

# HC-One Beamish Limited

# Sheraton Court

## Inspection report

Warren Road  
Hartlepool  
Cleveland  
TS24 9HA

Tel: 01429277365  
Website: [www.hc-one.co.uk](http://www.hc-one.co.uk)

Date of inspection visit:  
01 November 2017  
08 November 2017  
20 November 2017

Date of publication:  
14 March 2018

## Ratings

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

# Summary of findings

## Overall summary

This inspection took place on 1, 8 and 20 November 2017 and was unannounced. This meant staff and the provider did not know that we would be visiting.

Sheraton Court is a 'care home'. People in care homes receive accommodation and 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. Sheraton Court accommodates up to 80 people across three separate units, each of which have separate adapted facilities. One of the units specialises in providing care to people living with dementia. At the time of this inspection 79 people were in receipt of care from the service.

At the last inspection in June 2015 we found the provider was meeting the fundamental standards of relevant regulations. At that time we rated Sheraton Court as 'Good' overall and good in four domains but noted improvements were needed to ensure staff always treated people with dignity and respect. We rated the service as 'Requires improvement' in one domain, namely 'caring'.

On 25 January 2017, the registered provider changed their name from Helen McArdle Care to HC-One Beamish Limited.

The registered manager had been in post since 2008. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like 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.

At this inspection we found that the registered manager was a driving force for improvement at the service and was totally committed to delivering personalised and effective care. The registered manager researched how to provide high quality care for people who used the service. The registered manager had consistently ensured that all people who used the service, families and staff had significant involvement and input into how the service has been developed. Everyone was encouraged to share any thoughts, ideas and innovations on a monthly basis. All of the people and professionals we spoke with told us this was positive example of the changes made to the service, which benefitted people who live at the service and also all who visited.

We found staff were exceptionally caring and dedicated to ensuring people experienced high quality care. We heard how staff treated people, very much as individuals and both welcomed them to the service and showed a great deal of respect when people passed away. One relative, who worked as a nurse, told us they were extremely impressed with how staff care for people at the end of their lives. They told us their relative could not have experienced a more dignified end and they were taken aback by the care shown them when staff lined up to pay their respects to their relative. We found that people who used the service and relatives routinely nominated staff for the provider's 'Kindness and Care' award as did the manager. We saw that each month at least two staff received such an award.

We found staff drive and passion had created an exceptionally dynamic and vibrant service. The culture embedded in the service was of total commitment to delivering a service that focused wholly on the wants and aspirations of the people who used it. The team worked collaboratively with people and their relatives to ensure the care provided met each person's needs. We saw that staff always engaged people in conversation and outlined the actions they were proposing to take to assist people with all of their care and support.

Staff were devoted to ensuring each individual found their lives were enriched. The relatives and visiting healthcare professionals told us the service provided care that was exceptional and contrasted dramatically from any other provision they had experienced or visited. They described the service as one that had dramatically improved people's quality of life.

We found that the registered manager's management style had led to people who use the service and staff feeling that they were an integral and essential partner in the operation and enhancement of the service.

The service's visions and values promoted people's rights to make choices and live a dignified and fulfilled life. This was reflected in the care and support that people received. Staff supported people to make decisions for themselves and spoke with people about their wishes and preferences. We found staff empowered people to voice their wants and aspirations for their lives and then supported them to achieve these goals. It was evident that people's voice was heard. Following feedback from people, decisions were made about who was employed to work at the service, trips were scheduled and activities were organised.

Staff received supervision on a monthly basis and they received annual appraisals. Staff were respected within the organisation and were provided with comprehensive training including specialist training. People who used the service also provided sessions on what it was like to need and receive care. We found there was a culture within the organisation of striving for excellence and assisting all to reach their maximum potential. Staff were supported to achieve excellence in their roles by attending specialist training around working with people experiencing a variety of conditions and by becoming champions within the service.

We found staff had an understanding of safeguarding and how to whistle blow. The registered manager was aware of risks within the service and was undertaking an analysis of risks. The service had emergency plans in place and took action when they became aware someone was at risk.

