

Sherrell Healthcare Limited

Sherrell House

Inspection report

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Essex
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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	

Overall summary

This inspection took place on 16 April 2015.

Sherrell House is registered to provide accommodation for 92 older people who require personal or nursing care. People may also have needs associated with dementia. There were 67 people living at the service on the day of our inspection.

A registered manager was in post in the service. 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.

Staff had attended training on safeguarding people. They were knowledgeable about identifying abuse and how to report it. Recruitment procedures were thorough. Risk management plans were in place to support people to have as much independence as possible while keeping them safe. There were also processes in place to manage any risks in relation to the running of the home.

Summary of findings

Medicines were safely stored, recorded and administered in line with current guidance to ensure people received their prescribed medicines to meet their needs. People had regular access to healthcare professionals. A wide choice of food and drinks was available to people that reflected their nutritional needs, and took into account their personal lifestyle preferences or health care needs.

People were supported by skilled staff who knew them well and were available in sufficient numbers to meet people's needs effectively. People felt their dignity and privacy was respected and they all spoke in a complimentary way about the kind and caring approach of the staff. Visitors felt welcome and people were supported to maintain relationships and participate in social activities and outings.

Staff were well trained and used their training effectively to support people. Staff understood and complied with the requirements of the Mental Capacity Act 2005 and the associated Deprivation of Liberty Safeguards.

Care plans were regularly reviewed and showed that the person, or where appropriate their relatives, had been involved. They included people's preferences and individual needs so that staff had clear information on how to give people the care that they needed. People told us that they received the care they needed.

The service was well led, people knew the manager and found them to be approachable and available in the home. People living and working in the service had opportunity to say how they felt about the home and the service it provided. Their views were listened to and actions were taken in response. The provider and registered manager had robust systems in place to check on the quality and safety of the service provided, to put actions plans in place where needed, and to check that these were completed.

Summary of findings

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.

Staff had a good understanding of safeguarding procedures to enable them to keep people safe.

There were enough staff to meet people's needs safely.

Medicines were safely managed.

Good



Is the service effective?

The service was effective.

People were cared for by staff who were well supported and had the knowledge and skills required to meet their needs.

The requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards were being met.

People were supported to eat and drink sufficient amounts and people enjoyed their meals. People had access to healthcare professionals when they required them.

Good



Is the service caring?

The service was caring.

The interaction between staff and people living in the service was positive. Staff were able to show that they knew the people they cared for well.

People's privacy and dignity was respected as were their relationships with their relatives and friends.

Good



Is the service responsive?

The service was responsive.

People's care plans reflected current information to guide staff on the care people required to meet their individual and assessed needs.

People had activities they enjoyed and met their needs.

People were confident that they could raise any concerns with the staff and that they would be listened to.

Good



Is the service well-led?

The service was well led.

People who used the service and staff found the manager approachable and available. Staff felt well supported.

Opportunities were available for people to give feedback, express their views and be listened to.

Systems were in place to gather information about the safety and quality of the service and to support the manager to continually improve these.

Good



Sherrell 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 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 19 April 2015 and was unannounced. The inspection team consisted of two inspectors.

Before the inspection we reviewed the information we held about the service including notifications received from the provider. This refers specifically to incidents, events and changes the provider and manager are required to notify us about by law.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with ten people who used the service, three relatives, six members of staff and the manager.

We reviewed six people's care plans and care records. We looked at the service's staff training plan, three staff files including recruitment, induction, supervision and appraisal records. We also looked at the service's arrangements for the management of medicines, complaints and compliments information, safeguarding alerts and quality monitoring and audit information.

Is the service safe?

Our findings

People felt safe living in the service. One person told us they never felt worried or afraid there and explained this was because they were treated by staff, “in a proper way”. One person told us and their relatives of a worry they had. This was shared with the management team who reassured the person immediately and made arrangements to check with them later to make sure they felt comfortable and safe. A visitor told us they felt confident in the safety of their relative at the service due to their experience there of good care and communication, the way staff spoke with and treated people and that there was never, “any awkwardness”.

