a summary of the person and current needs or issues they might have. Night staff completed a summary of the care they provided, which contained good details, such as the number of drinks they had been given during the night.

People said they had access to health and social care professionals such as GPs, community nurses and dentists, which records confirmed. Some people chose to contact them direct while others appreciated the support of staff to make appointments. Staff were proactive in helping to keep people well and took action if they were not. A visiting health professional whose team had regular contact with the service praised the standard of care, including recognising changes in people's health and well-being. They said communication was good so they did not have to repeat information as it was shared effectively; their advice was acted upon in a timely manner and staff were enthusiastic about learning from health staff. People's care plans clearly documented their health needs and were updated when people's care needs changed or increased. For example, when people became frailer due to end of life care and needed increased support and new equipment.

People were positive about the standard of the food and were able to make choices about what they had to eat. People chose their meals for the following day using an order sheet. However staff said that if someone changed their mind about what they wanted to eat, they were offered alternatives. We saw examples of this flexible approach during lunch. Staff took time to explain the ingredients in meals, including puddings to ensure people were making an informed choice.

People consistently told us "Food is very good", "I can't fault it at all" and the cook was "very good." They said they were asked about their preferences and individual dietary needs when they moved to the home. People said they spoke with the cook to give them feedback and make suggestions. People's dietary needs and preferences were documented and known by the catering staff and care staff. There were records of people's individual dietary needs including allergies.

The cook explained how they worked with people to ensure they understood their individual likes. They showed a strong commitment to ensuring food was not repetitive and was adapted if people's care needs changed, for example if they became unwell. People were supported with specialist dietary requirements

where necessary. For example where people were assessed as at risk of choking, they were supported with a soft diet. Staff also prepared meals with a higher calorific value for people who were at risk of losing weight.

Staff explained that there were seasonal menus which were changed every five or six weeks. People said they were involved in the choice of meals on the menus and were able to make suggestions about particular dishes.

The home was built to a high standard and reflected the provider's ethos to put people at the heart of the service. In a written statement the providers explained their aim, which included 'the building should be bright with as much natural light as possible to promote wellbeing.' People told us the positive impact the design had made on their daily lives and their sense of well-being. The large windows with low window frames meant people could appreciate the views whether standing, sitting or in bed. The size of the bedrooms meant people were able to create different areas to represent different aspects of their lives, such as a dining space, seating area or a place to sit and write. Rooms facing the beach had spacious balconies while rooms looking onto the road had a larger internal space. Underfloor heating meant people had more choice about where they placed their furniture as they did not need to consider the position of radiators.

There was a large garden with uninterrupted sea views, which people said they used in good weather. There was a patio area with seating that provided ample room for a group of people to meet. Several people had direct access to the garden from their rooms; one person told us they were looking forward to warmer weather so they could sit with the door open and enjoy the sea air. Others said they enjoyed the view from their balcony. There were plans to develop one area of the garden to provide raised beds and additional seating for people. Consideration had been given to the width of garden paths and the width of corridors so staff could walk alongside people who needed additional support.

The Mental Capacity Act (MCA) 2005 provides the legal framework to assess people's capacity to make certain decisions at a certain time. When people are assessed as not having the capacity to make a decision, a best interest's decision is made involving people who know the person well, such as relatives or friends, and other professionals, where relevant.

Where people are deemed to not have capacity to make a decision about a particular issue, it may be necessary to consider whether they are being deprived of their liberty in relation to the issue. If this is found to be the case, an application for a Deprivations of Liberty Safeguards (DoLS) authorisation must be made. In these circumstances the provider must do all they can to find the least restrictive ways to meet the person's needs. DoLS provide legal protection for those vulnerable people who are, or may become, deprived of their liberty. The safeguards exist to provide a proper legal process and suitable protection in those circumstances where deprivation of liberty appears to be unavoidable and, in a person's own best interests.

The registered manager knew where someone lacked capacity to make a specific decision, a best interest assessment needed to be carried out. They provided us with an example of when this had happened. However, they told us at the current time there was no-one living at Sheridan House who required an application for a DoLS. The day to day practice of staff and feedback from people living at the home showed staff had an understanding of the principles of the MCA. A health professional told us the registered manager had a good understanding of DoLS and their responsibilities. People or their legal representatives were involved in care planning and their consent was sought to confirm they agreed with the care and support provided.

Outstanding ☆

Is the service caring?