People were supported to maintain a healthy diet and to access external professionals to monitor and promote their health. Staff safely managed medications. People's care needs were risk assessed with risk management plans in place and support for staff when they needed it. Recruitment checks were carried out. People who used the service were actively involved in interviewing prospective staff and determining if the individual would be suitable to work at the service. Most of the staff had worked at the service for many years, which provided consistency for people using the service.

Staff knew the people they were supporting well. Care plans were personalised and had been regularly reviewed, to ensure they reflected people's current needs and preferences. People and their relatives told us staff at the service provided personalised care. People were supported to access a wide range of activities in and outside of the service that they enjoyed.

Staff treated people with dignity and respect. People were supported to be as independent as possible and could access advocacy services if needed. Procedures were in place to investigate and respond to complaints.

People, relatives, visiting healthcare professionals and staff all described the registered manager, as being a strong, effective leader who ensured the service consistently operated to a high standard. Staff told us the manager supported them to constantly develop their practices and included them in the running of the service. Staff told us that they felt empowered to contribute their ideas and that these were taken on board. They described how they were encouraged to critically review the service and determine where improvements could be made and that this led to them never becoming complacent. The registered manager and provider carried out a number of quality assurance checks to monitor and improve standards at the service.

The registered manager had informed CQC of significant events in a timely way by submitting the required notifications. This meant we could check that appropriate action had been taken.

## 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 remains good.

### Is the service effective?

Good ●

The service remains good.

### Is the service caring?

Outstanding ☆

The service has improved to outstanding.

People were extremely well cared for. People were complimentary of staff and the support they provided. People were treated with respect and their independence, privacy and dignity were promoted.

Staff interacted with people in a way which was particularly knowledgeable, kind, compassionate and caring.

Staff took time to speak with people and to engage positively with them. People were consistently involved in discussions about their own care and contributed to making decisions.

### Is the service responsive?

Good ●

The service remains good.

### Is the service well-led?

Good ●

The service remains good.

# Sheraton Court

## **Detailed findings**

### Background to this inspection

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

This inspection took place on the 1, 8 and 20 November 2017. The inspection was unannounced. The inspection team consisted of an adult social care inspector, a specialist advisor, who was an occupational therapist, and two experts by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of service.

Before the inspection, we had received a completed Provider Information Return (PIR). The PIR asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the PIR and other information we held about the service as part of our inspection. This included the notifications we had received from the provider. Notifications are reports about changes, events or incidents the provider is legally obliged to send CQC within required timescales.

We contacted external healthcare professionals and the placing authority commissioners to gain their views of the service provided at the service.

During the inspection we spoke with 14 people who used the service, eight relatives and two community nurses. We also contacted staff from the local hospice, infection control team and continence team. We spoke with the registered manager, the deputy manager, three senior carers, nine care staff, an activity coordinator, the cook, a domestic staff member and a maintenance person. We looked at nine care plans, medication administration records (MARs) and handover sheets. We also looked at four staff files, which included recruitment records and the records related to the overall management of the service.



## Our findings

People and relatives we spoke with told us they felt the service was safe. One person discussed how the coded security locks on the entrance door made them feel safe. People we spoke with told us that they felt very reassured that staff kept a close eye on them and quickly came to help them.

One person told us, "I so feel safe, I don't even close my door." Another person said, "I feel safer here than when I was at home."

A relative explained that the staff came as soon as possible and commented that all of the staff had a "bleeper", which they found was a more efficient way to alert staff. One relative told us, "I can't fault the care or the staff. I feel very reassured that [person's name] is here and safe." Another relative said, "From the moment [person's name] moved in to the home it was like a great weight had been lifted from my shoulders. I knew they were safe and being looked after well."

Feedback from an internet website recorded comments such as "The home is always bright and clean and fresh, which from personal experience with my own relative in two different homes in Hartlepool is not always the case given the type of residents", and "I find this care home clean, tidy and most of all very homely. I feel so at ease knowing my grandmother is being so well looked after."

Safeguarding and whistleblowing procedures were in place to protect people from the types of abuse that can occur in care settings. Staff told us they would be confident to report any concerns, including those in relation to actions that might be found to be discriminatory. The registered manager thoroughly investigated any safeguarding concerns and they involved external parties such as the local authority safeguarding team to ensure the investigations were robust.

