

## Making Space

# Sherdley Court

### 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?	Outstanding ☆

# Summary of findings

## Overall summary

### About the Service:

Sherdley Court is part of Making Space, a not for profit organisation operating a range of mental health services across Lancashire and Merseyside. Sherdley Court offers placements for people with a primary diagnosis of a functional mental illness and people who have additionally developed dementia. At the time of our visit there were 25 people living there.

### People's experience of using the service:

The leadership of the service demonstrated a high level of experience and capability to deliver excellent care; they were extremely knowledgeable and inspired confidence and passion in the staff team. They promoted a culture that was extremely person-centred and which provided high-quality care with good outcomes for people. The management team placed strong emphasis on the importance of not only supporting people but their family members also. They were described as supportive and approachable and always putting the needs of people first. They showed a continued desire to improve on the service and worked closely with other agencies and healthcare professionals to do this. Effective systems were in place to check on the quality and safety of the service and improvements were made when required.

The atmosphere at Sherdley Court was calm and homely; the management team and staff had developed strong, familiar and positive relationships with people and family members. Throughout the inspection the registered manager, management team and staff were seen to be warm and affectionate towards people and often displayed physical contact that was appropriate and accepted by people.

Staff showed a genuine motivation to deliver care in a person centred way based on people's preferences. People were treated with kindness, compassion and respect. Staff used techniques to help relax people with positive outcomes. Everyone we spoke with told us Sherdley Court was a homely place to live and staff were always kind and caring towards them. People were encouraged to be as independent as possible and supported to do so by staff.

People told us they felt safe living at the service and family members were confident their relatives were kept safe. Risks that people faced were identified and assessed and measures put in place to manage them and minimise the risk of harm occurring. Staff showed a good understanding of their roles and responsibilities for keeping people safe from harm. Medicines were managed safely and people received medication at the right time. The environment was safe and people had access to appropriate equipment where needed.

Enough suitably qualified and skilled staff were deployed to meet people's individual needs. Staff received a range training and support appropriate to their role and people's needs.

People's needs and choices were assessed and planned for. Care plans identified intended outcomes for

people and how they were to be met in a way they preferred. People told us they received all the right care and support from staff who were well trained and competent. People received the right care and support to eat and drink well and their healthcare needs were understood and met. People who were able consented to their care and support. Where people lacked capacity to make their own decisions they were made in their best interest in line with the Mental Capacity Act.

People received personalised care and support which was in line with their care plan. People, family members and others knew how to make a complaint and they were confident about complaining should they need to. They were confident that their complaint would be listened to and acted upon quickly.

The leadership of the service promoted a positive culture that was person centred and inclusive. People, family members and staff all described the registered manager and deputy manager as supportive and approachable. The management team showed a continued desire to improve on the service and worked closely with other agencies and healthcare professionals in order to do this. Effective systems were in place to check on the quality and safety of the service and improvements were made when required.

Rating at last inspection: Good (report published 20 April 2016). During this inspection the key question 'Well-led has improved from 'good' to 'outstanding'.

Why we inspected: This was a planned inspection based on the rating at the last inspection.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

This service was safe.

Details are in our Safe findings below.

Good ●

### Is the service effective?

This service was effective.

Details are in our Effective findings below.

Good ●

### Is the service caring?

This service was caring.

Details are in our Caring findings below.

Good ●

### Is the service responsive?

This service was responsive.

Details are in our Responsive findings below.

Good ●

### Is the service well-led?

This service was exceptionally well-led.

Details are in our Well-led findings below.

Outstanding ☆

# Sherdley Court

## Detailed findings

### Background to this inspection

#### The 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.'

#### Inspection team:

This inspection was conducted by one adult social care inspector.

#### Service and service type:

Sherdley Court is a care home. People in care homes receive accommodation and nursing or personal care. Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the CQC. This means they and the provider are legally responsible for how the service is run for the quality and safety of the care provided.

#### Notice of inspection:

This inspection was unannounced.

#### What we did:

Our plan took into account information the provider sent us since the last inspection. We also considered information about incidents the provider must notify us about, such as abuse; and we looked at issues raised in complaints and how the service responded to them. We obtained information from the local authority commissioners and safeguarding team, Healthwatch and other professionals who work with the service. We assessed the information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to populate our planning tool and plan our inspection.

During the inspection, we spoke with three people living in the service and two family members to ask about

their experience of care. We also spoke with the registered manager and four care staff.

