Asprey Healthcare Limited

Sherwood House

Inspection report

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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

The inspection took place on 27 June 2017 and was unannounced.

Sherwood House is a residential care home providing support for up to 35 older people. At the time of our inspection there were 22 people at the home, some of whom were living with dementia. The home had recently changed to a new provider at the time of inspection.

At our last inspection we found breaches of regulation. At this inspection we found actions had been taken to ensure the regulations had been met and the service had improved.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were kept safe by robust risk assessments that identified any risks they faced and measures to keep them safe. Staff understood how to promote people's independence whilst managing risks. Where accidents or incidents occurred, actions were taken to prevent them reoccurring. Plans were in place to keep people safe in the event of an emergency.

Where people had health conditions, plans were in place to ensure that their healthcare needs were met. Staff worked alongside healthcare professionals to meet their needs. Staff had received training to ensure they could carry out their roles effectively. People's medicines were managed and administered safely. We did note that in some cases where people were administered creams and ointments, these were not recorded. The provider took action to rectify this following the inspection.

People had access to a range of activities that were suited to their needs. Staff supported people to make their own choices about their care. Staff interacted with people in a way that showed kindness and compassion. People were involved in the running of the home through regular meetings. A complaints policy was in place and people were aware of how to raise a complaint if they were not happy.

Staff felt supported by the registered manager. Regular staff meetings took place that provided opportunities for staff to make suggestions. Staff had regular one to one supervisions and appraisals, to encourage personal development. There were sufficient numbers of staff to meet people's needs and the provider had carried out checks to ensure that staff were appropriate for their roles. Staff understood their roles in safeguarding people from abuse.

The provider kept up to date records. People's care plans were person centred and contained important information about them. Staff knew the people that they were supporting and they promoted people's privacy and dignity when providing care. People's rights were protected because staff worked in accordance

with the Mental Capacity Act (2005). The registered manager understood their responsibilities and notified CQC of important events and incidents.

People were offered choices of food each day and their dietary needs were met. People were regularly asked for their feedback on food and other aspects of their care. Audits were in place to measure and assure the quality of the care that people received.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Risks to people were assessed, with plans in place to keep people safe.

People's medicines were managed and administered safely.

Staff understood their roles in safeguarding people from abuse.

Where accidents or incidents occurred, staff took action to prevent them from happening again.

There were sufficient numbers of staff to keep people safe.

The provider carried out appropriate checks on staff to ensure that they were suitable for their roles.

Is the service effective?

Good

The service was effective.

People were offered a choice of food and people's dietary needs were met.

Staff worked alongside healthcare professionals to meet people's needs.

People's legal rights were protected because staff worked in accordance with the Mental Capacity Act (2005).

People were supported by staff who were trained to carry out their roles.

Is the service caring?

Good

The service was caring.

Staff promoted people's privacy and dignity when providing care.

People were encouraged to be independent by staff.

People were supported by staff that knew them well.

Staff involved people in the care that they received.

Is the service responsive?

Good

The service was responsive.

People had access to a range of activities, that reflected their needs and interests.

People's care plans contained important information about their needs and preferences.

People's needs were regularly reviewed and any changes in need were addressed.

People knew how to make a complaint.

Is the service well-led?

Good

The service was well-led.

The provider kept accurate and up to date records.

Regular audits took place to assure the quality of the care that people received.

Staff felt supported by management and had opportunities to make suggestions.

The registered manager understood their responsibilities and notified CQC of important events and incidents.

Sherwood House

Detailed findings

Background to this inspection

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

The inspection took place on 27 June 2017 and was unannounced.

The inspection was carried out by one inspector 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.

Before the inspection we gathered information about the service by contacting the local and placing authorities. In addition, we reviewed records held by CQC which included notifications, complaints and any safeguarding concerns. A notification is information about important events which the service is required to send us by law. This enabled us to ensure we were addressing potential areas of concern at the inspection.

