Caretech Community Services (No.2) Limited

Sherwood Court

Inspection report

The Common
Hatfield
Hertfordshire
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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

Sherwood Court is a residential care home for up to eight people with learning disabilities and/or autistic spectrum disorders. At the time of our inspection there were eight people using the service.

At the last inspection, the service was rated Good.

At this inspection we found the service remained Good.

Due to their complex support needs people were not able to share their views about the support they received from the service. We observed their interactions with staff to help us understand their experience. People using the service appeared to feel safe and were at ease in the company of staff. Staff had received training to enable them to recognise signs and symptoms of abuse and felt confident in how to report concerns.

People had risk assessments in place to enable them to be as independent as they could be in a safe manner. Staff knew how to manage risks to promote people's safety, and balanced these against people's rights to take risks and remain independent.

There were sufficient staff, with the correct skill mix on duty to support people with their needs. Effective recruitment processes were in place and followed by the service. Staff were not offered employment until satisfactory checks had been completed. Staff received an induction process and on-going training. They had attended a variety of training to ensure they were able to provide care based on current practice when supporting people. They were supported with regular supervisions and annual appraisals.

Medicines were managed safely. The processes in place ensured that the administration and handling of medicines was suitable for the people who used the service.

People were supported to make decisions about all aspects of their life; this was underpinned by the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. Staff were knowledgeable of this guidance and correct processes were in place to protect people. Staff gained consent before supporting people.

People were able to make choices about the food and drinks they had, and staff gave support when required to enable people to access a balanced diet. There was access to drinks and snacks throughout the day.

People were supported to access a variety of health professionals when required, including doctors, psychiatrists, and mental health practitioners to make sure they received continuing healthcare to meet their needs.

Staff provided care and support in an exceptionally caring and meaningful way. They knew the people who

used the service very well. People and relatives, where appropriate, were involved in the planning of their care and support.

People's privacy and dignity was maintained at all times.

People were supported to follow their interests and join in activities.

There was a complaints procedure in place and an easy read version was available to support people to make a complaint should they wish to. There was a system in place to manage complaints although there had not been any in the twelve months before the inspection.

The manager provided strong leadership and was committed to promoting a person centred culture within the service.

Quality monitoring systems were in place. A variety of audits were carried out and used to drive improvement.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice.

Further information is in the detailed findings below.

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 remains good.	Good
Is the service effective? The service remains good.	Good
Is the service caring? The service remains good.	Good
Is the service responsive? The service remains good.	Good
Is the service well-led? The service remains good.	Good

Sherwood Court

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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.

This comprehensive inspection took place on 04 October 2017 and was unannounced.

The inspection was carried out by one inspector.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We checked the information we held about this service and the service provider. The service met the regulations we inspected against at the last inspection which took place in May 2015.

During our inspection we spoke with one person who used the service. Most people who used the service were not able to tell us about their experience and so we observed how staff interacted with them to help us understand. We also spoke to a visiting relative of one person living at the service to seek their views about the quality of the service. We also spoke with the registered manager and two support staff. We reviewed three people's care records, three medicine records, four staff files and records relating to the management of the service, such as quality audits.

Good

Is the service safe?

Our findings

People were not able to tell us about their experience of care so we observed their interaction with staff to help us understand. We saw that people appeared comfortable and relaxed in the presence of staff and this told us they were not fearful or worried about being caused any harm. A relative told us, "Oh yes, they're good here. People are safe." Staff told us, and records showed they had received appropriate training with regards to safeguarding and protecting people.

People had individual risk assessments to enable them to be as independent as possible whilst keeping safe. These had been developed with input from the person and their family, staff and other professionals if required. They covered a variety of subjects including, moving and handling, bathing, using the kitchen and going out. Risk assessments were used to promote independence and protect people's safety in a positive way. Staff told us, and records showed they were reviewed on a regular basis and updated when required.

The provider had a business continuity plan which covered a variety of potential issues including; flood, power failure and complete evacuation. This was to ensure people would still receive the care and protection they required in the event of evacuation.

The provider had a robust recruitment process in place. This included appropriate checks, for example; two references, proof of identity and Disclosure and Barring Service (DBS) check. Records we saw confirmed these checks had taken place before staff had started to work. There were enough staff on duty to meet people's needs safely and the rota showed this was consistently the case.

People's medicines were managed safely. Staff told us only staff that had been trained carried out medicine administration. Medicine was administered correctly and records were completed. Medicines were stored appropriately in a locked cabinet in people's bedrooms and within the office. We checked three Medicine Administration Records (MAR) which had been completed in line with guidance. We also carried out a stock check on some boxed medicines. Stock matched records. Where people were prescribed 'as required' (PRN) medicine, detailed protocols had been developed to enable staff to administer them as intended by the prescribing physician.

Good

Is the service effective?

Our findings

People received care and support from staff who were knowledgeable and had the required skills to carry out their roles. A member of staff said, "We have a lot of training and I feel well prepared for my job." Documentation we saw confirmed all staff had completed training appropriate to their role.

Staff told us they were well supported by the management team. One member of staff said, "I have no issues with the management. They are really supportive." We saw records which showed staff received regular supervisions and competency observations.

People were asked for their consent before care was provided. A relative said, "They are always talking to [relative] and always check what [they] want first." We observed staff gaining consent throughout the inspection. For example, people were asked if they wanted assistance, were ready for lunch and where they wished to eat. Communication aids, such as pictures, signs and objects of reference were used to support people to communicate their wishes and to give informed consent to support.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Correct guidance and procedures had been carried out to protect the rights of people who used the service.