We looked at four people's care records and a selection of medication and medication administration records (MARs). We looked at other records including quality monitoring records, recruitment and training records for four staff and records of checks carried out on the premises and equipment.

Details are in the Key Questions below.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

People were safe and protected from avoidable harm. Legal requirements were met.

Assessing risk and supporting people to stay safe from harm and abuse.

- Individual risks to people had been assessed with the involvement of the person and their family members where appropriate. Care records provided detailed information around people's individual risks in order for staff to keep them safe from avoidable harm.
- People told us they felt safe; comments included "I used to live at home but I wasn't safe since living here I feel really safe, I still get to go out and do things the staff come with me to make sure I am safe" and "I feel really safe here; safe and well protected by the staff." A family member told us "[Relative] is 100% safe here, there is always staff around to look after her."
- Staff received safeguarding training and had access to relevant information and guidance about protecting people from harm. Staff understood what was meant by abuse and were confident about how to report safeguarding concerns.
- The registered manager kept a record of safeguarding incidents that had occurred. Incidents were dealt with appropriately and action was taken to minimise future incidents occurring.
- People, along with families and friends, had access to a payphone and relevant details of who to contact if they had any safeguarding concerns, such as the local authority safeguarding team.
- The environment was safe for people living in the home.

Safety monitoring and management

- Regular safety checks were completed on the environment to ensure it remained safe.
- Equipment used to assist people with their mobility, comfort and independence was regularly checked and maintained to ensure it remained safe to use.

Using medicines safely

- Medicines were stored and managed safely by appropriately trained staff. Medication administration records (MARs) were completed correctly and staff had access to information and guidance about how to safely administer people's prescribed medication.
- Guidance was in place for the use of medication to be given 'as required' (PRN) and the application of creams and ointments.
- Records were completed when medication was received into the service, destroyed and returned to the supplying pharmacy.
- People told us they received support from staff with their medication when needed and always received it at the right time.

Staffing levels and recruitment

- Enough suitably qualified and trained staff were deployed to meet people's needs and keep them safe. Staff were proactive at providing support when needed.

- Safe recruitment processes were being used in line with the recruitment policy to ensure that staff employed were safe to work with vulnerable people.

#### Preventing and controlling infection

- Staff had received training around preventing and controlling the spread of infection and had access to relevant guidance and information about good infection prevention and control. Staff used personal protective equipment (PPE) and followed correct guidance in relation to disposal of PPE and other waste products in order to minimise the spread of infection.

#### Learning lessons when things go wrong

- Record of any incident or accidents that occurred were kept and reviewed monthly to identify any patterns or trends so that lessons could be learnt when things went wrong. The information was used to re-evaluate staffing levels and people's assessed needs.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Comprehensive assessments were completed prior to people moving into the home to ensure staff were able to meet their needs.
- Assessments of people's care needs were completed in good detail and included expected outcomes for people based on their needs and choices. Assessments were obtained from other health and social care professionals prior to people receiving support and used to help plan effective care for people.
- Staff had been made 'champions' in various topics to ensure that up-to-date information was being shared and people received care in line with guidance, standards and the law.
- Staff knew people well and how to best meet their needs. Staff used the training and experience they had received to support people and provide good outcomes and a good quality of life.

Staff skills, knowledge and experience

- People told us, and family members agreed, they felt their needs were met well by staff. Comments included "Staff are really good, they always seem to know what to do," "The staff really do know what they are doing, they are really clever and they look after me well" and "I cant fault the staff, they are really good. They all look after [relative] really well and they know what she needs."
- Staff were competent, knowledgeable and skilled and carried out their roles effectively. Newly recruited staff had completed a comprehensive induction and continued to receive training throughout their employment to maintain up-to-date skills and knowledge.
- Training received was appropriate to people's needs and the requirement of the role.
- All staff are registered as 'dementia friends' and have completed the associated training during their induction.
- Staff felt supported in their role and received regular one to one supervision. They told us the on-going support they received enabled them to discuss their work concerns or leaning development when needed.

Supporting people to eat and drink enough with choice in a balanced diet

- People were supported to maintain a healthy balanced diet and were provided with regular food and drinks throughout the day. Where required staff supported people at meal times and took time to encourage people to eat and drink.
- The service introduced the 'red jug scheme' to help reduce dehydration. This nationally recognised scheme uses jugs that are smaller and lighter to handle making it easier for people to use. The scheme also helps to alert staff to those at risk of dehydration.
- People had access to an 'independent kitchen' that could be used at any time to prepare drinks and snacks for themselves.
- Staff were aware of those who required their food and drink intake to be monitored throughout the day

and relevant charts had been completed within a timely manner. Charts were reviewed by senior staff to ensure people received adequate food and fluid.

