

Sherwood Prime Care Ltd

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## 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

This announced inspection was carried out on 11 January 2016. Sherwood Prime Care Ltd provides support and personal care to adults living in north Nottinghamshire. On the day of the inspection there were 33 people using the service who received personal care.

The service had a registered manager in place at the time of our inspection. 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 supported by staff who understood the risks people could face and knew how to make people feel safe. People were encouraged to be independent with as little restriction as possible.

People knew the staff who supported them, who worked well together as a team. People received a flexible service that suited their individual circumstances. People who were supported to take their medicines received support to do so when this was needed.

People were provided with the care and support they wanted by staff who were trained and supported to do so. People's human rights to make decisions for themselves were respected and they provided consent to their care when needed.

People were supported to consume a sufficient amount of food and fluids that promoted their wellbeing. People received support from staff who understood their health conditions.

People were treated with respect by staff who demonstrated compassion and understanding. People were involved in determining their care and support and were treated in the way they wished to be.

People were able to influence the way their care and support was delivered and they could rely on this being provided in this way. People were encouraged to express any issues or concerns they had so these could be acted upon.

People who used the service and staff were able to express their views about the service which were acted upon. The registered manager provided leadership that gained the respect of staff and motivated them as a team. There were systems in place to monitor the quality of the service and make improvements when needed.

## 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.

People felt safe using the service because staff looked for any potential risk of abuse or harm and acted so they reduced this.

People were supported by a sufficient number of staff who worked together well and were flexible in order to meet people's needs.

People received the support they required to ensure they took their medicines as prescribed.

### Is the service effective?

Good ●

The service was effective.

People were supported by an enthusiastic staff team who were suitably trained and supported to meet their varying needs.

People's rights to give consent and make decision for themselves were encouraged.

People were supported to maintain their health and have sufficient to eat and drink.

### Is the service caring?

Good ●

The service was caring.

People were supported by staff who respected them as individuals.

People were involved in shaping the care and support they received which they could change if they wanted.

People were shown respect and courtesy by staff visiting them in their homes in a way that suited them.

### Is the service responsive?

Good ●

The service was responsive.

People were involved in planning their care and support which they were able to continue to influence whilst they used the service.

People were encouraged to report any worries or concerns and were confident these would be taken seriously and acted upon.

**Is the service well-led?**

**Good** ●

The service was well led.

People were put at the heart of the service which had an open and transparent culture.

People used a service led by a respected manager who led a caring staff team.

People could be assured the quality of the service would be maintained due to this being monitored to identify where improvements may be needed.

# Sherwood Prime Care Ltd

## **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 11 January 2016 and was announced. The provider was given 24 hours' notice because the location was a domiciliary care agency and we wanted to ensure there was someone free to assist us with the inspection. The inspection was carried out by one inspector.

Prior to our inspection we reviewed information we held about the service. This included previous inspection reports, information received and any statutory notifications sent. A notification is information about important events which the provider is required to send us by law.

During the inspection we spoke with six people who used the service and two relatives. We also spoke with six care workers, the rota manager, the registered manager and the provider's representative.

We looked at a range of records kept as part of the running of the service. These included the care records for four people, staff training records, two staff recruitment files and other records kept by the registered manager as part of their auditing of the service.

# Is the service safe?

## Our findings

People felt safe using the service and were treated well by the staff who visited them. One person who used the service told us, "I feel safe with them, totally." Another person told us, "I trust them all." One of the care workers we spoke with told us, "We make sure people are safe in their homes. The environment is safe and they are not being abused by anyone."

Care workers were able to describe the different types of abuse and harm people could face, and how these could occur. Care workers said they discussed people's safety and safeguarding issues in team meetings. They also told us they would raise any concerns or worries they had about people's safety with the registered manager or the provider. One care worker said, "I would report any concerns to the office staff who would then report these to the local authority."

Care workers spoke of risks people may face from rogue traders and how they kept a watchful eye on this. A care worker told us, "I ask people if anyone has been to see them or if they have had anyone knock on their door." The registered manager told us they held discussions about safeguarding and whistleblowing in team meetings. They said they had not made any referrals about people's safety to the local authority but told us they were in discussion with the authorities about protecting some people who used the service from abuse.