People had access to information on the way they could expect to be treated and who to speak with if they felt concerned for themselves or others. Clear large print information posters were displayed in communal areas where people would see them. Staff had a good understanding and knowledge of how to keep people safe from the risk of abuse. Staff had attended training in safeguarding people. They knew how to report any suspected abuse and confirmed they would do this without hesitation to protect people. The manager had responded to any concerns raised and acted to ensure people’s safety.

Risks were identified and actions were planned to limit their impact. People’s care plans included information about risks individual to them. The manager told us, and inspection of records confirmed, that accidents and incidents were monitored to identify any trends so that risks could be limited. We saw that where risk had been identified a care plan was in place to help staff to manage this safely. Staff we spoke with were aware of people’s individual risks. The manager had appropriate procedures in place to identify and manage any risks relating to the running of the service. These included relating to fire safety, the environment and dealing with emergencies.

People were protected by a robust staff recruitment process. Staff told us that references, criminal record and identification checks were completed before they were able to start working in the service and they had a detailed interview to show their suitability for the role. This was confirmed in the staff records we reviewed. It showed that care and attention went into recruiting people with the right skills and abilities to care for people in the service.

People were supported by sufficient numbers staff to meet their needs safely. People told us that staff were available when they needed them. One person said, “I have got a buzzer. Staff do come to help you when you ring it.” Staff reported that there were sufficient staff to meet people’s needs appropriately. A visitor told us that there was always a second member of staff available when called to support their relative who needed two staff to assist them safely with transfers. We observed that although busy, staff gave no appearance of being rushed. We saw many examples throughout the day of staff spending quality time with people on a one to one basis, as well as completing the necessary care tasks.

People received their medicines in a timely and safe manner. We observed that staff checking medication administration records before they dispensed the medication spoke with people about their medication. Medicines were safely stored. Records of people’s medicines were generally clear including, for example, where people were prescribed variable doses for example, one or two tablets depending on their level of pain. We noted some occasions where prescribed creams, stored in people’s rooms to be used during personal care, were not recorded as administered. The manager reassured us that appropriate action would be taken to address this and extra checks put in place. People told us that staff always brought their medicines to them at the correct times.

Is the service effective?

Our findings

People were supported by staff who were well trained and provided with opportunities for guidance and development. Staff told us that when they started working in the service they received initial training, followed by a general induction and a period of shadowing an experienced staff member before forming part of the official staff numbers.

The manager gave us written information to show that staff received appropriate training. They attended a range of training courses and updates such as in moving and handling, safeguarding people, fire safety and food hygiene. Staff confirmed they received the training they needed to enable them to provide safe quality care to people. They also told us that they felt well supported and received regular formal supervision and appraisal with a senior member of staff. This included assessments of staff competency in relation to management of medicines. People told us that they received the care they needed and commented that staff were, “very good”, “wonderful” and “good at their job”. One person said, “Staff certainly do seem to know what they are doing, what they have to do and they do it well.”

Staff knew how to support people in making decisions and how people’s ability to make informed decisions can change and fluctuate from time to time. These decisions included Do Not Attempt Resuscitation (DNAR) forms and showed that relevant people, such as people’s relatives and other professionals, had been involved. The service took the required action to protect people’s rights and ensure people received the care and support they needed. Staff had received training in the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS), and had a good understanding of the Act. Appropriate applications had been made to the local authority for DoLS assessments. We saw assessments of people’s capacity in care records. Staff knew to check that people were consenting to their care needs during all interactions.

People were complimentary about the quality, choice and quantity of food served. One person said, “The food is good, they give me things I love.” Their relative told us, “[Person] eats well. They have done a much better job here than we could have hoped.” There was a good availability of drinks at all times of the day. People were encouraged to

drink to ensure they remained appropriately hydrated. One person told us that they had been given their tea in a mug as that was their preference, while another person said that their preference for coffee was met.

We observed the lunchtime experience for people and noted they were offered choices of both food and drinks. Staff did this in a way that enabled people to communicate in their individual way, for example, staff showed one person the choice of drinks and asked them to point at the one they wished to have. Where needed, people were assisted to eat in a kind and unhurried manner. The atmosphere was calm and relaxed and staff and people chatted and laughed together. We noted that staff were skillful in drawing people’s attention to their meal, gently encouraging them to savour the aroma and reminding them how delicious the food looked and tasted. The manager told us that lunchtimes had been staggered since our last inspection, so that it was better organised and so staff were available to support people with their meal promptly.

