

# Townfield and Coach House Care Limited

## Sherwood

### 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

We carried out an unannounced inspection of Sherwood on 20 and 21 November March 2018.

The service is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided and we looked at both during this inspection.

Sherwood provides accommodation and personal care for up to six older people. Nursing care is not provided. At the time of our inspection six people were living at the home.

At the last inspection in August 2016, the service was rated Good. At this inspection we found the evidence continued to support the rating of Good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

We saw evidence that staff had been recruited safely and the staff we spoke with were aware of how to safeguard adults at risk of abuse. There were safe processes in place for the management of people's medicines.

People living at the service told us they were happy with staffing levels and they received support from staff when they needed it.

People liked the staff who supported them and felt that staff were kind and respectful. They told us staff respected their right to privacy and dignity and encouraged them to be independent. We observed this during the inspection.

Records showed that staff received an effective induction and appropriate training which was updated regularly. People felt that staff had the knowledge and skills to meet their needs.

People received appropriate support with eating, drinking and their healthcare needs. Appropriate referrals were made to community health and social care professionals, to ensure that people's needs were met.

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

People told us that they were treated as individuals and received care that reflected their needs, risks and preferences.

Staff communicated effectively with people. They supported people sensitively and did not rush them when providing care.

People told us they took part in a variety of activities in the home. Most people were happy with the activities available. However, one person told us they felt bored at times and would like a wider variety of activities. The registered manager told us she would address this with the person and make the necessary improvements.

The service had a registered manager in post. Relatives and staff were happy with how the service was being managed. They found the staff and registered manager approachable. They told us any concerns were resolved quickly. No-one we spoke with had made a complaint.

A variety of audits of quality and safety were completed by the registered manager and senior staff regularly. We found the audits completed were effective in ensuring that appropriate levels of quality and safety were maintained at the service. The provider visited the service regularly and had oversight of the audits completed.

The registered manager regularly sought feedback from people living at the home and their relatives through meetings and satisfaction surveys. A high level of satisfaction had been expressed by people living at the home, about all aspects of the care and support provided.

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?

Good ●

The service remains Good.

### Is the service effective?

Good ●

The service remains Good.

### Is the service caring?

Good ●

The service remains Good.

### Is the service responsive?

Good ●

The service remains Good.

### Is the service well-led?

Good ●

The service remains Good.

# Sherwood

## 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 was 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 was a comprehensive inspection.

This inspection took place on 20 and 21 November 2018 and was unannounced. The inspection was carried out by an adult social care inspector.

Before the inspection we reviewed the information we held about the service, including previous inspection reports and notifications we had received from the service. A notification is information about important events which the service is required to send us by law. We contacted three community health and social care professionals who were involved with the service for their comments, including community nurses and a GP. We also contacted Lancashire County Council contracts team and Healthwatch Lancashire for feedback about the service.

During the inspection we spoke with three people who lived at the service. We also spoke with two care staff, the registered manager and the registered provider. We reviewed the care records of two people who received support from the service. In addition, we looked at service records including staff recruitment, supervision and training records, policies and procedures, complaints and compliments records, audits of quality and safety, fire safety and environmental health records. As part of our inspection, we spoke with three relatives on the telephone to gain feedback from them about the care provided to their family members.

# Is the service safe?

## Our findings

People told us they felt safe at the home and staff provided them with safe care. Comments included, "Yes, I've always felt safe here" and "I always feel safe. I use the stair lift and it's always fine". Relatives told us their family members received safe care. One relative commented, "[Relative] is always safe. There is always someone around". Another told us, "Yes, [relative] is safe. There was one small fall with no injuries. They check on [relative] all the time".

