

Sheerwater Healthcare Limited

Sheerwater House

Inspection report

Sheerwater Road
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Ratings

Overall rating for this service

Requires improvement 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Requires improvement 

Is the service responsive?

Good 

Is the service well-led?

Requires improvement 

Overall summary

This inspection took place on the 30 June and 1 July 2015 and was unannounced.

Sheerwater House is owned by Sheerwater Healthcare Limited. It is a privately owned care home providing accommodation for up to 20 older people. At the time of our inspection there were 16 people living at the service, 15 of whom are living with dementia. Nine people used specialist equipment to mobilise. The accommodation is over three floors that are accessible by stairs and a passenger lift.

At the time of our visit a registered manager was in post. A registered manager is a person who has registered with

the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Staff had not ensured people were living in an environment that was always well maintained.

The provider and manager carried out a number of checks to make sure people received good quality of care. They undertook audits to ensure people were receiving care that met their assessed needs.

Summary of findings

However, we found not all records had been appropriately completed. For example, there were gaps in the medicine administration records and the daily notes were not accurate and up to date.

The previous inspection of the service found staff to breaching the regulations in regard to the management of medicines. During this visit we found staff had made improvements with the management of medicines.

Staff were aware of their responsibilities to protect adults at risk from harm or abuse and were able to tell us what they would do in such an event. People's care would not be interrupted in the event of an emergency and people needed to be evacuated from the home as staff had guidance to follow.

Appropriate checks were made on staff before they commenced working at the home. This ensured that people were cared for by appropriately vetted staff.

Where there were restrictions in place, staff had followed legal requirements to make sure this was done in the person's best interests. Staff had a clear understanding of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards (DoLS) to ensure decisions were made for people in the least restrictive way.

Staff were provided with training specific to the needs of people who were living at the service. This allowed them to carry out their role in an effective way. It was evident staff had a clear understanding of the individual needs of people.

There were enough skilled and qualified staff deployed at the service to meet the assessed needs of people.

People were involved in choosing the food they ate and choices of meals were provided. An alternative option was available if people did not like what was on offer.

People were supported to keep healthy and had access to health care services. Professional involvement was sought by staff when appropriate. Relatives told us staff referred people to health care professionals in a timely way.

Staff supported people in an individual way. They planned activities individually with people so they did the activities they preferred to do. People and their relatives were involved in developing and reviewing of their care plans.

The provider encouraged people and relatives to feedback their views and suggestions about how to improve the service. Complaints were recorded and used to means to improve the service.

Staff felt supported by the manager and had regular team meetings where they discussed events at the service and how it was run.

We identified breaches in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

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.

The staff team were qualified, skilled and experienced to support people's care needs.

People felt safe living at the service. Staff were aware of what abuse was and the processes to be followed if abuse or suspected abuse had been identified.

The provider employed staff to work in the home who had been appropriately vetted.

Medicines were administered and stored safely.

Good



Is the service effective?

The service was not fully effective.

Parts of the premises and some equipment had not been appropriately maintained.

Staff received appropriate training and were given the opportunity to meet with their line manager regularly.

Where people's liberty was restricted or they were unable to make decisions for themselves, staff had followed legal guidance.

People were involved to ensure that their nutritional and hydration needs were met.

People had involvement from healthcare professionals as well as staff to support them to remain healthy.

Good



Is the service caring?

The service was not always caring.

Staff had not ensured people were living in an environment that was always well maintained.

People told us they felt they were looked after by caring staff.

People's needs were assessed and care and support was planned and delivered in line with people's individual care plan.

People's privacy and dignity was respected. Staff were knowledgeable about the people they cared for and were aware of people's individual needs and how to meet them.

Requires improvement



Is the service responsive?

The service was responsive.

Good



Summary of findings

Where people's needs changed staff ensured they received the correct level of support.

People were able to take part in activities that interested them.

People and their relatives knew how to make a complaint and a complaints procedure was available for people and their relatives.

Is the service well-led?

The service was not fully well- led.

Not all records at the service had been accurately maintained.

Staff carried out quality assurance checks to ensure the home was meeting the needs of people.

Staff felt supported by the registered manager and the registered provider.

Requires improvement



Sheerwater 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 30 June and 1 July 2015 and was unannounced. The inspection team consisted of one inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before our inspection we reviewed the information we held about the home and contacted commissioners and other associated health and social care professionals to obtain their views about the service. We reviewed the Provider Information Record (PIR) before the inspection. The PIR

was information given to us by the provider. 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. This enabled us to ensure we were addressing potential areas of concern.