People received their care and support in a way that had been assessed for them to receive this safely. A person who used the service told us, "They came and assessed me and the building before they started." Care workers said they read environmental risk assessments before visiting people's homes to ensure they were aware of any possible hazards. They also told us the registered manager would discuss any new visits with them before they visited.

Care workers said the registered manager was proactive in ensuring any equipment they needed to meet people's needs was obtained as soon as possible when they started to support someone. If needed they would use temporary solutions until the equipment was in place, for example providing a full body wash whilst waiting for a bath chair to be delivered. A care worker said they would not carry out any support for a person if they felt they would not be able to do so safely, for example if someone did not look as if they could stand safely they would not do so. The registered manager said they would arrange for an occupational therapist to carry out an assessment if they felt further equipment or aids were needed in someone's home.

Care workers said they always had the correct number of workers planned for each call. They said there was a company policy that if a call required two staff they had to both enter the property at the same time. The registered manager explained they had introduced this procedure to prevent care workers from being pressurised into providing any support without the correct number of staff being present.

Care workers were aware of their responsibility to check on people's overall safety. They spoke of ensuring people's homes were left secure at the end of their visit. Care workers said they always made sure people had their life line (a personal alarm to call for assistance if needed) where it should be, as described in their care plan. We saw risk assessments had been completed which were reviewed annually and updated when

necessary. These described control measures needed to reduce any risks to people's safety. Care workers spoke of following procedures and risk assessments which they had read and signed. A care worker said they would report any risks or concerns such as a frayed rug which could be a trip hazard.

There were sufficient staff to provide people with consistent care and support which met their needs. People told us they had a group of regular care workers visit them. A person who had one weekly call said, "We always have the same girl, unless she is sick or on holiday." A relative told us, "We usually have the same carer visiting us, they will ring to tell me if it is someone else coming."

Care workers told us they provided a consistent service to people they knew. A care worker said, "Everyone I go to I visit on a regular basis. We don't do one visit then not go back." The provider told us they tried to get as many care workers to meet people who used the service as possible so people would have met them if they needed to cover their visit at short notice.

Care workers spoke of being punctual for visits and said an allowance was made for travelling time on the rota. They said there were sufficient care workers employed to fulfil their call schedules. Any calls that could not be fulfilled through the absence of a care worker from work were shared out between the other workers, or undertaken by the staff who worked in the office who were all able to take part in calls if needed.

The rota manager showed us how they planned the weekly rota. This took into account changing circumstances of people who used the service and any preferences they had, including any particular preference for a care worker.

People were supported by staff who had been through the required recruitment checks to preclude anyone who had previously been found to be unfit to provide care and support. These included acquiring references to show the applicants suitability for this type of work, and whether they had been deemed unsuitable by the Disclosure and Barring Service (DBS). The DBS provides information about an individual's suitability to work with people to assist employers in making safer recruitment decisions. Staff recruitment files showed the required recruitment checks had been carried out. Care workers felt the recruitment process recruited caring staff suitable for the work they were required to do.

People received the support they needed to ensure they took their medicines as required. A person who used the service told us, "They make sure I have taken my midday tablets." Another person said, "They know I am independent, they bring the medicines to me and want to know I have taken them, but let me administer them myself."

Staff were clear about what support people needed with their medicines. They told us most people only needed prompting to take their medicines. Where further support was needed there were some identified care workers who had received additional training to do so.

In order for people to receive support with their medicines safely the registered manager told us they must be prescribed and in a monitored dosage system. Care workers told us arrangements were made to ensure people were given their medicines at the time they required these. Care workers said they had access to any advice they needed to ensure people had their correct medicines. The provider had just introduced a competency assessment for all staff who supported people with their medicines to ensure they could support people safely. The registered manager told us there had not been any errors made in managing people's medicines.

Details of what support each person needed to take their medicines was included in their care plan. This

included whether the person was able to self-medicate, when the person needed a staff member to prompt them to take their medicines and when the person needed these to be administered to them. A record was made each time a person was supported with their medicines.



# Is the service effective?

## Our findings

People were cared for and supported by staff who had the skills and knowledge to meet their needs. A person who used the service told us, "They seem to be well trained, they have told me about what they do." Another person told us, "I am extremely happy with them, they are well trained."

