

Sheerwater Healthcare Limited

Sheerwater House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Inadequate ●

Summary of findings

Overall summary

About the service: Sheerwater House is a residential care home providing support to older people and people living with dementia. The service is registered to provide support to up to 20 people and there were 13 people living at the service at the time of this visit.

People's experience of using this service:

People told us that they felt safe living at Sheerwater House, but this inspection found that the legal requirements were not met. Planning in response to risk was inconsistent and we identified shortfalls in how people's medicines were managed and administered. The assessment process was not robust and we identified instances where important information about people's needs and preferences was missing from care records. The service was clean but we identified one instance where appropriate food hygiene measures were not being followed.

There were continued shortfalls in the governance of the service, as records relating to staff training lacked accuracy and audits had not identified and addressed concerns we found during this inspection. There had been a continued failure to implement and sustain improvements in response to previous inspections. The provider's action plans had identified very specific examples but had not ensured all the legal requirements of the regulations were met.

People got on well with the staff who supported them and told us they got on well with the registered manager. Improvements had been made to the systems to gather and respond to complaints or suggestions. People told us they liked the activities and the provider involved them in choosing them. People said they liked the food that was prepared for them and their food preferences were documented.

People had consented to their care and there were systems in place to seek people's feedback and suggestions about their home. Staff ensured people accessed healthcare professionals when required and we saw evidence of work alongside other agencies. Staff were respectful of people's privacy and dignity and there had been improvements to the way care was planned to promote people's independence.

Rating at last inspection: Inadequate (Published 12 October 2018)

Why we inspected: This was a planned inspection carried out in line with our policy.

Enforcement: Action we told provider to take (refer to end of full report)

Follow up: We will request further action plans from the provider and continue to monitor the service closely.

The overall rating for this service is 'Requires Improvement' with a rating of 'Inadequate' in the Well-led domain and the service therefore remains in 'special measures'. This means we will keep the service under

review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective

Details are in our Effective findings below.

Requires Improvement ●

Is the service caring?

The service was not always caring

Details are in our Caring findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive

Details are in our Responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not well-led

Details are in our Well-led findings below

Inadequate ●

Sheerwater House

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: The inspection was carried out by two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type: Sheerwater House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Sheerwater House provides care for up to 20 people in one adapted building.

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: The inspection was unannounced.

What we did:

Before the Inspection: We reviewed feedback we had received about the service. We checked statutory notifications that we had received from the provider. Statutory notifications are reports of important events that providers are required by law to tell us about. We contacted commissioners and reviewed information we held about the service.

During Inspection: We spoke with eight people and made observations throughout the day. We spoke with the registered manager, the nominated individual, the senior care worker, one care worker, two housekeepers and the kitchen assistant.

We reviewed care plans for four people and medicines records for six people. We checked three staff files and records of staff training and supervision. We reviewed meeting minutes and a variety of checks and audits. We looked at records of complaints as well as accident and incident records.

Is the service safe?

Our findings

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

RI: ☐ Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed. Regulations may or may not have been met.

Assessing risk, safety monitoring and management; Using medicines safely; Preventing and controlling infection

