Care Quality Commission

Caretech Community Services (No.2) Limited

Sherwood Court

Inspection report

The Common
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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

Overall summary

This inspection took place on 07 May 2015 and was unannounced. Sherwood Court is a care home that provides accommodation and personal care for up to eight people with a learning disability or autistic spectrum disorder.

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

People felt safe and they were protected against the possible risk of safeguarding concerns or harm. Risks to individuals had been assessed and managed appropriately. There were sufficient numbers of experienced and skilled staff to care for people safely. Medicines were managed safely and people received their medicines regularly and as prescribed.

Summary of findings

People received care and support from staff who were competent in their roles. Staff had received relevant training and support from management for the work they performed. They understood the requirements of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards. They were aware of how to support people who lacked mental capacity. People's nutritional and health care needs were met. They were supported to maintain their health and wellbeing and had access to and received support from other health care professionals.

The experiences of people who lived at the care home were positive. They were treated with kindness and compassion and they had been involved in the decisions about their care where possible. People were treated with respect and their privacy and dignity was promoted.

People's health care needs were assessed, reviewed and delivered in a way that promoted their wellbeing. They were supported to pursue their leisure activities both outside the home and to join in activities provided at the home. An effective complaints procedure was in place.

There was a caring culture and effective systems in operation to seek the views of people and other stakeholders in order to assess and monitor the quality of service provision.

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.

People did not have any concerns about their safety.

Risks to people had been assessed and reviewed regularly.

There were sufficient numbers of staff on duty to care and support people.

Good

Is the service effective?
The service was effective.

Staff were skilled, experienced and knowledgeable in their roles.

Staff received relevant training.

People's dietary needs were met.

Good

Is the service caring?
The service was caring.

People's privacy and dignity was respected.

People and their relatives were involved in the decisions about their care.

People's choices and preferences were respected.

Good

Is the service responsive?
The service was responsive.

People's care had been planned following an assessment of their needs.

People pursued their social interests in the local community and joined in activities provided in the home.

There was an effective complaints system.

Good

Is the service well-led?
The service was well-led.

There was a caring culture at the home and the views of people were listened to and acted on.

There was a registered manager who was visible, approachable and accessible to people.

Good

Sherwood Court

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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 07 May 2015 and was unannounced. The inspection team was made up of one inspector.

Before the inspection we reviewed the information we held about the service. We looked at the reports of previous inspections and the notifications that the provider had sent to us. A notification is information about important events which the provider is required to send us by law.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

During the inspection we met with the majority of people. Due to their learning disabilities most people were unable to communicate with us. However, we were able to speak with two people who had limited communication. We observed how the staff supported and interacted with them. We also spoke with two care staff and the registered manager.

We looked at the care records including the risk assessments for two people, the medicines administration records (MAR) for the majority of people and six staff files which included their supervision and training records. We also looked at other records which related to the day to day running of the service, such as quality audits.

Good

Is the service safe?

Our findings

The majority of people were not able to communicate verbally. However, the two people who were able to answer when asked whether they felt safe living at the home, said 'yes' they did. One member of staff said, "I have had training in keeping people safe and I am able to recognise the signs of abuse and I would take any concerns to my manager or to someone from head office". All the staff we spoke with understood the signs of abuse to look out for and were confident in how to escalate any concerns they had in order to protect people from the possible risk of harm. They also told us they would be confident to report under the whistle-blowing policy if they identified a colleague using unsafe practices. We noted that safeguarding referrals had been made to the local authority and the Care Quality Commission had been notified as required.

Each person had their individual risks assessed which included a plan on how to support them to manage the risk. For example, the risk assessment for one person who required the use of a hoist to for transfer, had clear instructions on the number of staff needed to support them. Staff confirmed that they were aware of their responsibility to keep risk assessments current and to report any changes and act upon them. The care records demonstrated that individual risk assessments had been completed and regularly updated. Up to date guidance was in place for the management of risks such manual handling, supporting people with epilepsy and nutrition. For example, one person who had been identified as having swallowing difficulties and being at risk of choking had guidance for staff about how to support the person to eat safely. For another person whose behaviour that challenged others, the risk assessment provided guidance to staff on how to support the person and to minimise and mitigate the risk.

The service had an emergency business plan to mitigate risks associated with the environment within the service. The plan included the contact details of the utility companies and the management team. Each person had a personal evacuation plan in place for use in emergencies such as in the event of a fire. Regular fire drills had been carried out so that staff were up to date with the fire safety and evacuation procedures. Staff demonstrated they were aware of the actions they should take if required.

There were sufficient numbers of staff on duty to meet the needs of people. The staff were seen to be attentive and supportive to people. We noted that the majority of people had to be escorted to day centres and there were sufficient numbers of staff allocated to ensure that they attended their day activities as planned. Staff told us that the manager would contact 'bank staff' or regular agency to cover for sickness and absence.

