

Chestnut House Nursing Home Limited

Sherdley Manor

Inspection report

Mill Lane
St Helens
Warrington
Cheshire
WA9 4ET

Tel: 01744813815

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10 December 2018
13 December 2018

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service:

Sherdley Manor is a care home that provides personal and nursing care for up to 23 people aged 65 and over. Twenty-one people were living at the service at the time of this inspection.

People's experience of using this service:

Improvements had been made since the last inspection so that mental capacity assessments and best interest decisions were completed in line with the Mental Capacity Act (MCA). People's needs and wishes were assessed and planned for. Care plans identified the intended outcomes for people and how their needs were to be met. People received care and support from appropriately trained staff. People were offered a nutritious and balanced diet and their healthcare needs were understood and met.

Systems for assessing and monitoring the quality and safety of the service were more effective in identifying areas for improvement within the service. People, family members and healthcare professionals described managers as approachable and supportive. Systems were in place to gather people's views on the service.

We have made a recommendation about the management of medicines. People were protected from abuse and the risk of abuse and staff understood their role in relation to this. People and their family members told us that the service was safe. Risks to people and others were identified and measures put in place to minimise harm. Good infection control practices were followed to minimise the risk of the spread of infection. Regular safety checks were carried out on the environment and equipment.

Staff were knowledgeable about people's needs and how they were to be met. People told us they received care and support in line with their care plan. People and their family members knew how to raise a concern or make a complaint about the service.

People were treated with kindness and respect by staff who knew them well. Staff provided care and support in a calming, relaxing manner with positive outcomes for people.

Details are in the key questions below.

Rating at the last inspection: Required Improvement (report published on 22 November 2017).

Why we inspected: this was a planned inspection based on the rating of the last inspection. The rating for this service has improved to good overall.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our inspection programme. If any concerning information is received we may inspect sooner.

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 safe.

Details are in our findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our finding below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our findings below.

Good ●

Sherdley Manor

Detailed findings

Background to this inspection

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

Inspection team: One adult social care inspector conducted the inspection.

Service and service type: Sherdley Manor is a care home. People in care homes receive accommodation and personal care. CQC regulates both the premises and the care provided and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection: Both days of the inspection were unannounced.

Inspection site visit activity started on 10 December 2018 and ended on 13 December 2018.

What we did: Our inspection plan took into account information that the provider had sent to us since the last inspection. We also considered information about incidents the provider must notify us about, such as abuse; and we looked at issues raised in complaints and how the service responded to them. We obtained information from the local authority commissioners and safeguarding team. We used all of this information to plan our inspection.

During the inspection, we spoke with 14 people using the service, three family members and two visiting health care professionals. We spoke with the registered manager, deputy manager and five members of care staff.

We looked at three people's care records and a selection of medication administration records (MARs). We looked at other records relating to the monitoring of the service, including records of checks carried out

around the premises, the training records of staff and the recruitment records for two staff employed since the last inspection.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Using Medicines Safely:

- Staff followed safe medicines policies and procedures and good practice guidance most of the time.
- A short course of tablets prescribed for one person was found in the medicines cabinet. The medicines had not been opened. There was no record of the medicines being delivered to the service. There was no evidence that the person had experienced any harm through not taking the medicines.

We recommend that the provider reviews the systems in place for the receipt of medicines.

- All medicines were safely stored.
- Staff responsible for managing people's medicines had completed training and their ability to manage medicines safely had been checked by a pharmacist.
- Information and guidance was available to staff about how and when to administer medicines prescribed for people on an 'as required basis (PRN). This was an improvement from the previous inspection.
- Medication administration records (MARs) contained information about people's medicines and were completed after medicines were administered.

Systems and processes to safeguard people from the risk of abuse

- Effective safeguarding procedures were in place. Staff had completed safeguarding training and had access to information about how to protect people from harm. Staff knew how to refer any concerns they about people's safety.
- Records containing people's personal information were stored securely only accessible to relevant staff. Electronic records were password protected.
- People told us they felt safe living at the service. Their comments included; "It is safe" and "I like it here, no-one will touch me." One person said "I would be happy to live here as it's nice and safe."
- Family members told us they were confident that their relative was safe from harm.

