

Lister House Limited

Sherrington House Nursing Home

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Summary of findings

Overall summary

About the service

Sherrington House is a residential nursing home situated in Bradford. The home provides accommodation, personal care and nursing care for up to 39 people. At the time of the inspection there were 35 people living at the home.

People's experience of using this service and what we found

People's care needs were assessed, and they received good quality person centred care from staff who understood their needs well. Staff were aware of people's needs and life histories and used this information to develop meaningful and positive relationships with people.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Improvements were needed to some documentation to fully evidence compliance with the Mental Capacity Act (MCA).

People and relatives said they felt safe. They generally praised the standard of care and said staff were caring and kind. The home was clean, spacious and well maintained.

Staff were knowledgeable about people and the topics we asked them about. They received support and supervision. A wide range of training was provided. This was reviewed regularly to ensure staff had the knowledge and skills to meet people's needs.

Medication was managed safely. There were close links with health professionals and other agencies to ensure people's health needs were met and changes responded to promptly.

Audits and quality monitoring helped drive forwards improvements in the service. The registered manager provided people with leadership and promoted a supportive team culture. They maintained good oversight through communication with people and the team. They were passionate about continuing to improve the service.

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

Rating at last inspection (and update): The last rating for this service was requires improvement (published 29 November 2018) and there was a breach of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

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 caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Sherrington House Nursing Home

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The first day of the inspection was carried out by one inspector, an assistant inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who use this type of care service. The second day of the inspection was carried out by one inspector.

Service and service type

Sherrington 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. 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

This inspection was unannounced on both days.

What we did before the inspection

We reviewed the information we received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We asked for feedback from the local authority and

commissioning teams. We spoke with one health care professional. We used all of this information to plan our inspection.

During the inspection-

We spoke with eight people and four relatives about their experience of the care provided. We spoke with the nominated individual and the registered manager. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We spoke with ten staff including the office manager, deputy manager, two nurses, five care workers and the cook.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

The registered manager sent us further documents after the inspection. We spoke with one health care professional who regularly visits the service. This was considered as part of the inspection.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Using medicines safely

- At the last inspection we found improvements were needed to medicine recording processes. Medication administration records were not always clear, and creams not consistently recorded. Since the last inspection the home had introduced an electronic recording system. Systems were organised, and people were receiving their medication and creams when they should.
- Staff who supported people with their medicines received regular training. Competency checks were carried out in line with good practise.
- The registered manager audited medicine records regularly to ensure medicines were administered to people as prescribed.

Assessing risk, safety monitoring and management

- Risks to people's health and safety were assessed and a range of risk assessments completed and regularly reviewed. Staff told us they were aware of the risks to people they supported and were able to give examples of how they supported them.
- Where people displayed behaviours that challenge we saw staff using appropriate techniques to divert people and reduce distress. Staff we spoke with had a good understanding of the people they were supporting.
- The premises were well maintained and suitable for its intended purpose. Safety checks were in place and actions taken when issues noted. We identified the electrical hard wiring test was out of date, but we received confirmation after the inspection this had been completed. The service employed a maintenance worker which meant repairs were generally resolved promptly.

Staffing and recruitment

- People and relatives generally said there were enough staff. We were told there had been a lack of consistency previously, but this had improved. One person said, "Staff used to be coming and going all the time, but it's got a lot better now." A member of staff said, "Yes, definitely enough staff. I think we are manned very well."
- Staffing levels were maintained. Call bells were responded to promptly and we observed people received timely and relaxed support.
- Robust recruitment procedures were in place to ensure only staff suitable to work in the caring profession were employed.

Systems and processes to safeguard people from the risk of abuse

- People and relatives said they felt safe. One person said, "Yes I feel safe, I've nothing to worry about."

- Staff had received safeguarding training and understood how to raise concerns.
- Safeguarding referrals had been made appropriately and actions put in place to ensure the safety of people.