Our findings

The registered manager and staff team demonstrated a commitment to providing the best possible care at the end of people's life. The home's brochure stated 'It is the policy of the home to enable residents to stay at the home when their medical condition becomes terminal (providing the home is able to meet their needs). End of Life Care is an area of care that the home is especially proud of.' The registered manager recognised the importance of providing staff with the right skills to support people who had end of life care needs. They had taken part in a project run by a local charity specialising in palliative and end of life care to audit their skills and received positive feedback. A health professional said staff knew when to contact them and were quick to pick up on changes to people's health and well-being. They said the skills of the staff group enabled people to "die with dignity" and described the care as "person centred." They said the home was "a peaceful and calm place." They also added staff and the registered manager acted responsibly and recognised when people's care needs were outside their area of expertise.

The culture of the home was to value people and provide individualised care and support both for the people living at the home and their families. This approach continued into end of life care and was adopted by all staff members who worked as a team. A visitor introduced us to their relative who was very frail and near the end of their life. Staff had ensured they were warm and comfortable; the activities person was just leaving as we arrived. They had spent time with them as they were no longer able to join in with group activities. This meant their well-being was being nurtured as well as their physical health. Another visitor described the same approach with their relative. All the staff team recognised their responsibility to care for people as their health deteriorated and to try and maintain their quality of life. For example a visitor described how their relative was becoming frailer and had been unwell. The cook had made them an individual portion of honey and carrot soup to encourage them to eat; they praised their thoughtfulness.

A health professional praised the registered manager's responsive attitude to purchasing equipment as people became frailer. They gave the example of how a person had become distressed by the noise of specialist air mattress; this had been quickly been replaced by a new top of the range silent specialist mattress. The health professional praised this person centred approach and recognition of the person's individual emotional needs.

Staff were proud of their skills in caring for people who were dying; more experienced staff recognised how younger staff might need support both practically and emotionally. They also said within the team different staff had different skills. This meant those who were skilled and passionate about enabling people to have a dignified death were supported by the registered manager to spend time with the person. A staff member described how this had happened recently. People living at the home told us about how the death of another person was shared with them by staff. They said staff were sensitive with how this news was shared, particularly if there was a close friendship between people living at the home. They were supported to attend funerals if they wished to. One person described how staff respected their own change of routine after a bereavement to give them space to grieve.

In the Provider Information Return, the registered manager said 'our residents have been referred to their GP

to ensure they have the opportunity to complete a TEP (Treatment Escalation Plan' form.' This meant people had the opportunity to discuss their end of life wishes with a health professional and have control over how care was delivered to them. Each care plan we reviewed had this form in place.

Visitors praised the thoughtfulness of the staff and the registered manager. The home had received six thank you letters and compliments from families during 2016. Comments included 'We are so grateful for the amazing care…always so attentive to his every need. He was very happy at Sheridan House.'; 'You all made mum so happy. She enjoyed all the lovely food. … Mum thought you were all truly amazing people.' And 'thank you and your staff for the love and care that you have given Mum.'

People were complimentary about the approach of staff, such as "very kind"; one person described the home as a "friendly place." Throughout our inspection, the atmosphere was calm and relaxed. People were at ease with one another and with staff. They laughed with one another, for example at lunchtime or as they passed in the corridor. Staff knew people as individuals and carefully changed their approach 'going the extra mile' to ensure people heard them or understood the choices being offered. For example, the cook met with a person who had a specific diet. They discussed meals together to ensure the person's diet was varied; the cook's positive approach enabled the person to bring recipes to the kitchen to discuss adding them to the menu.

People mattered and care and attention was given to every small detail. In a group activity, a staff member's approach was gentle and subtle in the way they ensured people with some memory loss were not excluded. This light touch meant people in the group could relax and not become frustrated or anxious about missing their turn or forgetting the rules of the game. This staff member was particularly skilled in drawing people into discussion and making people feel included; they recognised some people liked to be observers rather than participants in activities but ensured they were still part of the group. We saw how one person responded well to this approach and their body language showed they appreciated the inclusion, which maintained their dignity.

From meeting with the people living at the home, we recognised their sense of identity and maintaining their dignity was extremely important to them. From our conversations, it was clear they viewed their rooms as their private space and had personalised them to reflect their interests and previous livelihoods. People gave examples of how staff respected their dignity, such as knocking on their door before entering. Staff could explain the steps they took to ensure they maintained people's dignity when they assisted them with intimate personal care tasks. All the rooms were en-suite, which people appreciated as this gave them more privacy.