We looked at whether people's medicines were being managed safely. A medicines policy was available which included information about administration, 'as required' (PRN) medicines, storage, disposal, refusals and errors. We saw evidence that staff had completed training in medicines awareness and their competence to administer medicines safely had been assessed. The staff we spoke with understood how to administer medicines safely and confirmed that their competence to administer medicines safely was checked regularly. We observed a member of staff administering people's medicines on the second day of our inspection and saw that this was done safely and sensitively. People told us they received their medicines when they should. One relative commented, "They're excellent with medicines. They will query any issues and consult the GP".

We reviewed people's Medication Administration Records (MAR) and found that staff had signed to demonstrate when people had received their medicines or had documented why medicines had not been administered. We noted that one person's prescribed cream had not been dated upon opening. We discussed this with the registered manager, who told us she would remind all staff to do this in future. Records showed that a selection of MARs were audited monthly and a more comprehensive medicines audit was completed quarterly.

The staff we spoke with understood how to protect adults at risk of abuse. A safeguarding policy was available and records showed that all staff had completed safeguarding training. No safeguarding concerns had been raised about the service in the previous 12 months. The registered manager told us that if any safeguarding concerns were received and the service was found to be at fault, any lessons learned would be shared with staff to improve the service provided.

One staff member had been recruited since our last inspection. We reviewed their recruitment file and found that they had been recruited safely. Appropriate checks had been made of their suitability to support people living at the home.

The service had a whistle blowing (reporting poor practice) policy which staff were aware of. They were confident appropriate action would be taken by the registered manager or provider if they raised concerns, for example about the conduct of another member of staff.

Risk assessments were in place for each person living at the home, including those relating to falls, helping people move, skin condition, nutrition and hydration, infection control and the use of the stair lift. They provided information for staff about the nature and level of each risk and how best to support the person to

reduce the risk. Records showed that they were reviewed regularly.

We looked at staffing levels at the home and found that there was usually one member of staff on duty during the day and one at night. People told us they were happy with this. Comments included, "Yes, I think there are enough staff here. I never wait long for support, I don't need much" and "It's fine. Staff are there when I need them". One relative commented, "Yes, I think there are enough staff. I'm aware that there's only one member of staff on in the daytime and at night but it works. If people's needs changed and they needed more staff, they would move to a different service. [Relative] always gets support when she needs it, there are no delays". Staff also felt that staffing levels were appropriate to meet people's needs. One staff member commented, "Staffing is fine. All the ladies are quite independent". The provider had installed a panic alarm system since our last inspection. The system had an alarm point on each of the floors and the staff member on duty wore an alarm pendant. This meant that if staff needed urgent support, they could press the alarm and the person on call would be alerted.

A record was kept of accidents and incidents that had taken place, including falls. Records showed that staff had taken appropriate action, such as seeking medical attention. Accident records were reviewed monthly by the registered manager, to identify any trends and to ensure that appropriate action had been taken.

We found that the standard of hygiene at the home was high and people living at the home and their relatives told us the home was always clean. One person commented, "We get clean bedding every week and my clothes are always clean". The registered manager told us that the Food Standards Agency had visited the home the day before our inspection and it had been given a Food Hygiene Rating Score of 5 (Very good). Although the rating had not yet been received, we saw evidence of the positive feedback received from the Agency. We noted that cleaning schedules had not been completed recently by staff, to demonstrate that appropriate cleaning tasks had been completed. We discussed this with the registered manager, who told us staff would be reminded to complete and sign them. The registered manager sent us some completed schedules following our visits. People told us staff supported them regularly with their personal hygiene needs. One person commented, "I wash myself every day and staff help me with a shower once a week. I'm happy with this". One relative told us, "[Relative] gets any help she needs with this".

Records showed that equipment at the home was inspected regularly to ensure it was safe for people to use. Checks on the safety of the home environment had been completed, including fire, gas and electrical safety checks. Information was available in people's care files about the support they would need from staff if they needed to be evacuated from the home. This helped to ensure that people were living in a safe environment and would be kept safe in an emergency.

People's care records and staff member's personal information were stored securely in the office and were only accessible to authorised staff.