Risks to people using the service were assessed and plans put in place to reduce the chances of them occurring. For example, plans were in place to manage risk of falls. The staff, external professionals from the falls team and individuals developed care plans to help keep them safe. Risk assessments were regularly reviewed to ensure they were current and that the measures in place were not overly risk adverse or restrictive. Accidents and incidents were monitored for any trends and critically reviewed these to learn lessons and identify where improvements could be made.

The home was clean and appropriate infection control measures were in place. Regular checks of the premises and equipment were also carried out to ensure they were safe to use and required maintenance

certificates were in place. All care staff we spoke with told us they visually checked all of the hoists and slings before its use. Staff completed records, fire drills and maintenance of equipment appropriately.

There were enough staff deployed to keep people safe. There was always a minimum of three seniors and eight care staff at the service during the day and three seniors and seven care staff overnight. In addition to this, the registered manager, the deputy manager and activity coordinator and ancillary staff, such as catering and domestic staff, worked at the service.

The registered provider's recruitment processes minimised the risk of unsuitable staff being employed. These included seeking references and Disclosure and Barring Service (DBS) checks. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and adults. This helps employers make safer recruiting decisions and also to minimise the risk of unsuitable people from working with vulnerable children and adults.

The registered manager told us they recognised that in order to deliver their vision of an outstanding care home, the team which works alongside them had to share their vision and be acceptable to the people who used the service. Therefore, the recruitment process, training and support are to staff included people who used the service providing insights. We saw that people who used the service played a large part in the initial recruitment. People acted as the second interviewer and those who volunteered took turns to be on the panel making decisions as to who was recruited.

Medicines were safely administered and securely stored, and stocks were monitored to ensure people had access to their medicines when they needed them.





## Our findings

People and relatives told us they were happy with the service and found staff to be very knowledgeable. One person said, "The staff absolutely have the right skills and I could not do without them." Another person said, "The staff have the right skills, particularly those that have been there a long time." The person also told us about one occasion when they were not confident with a new member of staff and requested another care assistant. The member of staff respected her wishes and another carer was provided to attend to her needs. Another person said, "The staff are there when you need them, they are so friendly and I know all of their names."

Feedback from an internet website recorded, "We transferred [person's name] from another home in Hartlepool and it would have to be said we are very happy with the care received to date. The staff are wonderful and attentive to their needs", and "The staff are excellent caring and friendly always seem to be one step ahead if the needs and my parents. The staff have also helped to relieve the pressure on me due to having both parents needing care", and "I am not a doctor nor healthcare worker, however having observed at first hand the hospital protocol in comparison to Sheraton Court, both myself and my family feel that the majority of nursing staff we encountered could definitely learn more than a thing or two about care, dignity and general people skills if they were to take a year or so out at the sharp end of elderly care."

Each person had a detailed and comprehensive assessment, which highlighted their strengths and needs. Staff were extremely knowledgeable about the care and support people received. We saw that staff promptly responded to any indications that people were experiencing problems or their care needs had changed. The staff discussed the action the team took when people's needs changed to make sure they updated the care records and continued to meet people's needs.

We were told that one person who was living with dementia had asked to return to their own home. The registered manager and staff supported the person to achieve this goal by working with the person's social worker and occupational therapists to determine what skills they retained and then put programmes in place to see if improvements could be made. Staff supported the person to develop their cooking skills, whilst the social worker organised a robust care package.

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards. 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 who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS) authorisations.

We found that the staff understood the Mental Capacity Act 2005 (MCA) and what actions they would need to take to ensure the service adhered to the code of practice. The care records we reviewed contained assessments of the person's capacity to make decisions. We found that in line with the MCA code of practice assessments were only completed when evidence suggested a person might lack capacity. Care records also described the efforts that had been made to establish the least restrictive environment. When people had been assessed as being unable to make complex decisions discussions had taken place with the person's family, external professionals and senior members of staff to make 'best interests' decisions. Best interest decisions were clearly recorded and covered, for example, finance and administering medicines.