- At our inspection in August 2018, there were shortfalls in how people's medicines were administered and risks to people were not safely managed. Measures to reduce risks were not robustly implemented and there was a lack of accuracy of medicines records. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
- At this inspection, we found improvements had been made but they were not sufficient to ensure the legal requirements of this regulation were met.
- People's medicines were not always managed safely. There had been improvements to records about when staff should administer 'as needed' medicines to people, but we found examples where there was not sufficient information for staff.
- Records lacked detail about when to administer medicines to people. Two people had been prescribed a sedative medicine on an 'as required' basis. Their protocols were almost identical and did not include information about at what point medicines should be administered. Three people also had protocols about when to administer laxatives, but the wording of these was identical and did not contain personalised information. There was also no information about how long after a bowel movement that these medicines should be administered.
- Where people received topical medicines, there was a lack of information to inform staff about where to apply them. A person was prescribed a topical patch which should not be applied to the same site for 14 days, but there was no guidance for staff to ensure this direction was followed. After the inspection, we received an updated body map with a plan, but it required more detail to ensure different sites were used on each application so that the prescriber's guidance was followed.
- Inconsistencies in people's medicines were not always identified. Staff told us they checked the medicine against the prescription instruction when they received medicines. However, we found one person had been administered a medicine for six days which was not in the form described in the prescription. The provider contacted the pharmacist who confirmed the medicine dispensed was the same medicine prescribed but in different form. However, the provider had not identified this themselves and the person had been supported to take this medicine daily without staff noting the difference.
- Responses to risks were not always robust. One person's care plan showed they were at risk of pressure sores. Their care file contained a risk plan but there was no evidence of an assessment to establish the level of risk. The plan recorded the person used a pressure mattress and was prescribed creams. However, there was a lack of detail about which parts of the body were affected and if there were any additional measures, such as equipment for when the person was seated. The person had not suffered any pressure sores and staff were knowledgeable about how to reduce this risk. However, our findings showed more work was required to improve records in this area.

- Incidents did not always prompt a review of care plans. One person had recently had seizures and a fall and this had not prompted a review of their risk plans. Another person had a recent fall which had also not led to a review of the risk of a repeat fall. In both cases, the people had been referred to healthcare professionals and the registered manager could describe actions taken, but the recorded response was not robust.
- There was a lack of guidance about how to respond to changes in people's behaviour. One person's care plan described how they could become distressed but did not inform staff how to respond to these situations. This person's medicines records also lacked detail about when to administer 'as required' medicines if they were anxious. We observed staff interacting with this person appropriately and they were skilled in de-escalation. However, the recorded plan about how to respond to this risk was limited.
- People were not always protected from risks associated with the environment. The provider had measures in place to reduce the risk of food becoming contaminated but these were not always followed. Food was stored uncovered in a gangway that staff regularly passed to get to the laundry. The registered manager told us this food was usually covered but we observed that it was uncovered throughout our visit. This heightened the risk of the food being contaminated by staff which could spread infection. After the inspection, the provider confirmed this had been addressed.
- A recent visit from the fire service had identified actions to be taken to improve the fire safety of the service. We observed that most of these actions had been addressed by the time of our visit but one fire door had not yet been fixed. After the inspection we received an update that this had been addressed and the works had been completed within the timescales set out by the fire service.
- After the inspection, the provider told us they had begun work on improving medicines records and updating risk assessments for pressure sores and epilepsy. We will follow up on this at our next inspection.

The shortfalls in relation to risk and medicines were a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- In other areas, medicines were managed safely. Medicines records were kept up to date and medicines were stored securely. The provider was following the correct procedures for managing controlled drugs.
- Where our last inspection had found people's pressure mattresses on incorrect settings, the provider had introduced increased checks and records showed staff were checking people's mattresses multiple times each day. The provider had also introduced trackers for accidents and incidents in order to improve their oversight and to learn from patterns and trends.
- The home environment was clean and well maintained. The provider employed housekeeping staff and we observed them cleaning throughout the day. Staff documented cleaning tasks completed each day so that they were accountable for them and the provider's audits regularly checked the cleanliness of the home.

Staffing and recruitment

- At our inspection in August 2018, there were not sufficient numbers of staff to keep people safe. We also found there was not a robust system in place to calculate staffing levels based on people's needs. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, we found action had been taken and this legal requirement was now met.
- People told us that there were enough staff. People said that when they requested help it arrived promptly and this matched our observations.
- The provider had introduced a staffing dependency tool which calculated the number of staff hours based upon people's needs. Records showed that this was being regularly reviewed and the calculated number of staff was being sustained. We did note that the number of people at the service was lower than at our last inspection. We will check staffing levels have been sustained at our next visit.

- Recruitment checks were carried out on new staff, but we identified instances where more information could be gathered. Where a reference did not match a staff member's last employer, this had not been explored. We also found that the provider did not gather photographs of new staff, but did have photographic ID. After the inspection, we received confirmation that this had been addressed and staff files had been updated.