- The service was in the process of introducing visual choices of the daily menu to allow people with sensory or communication difficulties to be made aware of the meals on offer each day.
- People were protected from risks associated with poor nutrition, hydration and swallowing difficulties; such as weight loss, dehydration and choking risks.
- Food moulds were used to prepare pureed meals for those at risk of choking; this helped to make food more appealing and enhance appetite.
- The service provided alternative meals to cater for people with particular food faiths such as offering vegetarian and vegan options.
- People's comments about food and drink included; "The food is nice, better than what I used to cook. We get plenty of choice and always lots of drinks throughout the day" and "The food is okay, staff sometimes have to remind me to eat because if I don't I lose weight, but we get plenty of drinks and snacks." A family member told us "[Relative] seems to like the food, staff try to encourage her to eat and will always offer alternatives."

Adapting service, design, decoration to meet people's needs

- There was signage around the home to help people with their orientation and way-finding.
- 'Reminiscence pods' were used to help create a therapeutic and calming environment for people living with dementia; these also help to encourage conversation and engagement between people and staff.
- Technology and equipment was used effectively to meet people's care and support needs. People had access to call bells to alert staff to when they required support.
- People's room had been decorated how they chose and contained items personal to them.

Supporting people to live healthier lives, access healthcare services and support

- The services' activities co-ordinator is the 'healthy living' champion; they were in the process of developing healthy eating plans with people to help increase physical and mental health and reduce risks such as falls.
- Where people required support from healthcare professionals this was arranged and staff followed guidance provided by such professionals. Information was shared with other agencies if people needed to access other services such as GPs.
- Where staff had identified changes in people's needs, referrals to appropriate healthcare professionals were completed in a timely manner and records were maintained to evidence such referrals and any advice given.

Ensuring consent to care and treatment in line with law and guidance

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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met

- Where people were deprived of their liberty, the registered manager worked with the local authority to seek

authorisation to ensure decisions made on behalf of people were lawful.

- An independent advocate visits people on a regular basis ensure their needs are being met within the remit of their DoLS authorisation.
- Where people lacked the capacity to make particular decisions, they were supported to have maximum choice and control over their lives and were supported by staff in the least restrictive way possible.
- Where decisions needed to be made in people's best interests, relevant people were involved and appropriate records had been completed.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- Staff ensured that people were well cared for and provided support when needed or asked for. People were treated with kindness and were positive about the caring attitudes of staff. Comments included "The staff are really kind, they speak to you in a nice way. You can have a laugh with them. I love living here," "I love it here, the staff are nice, it's really homely, I get on with all of them" and "The staff are brilliant, I cant fault them, they love [relative] and she loves being around them. They have made it so much easier for me, I can now spend quality time with [relative] and don't worry about her anymore."
- Staff knew people well and displayed positive, warm and familiar relationships when interacting with them. There was a mutually genuine, kind and compassionate relationship between staff and people living in the home.
- Staff understood and supported people's communication needs and choices. Staff observed body language and maintained eye contact and listened patiently and carefully when speaking with people.
- Staff encourage people, with the support of family, to complete 'life story' work in order to stimulate conversation and memories. As part of this work, memory boxes have been made for family members as a keepsake.
- The service was registered with a national charity that recognises the importance of people maintaining relationships with their pets; the home is considered 'pet friendly' and staff work with people to help facilitate pets moving in with them.
- The service had introduced a 'memory tree' in the garden to remember people who had died; small gold hearts are inscribed with a person's details. The registered manager told us this helps people to feel loved and appreciated and will never be forgotten.

Respecting and promoting people's privacy, dignity and independence

- Staff treated people with dignity and respect and provided compassionate support in an individualised way; people felt listened to. Staff knew how people liked to be addressed and called people by their preferred name.
- Staff provided support and comfort to people who were upset and anxious to help relax them.
- The service had installed 'full spectrum bulbs' in people's rooms to help people with increased confusion and restlessness feel more relaxed and reduce levels of anxiety and depressive illness.
- Staff ensured that people were kept clean and well-presented especially after meal times and when providing support with personal care.
- People's right to privacy and confidentiality was respected. Staff ensured they delivered personal care to people in private. Staff knocked on doors and waited for a response before entering bedrooms, bathrooms and toilets and people told us this was usual.
- Records relating to people's care were kept confidential and staff understood the importance of discussing

people's care in private.