Assessing risk, safety monitoring and management

- Regular safety checks were carried out on the environment and equipment used.
- Emergency procedures were in place. Each person had an up to date personal emergency evacuation plan (PEEP). The contingency plan for use in the event of emergencies was kept in the office and was only accessible during office hours. We discussed this with the manager and they agreed to relocate it so it was accessible always.
- Staff had access to policies and procedures in relation to health and safety and had received training in this area.
- Risks to people were identified and plans were in place to minimise those risks.
- The service had been awarded the Platinum award by the local authority for their work around falls prevention.

Staffing and recruitment

- The recruitment of staff was safe. Appropriate checks were carried out on applicants suitability for the role before they were offered a job.
- Sufficient numbers suitably trained and experienced staff were on duty to safely meet people's needs.
- People told us their needs were always met by the staff on duty. Their comments included "There is always someone around to help" and "I never have to wait too long for anything."

Preventing and controlling infection

- Systems were in place to safely manage and control the prevention of infection. Staff had received training and procedures were in place to maintain a safe clean environment for people to live.
- Personal Protective Equipment (PPE) was available throughout the service. Staff were seen to use PPE when supporting people with specific tasks to prevent the spread of infection.

Learning lessons when things go wrong

- Lessons were learnt and improvement made following accidents and incidents.
- Accident and incidents which occurred at the service were recorded and analysed to look for any patterns and trends and ways of minimising further occurrences.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Systems were in place to assess and review people's needs and wishes in line with legislation and best practice.
- People's individual needs were assessed to ensure they could be met at the service.
- People, their family members and health and social care professionals were fully involved in the assessment and planning of people's care. For example, two health care professionals were visiting a person who was planning to return to their own home. Staff were involved in the planning for the person to ensure that their needs would be met. The healthcare professionals commented "The staff are very good."
- Care plans contained professional guidance and information about how people's needs were to be met.

Staff support: induction, training, skills and experience

- Staff had the right knowledge, skills and experience to meet people's needs effectively.
- Staff told us that training was available to ensure that they had up to date knowledge for their role.
- Staff competency was regularly assessed for specific tasks within their roles.
- People and their family members spoke positively about the skills and knowledge of staff. Their comments included, "They know what they're doing with me." A family member told us "Staff are very experienced, they meet my mums needs very well."
- The provider had recently employed a trainer to deliver training and advice to staff throughout the service.
- Staff received an appropriate level of support for their role.

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

- People were protected from poor nutrition and dehydration. People had access to a choice of sufficient food and drinks throughout each day and night
- People had a choice of where they ate their meals and their meals were served fresh and at the correct temperature.
- People spoke positively about the food. Their comments included, "It's always very nice" and, "I really enjoy my meals."

Supporting people to live healthier lives, access healthcare services and support

- Where people required supported from healthcare professionals this was arranged. Staff requested visits from other health a community nurse to support the needs of a person who was unwell.
- Staff had access to professional guidance relating to people's specific medical conditions.
- Any support people needed with their healthcare needs were recorded in their care plan.

- Systems were in place to ensure that important information about people's needs was shared when they were admitted to hospital.
- People told us that staff would always arrange for them to see a doctor if they were unwell.

Ensuring Consent to care and treatment in line with law and guidance.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Where people did not have capacity to make specific decisions, systems were in place to ensure they had maximum choice and were supported in the least restrictive way possible. This was an improvement since the last inspection.
- Staff involved people in decisions about their care. Staff used appropriate forms of communication to maximise people's choices relating to their day to day care and support.
- When people were deprived of their liberty, managers worked with the local authority to seek appropriate, lawful authorisation.
- Family members told us that they had been involved in best interest meetings in relation to their relatives.

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

- The layout of the building enabled people freedom of movement around the service.
- Some parts of the environment had recently benefited from re-decoration. Signage was in place to assist with people's orientation.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as

Ensuring people are well treated and supported; equality and diversity

- People were treated with kindness, dignity and respect. People's comments included, "The staff are wonderful", "Staff are very supportive" and "Staff are very kind." Family members comments included "Care is brilliant" and, "Staff use distraction and calming approaches to help a person relax." A family member of one person told us, "If my [Relative] had not moved into the service and received the care they did, they would not have survived the last few years."
- Staff knew people well and it was evident from their interactions with people that positive relationships had been formed.
- Staff understood and supported people's communication needs. Staff spoke with people clearly whilst maintaining eye contact and where it was required they used non verbal methods to communicate with people.
- People, along with family members, had been given the opportunity to share information about their life history, likes, dislikes and preferences. Staff used this information to engage people in meaningful conversations and activities.