We observed people in the communal areas and staff interaction with people. We had discussions with 11 people who used the service. We had discussions with three members of staff who were on duty during our inspection, the registered manager and the provider. We read care plans for four people, medicine administration records, mental capacity assessments for people, three staff recruitment files, supervision, appraisal and training records, audits undertaken by the manager and provider, minutes of resident meetings and staff meetings, and a selection of policies and procedures.

The last inspection was on 24 August 2014. During that visit the service was found to be in breach of the regulations in regard to the management of medicines.

Is the service safe?

Our findings

At our previous inspection the service was in breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. People were not protected against the risk associated with medicines because the provider did not have appropriate arrangements in place to manage medicines. The Controlled Drug (CD) cupboard was not fixed to the wall and the medicine room and medicine trolley had been left open whilst medicines were taken to one person to be administered.

On this inspection medicines were managed and administered safely. We noted that the medicine CD cupboard was fixed to a wall and all medicines were stored securely so they could not be accessed by unauthorised people. We observed medicines being administered at lunch time. We noted that the medicine room was locked and the medicine trolley was kept with the member of staff throughout the medicine round. We observed a member of staff had administered medicine and signed the medicine administration record (MAR) sheets after the medicine had been taken. We saw the staff member undertaking the medicine round asking for people's permission to administer their medicines and explaining to people what their medicines were for. The manager and staff told us only staff who had received the appropriate training administered medicines. The training programme provided to us by the registered manager showed that staff had received training in relation to medicines.

Each person had a MAR sheet that included a colour photograph of the person so staff could clearly identify the person to help prevent errors. We looked at the medicine administration records (MAR) sheets. These recorded the quantities of medicines given.

People received their medicines as prescribed by their healthcare professionals. We saw the provider had written individual PRN [medicines to be taken as required] protocols for each medicine that people would take. These provided information to staff about the person taking the medicine, the type of medicine and the maximum dose to be taken.

People and their relatives told us that their medicines were administered on time and that supplies didn't run out. One person told us, "They always give me my medicine, I never go without my tablets."

People who live at the service told us that they felt safe, free from harm and would speak to staff if they were worried or unhappy about anything. This included relatives who felt they could raise issues without feeling uncomfortable. One relative told us, "My (relative) is very safe with the staff at the service, they would not be living here if I felt they were not safe."

Staff told us they had received training in relation to safeguarding people from abuse and had read and understood the safeguarding policy. Staff were able to describe the types of abuse and the process they would follow should they suspect or witness any form of abuse. They were aware of the external agencies to be contacted and which external body took the lead to investigate concerns relating to abuse. We saw that the policy supplied by the provider included the contact details of the local authority so staff could report their concerns to them if they felt they needed to. This meant that staff were aware of how to protect people from the risk of abuse.

We also noted that a flow chart was displayed on the notice board in the entrance to the service that informed all people what to do if they suspected or saw any abuse at the service and how to report their concerns.

People had risk assessments undertaken that would help to keep them safe. We saw these in the care plans we looked at. These related for example to falls, mobility, nutrition and skin integrity. Guidance about action staff needed to take to ensure people were protected from harm was included in the risk assessment. For example, fluid charts had been used where a need had been identified to monitor the person's hydration needs.

The provider had a recruitment process in place to ensure staff employed were suitable and appropriately vetted to support people who lived at the service. We looked at three staff recruitment files. These contained the required information including two references, proof of the person's identification and a Disclosure and Barring (criminal record) check.

We found a sufficient number of staff deployed to meet the needs of people. The manager told us that there were a minimum of three members of staff on duty each shift and

Is the service safe?

two waking night staff every night. The service also employed domestic staff and a cook. The manager told us that the registered provider worked at the service and was involved in how the service was run. We looked at the duty rotas. These confirmed the number of staff deployed as stated by the manager. Staff told us they felt there were sufficient numbers of staff on duty each day. Throughout our observations we saw that there were sufficient staff attending to the needs of people.

People and their relatives told us that they thought there were enough staff on duty all the time. One relative told us, "There is always staff about."

The service had a business contingency plan that detailed the actions to be taken to minimise the effects on people and the business in the event of an emergency. Fire evacuation procedures had been written for each person and staff were knowledgeable about the evacuation procedures. This meant that people's care would not be interrupted in the event of an emergency.

Is the service effective?