As part of our inspection we spoke to six people and one relative. We spoke to the registered manager, the operations consultant and four members of staff. We observed how staff cared for people and worked together. We read care plans for three people, medicines records and the records of accidents and incidents. We looked at mental capacity assessments and applications made to deprive people of their liberty.

We looked at four staff recruitment files and records of staff training and supervision. We saw records of quality assurance audits and improvement plans for the service. We looked at menus and activity timetables. We also looked at minutes of meetings of staff and residents.

Good

Is the service safe?

Our findings

At our inspection in May 2016, people were not always protected from risks. Not all risks were assessed and actions were not always taken to reduce risks to people. We also found that people's medicines were not managed and administered safely. These were breaches of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, the provider had made the required improvements to risk assessments. Risks to people were routinely assessed, and plans were in place to manage risks. After our last inspection, the provider reviewed all risk assessments and ensured that actions taken were robust, involving healthcare professionals where necessary. People's care records contained detailed risk assessments and plans to reduce the hazards identified. One person who was living with dementia sometimes became agitated. A risk assessment identified that, 'I can get frustrated and angry when I do not understand why I am here and what is happening'. To manage this risk, staff identified that the person enjoyed gardening, so staff would discuss the gardens and plants with them, to distract them when they became agitated. The risk assessment also outlined that staff were to provide explanations to the person, reassuring them and keeping them informed. We observed staff talking to the person about their plans for the day, as outlined in their risk assessment.

People's medicines were managed and administered safely. After our last inspection, the provider had made changes to the way medicines were stored. Medicines were stored in a secure place in which the temperature could be controlled. Medicine administration records (MARs) had been reviewed and updated. People's records contained information about their allergies and a photograph. This meant staff could be sure they were administering medicines to the correct person. People's medicines were clearly labelled and stored in a way that made them easy to count. Regular audits of medicines were undertaken to ensure records were accurate and up to date. MARs were complete, with no gaps. Where people had not taken their medicines, the reason why was clearly recorded.

People's records contained information about how they liked to take their medicines. Where people had PRN (as required) medicines, protocols were in place to say when they should be administered. One person had a long term health condition that could cause them to become breathless. They were prescribed an inhaler to be used PRN. A protocol was in place to inform staff of when the person should have the inhaler; on days when they were feeling breathless. Staff demonstrated a good understanding of when to administer PRN medicines. We did note that where people were prescribed creams, these were not always recorded on a topical cream medicine administration record (TMAR). Staff recorded in daily notes when creams had been administered. This method of recording is not in line with best practice as it does not make clear when creams have been administered as prescribed. We informed the provider of this and they sent us evidence to show this had been addressed after the inspection.

Staff understood their roles in safeguarding people from abuse. Staff had attended training in safeguarding and the local safeguarding adults procedures were available to staff. Staff demonstrated a good understanding of how to recognise the signs of abuse and where to report it. One staff member said, "I would talk to the senior on duty. If nothing was done I would speak to CQC, the number is on the

noticeboard." At the time of our inspection, there had been no safeguarding incidents. The provider had a system in place to record and analyse incidents, which meant that any potential safeguarding concerns could be identified and reported.

Where accidents or incidents occurred, staff took action to prevent them happening again. The registered manager had a system in place for staff to record and report incidents. Records were detailed and contained evidence of staff taking appropriate actions to keep people safe. One person fell and sustained a minor injury. Staff made sure the person was safe and they were seen by a healthcare professional the same day. The person's care plan was reviewed and updated, with additional supervision in place to reduce the risk of another fall.

There were sufficient staff present meet people's needs safely. One person told us, "I see the staff quite a lot." The provider had a system in place to calculate staffing numbers based on people's needs. Staff told us that they were not rushed and they were able to spend time making sure people's needs were met. Most people told us that they felt there were enough staff to meet their needs. Two people did tell us that staff were rushed at times and sometimes took longer to respond. We informed the registered manager of this feedback. At the time of inspection, the provider was reviewing staffing levels and they said they would take this feedback into account. During the inspection we observed staff as having enough time to spend with people. People were up in the morning and staff did not take long to respond to people who requested support.