Learning lessons when things go wrong; Preventing and controlling infection

- Accidents and incidents were recorded and analysed to identify any themes and trends. We saw information was clearly recorded including details of action taken to prevent a reoccurrence. One person had experienced several falls and a range of actions had been taken to improve their safety.
- Staff completed training in infection control. We saw they had access to gloves and aprons when supporting people with personal care or serving food.
- The home was clean and tidy, and people and relatives confirmed this.

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.

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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 when this is in their best interests and legally authorised under the MCA.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The registered manager understood the principles of the MCA and how to protect people's rights.
- Appropriate DoLS applications had been made in a timely manner by the service.
- We observed staff routinely asking for consent from people before they provided care and support. We observed interactions which were friendly and discrete.
- Information about people's capacity to make decisions needed better integrating into their care plans. Where people lacked capacity to make decisions for themselves clearer information about their capacity and showing decisions had been made in their best interests needed to be recorded. Best interest assessments were in place for a range of decisions, but this needed to be recorded in a clearer way to show the involvement of people and their representatives.

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

- The building was adapted to meet people's needs. The environment was light and spacious and there was a choice of communal areas. Clear signage helped people find their way around.
- People's bedrooms had en-suite facilities and were personalised.
- The designated area for people who smoked was outside the entrance door. This faced a main road and afforded minimal shelter or privacy. At times there was a malodour in the foyer of the home. We received negative comments from people and staff about the facilities for people who smoked. We discussed this with the provider. After the inspection the provider confirmed they were planning to construct an

appropriate smoking shelter.

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

- People's needs were assessed before being offered a service. The information gathered during the assessment was used to develop care plans and risk assessments. They described the support required and contained person centred information.
- Some care plans contained contradictory information. For example, one person's care plan said they were prescribed 'as required' medicine when they were upset but this had been discontinued. We discussed this with the registered manager on the first day of the inspection and this was amended promptly.

Staff support: induction, training, skills and experience

- Staff spoke very positively about the training they received. They routinely completed the care diploma and a wide range of face to face training. This included detailed training on specific health conditions. A visiting training professional said, "The workforce is very committed and keen to learn. This is the nicest place I come to."
- Staff received regular supervision and appraisal. Supervisions included themed topics including safeguarding and end of life care to promote learning and understanding. Leadership training was scheduled to further support senior staff in their roles.
- New staff received a detailed induction which included regular meetings and the opportunity to shadow experienced staff. One member of staff said, "I have been supported from day one."

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

- People's needs, and nutritional preferences were met. One person said, "It's absolutely amazing. You can choose what you want."
- The mealtime experience was relaxed and sociable.
- People's nutritional needs were assessed and met by the service. People's weights and details of food and fluids intake were monitored when this was part of their care plan. The cook had a good understanding of people who lived at the home and responded to people's needs and wishes when planning menus and snacks.
- Staff who worked in the kitchen had very positive relationships with people. We observed them interacting warmly and spending quality time with people when taking their meal orders.

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

- People and relatives said people's health needs were supported.
- Care plans contained clear information about their health needs and records showed people had access to a wide range of health and social care professionals. People's oral health needs were assessed and care plans in place. The registered manager told us they were planning oral health training for staff.
- A GP visited the home on a weekly basis. There were also regular visits from a chiropodist and optician.
- The home employed a Speech and Language Therapist who visited weekly. This meant people's needs were assessed promptly and care plans adjusted to respond to any changes.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People looked relaxed and comfortable around staff. One person described staff as, "Really nice, they go over and above to help support you and they keep you cheerful." Another person said, "They [staff] are a great bunch, they absolutely do their best."
- We observed all groups of staff interacted kindly with people and there was a calm and inclusive atmosphere.
- Staff we spoke with demonstrated caring values and a desire to provide people with high quality personalised care. One member of staff said, "We make sure people are happy and that it is a fun place to live and enjoy their time."
- Care records were written in a respectful way.

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

- People told us staff generally listened to their views and provided care and support that reflected their wishes. One person said, "We really are a great team. I write up ideas for activities and then we do them."
- Staff had formed strong and genuine relationships with people and engaged positively with people. We observed staff routinely offering people choices and listening to their response.
- Monthly resident's meetings were held. Where people did not want to attend their views were sought on a one to one basis.
- Advocates were used when someone did not have someone to speak on their behalf.