Learning lessons when things go wrong

- The registered manager and the provider had taken action in response to our findings at the last inspection, but we found that these did not address every concern. This showed more work was required to learn from previous concerns and ensure improvements were sustained and embedded.
- Systems to track and monitor accidents, incidents and complaints had been introduced. Records showed these were checked as a part of monthly audits and any patterns or trends were noted. These tools had not been introduced for long so had not identified any particular patterns at the time of this inspection. We will check the progress of this improvement at our next visit.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe with staff and staff were aware of their responsibilities about how to safeguard people from abuse.
- Staff had received training in safeguarding adults procedures and were able to tell us how they would identify or respond to suspected abuse. There had not been any recent safeguarding concerns, but we saw evidence of the provider liaising the local authority co-operatively.

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

RI: ☐ The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

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

- The assessment process was not always robust. Records showed people received a pre-admission assessment and the format of the assessment tool covered a variety of needs, risks and preferences. However, this tool had not always been thoroughly completed before people moved into the service.
- One person's referral information stated that they needed support to wear their hearing aid. Their assessment described needing an audiology assessment to assess their hearing. We observed the person was not wearing a hearing aid and the registered manager said they did not require this but an appointment had not taken place. This showed the person's identified needs had not been followed up through the assessment process.
- Another person had an assessment that lacked information about their needs and risks. The registered manager told us they had visited the person at hospital and had completed the assessment prior to admission and after the inspection we received a hand-written assessment to show this took place. However, the level of detail was not consistent with the care plan and did not reflect all the needs and risks for the person. This showed important information about people's needs was not being documented promptly, in a format that was easily accessible to staff when people moved into the service.

The lack of robust assessment process was a continued breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff support: induction, training, skills and experience

- Staff appeared competent in their roles. Staff were able to demonstrate a knowledge of people's needs, for example they were able to describe how they reduced risk of pressure sores for a person. Staff had received moving and handling training and we observed them supporting a person to move safely.
- Staff told us that they received an induction when they started work and this included time to meet people, orientate themselves and attend training courses.
- However, records of training were not accurate and could not be easily monitored. Training in important areas such as health and safety, infection control and food safety were missing from training trackers. After the inspection, the provider reviewed individual training certificates to confirm these courses had been attended by staff. The provider had recently changed their systems for monitoring staff training and had more than one tracker at the time of this inspection.
- Records of induction had all been signed off on the same day which showed learning was completed quickly which meant staff may not have had enough time to take on information. The provider told us there was an induction process that took place in one day and was reviewed after three weeks, but records did not reflect this.

- Staff told us they had regular one to one supervision meetings and they found these were useful to them in their roles. Staff files contained evidence of supervision meetings which included discussions about staff performance.
- Whilst training and supervision were attended as planned, the governance systems to track and monitor them were not easy to follow. We have reported further on record keeping in the Well-led domain.

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

- At our inspection in August 2018, we identified that the home environment was not always suited to people living with dementia. There was a lack of appropriate signage and no items for people to interact with. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
- At this inspection we found work had been completed to improve the environment and signage had been added with pictures to enable people to orientate themselves. There were newspapers available as well as games which we observed people making use of. We did note some areas of the home appeared cluttered, which showed some further work would be required to make the environment more homely. However, people told us they liked the appearance of the home and we observed people moving freely around the environment. We will follow up on ongoing improvements to the home environment at the next inspection.

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

- People told us they liked the food. One person said, "The food's good." Another person told us, "It's good. The chef comes and talks to people."
- People's care plans contained information about their food preferences. One person's care plan recorded how they liked regular roast dinners and records showed they had these regularly. Another person's care plan documented they liked porridge for breakfast each morning and records showed this was served to them.
- There was a choice available each day and we observed kitchen staff interacting with people throughout the day. People were able to provide feedback or suggestions about meals each day and through reviews and surveys.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People were supported to access healthcare professionals when required. We observed staff discussing people's health with them and they were aware of any appointments that were due.
- Healthcare appointments were documented with details of the outcome. For example, where one person had seen the GP after staff noticed they were unwell the outcome was recorded and the person was administered antibiotics that had been prescribed.
- Whilst our findings showed people's health needs were being met, as already reported records did not always contain sufficient detail about people's medical conditions. We will follow up on improvements to record keeping at our next inspection.