At the time of the inspection, we found that where appropriate people were subject to Deprivation of Liberty Safeguards (DoLS) orders. Staff we spoke with had a good understanding of DoLS and why they needed to seek these authorisations. The registered manager also kept a record of when the DoLS expired and were aware they may need to do further assessments and re-apply for another authorisation. The staff were aware of the person's right to contest the DoLS authorisation and apply to the Court of Protection for a review of this order.

All the staff we spoke with, and records confirmed, staff were supported in accessing a variety of training and learning opportunities. Staff were able to list a variety of training that they had received over the last year such as moving and handling, infection control, meeting people's nutritional needs and safeguarding, amongst others. Staff told us they felt able to approach the registered manager if they felt they had additional training needs and were confident that could access to more courses. A member of care staff told us "My NVQ mentor is the senior carer so she knows exactly what I can do and if it was a task I was unfamiliar with then I would not hesitate to ask for more training."

Additional training was also provided in areas such as working with people who are living with dementia and end of life care. Training was regularly refreshed to ensure it reflected current best practice. Staff who administered medication had completed recognised safe handling of medication training and underwent regular competency assessments.

The service has established roles of champions in eleven areas, such as dignity, infection control, relative liaison and dementia. The registered manager explained that infection control champions received four training sessions per year from an external professional who was the local infection control nurse for Hartlepool and Stockton. End of Life champion received training from nurses from local Hospice ran through the NHS trust. Local continence team offers training to staff to enable them to pass on knowledge to the team. The dignity champions were trained and registered with the National Dignity Council. We confirmed this with the relevant teams.

Staff were supported with regular supervisions and appraisals. Supervision is a process, usually a meeting, by which an organisation provides guidance and support to staff. Appraisals are usually carried out annually and are a review of staff's performance over the previous year. Staff said they found these meetings useful and records confirmed they were encouraged to raise any support needs or issues they had.

People told us the meals were good, they were given a choice and alternatives were provided if they did not like what was planned. People could eat in both the dining room and in their own rooms. The tables in the dining room were set out well and consideration was given as to where people preferred to sit. People were offered choices in the meal and staff knew people's personal likes and dislikes. The deputy manager discussed the unique food technology the provider had introduced to make pureed meals more appetising. This involved using the specifically designed agent to reconstitute the pureed item so it could be set in the shape of the original food, such as chicken, sausages and vegetables. They discussed how this technology had been introduced at the service and they had found that people's appetites had significantly improved. The cook told us that the provider gave them an ample budget. They explained that the registered manager expected food to be of a high quality. We saw that MUST tools, which are used to monitor whether people's weight were within healthy ranges, were being accurately completed. Where people had lost weight the staff ensured referrals were made to the GP and dietitians.

People were supported to access external professionals to monitor and promote their health. Care records contained evidence of the involvement of professionals such as GPs, falls prevention staff, dietitians and community nurses in people's care. Community nurses told us that staff always adhered to their guidance and would staff check that they were following this correctly. One community nurse said, "I can honestly say the staff here really take note of what we suggest and when you visit you can see they have been adopting the approach we suggested."

People told us about the professionals involved in their care and relatives said they were kept informed about appointments. One relative said, "The staff always let me know what is going on."

The environment was designed to support people's privacy and dignity. People's bedrooms had personal items within them, such as photographs. On the Grace Unit (which is a unit for people living with dementia) there were a number of areas decorated according to a theme, such as the garden, the local mining area and Hartlepool football club. People were observed to be enjoying these areas and freely moving between them. The Hartlepool football club players had visited to open this themed area and one of the staff had completed all of the artwork. Many of the relatives discussed how this environment had reduced people's anxiety and created focal points.

One visitor had discussed their positive experience of the Grace Unit and shared how their relative had lived at other services but because of the environment they had been reluctant to take their grandchildren in to visit. However, since their relative had moved to Sheraton Court they found the Grace Unit was a vibrant place that encouraged all who visited to explore the murals and artwork that led to people recalling their memories. They found that their grandchildren asked to visit as they loved walking around the unit with their great grandparent.