Robust recruitment checks were carried out. This meant that people were protected from being supported by inappropriate staff. Checks were made to ensure staff were of good character and suitable for their roles. The staff files contained a Disclosure Barring Service (DBS) certificate for staff before they started work. DBS checks identify if prospective staff have a criminal record or are barred from working with people who use care and support services. Staff files also contained proof of identity and references to demonstrate that prospective staff were suitable for employment.

Measures were in place to keep people safe in the event of an emergency. The risk of fire had been assessed and this was reviewed regularly. Systems were in place to regularly check fire equipment. Plans were in place to support people in the event of an emergency, with a contingency plan for use in the event of the building becoming unusable. Each person had a personal emergency evacuation plan (PEEP). The PEEPs outlined the support people would need in the event of an emergency.

Good

Is the service effective?

Our findings

People told us that they liked the food that was on offer. One person told us, "The food is good. It is food I am used to." Another person said, "The food is excellent. I haven't heard anyone complain."

The menu offered variety to people and was based on people's preferences. People's food preferences were recorded in their care plans. There was a menu on display and people had a choice of dishes each day. Where people did not like either option, the kitchen prepared an alternative. The food that was prepared looked and smelt appetising. People told us they enjoyed their meals and they were observed finishing their food.

People's dietary requirements were met. Where people had specific dietary needs, this was clear in their care plan. The kitchen had a record of people's dietary needs, as well as their preferences. One person had celiac disease; this meant that they were allergic to wheat products. This information was in their care plan and specialist food was ordered for the person each week. The person had a wide variety of foods that were suitable for their dietary requirements. Another person had diabetes. They needed to raise their blood sugar levels in the morning, as this gave them energy to get ready. Staff gave them two biscuits each morning before personal care. This information was clear for staff in their care plan. Where people had diabetes and needed to control their sugar intake, the kitchen staff were aware. Desserts were prepared without sugar for people with diabetes; this provided them with a choice whilst meeting their dietary needs.

Staff provided support to meet people's healthcare needs. People's care plans contained important information about any health conditions they had. Information from healthcare professionals was integrated into people's care plans. Any visits from healthcare professionals were clearly documented. One person was living with dementia and staff had noted a change in their behaviour. The person's GP was contacted and investigations were carried out to establish if they had an infection. When this was ruled out, the person's community psychiatric nurse (CPN) was contacted and reviewed their treatment. This demonstrated that staff were responsive to changes in people's needs and knew who to contact if they were concerned about someone's health.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether staff were working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We found that decision specific mental

capacity assessments were being carried out. Where people lacked capacity, best interest decisions were recorded. One person had been assessed as unable to make the decision to stay at the home and consent to their care. A mental capacity assessment was carried out and a best interest decision was recorded. The best interest decision involved relatives, healthcare professionals and staff. A DoLS application was then submitted to the local authority.

People were supported by staff who were trained to meet their needs. A staff member told us, "I'm up to date on all my training, we get reminders." Staff undertook mandatory training in areas such as first aid, fire safety and infection control. The provider had a system in place to track staff training and ensure mandatory training was refreshed regularly. Staff told us that they received an induction. This involved completing training as well as shadowing an experienced member of staff. This allowed new staff to develop good practice, as well as meeting the people that they would be supporting.

Staff received training specific to people's needs. Some people at the home were living with dementia. Staff had attended a course in dementia care, and they told us that this made them confident in their work. A staff member told us, "I've done dementia care training and I might be doing a more advanced course. It taught me about sun downing and how it can affect people's behaviour." Sun downing is a symptom of dementia in which people can become more confused and agitated later in the day. We observed staff supporting people living with dementia in a calm and patient manner, that was considerate of their needs. Staff took time to offer people choices and offered clear explanations when providing care.

Staff had regular supervision and they told us they used this to discuss their practice. A staff member told us, "Supervisions are very good." The provider kept a record of staff supervisions and ensured they happened regularly throughout the year. Staff also received an annual appraisal, this was used to discuss performance and identify learning needs. A staff member told us, "We have appraisals, we use them to discuss training and development."