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, and some hospitals, 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.

- People had consented in line with current legislation and where necessary, the MCA had been followed. Where a person was assessed as being unable to consent to their care we saw a best interest decision had been documented and an application had been made to the local authority DoLS team.

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

RI: ☐ People did not always feel well-supported, cared for or treated with dignity and respect. Regulations may or may not have been met.

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

- At our inspection in August 2018, we found that care plans did not reflect people's strengths and care was not planned in a way that encouraged people to maintain their independence. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
- At this inspection, we found that more detail had been added to care plans to reflect people's strengths. We also observed people being encouraged to do tasks for themselves at meal time and staff encouraged people to mobilise around communal areas independently.
- Care was not always planned around people's culture and diversity. Care records did not show that people had been given opportunities to express their sexuality and gender identity. This meant people may not feel comfortable disclosing these needs because the provider had not taken steps to create a safe environment for people to disclose this information.
- Whilst there had been improvements to care plans, which contained life stories and information about people's preferences, our findings showed more work was required to meet the full legal requirements of the regulation. We have reported further on care planning in the Responsive domain.
- People told us they were supported by kind and caring staff. One person said, "They [staff] are looking after me so well, they are nice to the family. They're kind, it's like being at home." Another person said, "I can't fault them."
- We observed pleasant interactions between people and staff. We observed staff interacting positively with one person, sharing jokes and making each other laugh. Another person told us about a personal problem they had recently and said staff took time to talk them through the plan about how they were going to address it, which improved the person's mood.
- Care was provided by respectful staff, in a dignified manner. People told us they felt their privacy was respected and we observed this to be the case.
- Staff were observed knocking on people's doors and waiting for permission before entering. Where people received personal care, this took place behind closed doors. Where staff noted people may need support to change clothing, we saw this was done discreetly with quiet prompts to preserve people's dignity.

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

- People told us they were asked about their care and records confirmed this. People's care plans contained information about their care preferences, such as their favourite foods and what time they liked to get up.
- There were regular meetings and records showed people used these to express their views about their care and preferences.

Is the service responsive?

Our findings

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

RI: ☐ People's needs were not always met. Regulations may or may not have been met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control;
End of life care and support

- At our inspection in August 2018, we found there was a lack of activities for people and care plans lacked information about people's needs. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, the provider had made improvements to activities that had addressed our concerns. However, we identified examples of care plans that lacked detail and meant the legal requirements of the regulation had not been fully met.
- Care plans did not always cover all of people's needs. Where people had records that showed they had mental health conditions, there was a lack of detail within care plans about how to support them appropriately. For example, one person had a risk assessment for depression which said they were 'medium risk'. There was no guidance for staff about how to identify and respond to low moods for this person.
- We also found the level of detail within care plans was inconsistent. Whilst some people had 'This is Me' documents which gave detail about their backgrounds and preferences, in other cases information was less detailed.
- There was a lack of information about people's preferences regarding end of life care. One person was highlighted to us as being in receipt of end of life care and their care plan contained limited information about their preferences. The care plan said they 'wanted to be surrounded by family' but lacked further personalised information.
- Another person had medical conditions that meant they could require end of life support in the future and there was no information or advanced wishes in place for them.

The lack of detail in care planning was a continued breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- There had been improvements to the activities for people at the service. People said they could ask for activities they wished to take part in and there was a programme of activities on offer.
- There was a timetable of activities on offer each week which included games, exercise and quizzes. Records showed that activities were planned based on people's requests. For example, one person had asked to go on a countryside walk and we saw this had been arranged.
- Meetings were used to gather feedback on activities and records showed that people used these as opportunities to make suggestions. Recently people had discussed which entertainers they had wanted to visit and we saw people had been involved in plans for Christmas, Halloween and fireworks night.