# Is the service effective?

## Our findings

People were happy with the care they received and felt staff had the knowledge and skills to meet their needs. Comments included, "They're all skilled and know what they're doing. I'm as happy as I can be anywhere. I feel this is home", "All the staff are very good" and "I would recommend this home to anyone". One relative commented, "The staff are wonderful. Everyone gets good care". Another told us, "They're wonderful, the way they care for these ladies. They're all very well looked after".

Records showed that staff completed a thorough induction when they joined the service and their training was updated regularly. Staff felt well trained and told us they could request further training if they felt they needed it. They told us they received regular supervision and this was confirmed in the records we reviewed.

An assessment of people's needs had been completed before the service began supporting them. Assessment documents included information about people's needs, risks and preferences. This helped to ensure that the service was able to meet people's needs.

We reviewed two people's care files. We found they included detailed information about people's needs and how they should be met, as well as their likes and dislikes. Each care file was personalised and contained information about what people were able to do for themselves, what support was needed and how this should be provided by staff.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA. We found that no-one at the home lacked the mental capacity to consent to, or make decisions about, their care and no-one was being deprived of their liberty. In light of this, no applications had been submitted to the local authority for authorisation to deprive anyone of their liberty. Records showed that staff had completed MCA training as part of their induction. The staff we spoke with understood the importance of gaining people's consent before providing support. People told us staff routinely asked for their consent, for example before giving them their medicines, supporting them with personal care or cleaning their room.

Care plans and risk assessments included information about people's nutrition and hydration needs, preferences and intolerances. Where there were concerns about people's diet or nutrition, monitoring was put in place and appropriate referrals were made to community healthcare professionals. People needed little support at mealtimes and told us they were happy with the meals provided. One person commented,



"The food is good, you always get a choice". One relative commented, "The meals are fine. [Relative] has put weight on and they've built her up over the last six months".

Each person's care file contained information about their medical history, allergies and any prescribed medicines. People had been referred to a variety of healthcare professionals, including GPs, district nurses, dentists and chiropodists. People told us they received medical attention when needed. One person commented, "They call the doctor if you need one". Staff told us that when people were taken to hospital, a hospital passport went with them, which included important information about their care needs. A copy of their Medication Administration Record (MAR) was also sent with them. This helped to ensure that people received effective care and treatment and that relevant information was shared when people moved between different services.

The community health professionals we contacted provided positive feedback about the care provided at the home. One professional commented, "I have no concerns about Sherwood. The staff are very caring and they communicate very well with us". Another told us, "We have always been welcomed and have a good working relationship [with the home]. We have noticed there is continuity within the team and therefore the care staff appear to know the residents well. In addition, I feel they have a good communication with the local registered GP. In general, the care home appears homely with a caring team".

The home had been designed to meet people's needs. Bathrooms had been adapted to accommodate people who required support from staff and a stair lift and hoists were available to support people who needed assistance with moving.

## Is the service caring?

### Our findings

People told us they liked the staff who supported them and that staff were kind and caring. Comments included, "All the staff are very nice. I'm well looked after" and "The staff are all very nice. They're polite and kind. It's very homely here, a home from home". Relatives commented, "Oh yes, they are very caring. They get them all a little gift at Christmas and a cake when it's their birthday" and "[Relative] has been well looked after and loved. They've gone over and beyond what they need to do".

Staff knew the people well that they supported, in terms of their needs, risks and their preferences. They gave examples of people's routines and how they liked to be supported, such as how they liked to spend their time and what they liked to eat and drink. Staff felt they had enough time to meet people's individual needs in a caring way. One staff member told us, "We're like a family because it's such a small service".

Communication between staff and people who lived at the home and relatives was good. We observed staff supporting people sensitively and repeating information when necessary to ensure that people understood them. This helped to ensure that communication was effective and that staff were able to meet people's needs. People were given the time they needed to make decisions and were not rushed. Staff spoke to people in a respectful way. We saw that people looked relaxed around staff and felt comfortable asking staff for support when they needed it.