Our findings

People received support from staff who had the necessary skills. Staff told us the training they received was good and it was sufficient and appropriate to enable them to carry out their duties. New members of staff undertook an induction to the service that included the mandatory training as required by the provider. We saw evidence of this in the staff files we looked at. Staff also received other training to support them in their roles. For example, dementia, communication, nutrition and diet. Staff were able to tell us what they had learnt from their training and how they had put it into practice. For example, they were aware that people with dementia could have variable mood swings and knew how to sensitively respond to people. Staff also told us that their manual handling training was both theory and practical training.

Staff received training and support that helped them in their role to care for and attend to people's assessed needs. Staff were provided with the opportunity to review and discuss their performance as they had regular supervisions to discuss their roles and any training requirements. They also told us they had an annual appraisal. We saw evidence of these in the staff files we looked at.

People were supported by staff who had a good knowledge of them. Staff we spoke with had a good understanding of the needs of people they cared for. For example, staff were able to describe the assessed needs of people and how the person liked their needs to be supported by staff.

Staff had a clear understanding of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). The manager told us that staff had received training in relation to the MCA and DoLS. These specify the actions to be taken to ensure that people who cannot make decisions for themselves are protected. DoLS provides a legal framework to restrict a person's liberty in specific circumstances.

Staff were able to clarify what we had been told about the training in relation to the MCA and DoLS. They were knowledgeable and had a good understanding of when an application to deprive someone of their liberty was required to be made. They told us that people living at the service could make every day decisions. For example, they could choose the clothes they wished to wear and where they would like to eat their meals. We noted that the front

door had a key pad entry system but people were not aware of the codes. The manager told us that people could go out with their relatives or a member of staff but, due to the very busy main road outside of the service, people were not allowed to go out on their own, therefore people's liberties were being restricted. The manager submitted an application to the local DoLS team for each person at the service for this. These safeguards protect the rights of people using services by ensuring that any restrictions to their freedom and liberty are authorised by the local authority as being required to protect the person from harm. We saw people freely accessing the gardens and communal parts of the service during our visits.

In the care plans we sampled we saw that capacity assessments had been undertaken and people had signed consent forms.

Staff told us they would gain consent from people before they assisted them. During our observations we saw that staff asked for people's permission before they did anything for them. For example, people were asked if they were ready for their medicines before they were administered.

People told us that they liked the food provided by the service. One person told us, "I am happy with the food." Another person told us, "The food is excellent." Relatives told us that they thought the food provided was good. One relative told us, "The food is always very appetising and there was a choice for every meal. My (relative) can have something that is not on the menu." We saw that the menu was displayed in the dining room.

People were involved in decisions about what they wanted to eat and staff supported people in a way that respected them as an individual and promoted their independence. We looked at the four weekly menu maintained by staff. We saw that choices were offered for each meal. We saw staff discussed the menu choices with people and their choice was recorded and passed on to the kitchen staff. We saw when people did not want what was on offer and they could ask for an alternative meal. Records of these meals were maintained by the kitchen staff. People were able to eat independently but staff support was available during meal times should a person require any help.

People were provided with adequate amounts of fluids and snacks as and when they wanted them. It was a very hot

Is the service effective?

day during our visit and people were provided with plenty of cold drinks. We saw on many occasions that either staff asked people if they would like a drink or people would make it known to staff that they would like a drink.

Appropriate action was taken to make referrals to specialists when risks to people's eating and drinking had been identified. Care plans we looked at included nutritional risk assessments. Staff told us that referrals would be made to dietary and nutritional specialists if a concern had been identified in relation to people's nutritional and hydration needs. For example, if a person

had difficulty eating and drinking. We saw that people were weighed weekly to monitor their weight and nutritional intake. We saw that fluid charts had been used for people when required.

People were supported to keep healthy. People and their relatives told us they had access to all the healthcare professionals when they needed them. We saw in the care plans we sampled that records of these appointments and the outcomes had been maintained. For example, the GP, dentist, chiropractor and opticians. One healthcare professional told us that they made regular visits to the service. They told us that the service seemed fairly well organised and the residents seemed content.

Is the service caring?

Our findings

People were not living in an environment that was always appropriately maintained. We found the second floor bathroom had part of the floor covering missing and the sink and bath were heavily stained with lime scale. Other bathrooms and en-suites had lime scale in the sinks and toilets flooring was not clean. There was black mould on the sealant around some baths. The laundry room was dirty and there was a large rip on the floor covering leaving the floor exposed.