- People were given choice and control in their day to day lives and supported to maintain their independence wherever possible. Staff were keen to offer people opportunities to spend time as they chose and where they wanted.
- People were supported to maintain and develop relationships with those close to them, social networks and the community.

Supporting people to express their views and be involved in making decisions about their care

- People, along with family members, were encouraged to share their views about the care people received with regular reviews and meetings.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that services met people's needs

People's needs were met through good organisation and delivery.

### Personalised care

- The care people received was person centred and based on their individual needs. Staff knew people's likes, dislikes and preferences and used this knowledge to care and support people in the way they wanted, such as, how they preferred to spend their time.
- Care records were detailed and person centred and contained all relevant and up-to-date information regarding people's needs. The service ensured that all relevant records were completed in a timely manner so that staff had access to the most up-to-date information.
- 'Life history' work is completed to gather important information regarding people's lives; staff use this information to provide person-centred care and encourage involvement in daily tasks around the home
- Staff were responsive to people's needs and ensured that support was provided when needed. People had access to calls bells if they needed support from staff.
- People's needs were identified, including those related to protected equality characteristics, and their choices and preferences were regularly met and reviewed.
- Reasonable adjustments were made where appropriate and the service identified, recorded, shared and met the information and communication needs of people with a disability or sensory loss, as required by the Accessible Information Standard. For example care plans were produced in large print for people with difficulties with sight to ensure they had access to all relevant information.
- The service supports people with confusion regarding day and night; staff wear pyjamas during night shifts to help people distinguish between night and day.
- People were supported to access a range of activities on a regular basis. Although the activities co-ordinator was new to the role they showed a good understanding around the importance of activities.
- Activities were planned around people's like and preferences as well as their identified care needs such as sensory, cognitive and physical needs. People had access to 'dementia dolls' to help provide comfort for those who needed it.
- The activities coordinator had recently attended a course in relation to physical activity and how to incorporate this into activities to help develop people's mobility.
- The service uses 'digital reminiscence software' during daily activities and life story work to help create conversation points and communication between people and staff and to encourage more meaningful conversations with family members.
- The service introduced 'Namaste' sessions every week to help incorporate physical, sensory and emotional approaches during activities. Individual sessions are delivered to people nursed in bed to help provide a more stimulating environment.
- Those who were able to, were actively encouraged to access the community and were supported by staff to do so on a regular basis.
- People spoke positively about the activities provided; comments included "Activities are good, we have a

disco on Saturdays, we had a Christmas party and I get to go out and do all the things I want to do" and "Activities are very good. I made an angel the other week, we do loads of crafts, the choir was really good and we had children in the other day which was nice. I went to the Village yesterday had some lunch and did some shopping, I get to go out a lot when I want to." One family member told us "The activities are a lot better since the activities coordinator started. People get out and about more and always seem to be doing something."

#### Improving care quality in response to complaints or concerns

- People knew how to provide feedback about their experiences of care. The service provided a range of accessible ways to do this through care review meetings, regular surveys and other meetings held with people and their relatives.
- People and family members were given information about how to make a complaint and were confident that any complaints they made would be listened to and acted upon in an open and transparent way.
- Complaints that were made were dealt with appropriately by the registered manager and where required were used as an opportunity to improve the service.

#### End of life care and support

- People were supported to make decisions about their preferences for end of life care, and were involved in developing care and treatment plans. Care plans included people's advanced decisions about their end of life wishes and appropriate professionals were involved throughout.
- A 'death café' is held regularly to allow people and families to discuss end-of-life plans and thoughts in a supportive manner.
- The service had completed a nationally recognised model of good practice of care for people nearing the end of their lives. The service received platinum rating in 2017 and had been recognised by the local media for their work in developing and sustaining excellence in end of life care.
- Staff recognised the importance of providing a warm, calm and relaxing environment for people and family members at the end of a person's life and used various methods to provide this. Family members were also given comfort and support by staff and encouraged to spend as much time with their loved ones as possible.
- A 'death café' is held regularly to allow people and families to discuss end-of-life plans and thoughts in a supportive manner.
- All staff, including housekeeping and catering, have completed end-of-life and dementia training to ensure they are all equipped with the skills of communication with people at the end of their lives.