People could lock their bedroom door and they described how they differentiated between communal life and their life in their own home, which was their room. The provider said the rooms were designed to reflect studio apartments. Some people had their own kettles in their own rooms, others made their own drinks from an area in the dining room and other people said they preferred staff to make their drinks. Staff checked with them throughout the day whether they would like another drink. Staff did not presume people's response but checked if they needed assistance.

People had their own phones and broadband access. People told us how important it was to them to stay connected to friends and family in this manner; there was a strong sense from a number of people that they were in charge of their life and were in control. This approach was promoted by the registered manager, including encouraging people to visit at different times before making a decision to move in. People said they had a clear understanding of the purpose of the assessment before they moved in. They had received information about the service so they knew this was part of the process of making a decision around the

suitability of the home.

One person commented on the skill of the registered manager during this process. They described how the registered manager chatted with them and put them so much at ease it was not until the end of their visit, they realised that this was part of the assessment. A visitor said their relative had benefited from the skilled approach of the registered manager who had visited them in their own home and "hit it off" with the person and put them at ease while they assessed their care needs. The registered manager was experienced and told us how they and staff had learnt to assess people's care needs in an informal manner to ensure that it did not feel intrusive.

A welcome letter in the home's brochure thanked people for visiting, it said 'We also hope you experienced the warm, friendly atmosphere that our staff work so hard to create...we try to ensure our residents feel valued, respected and cared about in a relaxed, homely environment. We support our residents to maintain as much independence as they are able.' Once people moved to the home, staff took time to ensure their individual physical and emotional needs were recorded as part of the assessment, which was then developed into a care plan with each person and where appropriate their representatives. People understood the purpose of the care plan and told us about their involvement in regular reviews.

The commitment of the providers to create an enabling environment meant a great deal of thought had taken place to how staff and the environment could support people's independence. Design features, such as contrasting colour light switches, wide doorways with level access and wet rooms were all features to maximise people's independence, including people with sight loss or who were less mobile. Staff subtly encouraged people's independence negotiating with individuals how much help they needed to maintain their dignity. The layout of the home meant corridors were short to enable people to access their rooms more easily. It also meant that the style of the home did not look institutional. Some people said this design feature meant they did not need the support of staff; we saw people taking their time to move around the building independently.

Outstanding ☆

Is the service responsive?

Our findings

People living at the home were at the heart of the events and activities that were arranged. People praised the role of the activities coordinator and their approach. Visitors echoed these comments, describing the staff member as "brilliant", particularly when their relative's care needs increased. They described how people were enabled to join in social events when they were frailer, such as BBQs but also benefited one to one time with the activities coordinator so they could pursue their individual interests, such as completing crosswords.

We met with the staff member and were impressed by her commitment to ensure there was an inclusive, friendly and welcoming atmosphere to everyone living at the home. They spent time getting to know each person when they moved into the home so that they could tailor the activities to meet their individual interests. We saw them visiting a person in their room who had recently moved to the home. Where people preferred to do activities on their own, staff supported them to do activities of their choice. People showed us the weekly programme of events that was delivered to their room so they could choose what they wished to attend; there were also opportunities for people to suggest impromptu activities, such as going for a walk.

A 'wish tree' which was located in the main reception. People were encouraged to 'make wishes' and hang them on the tree. Staff would then look at ways to support people with their wishes. For example one person said they would like to hear opera. Staff had arranged for an opera to be televised which the person and other people had enjoyed. Other wishes included to go paddling in the sea (this was planned for when the weather improved); to go shopping in a local town, and to watch some Fred Astaire movies. One person wished to stargaze with their grandchildren. Staff had discussed this with their relatives who had said they would like to arrange it themselves and had made it happen. When people made a wish, staff sent them an acknowledgement letter and thanked them for doing this. This meant people's involvement was valued.

All staff took a pride in their work and our conversations with them showed they worked as a team to create a better quality of life for people. The registered manager said that each person's birthday was seen as an opportunity for them to celebrate if they wished. If they chose to celebrate, they were supported by staff to send out individual invites to everyone living at the home to join them in a meal of their choosing. Staff explained this had led to a positive response from people. For example, some who people chose to spend the majority of their time in their rooms would choose to mix with others on these types of occasions.

People met with the cook to organise the meal; the cook gave examples of the menus people had chosen and showed us the wide range of birthday cakes they had made for birthdays and seasonal events. These were made to a high professional standard. For seasonal events, they had created attractive table displays, for example for a garden party, a Christmas party and a leaving party for a person who had lived at the home for a long time but was moving to another area. The cook provided snacks and treats for different social events, such as chocolate or strawberries when people played cards. People also enjoyed participating in an alcoholic drink together. Staff worked as a team to make activities and events as social and pleasurable as possible.