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

- People and family members were encouraged share their views about the care provided.
- Regular care reviews gave people and relevant others the opportunity to express their views about the care provided and make any changes if they wished to.
- Family members confirmed they had been involved in supporting their relatives to make decisions about their care and support. Comments included, "I am always included in discussions about mum's care" and "Always kept informed of any medication changes."

Respecting and promoting people's privacy, dignity and independence

- Staff treated people with dignity and respect.
- Staff provided people with personal care in private.
- People told us they always felt comfortable when staff supported them with personal care. Comments included, "[Staff] always make sure I have a towel to cover myself up with when I'm getting washed." Family members told us, "Staff always protect people's privacy and dignity. Sometimes people get undressed voluntarily in the lounge, staff respond immediately." Healthcare professionals told us people's dignity is maintained.
- Staff ensured that people's confidentiality was maintained. People's personal information was stored securely and only accessible to authorised staff.
- People told us they were given choice and control over their day to day lives. People had freedom of

movement around the service and had a choice of what time they got up in a morning and went to bed at night.

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People's needs were clearly identified, including those needs that related to protected equality characteristics. For example, reasonable adjustments were made where appropriate; the service identified, recorded, shared and met information and communication needs of people living with a disability, dementia or sensory loss, as required by the Accessible Information Standard. Staff knew people well. when speaking to one person a staff member advised us on where to sit for the person to hear us effectively.
- Staff understood and applied the principles of person-centred care and support, Family members told us that they received regular updates about their relative's care needs and were involved in their care plan reviews.
- Staff were person-centred in their approach when speaking to and about the people supported.
- Staff engaged people in meaningful activities. People had a choice of whether they participated in activities. One person told us, "There is always something in the afternoons to do but I prefer to sit here and read my book."
- People were provided with opportunities to access the local community.

Improving care quality in response to complaints or concerns

- A complaints procedure was in place and made accessible to all. A record was maintained detailing complaints, how it was investigated, the outcome and any lessons learnt.
- People and family members knew how to make a complaint and they were confident that their complaint would be dealt with in the right way.

End of life care and support

- People were given the opportunity to record their specific wishes about how they wanted to be cared for at the end of their life. Where appropriate family members were involved in this planning.
- Appropriate healthcare professionals were involved in people's end of life care.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- Staff told us the registered manager was approachable and a good listener
- The provider and registered manager held regular meetings when they reviewed the running of the home.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The system for monitoring the quality and safety of the service had improved since the last inspection. Medication and care plan audits were more robust. Areas for improvement were identified through audits and appropriate action was taken to make the required improvements.
- Staff had a clear understanding of their role and responsibilities.
- The registered manager was clear about their responsibilities and they had a good understanding of regulatory requirements. They had notified CQC when it was required of events and incidents which occurred at the service.
- The rating from the previous inspection was displayed at the service. and on the providers website as required by law.
- People and family members were confident in the leadership of the service and told us they had regular contact with the registered manager.
- Policies and procedures to promote safe, effective care to people were available. These documents were regularly updated to ensure that staff had access to up to date best practice and guidance for them to carry out their role.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The registered manager engaged and involved people using the service, family members and staff. People's comments included, "Staff are approachable, the manager and those from head office also. They asked my opinion when they changed the furniture in the bedroom" and "They always tell you what's happening around the service."
- People were asked to complete a survey several times a year. Positive comments from the most recent survey included "I am happy to see the improvements in furnishing and decoration. It is much more comfortable" and, "The staff and management are very good, it could not be any better."
- Staff were engaged and involved in the running of the service through regular team meetings.
- Positive relationships had been formed with external health and social care professionals. Staff sought

advice and worked in partnership with others such as commissioners and social workers to ensure the best possible support for people. Visiting healthcare professionals commented, "The staff are very good."

Continuous learning and improving care

- The service worked with local initiatives to continually improve the service people received. The service was recently awarded for work carried out in relation to falls awareness and prevention,
- The registered manager and staff received regular training and support for their role to ensure their practice was up to date and safe.
- The registered manager worked with the provider to make and sustain improvements to the service since the previous inspection where breaches of regulations were found.
- Improvements were being made to the décor and furnishings within the service.
- Learning took place from accidents and incidents to minimise the risk of re-occurrence.