Care workers spoke of their induction and more recently appointed staff were enrolled onto the care certificate. The care certificate is a recently introduced nationally recognised qualification designed to provide health and social care staff with the knowledge and skills they need to provide safe, compassionate care. A recently appointed care worker said they felt they had been supported into their role. They said, "I have never had support like this before. They go out of their way (to support you)."

Care workers told us they had the training and support they needed and could request any additional training if they felt they needed this. One care worker described how they were building up their skills and experience. Care workers said they felt confident in their role and demonstrated an understanding of their role and how to meet people's needs. A care worker said, "If in doubt we do ask, but I feel we are able to meet the variety of needs people have." Care workers told us they had been shown how to use any equipment they needed to and said they felt able to ask if they were unsure about anything.

Care workers felt they received good support from each other and from the registered manager and the provider. This including supervision about how they were doing their work. A care worker told us, "I feel very well supported." Another said, "We are a good team, we help each other." The registered manager said they felt they were very fortunate to have such a good team of staff.

People had their right to give their consent and make decisions for themselves promoted and respected. The registered manager told us they always asked people to agree to their care plans. Care workers knew people were asked to sign their care plans to show they had consented to these. We saw a sample of care plans which had all been signed by the person concerned or a relative where the person had requested their involvement.

People's rights to make decisions for themselves were recognised, respected and supported. A care worker said, "If someone has capacity they can make whatever decision they want." Care workers said if they felt the person was putting themselves at risk they would try to dissuade them and look for a compromise, but ultimately they would respect the person's wishes.

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. There were no people who used the service who did not have capacity to make decision for themselves, but the registered manager was aware of the need to assess the capacity of anyone in the future who may not have.

People were provided with support to ensure they had enough to eat and drink to maintain their health and wellbeing. A person who used the service told us, "They make me a sandwich at night-time as I need to have something to eat during the night, I ended up in hospital and they said I need to eat more." Another person said, "They will do me a light snack if I ask them to, something like a poached egg or beans on toast." A third person told us, "They encourage me to have a drink."

Care workers told us they followed any meal plan that had been left by relatives and wrote down what people had been given to eat. A care worker said where someone had a meal delivered they checked this had arrived and if the person had eaten this. If they had not they would offer to make the person an alternative snack. Care workers said they regularly offered people drinks and left a drink within people's reach at the end of the visit. A care worker said they also asked people if they wanted a snack preparing for later.

We saw one person's care plan said that care workers should present the person's meal in small bite sized pieces and observe them whilst eating due to the risk of choking. A care worker confirmed they always provided this support. There was a reference in the person's care plan that they had been referred to a speech and language therapist who provides advice and guidance on eating and swallowing difficulties.

Care workers said they had received basic food hygiene training and described good practices they followed to ensure food was kept in good condition. They told us they asked people if they could dispose of any food that had passed the use by date. A record was made of what people had to eat and drink on a food and fluid chart. This enabled staff and relatives to monitor how much people had to eat and drink and ensure they were offered a variety of meals.

People's healthcare needs were known and supported. A person who used the service said, "They always ask me how I am feeling, I say if I am not feeling very well." A relative told us the care workers knew how to respond to their relation's health condition. Care workers said they could usually tell when someone was not feeling well because they knew how they normally presented.

Care workers said they had discussions in team meetings about people's wellbeing. They said if there was anything new they needed to know about someone's health they were sent a message to ensure they were aware of this when they visited. There was information in people's care plans about their health conditions and any signs and symptoms care workers needed to be aware of. We saw charts were used to help monitor any changes in people's wellbeing.

## Is the service caring?

### Our findings

People had formed relationships with staff who were friendly, sensitive and caring. A person who used the service told us, "It is nice to have people come in very jovial, and I can talk to them if I need to as well, they are sympathetic." Another person told us the care workers, "Show empathy, they really care." A relative told us, "I feel like we have a relationship, when I wasn't well they took over and sorted everything out. Then they popped back in their own time to take the washing out." A care worker said they thought good feedback on how they worked was "When a person smiles" and receiving positive comments from family members.