The home's brochure provided information on activities and events arranged by the activities coordinator alongside the people living at the home. It explained how the activities coordinator 'encourages our residents to support each other and to organise activities themselves.' For example, one person living at the home had set up a weekly music appreciation meetings which enabled people to share their tastes in music and meet socially.

People were able to choose what activities they took part in and suggest other activities they would like to complete. There were opportunities for people to take part in regular weekly group activities such as 'knit and natter', arts and crafts, a reading group and a cinema club. A weekly discussion group was run to discuss current topical issues. People living at the home nominated outside speakers to visit the home. For example, the local member of parliament had been invited to join the group on one occasion to discuss the referendum to leave the European Union. Other speakers had included people from national charities, local representatives such as the mayor and agencies linked to cyber security.

Other regular activities included card games, Scrabble, holy communion and sessions from visiting musicians, such as a harp player. In addition there were exercise classes, including Tai Chi and Pilates which people could join. During the previous summer, staff had brought miniature ponies to the home; photographs showed people interacting with the ponies in the garden with obvious enjoyment. People were also supported to go on trips to local places of interest, such as an art exhibition or a garden centre. The garden in the home was maturing and shrubs and annuals were regularly added to it.

People received personalised care that met their individual needs. People, or where appropriate their relatives, were involved in developing their care, support and treatment plans. People understood the purpose of their care plan and said they had agreed the content. It was clear from our discussions with people they had been consulted by staff and records showed they had signed their care plan to agree the content. They were involved in monthly reviews of their care plan and understood the purpose of them. Care plans were personalised and detailed daily routines specific to each person. Speaking with staff they were able to explain how they worked alongside different people and their different approaches to suit their individual needs. Staff and the registered manager were responsive to people's changing needs. For example, they were able to update us on their change of approach for a person living at the home and how they needed more reassurance and understanding.

The person's care plan reflected these changes and provided clear guidance for staff to follow. A visitor said their relative had become frailer and in response to a rapid deterioration in their health a new piece of equipment had been bought the next day. They said "hoisting became a joy" due to the skills of the staff and the responsive approach to purchasing the equipment. They told us staff and the registered manager were very good at seeking the advice of health professionals and "implemented advice instantly." A health professional praised the registered manager for her commitment to funding pieces of equipment in a responsive manner. Two other care plans had similar levels of individualised information, which was up to date and reviewed regularly.

People said they did not have any cause for complaint, but that they would be able to raise concerns with staff or the registered manager if they needed to. Complaints and concerns were taken seriously and used as an opportunity to improve the service. There had been two written complaints and these had been investigated thoroughly. Records showed a response had been given to the complainant within a week of the complaint. A detailed explanation had shown where possible, action had been taken to address the cause of concern. The registered manager explained people were involved in their care reviews each month, and as part of this meeting were asked whether there were any concerns or issues that they wanted to address.

Outstanding ☆

Is the service well-led?

Our findings

The registered manager provided strong leadership and was a good role model for all staff. She had established a service where staff were clear about the values and ethos of the home. The service had a positive culture that was person-centred, open, inclusive and empowering. Staff said the registered manager and senior staff listened to them. They appreciated the sense of working together as a team, their comments included "everyone tries their best" and they said the atmosphere was friendly and welcoming. The registered manager said staff bonding was encouraged through social activities which staff chose and were paid for by the provider.

The registered manager said in the Provider Information Return (PIR) they held an 'Investors in People award which champions our commitment to the learning and development of our staff. We belong to the Champion's of Dignity initiative and openly promote true person centred care. We are also advocates of the Eden alternative Principles for Long term care which again promotes person centred care and works to eliminate the three plagues of old age namely; boredom, loneliness and helplessness.' Eden Alternative principles for long term care is an international organisation seeking to improve the quality of life for older people. A person living at the home wrote 'I never thought I would be lucky enough to end my days in such delightful circumstances...Sheridan is part of the Eden Alternative scheme, so we are treated as adults with minds of our own. There are numerous activities to be enjoyed when we want. Bridge, whist, art, music, discussions, knitting, nattering and trips all over the area. The staff are delightful. The care could not be better. The view is pretty good too!'