Good

Is the service caring?

Our findings

People told us that they thought the staff were caring. One person told us, "It's like a family. All nice friendly people." A relative told us, "I have never heard a cross word to a resident all the times I have been here."

At our inspection in May 2016, people's dignity was not upheld by staff. Staff were task orientated and did not always talk to people when providing them with support. Staff were not considerate of people's needs, particularly where people were living with dementia. This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, people's dignity was promoted by staff. Caring interactions that we observed were kind and compassionate. Staff were patient and spent time with people. After our last inspection, the registered manager discussed good caring practice at team meetings. It was also discussed with staff at one to one supervisions. All staff had attended training in 'Dignity, Respect and Person Centred Care' and this had been refreshed following our last inspection. Staff demonstrated a good understanding of how to involve people in their care. A staff member told us, "It can be hard where people have some types of dementia. We spend more time with them and talk them through things."

We observed staff talking to people about things they enjoyed, such as their favourite food and pastimes. People were given choices and staff took time to involve people in their care. Staff stopped to chat to people regularly; they took an interest in people and were respectful. Staff that we spoke to understood the importance of respecting people's privacy. Personal care was carried out discreetly and staff were observed knocking on people's doors before entering. People told us that staff were respectful when providing them with personal care.

Staff supported people in a way that encouraged them to be independent. A staff member told us, "I ask what people would like to do and encourage them to do for themselves as much as possible." Care was planned in a way that promoted people's skills, whilst ensuring appropriate support was in place to allow people to complete tasks themselves. One person living with dementia liked to watch their TV. Sometimes they forgot how to use their television. In the morning, staff provided them with prompts to turn on their television. This helped the person to retain ownership over something that was important to them. The information was in their care plan, and staff told us they supported the person in this way.

People were supported by staff that knew them well. People's care plans contained information about their working lives, families and interests. This information was presented in a format that made it easy for staff to learn about people. A staff member told us, "We have life stories, and we talk to people about their lives and ask their families." One person used to have a favourite pet dog. We observed staff talking to this person about their dog. Staff had a good knowledge of people's backgrounds and histories when we spoke to them. Information about people's relatives was included in their records. One person's family was very important to them. Their records noted that if they were having a bad day, they often felt better when relatives visited them. Visits from people's relatives were encouraged. We observed relatives engaging in activities and eating with people on the day of inspection. Relatives attended meetings with people and were invited to

reviews.

Staff involved people in their care. People were offered choices throughout the day. People chose activities that they wanted to take part in, as well as making choices about their meals and drinks. Staff demonstrated an understanding of why offering choice was important. A staff member told us, "I always ask their preference. I check if they want a shower or bath and help them to choose what they want to wear." People made decisions about their home at meetings. At a recent meeting people had been asked about decoration and given the opportunity to re-decorate their rooms.

Good

Is the service responsive?

Our findings

People told us that they liked the activities they took part in. One person told us, "They look after us really well and put on all sorts of amusements for us, they are really very good." Another person said, "It is nice when we go to the theatre or if there is music on."

At our inspection in May 2016, people did not have a choice of activities to take part in. Activities did not reflect people's needs and interests. 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 the activities on offer. A timetable was in place with a variety of activities taking place each week. Activities included quizzes and games as well as physical exercise, outings and visiting entertainers. Smaller activities took part each day and people could choose what they wished to do. We observed a reminiscing game taking place. People were engaged in the activity and using it as an opportunity to discuss memories. Staff told us they noticed these types of activities particularly benefitted people living with dementia. The home also had its own allotment. It was accessible to people and people sometimes took relatives there. There were people living at the home who enjoyed gardening. They benefitted from spending time at the allotment as it provided them with exercise and meaningful activities that they enjoyed. Vegetables from the allotment had also been included in the menu.