There was a robust recruitment process in place to ensure that staff who worked at the home were of good character and were suitable to work with people who needed to be protected from harm or abuse. The staff records we looked at showed that the appropriate checks such as, proof of identity, references, satisfactory Disclosure and Barring Service [DBS] certificates had been obtained before they had started work at the care home. DBS helps employers make safer recruitment decisions and prevents unsuitable people from being employed.

There were systems in place to manage people's medicines safely. Staff confirmed and we evidenced that only the senior care staff who had been trained and had passed their competency tests administered people's medication. Medicine administration records (MAR) charts had been completed correctly and there were no omissions of the staff signatures that confirmed the staff had administered the prescribed medication. Medicines no longer required had been returned to the pharmacy for safe disposal. Regular checks were carried out to ensure that an audit trail of all medicines received into the home was accounted for.

Good

Is the service effective?

Our findings

People received care and support from staff who were skilled, experienced and knowledgeable in their roles. Staff demonstrated a number of times in the way they communicated with people, which showed that they knew their preferences. For example, we observed a member of staff explained to a person that it was time to go to the day centre by showing their coat and assisting them to put the coat on. Due to one person's behaviour that challenged others, the staff had the necessary skills to support the person. However, the manager said that there had been on-going discussion with the placing authority to find an alternative placement that would be able to meet the person's complex needs more effectively. Currently, the staff have been supporting the person on a one to one basis, particularly from support provided by members of staff from 'Sense' so that their needs were met appropriately

Staff received a variety of training to help them in their roles. In addition to training the provider considered mandatory, we noted that staff also attended other relevant training, such as 'dignity in care' and 'supporting people with epilepsy and autism'. One member of staff said "We do have opportunities to attend other training." Some staff had completed their Vocational Qualifications in Health and Social Care and others had been undertaking the Qualifications in Credit Framework (QCF). E-learning courses in supporting people with a learning disability had been completed by staff. A new member of staff told us about their induction which also included a period of shadowing an experienced care staff and then a period of supervision by a senior member of staff. The staff member said, "This level of support helped me in my role and made me feel confident in caring and supporting the service users."

Staff confirmed that they had received supervision and appraisals for the work they did. One member of staff said, "I have monthly supervision and we discuss our work and the training I need to help me with my work."

Staff confirmed that they had received training in Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). Care records showed that people who lacked mental capacity had an assessment carried out so that specific decisions made regarding their health and welfare would be made in their best interests. For example, we saw the required documentation had been completed in relation to the use of bedrails to prevent a person from falling out of bed. For one person a 'best interests' decision had been made for them not to go home for short stay due to deterioration in their medical condition where they required personal care. Applications for the deprivation the liberty for the majority of people had been made in relation to them leaving the home. The service was waiting for authorisation from the local authority supervisory board. This showed that the registered manager understood her responsibility in light of the most recent court judgement.

Staff told us that they always asked people how they would like to be supported with their personal care. One member of staff said, "Although people are unable to communicate verbally, they understand everything and will let us know by their reactions or facial expressions. We know what they like or dislike." We noted that each person had information in their care records on how they communicated. For example, one person used pictographs, pictures and sign language.

One person said, "Food is nice." Staff told us that they gave people choices from the menu and offered alternatives if they did not like what was on the menu. They also said that they knew what each individual liked. For example, they said some people preferred toast and others preferred cereals for breakfast. We observed breakfast and noted that people were supported to eat their breakfast in an unhurried manner although they had to attend the day centre. When people returned from the day centre, we noted that they were offered a variety of drinks to ensure they had enough to drink.

Care records showed that a nutritional assessment had been carried out for each person and their weight was regularly checked and monitored. For example, one person who had been identified of having swallowing difficulties and being at risk of choking had been assessed by a speech and language therapist. This assessment provided advice for staff about how to support the person to eat safely. The manager said that if they had any concerns about an individual's weight or lack of appetite, they would seek appropriate medical or dietetic advice.

Each person had a 'purple health folder' which they took with them when they attended their appointments with a

Good

Is the service effective?

health care professional. People had access to other health care services so that they received appropriate support to maintain good health. A record of all health care professionals had been kept with the prescribed treatment.

Good

Is the service caring?

Our findings

The majority of people were not able to communicate verbally. However, the two people who were able to answer when asked whether they were being well cared for, said 'yes'. One member of staff said, "People receive good care and we do look after them." They also said that they knew them well including their preferences and personal histories. We saw there was a good interaction between staff and people. We observed that staff were able to understand what an individual wanted by the expression on their face and their reactions. For example, one person tried to pull their coat from the back of their wheelchair and the staff immediately said that the person was indicating that they wanted to go to the day centre. The conversations we heard between people and staff were polite and caring. For example, a member of staff who was helping a person with their breakfast said, "would you like another cup of tea?" We observed that staff showed a very warm and friendly approach towards people and they carried out their tasks with constant communication with them.

People and their families had been involved in decisions about their care and support. The care records contained information about people's needs and preferences, so the staff had clear guidance about what was important to people and how to support them appropriately. We noted that staff understood people's needs well and this indicated that they provided the support people required. The staff we spoke with showed a good knowledge about the people they supported, and their care needs. One member of staff said, "We work closely with the families so that we have the information we need to provide very good care to people."