Care workers described how they tried to engage with people and build up their trust. A person who used the service said, "They are good at communicating with me, they make sure I have understood them." Another person told us, "They are good at sociability, they involve my [relation] I like that." Care workers spoke of carefully announcing themselves as they entered people's homes and of going in with a smile. They said relationships with people evolved over time as they got to know each other. The registered manager said they tried to provide continuity of care workers which they felt was particularly important for people who lived with dementia.

Care workers said they treated people individually and that not everyone wanted to be treated in the same way. They said they adjusted their approach with each person according to their preferences. Care workers spoke about people who used the service in a caring and warm way and told us they enjoyed their work. One care worker said, "I wouldn't do this job if I didn't enjoy it. Even when I have to get up early in the morning I still look forward to going (to work)."

Care workers said they spoke with people about all sorts of things. They said they found out about things people were interested in that they had some knowledge about. This included what they had done when they were younger, about their health. One care worker described how they had shared their interest in gardening with one person. Another care worker said, "We are somebody they can talk to." Care workers spoke of building people's trust and developing relationships with people, but always maintained their professionalism.

The registered manager said their initial discussions with people included discussions about what sort of care worker they would like to visit them. They told us some people had made requests about the age of care workers who would visit them. The registered manager and care workers said if a person who used the service and a care worker didn't get on together changes would be made. A relative told us, "When things did not work with one carer it was changed, there was nothing wrong with them but they just didn't click."

People were involved in planning their care and support and making decisions about this. A person who used the service said, "I was asked what (care and support) I wanted." Another person told us, "We have been through the care plans, they write down everything and keep to the plans." Care workers spoke of involving people and their relatives in discussions about their care and any changes needed. Staff said that people could read their care file if they wanted to. One person had requested there was some information

not included in their care plan. The registered manager told us how they had complied with their request but made sure any care workers supporting the person had access to all the information they needed.

The registered manager said people who used the service were asked if they wished any relatives to be included in the review of their care plan. They said some people did and some preferred not to. The registered manager said people who used the service were involved in reviews of their care plans which took place when needed. They said people were asked if there was anything they wanted added, removed or altered in their care plan. We saw some reviews had taken place every two months and others more regularly. We also saw where one person's review had been brought forward due to a change in their circumstances.

People were treated in the way they preferred and they found respectful. A person who used the service told us, "They never make me feel as though I am a second class citizen." Another person told us, "They definitely respect me they are kind and friendly."

Care workers described how they showed respect to people in their homes. This included taking their shoes off and not leaving their coats and bags where they made the room look untidy. A person who used the service told us, "They are careful with my things." Another person said, "They always ask before they use anything [in my home]." A care worker said, "They have chosen for us to be there. It is their home, it is a big thing for them having us come in."

People's independence was promoted by care workers who supported and encouraged them to do as much for themselves and they could and told us they only stepped in if the person was experiencing difficulty. A person said, "I am encouraged to be independent, I like that." A care worker said, "We let people do what they can for themselves, we try to encourage them but let them do it."

## Is the service responsive?

### Our findings

People had their needs assessed so plans could be made on how to provide them with the care and support they needed. A person who used the service told us, "They understand what I need, It's in the book. They read it every time they come." A relative told us, "The (care) package is working fine at the moment."

The care people needed for each visit was presented in a bullet point format at the front of the care file describing what care workers should do during the call. Care workers told us they liked this as it acted as a prompt. There was then further information about the person's needs in a more detailed care plan for care workers to refer to if needed.

People's care was kept under review and changed when there was a change of circumstances. We saw a record was made when a person's care plan was reviewed and a date was set for the next review. Care workers said they made a record of how people had been and what had taken place during each visit in their care file. We read a sample of these records and saw they described what had happened during the visit and how the person had been.

People were provided with care and support in a way that suited them. A person who used the service told us, "They help me to have a shower, as long as they are in the room I am alright, I need to know someone is there." Another person said, "Anything I ask them to do they do it, I like that."

People were provided with the care and support they had agreed, unless they wanted to change this. A person who used the service told us, "They are very flexible with my care if I want them to be. They will do something else if I ask them to. Yesterday I asked them to change my bed rather than have a shower." A care worker said, "We respond to people's wishes, it can depend on how they are, what sort of night they had. There is flexibility within the care plan." The registered manager said care workers were able to be flexible with the care and support people required if they wished to make any changes to this.