People's care plans recorded their hobbies and interests. People were regularly asked for their feedback on activities. At the last residents meeting activities had been discussed. The provider was looking to introduce more activities and people were encouraged to make suggestions. The provider was recruiting a lifestyle co-ordinator. This member of staff would take the lead on activities and identify person-centred activities for people to take part in.

Care plans reflected people's needs and personalities. Every care plan had a one page profile detailing, 'What's Important to Me'. This contained pictures as well as a summary of things that were important to people. One person living with dementia responded well to gentle reminders and prompts to support themselves. This was clearly detailed on the front of their care plan. It said, 'a soft voice and gentle cajolement is the best way to do things'. We observed staff supporting this person with gentle prompts, as outlined in their care plan. Another person had lots of photographs, which were important to them. Their care plan said, 'I regularly go through my photograph albums and I am surrounded by photos in my room.' When we asked staff about this person's interests they told us they liked to look at photographs with staff.

Information on people's needs was kept up to date. Records contained evidence of a detailed assessment. This meant important information about people's needs and preferences was gathered before they moved into the home. People's needs were regularly reviewed. Care plans contained evidence of regular reviews. Information from reviews was detailed and up to date. A recent review had identified that one person had become less anxious by having regular telephone calls with their family.

People were provided information on how to make a complaint. There was a complaints policy displayed in

the home which informed people of what to do if they were not happy with their care. People told us that they knew how to complain. At the time of our inspection, there had been no complaints. To identify any areas for improvement, the provider held regular residents meetings and sent out regular surveys. People were also asked at reviews if there was anything that they would like to change.

Good

Is the service well-led?

Our findings

A relative told us that they felt the service was well-led. They said, "I don't hear any grumbles from the staff. They are very professional." People were observed chatting to the registered manager on the day of inspection. The registered manager knew people's needs and people looked happy in their presence.

At our inspection in May 2016, the provider did not keep accurate and up to date records. Daily notes completed by staff were inconsistent, which meant that it was not clear when care tasks had been completed. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, the provider had made the required improvements to records. After our last inspection, the provider reviewed their records. Audits were increased and record keeping was discussed with staff at meetings and one to one supervisions. Records were up to date, with regular reviews of care plans taking place. All records were audited regularly and where shortfalls were identified, these were addressed. At the time of our inspection, the new provider was in the process of introducing new styles of care plans and other documentation. These included additional audits of records, as well as new formats for presenting information about people. We will review the impact of these changes at our next inspection.

Regular audits were carried out to measure the quality of the care that people received. Audits covered areas such as health and safety, infection control and medicines. The provider also carried out a regular holistic audit that identified improvements. The first of these audits, by the new provider, had just been carried out at the time of our inspection. The audit had identified the need for a 'Lifestyle Coordinator' to improve activities. This was already being actioned as the provider was recruiting to this role at the time of our inspection.

Staff told us that they felt supported by management. A staff member told us, "We've got support from seniors and our manager. They are all very helpful." Another staff member told us, "(Registered manager) is always available. If not, then we can ask the seniors." During the inspection we observed staff being able to access the registered manager easily. There was a senior member of staff working on each shift, who staff could also report to if the registered manager was not available.

Staff were given opportunities to make suggestions to improve the home. Regular staff meetings took place, the minutes of meetings were documented. A staff member told us, "The meetings are good. We find out things and anyone can speak up if they want." A recent meeting had discussed the change in providers. Staff were kept up to date on the process, with some questions staff had answered. The meeting was also used to discuss people's needs, as well as making plans for a summer party.

The provider involved people in the running of the home. Regular meetings took place in which people and relatives were informed of changes at the home, and given opportunities to provide feedback. The last meeting had been used to discuss the home environment and the provider's plans for the home. The provider was in the process of preparing surveys to send to people and relatives. These would give people

the opportunity to provide their feedback so that the provider can identify any areas for improvement at the home.

The provider understood the responsibilities of their registration. Registered bodies are required to notify us of specific incidents relating to the home. We found when relevant, notifications had been sent to us appropriately. For example, in relation to any serious accidents or incidents concerning people which had resulted in an injury.