People’s health or lifestyle dietary requirements were known to staff so that people received the food they needed and preferred. People’s weight and nutritional intake was monitored in line with their assessed level of risk and referral made to the GP and dietician as needed. Named staff were responsible for recording in the care records what had been consumed by each person so it could be monitored. This meant people were supported to eat and drink well and maintain a balanced diet in line with their personal preferences and needs. One person said, “This is the loveliest place it could possibly be. They’re so good to us. They cook lovely meals for us and keep us well.”

People told us their health care needs were well supported. One person told us that the staff called the GP for them when they did not feel well and that their chiropodist attended to them regularly. A visitor told us, “They kept a good eye on [person] and got the GP in fast, there are no problems there.” People’s care records demonstrated that staff sought advice and support for people from relevant professionals, outcomes were recorded and reflected within the plan of care so that all staff had clear information on how to meet people’s health care needs. Healthcare professionals told us that staff were knowledgeable, monitored people’s health effectively, requested professional intervention promptly and carried out their advice.

Is the service caring?

Our findings

People were satisfied with the care and support they received. One person said, “The care is good and this is a lovely place. It cannot beat your own home but it is all that you could want.” Another person said, “It’s very nice here and all the staff are lovely. They will do anything for you. You only have to ask and it is there.” All staff, both care and ancillary, spoke with people in a friendly and kind way and addressed them by name. One person told us that there was a lovely atmosphere in the service, that the staff were kind and, “Went around singing.” Another person said, “I have been ever so happy here, the staff would go to their wits end for you, they say its because they love me and its so kind.”

People were supported by staff who knew them and their care needs. The music playing in one person’s room was relevant to their cultural background to support familiarity for the person who was living with dementia. Staff were attentive to the small things that were affecting people’s moods. One person was becoming upset by a ‘wobbling’ lunch table. A member of staff noticed this quickly and solved the problem, thereby helping the person to become calm and increasing the person’s sense of well-being.

People’s privacy was respected. Each bedroom had a sign available to hang on the door handle that told people that care was being supported and so privacy was required. We saw that staff knocked on people’s bedroom doors, and waited for a response, prior to entering. Staff also consulted with people about whether it was alright for us to look at their bedrooms. This showed staff had respect for people and their personal space. People told us that staff protected their dignity when providing support with

personal care. One person said, “I love having a bath. The first thing they do is shut the door.” People’s information was treated with respect and securely stored to ensure it remained confidential.

People were involved in decisions about their care and lifestyle. One person told us that they were asked for their preferences when they first came to the service. They told us that staff had told them that their bedroom was own space and they could do as they wished there. The person said that this had proved to be true and they were able to live quite independently. They said, “I can do anything I like. I have my own armchair and photos. I go to bed when I choose and stay there late in the morning if I please.”

People’s independence was promoted and supported. One person told us that they managed some of their own medicines, which mattered to them. Another person told us their independence was very important to them and they were able to maintain it in the service. They gave us example of being able to shop and buy personal things from the trolley shop and to have their own telephone which helped them to maintain relationships and contact with family and friends.

People told us they enjoyed good relationships with the staff at the home and were positive about how kind and caring staff were to them. People confirmed that their relationships with family and friends were respected and that their visitors were welcomed. Visitors confirmed this and told us there were no restrictions to maintaining ties with family and friends. One person told us they had visitors from their church. Another person told us, for example, that grandchildren and great grandchildren had visited and that the people living in the service enjoyed the company of the young people.

Is the service responsive?

Our findings

At our inspection of the service on 5 August 2014, we found that the registered provider had not protected people against the risk of receiving care and support that was unsafe and did not meet their needs. This was in breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 9(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our inspection of 16 April 2015, we found that the required improvements had been made. People told us that the service had responded to their preferences and changing needs. One person said, "I could not get on with their bed so I told them and they got me this one, its lovely." Some people's care records showed that they had expressed a preference to be provided personal care only by a person of the same gender. We spoke to two people who confirmed this preference and that it was met by the service. One person told us they had not liked the type of flooring that was in their bedroom and that the service had arranged for it to be changed to meet their wishes.