People told us their care needs had been discussed with them and they were involved in decisions about their care. We saw evidence that people were encouraged to be as independent as possible. One person told us, "They let me do what I can for myself, for example when I'm having a shower, I wash what I can myself". One relative commented, "They encourage [relative] to do what she can".

People told us staff respected their right to privacy and dignity. One person commented, "Yes, the staff respect my privacy. They're very discreet when they're helping me have a shower. They cover me up with towels straight away and make sure the door is closed". Another person told us, "They always knock on my door, they call me [preferred name] and I'm always given choices".

We found that people's relationships were respected and people told us there were no restrictions on visiting. One person commented, "People can visit anytime and they're invited to events". Some visitors attended during the two days of our inspection. We saw that they were made to feel welcome and were able to spend time with people in various places around the home.

People's right to confidentiality was protected. There was a confidentiality policy in place which documented staff responsibilities, and the importance of confidentiality was included in the employee handbook. The staff we spoke with were clear about their responsibilities. We observed staff speaking to people discreetly when supporting them and saw that they did not discuss personal information in front of other people living at the home or visitors.

A service user guide was given to people when they came to live at the home. It included information about

the provider's aims and objectives, care planning, activities, the staff team, confidentiality, quality assurance, safeguarding and how to make a complaint. The guide was available in large print and languages other than English.

Information about local advocacy services was displayed on the notice board in the entrance area and was included in the service user guide. People can use advocacy services when they do not have friends or relatives to support them or want support and advice from someone other than staff, friends or family members. The registered manager told us that no-one was being supported by an advocate at the time of our inspection.

## Is the service responsive?

### Our findings

People told us staff knew them and they received care that reflected their individual needs and preferences. Comments included, "The staff are used to us" and "They've got to know me well. We're treated as individuals, we're not just treated the same". One relative told us, "They know people well, what they like etc."

The care plans we reviewed contained detailed information for staff about people's individual needs and risks and how to support them effectively. They were reviewed regularly. They included information about what people were able to do, what they required support with and how staff should provide that support.

People told us they were given lots of choice by staff. Comments included, "I have lots of choices. I pick my own clothes, there's a choice of meals and I choose what time I get up and go to bed" and "We get lots of choice, like the menus, they ask you what you'd like". One relative told us, "People are given a choice of meals and things like activities. Staff encourage people".

People told us staff supported them when they needed them to. One person commented, "I don't wait long for help. There's always someone here". One relative commented, "There are no long delays and they've recently put in extra buzzers [panic alarm system], which is reassuring".

People took part in a variety of activities at the home, including bingo, dominoes, quizzes and watching movies. Most people were happy with what was available and told us they also liked to read the newspaper, watch television and chat together. However, one person told us they were bored sometimes and would like a wider variety of activities to be made available. We discussed this with the registered manager, who told us she would discuss this with the person to find out what they were interested in. This would help to ensure that activities were available which reflected people's preferences. During our inspection we observed people playing dominoes, watching television and chatting together.

We looked at whether the provider was following the Accessible Information Standard. The Standard was introduced on 31 July 2016 and states that all organisations that provide NHS or adult social care must make sure that people who have a disability, impairment or sensory loss get information that they can access and understand, and any communication support that they need. We noted that people's care plans included information about their communication needs. The registered manager was aware of the Standard and told us there was no-one living at the home with a disability, impairment or sensory loss at the time of our inspection. She told us she would ensure the Standard was met if this changed.

The service used various types of technology to support people and staff. This included the use of a digital telemedicine service provided by Airedale NHS Foundation Trust. The service enables communication between the Trust's clinical staff and staff at the home via a secure video link and helps to avoid 999 calls and people being admitted to hospital. There was also a call bell system in place so that people could request support from staff when they needed it and a panic alarm system so that staff could request urgent support if they needed to.