## Our findings

Without exception the visiting professionals we spoke with and the quality reviews they had completed for the service highlighted the compassionate nature staff demonstrated. A community nurse told us, "In my opinion Sheraton Court is an outstanding care home, as the staff are completely focused on ensuring people are treated with compassion, empathy and respect. You are always made to feel very welcome and I often hear staff offering refreshments to visiting relatives. Their attention to detail does really make this feel like home from home. I find their commitment to giving people a high quality care is exceptional."

People, their relatives and visiting healthcare professionals were exceptionally complimentary about the caring nature of the staff. A relative commented, "I couldn't praise enough the work and dedication. From the moment [person's name] moved in they made them feel very welcome. The staff had even put a box of chocolates on their bed as a welcome gift. We had been worried about the move as they had previously been using respite services elsewhere and couldn't wait to get home. So with a bit of trepidation we visited following their move and they told us they did not want to leave and felt very at ease here. This has been consistently the same since."

People told us that the staff were 'fantastic', 'exceptionally caring', 'lovely', 'marvellous' and "the best in the world." One person said, "I would not want to wish for anything better." Another person told us, "I love it in here it's my home". Everyone is so kind to me and nothing is any trouble to them."

One relative told us, "I can't praise the dedication of the staff and manager enough, they have really gone out of their way to make [person's name] feel valued and dare I say it loved." Another relative said, "I cannot fault the care I receive, the staff here are so kind." Another relative said, "I have never looked back since [person's name] moved here and I found no other place that compares to this. It is really people's home and the staff genuinely care."

The provider gives out 'Kindness and Care' awards to staff and volunteers who have either been nominated by people who use the service, relatives and others for individual, team and whole home awards. We found that each month at least two staff were being nominated for these awards and many had been awarded them. People told us they found the staff were exceptionally kind so wanted them to receive the recognition for this essential attribute.

Staff knew the people they were supporting well, and were very familiar with people's life history. We observed that visitors were made to feel at home and staff were at hand to offer drinks. The staff clearly

knew the relatives well and ensured people had quiet spaces to chat as well being around to provide support. The registered manager and staff showed genuine concern for people's wellbeing. Staff were appropriately affectionate with people and offered reassuring touches when individuals were distressed or needed comfort. We found that staff worked in a variety of ways to ensure people received care and support that suited their needs.

Staff were passionate about their work. They actively listened to what people had to say and took time to help people feel valued and important. Staff understood people's communication methods and readily assisted people to express their views and join in conversations. Throughout the day there were very lively and multi-layer conversations going on with people, which was engaging and generated a lot of laughter. One person discussed with us their experiences of the service and how Sheraton Court staff made them feel truly cared about.

We found that the staff had embraced the diversity of people's interests and views. They ensured each person was made to feel valued and encouraged to take an active role in orchestrating the care they received. A member of care staff we spoke with told us that they encouraged people to remain independent but provided help where needed. They said, "I always ask residents what they would like help with, I don't just assume. This has always been the same for all of us."

Staff told us how they worked in a way that protected people's privacy and dignity. One person said, "My door is always open day and night but I find staff still always knock on the door before entering." Staff told us about the importance of encouraging people to be independent and also the need to make sure people's privacy was maintained. For example, they had supported one person to continue to join their local clubs, which had led to them being able to spend the majority of their time out and about in the community. One staff member said, "I am confident that we can make sure people are getting the best possible care and the most out of life."

We found great emphasis was placed on the service's visions and values, which aimed to promote people's rights to make choices, receive compassionate care and live a dignified and fulfilled life. This was reflected in every aspect of the care and support that people received. The registered manager and staff showed genuine concern for people's wellbeing. A community nurse said, "I can honestly say, after visiting other care homes, you could not find staff who were any more considerate and dedicated to people than here."

Staff were committed to delivering a high quality service for people and had created an environment that people thrived in. A staff member said, "We are determined that people will get the best care and will have a good quality of life. We aim to make sure that everyone feels very much the centre of our thoughts and that they feel truly valued." The culture embedded in the service was an absolute commitment to deliver a personalised service, which relatives described as fantastic.