We recommend that the provider ensures that all parts of the environment are appropriately maintained for people to live in.

We found staff treated people in a considerate way. People and relatives we spoke to were very positive about the care they received and how caring the staff were at the service. People told us that staff treated them in a respectful manner and they were always attentive to their needs. One person told us, "Staff are nice and caring, if you ask for anything they get it for you." Another person told us, "The staff here are excellent" This was echoed by relatives. One relative told us, "The staff have the caring ability within them, they have kindness, niceness and gentleness and are always caring." Another relative told us, "My (relative) has been as happy as Larry since the day they got here." During our visits we saw staff interacting with people in a polite and kind manner and addressing people by their preferred names.

Staff we spoke with were knowledgeable about the needs of people they looked after. For example, they knew the person's life history, their current personal care needs, how to support them and their likes and dislikes.

People told us they were able to make decisions for themselves. They told us they could stay in their bedrooms if they wished to, could choose where to have their meals and what time they wanted to go to bed and get up in the morning. We saw some people had chosen to eat their lunch outside on the patio, others chose to have their meal sitting in an armchair with an appropriate table in front of

them. We saw visitors arriving throughout the day. They told us there were no restrictions on the times they could visit. We saw people going in and out of the service with staff support. For example, one person had gone out with the provider to the local shops.

People and their relatives were involved in the development of their care plans. The manager and staff told us that people were involved in their care plans, but when this was not possible, their relatives would be involved and would sign their care plans to signify their involvement. The care plans we looked had been signed by people.

People were cared for by staff and supported to be as independent as possible. During our visits we saw people looked comfortable and well-presented and were having conversations with other people, visitors and staff. We saw people had access to all communal parts of the home and to the gardens. Staff spent time talking and listening to people and allowed people time to respond to their questions.

The manager and staff told us that all people could make informed choices and they decided how they wanted to spend their time. This was confirmed during discussions with people and their relatives. One relative told us that staff talked to their relative and they liked the fact that their relative does what they want to do. The relative also stated that they were pleased that staff supported their relative to wear clean clothes every day.

People were able to have privacy should they wish it. People told us they could return to their rooms and have time on their own if they wished. We saw people coming and going from their bedrooms as they pleased.

People's privacy and dignity was promoted. The service had a dignity and privacy policy that provided guidance to staff in relation to standards for dignity and care. We observed staff treating people in a respectful manner, they were calling people by their preferred names and attending to their personal care needs in the privacy of people's bedrooms. Staff also asked for people's permission for us to look at their bedrooms.

Is the service responsive?

Our findings

Care plans reflected the care people needed. Each person had a care plan in place that provided information about how they liked their needs to be supported by staff. Their care needs had been assessed prior to using the service and we saw that monthly evaluations had taken place. People and their relatives told us they had been involved in the assessments and care plans. One relative told us, "Staff had recently gone through my (relative's) care plan with me." Another relative confirmed that they were informed when changes were needed to their relative's care plan.

Care plans we looked at were written in a person centred way. This meant that people could be assured that staff knew how to support their assessed needs.

Care plans included information about the person's life history, their likes, dislikes and their spiritual and cultural needs. Assessments had been undertaken in relation to people's level of independence in all aspects of their personal care. For example, communication, bathing, dressing, eating and drinking.

Care plans also included information about people's medical needs and an information sheet about people's past and current medical needs was regularly updated. This would accompany people should they need to attend hospitals in an emergency.

Information was provided to staff so they could meet the needs of people. We saw information about how to meet the needs of people who had dementia in their care plan. For example, this included what to do if the person was in a low mood. It identified strategies on how to reassure and support the person.

Staff were responsive to the needs of people. For example, we saw one person making their way to their bedroom after lunch. Staff politely asked where they were going. The person told them they wanted to go for a little sleep. The member of staff respected their decision. Another member of staff was very aware of one of the residents heading in the wrong direction in the garden. The member of staff got up to guide the person gently, and with humour, in the right direction.

People were able to access the community. During our visit we saw people going out of the service with staff. For example, one person went out for a walk, another went to

the local shops with the provider. Relatives told us they could visit any time and take their relative out of the service for the day or a trip out to places of interest. People had free access to all communal areas of the home and garden. The patio doors were open and people were able to access the garden as and when they chose to.