Improving care quality in response to complaints or concerns

- At our inspection in August 2018, we found people did not have access to information about how to raise a complaint and the provider did not monitor and learn from complaints. This was a breach of Regulation 16

of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- At this inspection, the provider had taken action to ensure the legal requirement of the regulation had been met. Communal areas contained clear information about how to raise a complaint and the complaints policy was available for people and relatives.
- Systems to gather and monitor complaints had been improved. Staff now documented verbal complaints or comments from people and these were recorded in a format that allowed them to be tracked and analysed. For example, where a relative had raised an issue about record keeping this had prompted changes to how a person's charts were kept.

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

Inadequate: □ There were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care. Some regulations were not met.

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

- Whilst this inspection found improvements had been made since our last visit, the provider had not ensured the legal requirements were met. The action taken in response to our last inspection was specific to the examples within our last report which meant improvements had not been implemented across all areas of people's care. For example, where our last inspection identified safety risks due to staff not checking air mattresses, records showed air mattresses were checked multiple times each day. However, planning around other risks people faced was not robust which meant the legal requirement of the regulation had not been met.
- Where other agencies, such as the local authority and fire service, had carried out checks we saw evidence of action taken in response to their findings. However, this inspection identified a lack of proactive internal auditing for the provider to identify and address concerns themselves.
- The provider's own governance systems were not robust enough to ensure regulatory requirements were met. Our findings showed there had been a recent increase in audits and these had prompted some minor improvements, such as to the environment. However, audits had not identified and addressed concerns in areas such as medicines and record keeping that we found during this inspection.
- Increased audits had not yet had a positive impact. The provider had an external audit carried out the week before our inspection and we received a copy of this after the inspection. The provider informed us they were preparing an action plan to address the issues it identified.
- We also noted there had been a provider's audit, but this had taken place in the week before our visit and had not yet caused improvements. Records of audits did not show these had taken place regularly and this was the first check of its kind.
- Records were not always accurate and up to date. The provider had started to implement systems to monitor records relating to incidents and complaints, but we found areas where record keeping was inconsistent. As previously reported, care plans were missing important information and audits of records had not identified or addressed this. Records showed complaints had been responded to but the format of complaints records made responses difficult to monitor.
- Records of staff training were kept in multiple formats and were difficult to track. This meant the provider needed to review individual training certificates after the inspection to confirm that staff training had been attended.

The shortfalls in governance and record keeping were a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility; Continuous learning and improving care; Working in partnership with others

- The provider worked with relevant agencies and organisations. Following our last inspection, the provider had shared action plans with the local authority and had worked with them in order to implement improvements at the service. We received positive feedback from the local authority that the provider had worked with them openly.
- Records showed that where there had been incidents or concerns, staff had liaised with relatives to keep them informed. Records showed where there had been a recent allegation of theft, the provider had liaised with relatives and the local authority.
- The provider had notified CQC of events when they were legally required to do so. Providers are required by law to notify CQC of incidents such as deaths, injuries and allegations of abuse. Records showed that where required, statutory notifications had been sent to CQC.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People told us they got on well with the registered manager. We observed people interacting warmly with the registered manager during the inspection. One person became anxious and we observed the registered manager talking to them about their background in a pleasant and kind manner, which improved their wellbeing.
- People had opportunities to make suggestions about their home and the care they received. There were regular meetings which people had used to share feedback about their care and suggestions. For example, a recent meeting had been used to plan events and a visit from a magician.
- Staff told us they felt supported by management. One staff member said, "It's the best job I've ever had, I love working with people and the manager is excellent." Staff consistently told us they felt supported by management and there was an 'open door' policy.
- Throughout the day, we observed that staff, relatives and professionals were able to speak with the registered manager and the provider. The registered manager supported care delivery and was observed interacting with people and working alongside staff.