We looked at how the service supported people at the end of their life. No-one was receiving end of life care at the time of our inspection. There was an end of life policy in place, which provided guidance for staff about their responsibilities and most staff had completed end of life training. This helped to ensure that people experienced a pain free, dignified death which reflected their wishes. The provider had also created a practical guide for relatives and friends, detailing what needs to be done when a person dies and explaining the processes involved, such as registering a person's death. This provided helpful information for family and friends. One staff member told us, "We have an end of life policy and a booklet for family and I've done the Six Steps end of life care training through the local hospice".

A complaints policy was in place which included details of how to make a complaint and the timescales for a response. Information about how to make a complaint was displayed at the home and included in the service user guide. The registered manager told us that she had not received any formal complaints in the previous 12 months and the people we spoke with told us they had not needed to complain. One person commented, "They listen if you have any issues and if they can do something about it, they will". Relatives told us they would feel able to make a complaint or raise any concerns. One relative commented, "I've raised a couple of issues and they were sorted out".

We reviewed a large collection of thank you cards that the home had received. Comments included, "A big thank you to the lovely staff at Sherwood house, who made my stay so comfortable" and "A big thank you to all the staff for the wonderful care and kindness you showed our [relative] while [relative] was with you".

# Is the service well-led?

## Our findings

The people we spoke with knew the registered manager and were happy with the way the service was being managed. They felt that staff and the registered manager were approachable. One person told us, "It's managed well, they're all approachable. It's calm here". Another commented, "You can speak to them [staff or management] about anything". One relative commented, "It's well run. They're all approachable and [two named staff members] go above and beyond".

At the time of our inspection the service had a registered manager who had been in post since 2011. 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.

The registered manager told us that satisfaction questionnaires were issued yearly to gain feedback from people about the care they received. The results of the surveys issued in January 2018 showed people had expressed a high level of satisfaction about all aspects of the service.

Residents meetings took place monthly. We reviewed the notes of the previous three meetings and noted that the issues addressed included activities, meals and staff changes. We saw evidence that people were asked for their feedback and suggestions, and their views were acted upon.

Staff told us they were happy working at the home and felt well supported by the registered manager and the provider. One staff member told us, "It's the best firm I've ever worked for. They're very supportive".

We noted that staff meetings did not take place regularly. The staff members we spoke with told us they were happy with this, as they did not feel staff meetings were needed. One staff member told us, "We can raise issues any time". Another told us, "We don't have regular meetings, we don't need them. We talk regularly and we have access to advice when we need it. There's always someone on call".

The staff we spoke with understood their roles and responsibilities. One staff member commented, "I'm clear about my responsibilities. Me and [other staff member] have high standards".

Records showed that a variety of audits were completed regularly by the registered manager and senior care staff. These included audits of accidents, medicines, infection control, care documentation and the home environment. We saw evidence that action had been taken where shortfalls had been identified. We found the audits completed were effective in ensuring that high levels of quality and safety were maintained at the service.

The provider told us they visited the home regularly, which enabled them to monitor the management of the home and the care being provided. We noted that they also reviewed and signed off all audits completed. This meant that the provider had oversight of the service and was assured that people were

receiving safe, effective care.

We saw evidence that the service worked in partnership with a variety of other agencies. These included social workers, community nurses, GPs, chiropodists and dentists. This helped to ensure that people had support from appropriate services and their needs were met.

The registered manager told us that a number of improvements had been made since the last inspection. These included new carpets and chairs in the lounge and some bedrooms. She told us that further improvements were planned, including the redecoration of the dining room and new carpets in the hallway.

We noted that the provider's aim was, 'To deliver a service of the highest quality that will improve and sustain the service user's overall quality of life'. We saw evidence during our inspection that this philosophy was promoted and achieved by the registered manager and staff at the home.

Our records showed that the registered manager had submitted statutory notifications to CQC about people using the service, in line with the current regulations. A statutory notification is information about important events which the service is required to send us by law.

We noted that the provider was meeting the requirement to display their rating from the last inspection.