Activities were organised on an individual basis. People told us that they did activities when they wanted to do them. They told us they did not like having a list of activities that they would have to do every day. During our visit we saw people taking part in activities. For example, some people were reading, others were doing puzzle books, knitting and preparing craft items for the summer fete that the service was holding to raise money for a sensory garden. One person was watching the tennis on the television. We saw people having one to one activities with staff. For example, one person was enjoying a board game with a member of staff. One person told us that staff read to them. They stated that they enjoyed staff reading to them as they could not see well enough to read.

People were able to take part in activities that suited them. The manager and staff told us that activities were provided and included sing-a-longs, reminiscence, carpet bowls and visits from external entertainers. We were also told that people had been to local areas of interest and garden centres. We saw photographs of people taking part in a variety of activities.

People and their relatives knew how to raise a concern or make a complaint. Relatives told us that they felt there was a culture of being able to speak up about any issues or concerns and that all the staff were approachable. One relative told us, "I would talk to the manager, but I have never had cause to complain." Another relative told us they would make their complaints to the manager and/or the provider, but they were satisfied with how their relative was cared for and had no complaints.

If or when someone had a complaint there were processes in place so that the complaint could be investigated in a timely manner. The service had a complaints policy that was included in the service user's handbook. This provided information on the expected time scales for responses and how the complaint would be fully investigated. We saw that the provider maintained a record of complaints that

Is the service responsive?

included how they responded and any feedback to the complainant. We saw that the service had received many compliments from relatives thanking staff for the quality of care they had provided.

Is the service well-led?

Our findings

Records were not accurately maintained at the service. We noted that medication administration record sheets had omissions of signatures for two people for three consecutive days at the end of June 2015 cycle for the administration of the morning medicines. People told us they had never missed any of their medicines and they always received them on time. We did note that a 'dot' had been pressed on the MAR record to signify the member of staff was dispensing the medicine, but had failed to sign the MAR when the person had actually taken the medicine. This meant that staff could administer the medicines again without knowing people had already received them, therefore there was a risk that people could receive an overdose of their medicines. The manager told us that this would have been identified during the audit that would have been undertaken in July.

We also noted that the leisure activities people took part in had not been recorded for three people in their daily notes for the two weeks prior to this inspection.

The lack of robust and accurate records was a breach of Regulation 17 of the Health and Social Care Act 2008 (regulated Activities) Regulations 2014.

We noted that some parts of the environment and equipment had not been kept in good repair. Two fire doors, leading to the stairs, 'banged' when they closed although both were self-closing. The bathroom on the second floor had the knob missing from the water outlet on the sink which left an exposed spike and the door handle on this bathroom had broken off meaning people could be at risk of an injury caused by the rough edges. Carpet along the corridor by two bedrooms had rips in them which could be a trip hazard and one bath aid had rust on the supporting arm. The provider told us they had identified these shortfalls and they had been included in the planned redecoration of the service, but they did not provide us with the plan for redecoration during our inspection. The manager said us they were working with a specialist dementia agency to make the environment more suitable for people with dementia. For example, different colours for different areas of the service and plain floor coverings.

Other audits had been completed and these included catering and health and safety checks.

People, relatives and stakeholders were encouraged to give feedback about the service. The results of the most recent survey were provided to us. We saw that positive comments were recorded in the surveys returned that informed people were happy with the care provided by staff at the service.

Staff said they felt supported, especially by the registered manager. Staff told us they felt the support they received from the manager was excellent. One member of staff told us they had learnt a lot from the manager. For example, their role as a carer and their responsibilities in relation to the safe administration of medicines. Other staff told us that they were happy working at the service stating that it was a 'big family.' Staff told us that the manager and provider were approachable and they could raise any concerns with them.

People's views about the service were listened to and acted on. Relatives said that they were always made to feel welcome when they visited and that they could visit at any time. They also said the atmosphere was homely and calm. One relative told us that the manager was always available and discussed things with them. They stated that there had not been any relatives meetings, but that the manager had listened to suggestions made. For example, they told us they had suggested that they made the garden more pleasant for people. They stated on their next visit that gazebos had been erected and more plants had been put into the garden.

Records of accidents and incidents were maintained and the manager told us these were discussed during staff meetings so they could be aware and reduce the risk of re-occurrence.

Staff were involved in the decisions about the home. We were told that, and we saw, regular staff meetings took place. This provided staff the opportunity to discuss how the service was run and what could be better achieved. For example, staff had discussed the lounge furniture how this could be reorganised so it made the area more accessible and homely for people. This had been acted on.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

The registered provider had not ensured records for people were robust and well maintained.