People and their relatives told us that staff valued their input and involved them in the planning of their care. One person explained that staff were supportive in the arrangements for their relative moving into the service. They said, "We were able to visit before [person] moved in. Staff helped us with the process of admission, completed an assessment and asked about likes and dislikes. We and [person] were completely involved in all aspects of care planning." Another person told us that they had been 'resident of a day' on two occasions since their admission. This is a focused approach whereby each person's care and treatment is evaluated and updated with them to ensure it continues to meet their needs. The manager told us that if the person has capacity they decide who is to be invited to their care review.

People were supported by staff who understood their needs. Staff were able to support people in line with the information contained within care plans that were up to date. The care records were stored on a computerised system to which staff had ready access to at several secure

stations throughout the service. Care plans included important areas of care such as personal care, mobility, skin care, emotional well-being and social activities. The computer system prompted all care plans and risk assessments to be reviewed on a monthly basis and these reviews were up to date. We saw several relevant entries had been made on the day of inspection in all the cases we looked at.

People were cared for in a suitably designed environment. Throughout the service there were many objects of reference for people with dementia to touch and feel and pick up, in line with current good practice. The manager and the staff told us that people picked up objects regularly, which prompted positive interactions with people.

People told us that a range of activities and social occasions were available to them to meet their needs and preferences. Three staff were employed to arrange social activities. They provided a range of planned activities and outings, information on which was displayed and delivered to people in their own rooms. We noted that all staff took part in engaging and supporting people in interactions and activities as opportunities arose during the day. This meant that interests, hobbies and activities were part of the culture of the service and people benefitted from having plenty of opportunity to get involved. This was completed as an integral part of the everyday care and support provided in the service to respond to people's individual needs and abilities.

People had access to a clear complaints procedure. It gave timescales for responses and actions so that people knew what they could expect to happen and when. It told people how to take their complaint further should they not be satisfied with the provider's response. We looked at the provider's record of complaints received. We saw that these were clearly logged and were responded to in a timely way. We saw that actions, such as checking and recording pressure mattress settings regularly, had been put in place in response to issues raised in complaints. People who used the service told us they had no complaints. They told us they would feel confident to raise any complaints and that they would be listened to.

Is the service well-led?

Our findings

People told us that they felt the service was well led and managed. They regularly saw the manager and one person said, “We see her around a lot and she always says hello.”

There was a registered manager in post who knew the service, its staff and its procedures well. The registered manager was supported by a deputy manager and senior members of staff. It was clear from our discussions with the registered manager and deputy manager and from our observations that they were clear about their roles and responsibilities. The manager had kept their knowledge up to date, for example they were aware of changes to regulations and changes to current guidance such as in relation to protecting people’s rights. There were clear policies and procedures in place to provide guidance for staff on the expectations and responsibilities of their roles.

There was an open and supportive culture in the service. Staff told us that the management team were approachable and supportive. Staff were provided with opportunities to express their views on the service through staff meetings and supervision meetings. Links had been developed with the local community. People and staff had been involved in an afternoon tea meeting with the local Member of Parliament to share issues about care generally. The manager had arranged for the service to take part in the Care Homes Open Day which invited people from the local community.

People had the opportunity to be involved in the way the service was run. A planned meeting for people was held on the day of our inspection. People told us they could express their views and felt listened to. One person told us that they had discussed the new menu and been asked for preferences that would be included. The manager told us that people’s relatives had worked with the catering staff to share recipes and learn how to cook dishes that people expressed a preference for. A satisfaction survey of people using the service was completed twice each year. A report of the findings showed that actions had been taken in response to people’s views. The manager confirmed that this had included, for example, ordering extra spare parts for the laundry equipment in response to people’s dissatisfaction when it had broken down and seeking volunteers to work with people using the service and the maintenance staff to improve the garden areas.

Clear and effective quality assurance systems were in place. We looked at records relating to the systems and found that a range of checks and audits took place within the service. These were then analysed to identify any patterns so that action could be taken for improvement. The provider’s representative visited the home each month to check on the safety and quality of the service. This included talking with people living and working there and ensuring that issues included in the previous month’s service action plans had been completed to drive continual improvement.