We saw many examples of staff providing support with compassion and kindness. Staff spent time chatting, encouraging, laughing, and joking with people. We saw that where people requested support, it was provided promptly and discreetly by staff. Throughout the inspection we saw that staff were not rushed in their interactions with people. We saw that the registered manager and staff all spent time chatting with people and, supported them to engage in activities.

We spoke with one person who told us that staff took a real interest in them. Staff had wanted to make the service provided to this person the best it could be and so sought the person's views about what else they could put in place to support them. We heard that this person had asked staff to make it easier for them to contact their relatives and staff had responded by showing them how to use social media and Skype. All of

the staff talked about how the ethos of the service was to make sure the needs of people who used the service were always put at the centre. One staff member said, "This is people's home and we keep that to the front of our minds as we are here to assist them not take over the place."

The registered manager and staff knew how to assist people to access advocacy services, if this was needed. An advocate is a person who works with people or a group of people who may need support and encouragement to exercise their rights. We heard how the manager and staff had actively ensured people were enabled to voice their views and express their desires about how the care should be delivered.

A relative said, "The staff are top class and it makes me get emotional when I think about how kind they are."



## Our findings

People who used the service, relatives and visiting professionals reported individuals were well looked after and with some commenting that they would recommend the home to others. People commented, "We always have plenty to do and the staff do go the extra mile to make sure we are all ok." We saw that in the relatives' survey 95% of the 25 respondents judged all areas of the service to be good or excellent.

Feedback from an internet website recorded, "Very pleasant, helpful and caring attitude, right through the whole working team. As soon as you walk through the door it is a lovely calming atmosphere, keeping oneself at ease, no matter what time of day or night you need to be there", and "The care my relative received from staff was amazing. They could not have done any more for her. They were always smiling and friendly."

The staff told us that people's needs varied from the need for only very minimal assistance to individuals needing full assistance with all aspect of their daily life. We found that the staff made sure the service worked to meet the individual needs of each person. We found the care records were well-written and clearly detailed each person's needs.

Staff had worked diligently to ensure each individual's care records contained all the relevant information and were reviewed regularly. Daily handovers were used by staff to ensure they were kept informed of any recent changes in a person's needs. A senior carer told us that they routinely checked the care plans and also made sure they knew what each person liked and disliked. We found that people and relatives were actively engaged in developing the care records and reviews of the placement.

People and their relatives told us staff at the service provided personalised care. One person told us, "You can't get any better care than here. For even the slightest thing the staff are straight there to see what you want." People told us they made choices around all aspects of their care and treatment and staff respected their opinion. We observed that people were consistently asked to express their opinions about what was on offer and given choices about all aspects of their care and treatment.

One person came to the service to discuss with us the end of life care their relative had received. They told us that in all their years working as a nurse they had not witnessed as dignified and respectful manner in which the staff at Sheraton Court worked with their relative. They told us that all of the staff came to spend time with their relative during their last days and they were never left alone. The person said, "[Person's name] could not have been a more dignified death. The staff treated [person's name] as if they were a family

member and the love that was shown was wonderful. All the staff even came down to see them on their journey to the funeral parlour. It certainly made our experience of loss less painful." The registered manager also explained that extra furniture, blankets and portable heaters had been purchased so relatives could be comfortable during their stay when people were unwell.

A relative we spoke with praised the care provided at the service and said, "We have no complaints at all, this is the best place my relative could be." Another relative commented, "From the nine homes, we viewed this is the best, it is far superior to the others."

We found people were engaged in meaningful occupation and the activity coordinator had tailored the programme of activities to stimulate each person and entertain individuals. People were supported to access activities they enjoyed. We found the activity coordinator was dedicated to providing a wide range of stimulating activities across the service.

They organised the 'Make a Wish' event as a part of the 'Three Wishes Project' project at the service, which was a means to encourage people to think about experiences they might like to have. All people who used the service were encouraged to make wishes for their future, this could be aspiration on things they wished to achieve or just a small change they wanted to achieve. The staff team then worked to help each person to achieve their goal. Staff told us this was a vital element in how they promoted the wellbeing of each person. Staff promoted the three wishes programme by asking people at the beginning of the year to pick three things they wanted to achieve. The activity coordinators went along with all staff to make as many of these wishes come true. For instance one person had wanted to revisit the Headlands at Redcar, as they had loved to go there when they were young. The activity coordinator had subsequently organised this and the person told us they had thoroughly enjoyed the visit. Another person had wanted to celebrate their 100th birthday in style and staff made sure they received their telegram from the Queen. On 8th November 2017 their birthday celebrated at the service when a big party was thrown and pictures from the event were then published in the local paper.