Respecting and promoting people's privacy, dignity and independence

- People and relatives told us they were supported in a respectful and dignified manner. One relative said, "I feel content [person] is well looked after. I can be at home and rest well knowing [person] is well looked after."
- Staff were conscious of maintaining people's privacy and dignity.
- We saw people's independence was promoted. People were encouraged to do as much for themselves as possible.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- At the last inspection we found daily charts and monitoring were not being consistently completed. At this inspection we found clear systems were in place and records were completed clearly. The service used a combination of electronic and paper records. Staff had a good understanding of the importance of record keeping.
- Care plans were person centred and up to date. This included information about people's history, sexuality, likes and dislikes and what was important to them.
- Mechanisms were in place to ensure the service was responsive. This included regular handover meetings.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to take part in a range of activities in the home. The home employed an activity co-ordinator and sourced other external groups. Activities included arts and crafts, knitting, gentle exercise and interactive music sessions. People had access to a computer.
- Feedback about activities was mixed and some people said they did not like what was available and said they were bored. We saw staff spent time with some people individually if they preferred. One person said, "The activity staff are great they come to my room and bring things for me to do."
- The home employed an outings team. People living at the home could purchase one to one support to access community activities of their choice.
- People were supported to follow their faith. A weekly church service was held in the home.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service identified people's needs by assessing them.
- There was pictorial menu, activity board and newsletter.
- Care plans included information about how to communicate with people. For example, a care plan described how staff should use gestures and facial expressions to communicate with one person. Another person whose first language was not English was supported to communicate with flash cards with symbols and words in their preferred language.

End of life care and support

- People's end of life wishes was detailed in their care plans. This included details of how to avoid admission to hospital if this was an individual's preference.
- The registered manager had developed links with local agencies. A health care professional commented on the improvements the home had made in supporting people who were at the end of their life.

Improving care quality in response to complaints or concerns

- The provider had a system to monitor complaints, concerns and compliments. The information was used to understand how they could improve and what they were doing well.
- People said staff listened to them and resolved day to day concerns. One person "If I'm not happy with something I just speak to [manager] and [manager] gets it sorted."

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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection we found governance systems were not robust. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 17.

- There were comprehensive audits of all aspects of the service. When issues were identified they were addressed promptly.
- The registered manager had complied with the requirement to notify CQC of various incidents, so we could monitor events happening in the service.
- Staff praised the support they received from the management team and said they were confident in their leadership. When asked if the home was well run a member of staff said, "A million percent. It is a tight ship, and everything is done thoroughly."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider and registered manager were clear about their responsibility to be open and honest. Staff were clear about their roles. They received information through induction, training and supervision about what was expected of them.
- Some staff had recently completed 'mental health first aider' training. They wore a badge to identify themselves. The aim of the training was to promote staff supporting each other and improve team work and collaboration. One member of staff said, "It's really good for morale because it brings everyone closer together."
- Staff praised the registered manager and described them as approachable and supportive. One member of staff said, "You can just knock on [registered manager's] door and [registered manager] is there."

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

- Meetings were held regularly for all groups of staff and people and included a range of topics.
- Staff felt involved in the day to day running of the home. The registered manager had recently introduced

an 'Employee of the month' scheme.

- The provider had conducted a survey with people and relatives. They were proactive about seeking feedback from visiting professionals. Most of the feedback was positive. The provider was in the process of collating the information to review any themes or trends and follow up actions.

Continuous learning and improving care; Working in partnership with others.

- The registered manager understood their legal responsibilities and were committed to learning and improving care. They were receptive to feedback throughout the inspection and responded quickly to issues we raised. It was clear speaking to the registered manager and staff, there was a desire to continually improve.
- Staff told us there had been a lot of improvements and morale was good. One member of staff said, "We have the best team, all very supportive."
- The service worked in partnership with people, relatives and health and social care professionals to provide good outcomes for people.
- The registered manager attended local authority provider forums.