People appeared to enjoy the food. At lunchtime, and again for the evening meal, we saw that people were eating individually prepared meals which reflected their own preferences. For example, at lunchtime, one person had a spicy hot meal, whereas another person opted for a sandwich, and a third for a jacket potato. The manager confirmed that staff catered individually for people as far as possible, as it was recognised that everyone had varied preferences. A relative confirmed that the food was of a high quality and that people had enough to eat. Special diets were also catered for.

People were able to access healthcare services when required. A relative said, "If [relative] needs to see a doctor, they will call one. I have no worries about that." Documentation showed referrals had been made when required and people were assisted to attend appointments.

Good

Is the service caring?

Our findings

A relative told us, "[Name] is happy here. They are lovely." It was obvious from our observations that people were treated with kindness and compassion. We noted positive interactions between staff and people. Staff were able to tell us about each individual, for example, their likes and dislikes, background and family. We saw that staff spent time with people, either sitting chatting or whilst carrying out tasks. There was light hearted banter between staff and people using the service, and this was clearly enjoyed by both.

A relative confirmed they and their family member had been involved in planning how they wanted their care to be carried out. They said, "They talk to us, see what we think. They will always ring if something changes."

Care records we viewed showed an in depth appreciation of each person's needs and preferences and how each aspect of their care needs was significant in relation to their overall well- being. We saw that staff worked hard to ensure people's needs could be met and recognised that, for some people, slight deviations from their planned care could potentially have a very negative impact on them. For example, one person who used the service had a preference for a particular item of clothing and would become highly distressed if they were not able to wear it. In response to this, staff had sourced many identical items of clothing, and although the person was able to identify minute differences from the original, this went some way to reducing the person's distress when the clothing required washing.

The registered manager told us that there was an advocacy service available for anyone who needed it.

We saw people's privacy and dignity was kept at all times, for example being spoken to appropriately, using preferred name and when being assisted with meals or care.

We saw people visiting throughout the day. Visitors were made to feel welcome. One visitor said, "We are always welcome here."

Good

Is the service responsive?

Our findings

The registered manager told us that they carried out assessments on people to ensure they were able to support the person with their needs. Care plans we viewed showed a full assessment had been completed prior to admission to the home and that reassessment was continuous to ensure people's changing needs were appropriately identified and planned for. An in depth care plan was developed for each person which showed their strengths as well as the support required, their life history completed with the person and family, and their likes/dislikes.

Where people were supported to manage behaviour that could have a negative impact on themselves or others, very detailed plans were in place which identified the need the behaviour was expressing, the triggers and signs of escalation. There was very clear guidance to staff on how to respond to successfully de-escalate the situation, and maintain the person's well- being as well as the safety of everyone. The service had worked hard with one person who before coming to the service, had been heavily medicated to control their behaviour, resulting in them spending most of the time asleep. Working with input from a psychologist, they had undertaken an in depth analysis of the person's behaviour and gradually reduced their medicines, replacing them with a positive behaviour management plan. Over time the person was supported to manage their behaviour without intensive medical intervention. As a result, they were able to participate in daily activities and pursue their interests, having a much improved quality of life. This showed that the service approached behavioural support in a proactive and person centred way.

Care plans had been written in a personalised way for each individual and were reviewed regularly. One relative told us they were always invited to attend the reviews for their loved one. They also said, "They will call me if [Name of person] is not well or if I need to know anything."

People participated in a variety of activities on a daily basis along with visiting entertainers and planned trips and events. On the day of our inspection several people had been out to day services, another person had a supported session with an external service provider who visited them at home. People went out shopping regularly and made use of local facilities such as cafes and cinemas.

There was a complaints procedure in place. Relatives and people we spoke with told us they had not had cause to complain but would do so if they thought it necessary. Complaints were managed appropriately and in line with the provider's policy. We saw many compliments had been received by the service. For example, one visitor had written to say, "I just wanted to say it was a pleasure coming into Sherwood as usual. All the guys were happy – including the staff as always."

The provider used regular surveys to gather people's views. We saw the results for the previous year which were consistently positive. Where comments had been made the provider had responded. They had analysed the results and used these to improve if required. There were a lot of positive comments from people and families.

Good

Is the service well-led?

Our findings

There was a registered manager in post who met their CQC registration requirements. 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.

We saw that every effort had been made to seek people's views about their support. Where people were unable to tell staff verbally how they felt, staff understood their responsibility to use other ways of communicating, such as with visual prompts or objects of reference. It was clear that it was embedded in the culture of the service that people's views were taken seriously and acted on. Relatives told us their views were listened to and acted on. One relative said, "I can go and speak to them and things are sorted out." Staff told us they were involved in the development of the service and that the manager supported this by listening to their views.

The registered manager was aware of the day- to- day culture of the service. They knew the people who used the service well and worked hard to promote a positive atmosphere and a person centred environment. This was clearly shared by staff who understood their roles, showed pride in their work and embraced the provider's values.

Staff meetings had been held on a regular basis and we saw that the manager kept staff up to date with issues at the service and within the care sector. The manager also held quizzes with staff to refresh their knowledge on key issues such as safeguarding people and the Mental Capacity Act.

A number of quality audits had been carried out. These included checking care records, medication and maintenance records. The provider had carried out regular checks of the service and reports for these were seen. Where issues had been found, action plans were in place to ensure that improvements were made quickly.