Each week people were enabled to complete activities and 'wishes' that would make them happy such as the opportunity to go for meals and a drinks at local pubs or to the fish shops. The 'wishes' can be large or small for instance one person had wanted to make their relative smile by giving them some flowers so the staff had organised this for them. They told us being able to make this small gesture had really given them great pleasure.

Themed days are organised monthly, this often coincide with national events, such as Alzheimer's day, Royal or Sporting events. We reviewed photos from these events and people told us they were very enjoyable. Staff positively promote external working relationships and regularly had outside agencies and visitors come to the service, such as petting animals and art groups to enhance the range of activities promoted within Sheraton Court. The registered manager told us that the service is known for their events locally, which often encouraged interest from the local community, not only in attendance to the events, but also offers of assistance and volunteering. One volunteer, we heard from people who used the service, runs woodwork classes, which are enjoyed by both the men and women using the service. People told us these were fun classes and the registered manager told us the volunteer ensured people were able to complete tasks before they put them forward.

We found that staff would often come in on a voluntary basis to support the activity coordinator to take people out on trips or to engage in activities in the service. There was a strong sense of community and staff routinely dressed up for the activities on offer. Thus all of the staff had recently come to work in Halloween costumes, which people told us had been very entertaining. Also the staff and activity coordinator had put



measures in place to link the service into the local community and this had led to a local school befriending the service. This meant that the local school children visited the service and people from the service went to the school to discuss what it had been like for them to grow up.

Procedures were in place to investigate and respond to complaints. We found that complaints had been thoroughly investigated by the registered manager and action was taken to rectify concerns. People and their relatives told us they knew how to complain and raise issues. One person told us, "I know how to complain but I've never had to since I've been here."



## Our findings

People and staff spoke positively about the service. A relative said, "Staff have the right skills when it comes to working with people and the senior staff do a good job." One person said, "If I wasn't happy with the care I would tell staff, but never needed to." A staff member said, "Staff support each other as a team and we are learning from each other in the process."

Feedback from an internet website recorded, "I would like to say what a lovely place to live. I cannot recommend Sheraton court enough. The manager and the rest of the staff are excellent with all residents and family", and "Without the care and understanding of both the management and staff, I don't know how we would have managed. Having experienced other homes in the town with my in-laws I could not be happier with Sheraton Court - well done, keep up the good work", and "My relative's care has been outstanding."

We found that the internet website had received 67 comments over the last year and the satisfaction rate collated from people's responses was 9.9%. Comments were consistently marked with statements such as "outstanding", "fantastic care" and "far better than any other home we have used." Also people consistently made positive comments about the attitude of the staff and the way the registered manager ensured the service provided a high standard of care or as put by some respondents, "excellent care."

The registered provider had changed their trading name in January 2017 from Helen McArdle Care to HC-One Beamish Limited. This was not a change of registered provider and we saw that the Companies House number remained the same.

There was a registered manager who had been in post since 2008. We found the registered manager and staff ensured all aspects of care were delivered safely. They were constantly looking at improvements that could be made. People, relatives and visiting professionals were extremely complimentary about the management of the service. One relative told us, "[Manager's name] runs a very tight ship and everything is always spot on."

We found the registered manager continually looked for creative and innovative ways to work with people and create an environment that supported people to enjoy an excellent quality of life. For instance, the registered manager sourced alternative ways to support people who were nearing the end of their life or had lost their appetite improve their food and fluid intake. A bubble machine is used with liquids such as juice or mouth wash, once switched on the bubble it produces is placed on a spoon and is used to freshen the

person's mouth and is found to encourage people to drink and eat. This innovation is something which is now standard practice and demonstrated the registered manager's commitment to utilising new and creative ways to support people maintain their wellbeing and dignity.