Staff were supported to reach their true potential. The registered manager wrote in their PIR 'We have team leaders rather than senior care staff, as team leaders lead by example and promote best practice wherever they can.' Staff were supported to develop their true potential, through induction, care certificates and NVQs together with a wide range of additional training courses which assist in providing our staff with skills and knowledge essential to their roles.' Feedback on a national NHS website from January 2017 said 'Sheridan is a warm, safe and caring home. I was astonished at the skill and professionalism of all the staff when my father was going through tough times towards the end. There was a positive solution to everything - and they had time to advise and support me too! Dad continually said "I am a very lucky man". He was so fond of all the caring staff, the catering staff, and he enjoyed all the beautifully organised activities.'

The service had a well-developed understanding of equality, diversity and human rights and put these into practice. For example, events were arranged based on people's feedback to support people's interests in politics, both local and national and supporting people to understand cyber security and how to protect themselves. This meant the service worked in partnership with people who could provide information and guidance to enable people living at the home to be better informed.

People were supported to lead as independent life as possible for example managing their own medicines and were encouraged to be involved in the running of the home. For example, people ran activities of their choice, such as a music appreciation group. The registered manager explained how they had updated the brochure for the home. They adapted the draft following feedback from a steering group made up of people

living at the home and their relatives.

People told us how important it was to feel in control of their lives and they gave us examples of how the approach of the registered manager promoted this in the running of the home and the attitude of staff. One person said of the registered manager "I am very pro (the registered manager)"; people knew who the registered manager was and who the management team were. There was a sense of collaboration between the registered manager, staff, relatives, visitors and people living at the home; all with the goal to make the home a pleasant place to live, work and visit.

The registered manager explained that a major fire in a hotel in Devon had been a recent discussion topic with staff and people in the home. They had therefore agreed with people to have a fire safety awareness month in November 2016. During this month, staff had reviewed people's personal emergency evacuation plans (PEEPS) with the person to ensure they were accurate. This had given people the opportunity to ask questions about any fire safety aspects they were unsure of. For example, what staff would do to support them in the event of a fire and where they would meet. This meant people had the support they needed to help them understand how to prevent fires as well as how to stay safe in the event of a fire. The registered manager said this had been very helpful in providing assurance to people that they knew what they should do if a fire broke out in the home.

The registered manager had developed the staff team to consistently display appropriate values and behaviours towards people. For example, they understood the importance of ensuring all staff worked to a consistent standard of care and had introduced a system to monitor this. This was called 'Back to Basics' which provided the registered manager and senior staff assurance about how staff interacted with people when providing care and support. People living at the home could describe a staff member who they felt they could go to with issues or concerns. One person described how their request for more privacy in the evening had been listened to and acted upon.

Staff welcomed feedback from people living at the home. For example, people stopped at the kitchen door and chatted with the cook and gave ideas and suggested changes to the menu. The cook had met with a person with particular dietary requirements and could demonstrate the thought they had given to ensure variety in their diet. They had encouraged the person to comment on each new dish to see if it was successful.

The registered manager was also the provider. They took an active role in the daily running of the home. They said this helped them to monitor the quality and safety of the care provided. Quality assurance systems were in place to monitor the quality of service being delivered and the running of the home. These included regular checks and audits of the home and equipment including testing water systems for legionella; fire safety systems, checks on lifts and hoists.

The registered manager had a monthly quality assurance checklist which they used to monitor the quality of care. The checklist included care plan reviews; a falls audit; a pressure care audit; a review of risk assessments for nutrition; constipation/continence; moving and handling. The registered manager said the review of records meant they were able to consider whether there were any patterns or trends that might need to be considered. For example they reviewed records of any falls that had occurred to see if there were any trends.

They described how they were developing this checklist as they recognised the need to not only maintain standards but also look for ways to improve the system. The registered manager also reviewed staff ratios, call bell response times, accident and incidents, compliments and complaints. Records showed that

actions had been taken to address any concerns identified.

The registered manager had developed a tabulated form for staff to capture information daily about each person. Staff explained that the form allowed them to respond very easily if a health professional asked about a particular person as the information was easy to find because of the layout. For example staff were able to see by looking at the fourth column whether the person had had any falls that week. This meant that staff were also able to monitor patterns or trends that were emerging. A visiting health professional said staff worked in partnership with them which benefited the people living at the home. There was a system in place so that care plans were reviewed each month. It also helped staff who had been off for a number of days, to know which care plans had been reviewed so they could check their knowledge was up to date. The service improvement plan showed there was an ongoing process of monitoring the quality and safety of the services provided.

The registered manager had notified CQC about significant events. We used this information to monitor the service and ensure they responded appropriately to keep people safe.