People told us staff usually arrived on time and they were contacted if there was any delay. A person who used the service told us, "I understand if they are a few minutes late they may have needed to stay with someone. They may need to with me one day." They also told us they never had a call missed. A person who used the service said, "They don't rush off when they finish, we sit and chat if there is time." Care workers said they felt the visits were scheduled for the right length of time for them to be able to carry out their duties. They said they normally had enough time to sit and talk with people at the end of their visit.

People were given opportunities to raise any concerns and told how they could make a complaint. A person who used the service told us, "It is in the book how to complain, I've read it but not needed to (complain)." A relative also said they knew about the procedure.

Staff said people were aware they could raise any issues or concerns with them but they had not needed to do so. They said how to make a complaint was explained to each person who used the service and their close relatives as well as giving them a copy of the complaints procedure.

The registered manager said there were details of how people could complain included in the care files left in their homes, and this also had details of how they could contact other agencies if they wished. The registered manager said there had not been any recent complaints but they showed a complaints record book which had two complaints from 2014 recorded in both of which had been addressed and resolved.

## Is the service well-led?

### Our findings

People who used the service and their relatives told us they were able to discuss anything about the service if they wanted to. A person who used the service told us, "The manager has been to see me and I have been able to feed back about my care." A relative told us, "I can talk with the manager and the owner, I can say what I want, we know where we stand with each other." Care workers felt people who used the service and their relatives felt comfortable making contact with the registered manager and provider if they needed to discuss anything.

Care workers said they felt valued and able to discuss issues and make suggestions. They told us about suggestions they had made to improve the service which had been acted upon. One care worker gave an example when they had suggested improvements to the medicine administration records to make them easier to complete, and this had been done. Another care worker had suggested people's waste bins should be emptied each day and we saw a request made for care workers to do this.

The registered manager said they were keen to hear any suggestions from people who used the service and staff that would lead to improvements being made. They said one recent improvement had been to change how training was provided and they were in the process of implementing this. They had also arranged for medicines training to be provided by a local pharmacist.

Care workers described the service as well led and said managers did what they said they would. Care workers also said it had been made clear to them what to expect and what they could contribute to the service. The registered manager showed us the company rules they issued to all staff which informed them of how they were expected to conduct themselves in the course of their duties. All staff were required to sign these to confirm they had read these and would follow them.

People told us they did not notice any difference in the quality of the service at weekends. One person who used the service said, "I am happy with what I get, there is no difference at weekends." Care workers said there was no difference in how people received their service over the weekend from how they did during the week.

Care workers spoke positively about feedback they received including when they had received suggestions to improve their practice. They felt this was done constructively and in a way they appreciated. Care workers also said they were told of good work they had done as well, and one care worker said, "I think it is nice to get praise for what we do."

There were a number of care workers coming to the office during our visit to collect rotas and any equipment they needed. There was a friendly and relaxed atmosphere between care workers and office staff, engaging in conversation and making each other drinks. The registered manager said they would not be working at the service unless they had the freedom and support to manage it in the way they believed it should be. They said they worked well with the provider's representative who took part in the management of the service.

People were confident in the way the service was managed and had confidence in the registered manager. One person who used the service told us, "I think it is well led." A relative told us, "I can ask advice if I need to." I can phone the manager at any time, I've not needed to but it's nice to know it's there." Care workers described the registered manager and provider's representative as 'hands on' and caring and said they addressed any difficulties and problems.

The provider complied with the condition of their registration to have a registered manager in post to manage the service. We found the registered manager was clear about their responsibilities, including when they should notify us of certain events that may occur within the service. We had not received any recent notifications from the service and the registered manager said there had not been any recent event they needed to notify us of.

People received support from care workers who had their practice observed to ensure they provided care and support in the way it was intended. A relative told us, "The manager did a spot check on the carer a few weeks ago." Care workers said they felt spot checks were useful and helped them see what they were doing well and if they needed to make any improvements to the way they worked.

There were systems in place to identify where improvements could be made to the service. The registered manager gave some examples where they had identified and implemented some improvements to the service. These included improvements to managing people's medicines, ensuring all calls were included in the weekly rotas and monitoring what people who used the service had to eat and drink. The registered manager also told us senior staff checked the records to ensure these were completed as required.