We found that the registered manager was a driving force for improvement at the service and was totally committed to delivering personalised and effective care. The registered manager researched how to provide high quality care for people with dementia and following this review created the 'Grace community for people journeying with dementia.' All of the people and professionals we spoke with told us this was positive example of the changes made to the service, which benefitted people who live at the service and also all who visited.

The changes to the way dementia care is provided have had a positive impact for people and led to them being engaged more in discussions and activities. People living with dementia had become more able and staff found memories were regularly triggered by the new artwork. Thus people often talked about their memories of old Hartlepool and the surrounding areas. Staff and external professionals found this has made people who often experience confusion about present time and location feel far more at ease. We have found that it is also a talking point when families come to visit and sit with their loved ones in a themed area. The registered manager found the feedback received on this area from both internal and external partners has been overwhelming and extremely positive.

The registered manager had consistently ensured that all people who used the service, families and staff had significant involvement and input into how the service has been developed. All who used and worked at the service were encouraged to share any thoughts, ideas and innovations on a monthly basis. The registered manager then took these forward and at least one of the suggested innovations per month, whether this be large or small is introduced. For instance, one person came forward in with an idea to promote a talking book club within the service and this was adopted. The person's previous profession was as a teacher and they thought using talking books would be a good way to encourage conversation and discussion with people who had poor eyesight or were a little hard of hearing. The local library was then contacted and an account set up with the service and new books are delivered every two to three months. We found that people met up once a week to listen to a few chapters of the chosen book then discussions are held afterwards over a cup of tea. This was advertised on each floor for all to join in. The book club has been running since September 2017 and now on average six people joined the session each week. The registered manager took on board people's comments about the operation of the club and this is now run by the people who used service.

The provider felt this helped to ensure that everyone plays a part in the growth and development of service and believed contributed to making sure the service constantly moved forward to meet both the current and future needs of people who used the service.

The registered manager had also established champions within designated areas such as MCA/DOLs, Continence, Safeguarding, End of Life, Care planning, Resident and relative liaison, Health and safety, Infection Control, Dementia, alternative diet and Dignity. This provided the staff with in-depth support and assistance, when needed. The Champions themselves also offered support to people who used the service and family members who may require further information or insight into a healthcare concern. The staff and relatives found that the Champion's programme had provided both outcomes for people, as they gained a greater understanding of best practice. We found that the registered manager's burning desire was to ensure best practices were shared from external experts to all staff in the service. They worked hard as a leader and manager to encourage the growth and development of individual colleagues, helping them achieve the best potential in their role, which in turn maximised the benefits to the people who used the

service.

We found the registered manager had carried out a number of quality assurance checks to monitor and improve standards at the service. This included audits of medicines, infection control, and care records. The audits provided evidence to demonstrate what action had been taken if a gap in practice was identified and when it was addressed. For example, a medication audit identified that there was a variation in practice between the three floors. The registered manager had followed this up by ensuring the changes in medicines were shared if people moved floor to ensure all the staff adopted the same protocols. Following the implementation of the new practices the registered manager had requested for an external pharmacist to visit and check, which they had done. The pharmacist found the new systems in place were being operated effectively. The provider carried out regular 'quality checks' to monitor these audits and support the registered manager with any actions needed.

People who used the service, relatives and staff told us they had regular meetings with the registered manager. They all felt able to discuss the operation of the service and make suggestions about how they could improve the service. Staff felt the registered manager was supportive and approachable. A staff member said, "The registered manager is interested in what we have to say and always looking at ways to make the service better." Feedback was also sought from people through surveys and we saw that action plans were developed in response to the suggestions made, which were then completed.

The provider also ran a recognition scheme for people who went above and beyond. We saw that staff, volunteers and people who had used the service were nominated for these awards. Each person received a certificate and letter of recognition from the Chief Executive.

Services that provide health and social care to people are required to inform the CQC of deaths and other important events that happen in the service in the form of a 'notification'. The manager had informed CQC of significant events in a timely way by submitting the required notifications. This meant we could check that appropriate action had been taken.