People's privacy and dignity was respected. One staff explained that when supporting people with their personal care, they ensured that the door was shut and curtains were drawn. They said that they encouraged people to do as much as possible for themselves such as wash or dress themselves so that they maintained some degree of independence. We evidenced that 'dignity in care' had been discussed frequently at staff meetings and were encouraged to consider how they would like care provided to them or a family member. We observed staff treating people with dignity and respect and being discreet in relation to personal care needs.

Information about advocacy service was available to people. The manager said that currently, there was one person using the service.

Good

Is the service responsive?

Our findings

People received care that was personalised and responsive to their needs. We noted from the care plans that they and their families had contributed to the assessment and planning of their care. Information obtained following the assessment of their needs, had been used to develop the care plan so that staff were aware of the care and support each person required. We saw evidence in the care plan that people or a family member had been involved in the care planning process wherever possible. Information about people's individual preferences, choices and likes and dislikes had been reflected in the care records. When asked whether the staff know what they liked to eat and things they liked to do, one person said, "Yes". Documentation in people's care plans showed people's daily routines. For example, in one person's care plan it stated, "I like to get up at 08:00am. Two members of staff to hoist me to my chair. Ask me if I would like my jewellery or make up."

Care records had been written in detail and had been kept up to date. There was sufficient information for staff to support people in meeting their needs. We noted from one of the care plans that had information about how people with little or no verbal communication would respond, and staff should look at their facial expressions for their response. The care plans had been reviewed and updated regularly to reflect any changes in the persons' care needs so that staff would know how to support them appropriately. For example, where one person's needs had changed due to their medical condition, the care plan had been updated to show how staff should support the person in meeting their needs differently.

We observed that staff demonstrated an awareness of individual's likes, dislikes and their care needs. For example, one person was supported to eat their breakfast and staff explained to us what the person liked for their breakfast. We evidenced that people's likes and dislikes had been reflected in their care records.

One person had been assessed as requiring support at all times because they displayed behaviour that may have a negative impact on others. A member of staff told us that the person tended to go in other people's room and therefore the bedrooms had been kept locked. People gained access by asking staff to unlock the doors when they chose to use their rooms. We brought this issue to the attention of the manager who said that they have had multi-disciplinary meetings and it has been agreed that an alternative placement was being looked at by the placing authority.

We heard appropriate music being played throughout the home that people enjoyed and were familiar with. One person was singing along to the tune of the music. The manager said that the majority of people attended the day centre on various days of the week and they attended clubs, went on shopping trips and outings. People also received a service from a visiting reflexologist. One person received support from 'Sense' for their sensory impairment.

Information about the complaints procedure had been displayed on the notice board. We looked at the complaints log and noted that there had been one complaint recorded in the last year. Issues raised had been dealt with and records maintained. The manager said that if there were any concerns, they discussed the issues and dealt with them as and when they arose.

There were a number of compliments made about the home. Staff told us that people were able to personalise their bedrooms and we saw examples of people having their personal belongings around them.

Good

Is the service well-led?

Our findings

There was an open and caring culture at the home, where people could see the manager whenever they needed. The two people we spoke with felt that their views were listened to. When we asked whether they knew who the manager was one person said, "Yes" and looked in the direction of the manager.

The current manager has been in post since November 2013, and they had a good knowledge of the home, understood people's needs and knew their families. One member of staff said, "The manager is good, she listens to you and we learn from her." The manager told us she had good relationships with staff and other health professionals who visited the home. Staff told us that they attended regular staff meetings and we saw that these had been documented and that the minutes were available to staff who were unable to attend.

There was a robust quality assurance system in place. The manager had regularly completed audits in a wide range of areas to identify, monitor and reduce risks, such as those relating to the environment and infection control. They also completed checks on key areas such as the monitoring of people's weight, levels of dependency and the prevention of pressure ulcers, on a monthly basis. We also noted other regular audits relating to the safe administration and management of medicines and health and safety had been carried out so that people lived in a safe and comfortable environment. Regular checks were also undertaken by external companies to ensure that all equipment and heating systems were in good working order.

The feedback from the most recent questionnaire survey had been positive. It stated that people were happy with the staff and the service they received. The feedback from visiting professionals was also positive and had commented that staff followed their instructions in supporting people to meet their needs. Response from families stated that they were happy with the quality of service provision. The staff told us that due to people's learning disabilities and lack of verbal communication, they sought their views about their general wellbeing by observation and facial expressions.

During our visit we spoke about notifications to the Care Quality Commission (CQC) with the manager, who demonstrated how they reported notifiable events in an open and timely manner. The manager told us that they had daily handovers during shifts to ensure that continuity of care was maintained. They said that they shared information between staff following incidents, care needs reviews or comments received from the families and other professionals.

The manager and staff demonstrated to us that they understood their roles and responsibilities to people who lived at the home. Staff told us that they felt supported by the manager to carry out their roles and provide good care to people. All of the staff we spoke with told us they enjoyed working in the home. One staff member said, "I enjoy working here, we are here to help the service users."