## Is the service well-led?

### Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The registered manager and management team planned and promoted person-centred, high-quality care to achieve good outcomes for people. This considered the physical, spiritual and social aspects of a person's life.
- The registered manager told us staff had attended a "Opening the Spiritual Gateway" course at a local hospice to better understand people's spiritual and religious needs. Staff found this extremely beneficial when supporting people at the end of their lives.
- The culture of the service was caring and focused on ensuring people received person-centred care that met their needs in a timely way. It was evident staff knew people well and put these values into practice.
- The registered manager spent considerable time with people and family members to complete their 'life history'. This information was used to provide meaningful care and achieve positive outcomes for people.
- The registered manager had an inspiring shared purpose and vision to promote a high level of satisfaction and excellent care. Staff understood the registered manager's vision and were keen to implement this within the home to ensure that people received the best care possible.
- Staff were proud to work for the service and spoke highly of the culture and positive management structure. They told us it was open and transparent and available to them when needed.
- Staff from all areas of the service felt extremely valued and respected by the management team and were always keen to support each other. They described a happy, calm and homely environment and thoroughly enjoyed their work.
- The registered manager and staff recognised the importance of supporting family members just as much as people receiving support. This was evident in the work being carried out in relation to end-of-life care.
- People and family members spoke extremely positively about the registered manager and management team. Comments included "I love [manager], this is a lovely home. [Manager] is very nice, kind, thoughtful, caring and a good manager. She does her job really well," "[Manager] is really nice and pleasant and makes sure we are all looked after. Nothing is too much trouble" and "[Manager] is brilliant. I cant fault her, [relative] is happy, safe and well looked after and the home is lovely, there's always a relaxed feeling which is nice."
- One person told us they had previously experienced a serious health condition that should have had a major impact on their life; however with the care and support provided by the registered manager they had been able to overcome this and were now healthier than they were before.

Continuous learning and improving care

- Systems were in place to ensure that regular reviews and analysis of key aspects of the service were

completed. Information gathered was used to provide more relevant and person centred care and support.

- An 'after death analysis' is completed to ensure the service has enabled a person to experience a 'good death'; information gathered, whether positive or negative, is used help staff learn and continue to improve.
- Extremely detailed quality assurance systems were in place and used effectively to monitor key aspects of the service. Audits and checks were completed on a regular basis by the management team and provider to identify areas of improvement. Clear action plans were created by both the registered manager and provider and tasks were allocated to appropriate staff to complete.
- The provider also operates a 'peer service' audit system every three months where a manager from a different service within the organisation visits and audits all aspects of care, support and management. Information obtained is then fed back to the organisation's quality assurance department.
- The service used information gathered from accidents and incidents and concerns and complaints and acted upon this to improve the service.
- The registered manager works hard to maintain up-to-date knowledge around best practice and guidance in order deliver excellent care.
- The registered manager had been recognised for their work in relation to end-of-life care and advanced care planning. They had delivered presentations and assisted with the learning and development of others both within the provider group and externally. Their work and knowledge around advanced care planning had been recognised within the national care awards.
- The registered manager also writes articles for the provider's website to support staff and managers from other services to deliver person-centred and meaningful care to people.

Engaging and involving people using the service, the public and staff and working in partnership with others.

- The service enabled high levels of constructive engagement with staff, people using the service and those close to them in order to help provide excellent care that promoted positive outcomes for people.
- The service created a 'visitor's book' which included a 'tick box' incorporates CQCs five key questions; this allows visitors to offer feedback and indicate how they observed the standard of care during their visit.
- The management team and staff worked closely with other partner agencies and community groups to achieve excellent outcomes for people; such as national charities, local hospice and nationally recognised organisations.
- Students from local universities had completed their 70 day placements at the service. As part of their placement they receive a well-rounded view of different types of mental illness and the importance of person-centred care.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements

- The management team were compassionate, inclusive and effective. The registered manager demonstrated a high level of experience and capability to deliver excellent care.
- The service was well-run with a clear management structure in place. The registered manager, deputy managers and staff understood their roles and responsibilities. They had developed strong working relationships and showed an excellent level of knowledge and experience within their roles.
- People and family members felt confident in the abilities of the management team and the leadership of the service.
- Staff felt well supported by the registered manager and were confident about discussing any issues and concerns in an open manner.
- The registered manager was aware of their legal requirements to notify CQC about certain events and submitted notifications when required.