Drew Care Limited

Sharston House Nursing Home

Inspection report

Manor Park South
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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?	Requires Improvement

Summary of findings

Overall summary

The inspection took place on the 23 October 2017 and was unannounced.

Sharston House Nursing home offers nursing and personal care and accommodation for older people. The service is currently registered for a maximum of 48 people. At the time of the inspection 42 people were using the service.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.
At our previous inspection in March 2016 we found seven breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014(the Regulations). These breaches related to recruitment processes, staffing levels, management of medicines, quality assurance and auditing systems, staff supervision and appraisal, treating people with dignity and respect, and meeting people's social needs.

At this inspection we found that significant improvements had been made and most of these matters had been addressed. There was only one breach of the Regulations which related to quality assurance and auditing systems. Audits of care plans and infection control audits had not identified that there was conflicting information in some care plans and that there was a shortage of hands free waste bins and damaged tiled surfaces in some toilets that would make them difficult to clean. You can see what action we told the registered provider to take at the back of the full version of the report.

The interior of the home was comfortable and homely, with people being encouraged to bring their own items and belongings to personalise their rooms.

The registered manager was very welcoming and evidently caring about people who lived in Sharston House. There was a friendly and welcoming atmosphere at the home and people told us that they were happy there and they felt safe and secure.

People were safeguarded from the risk of abuse. Staff knew how to recognise the signs of abuse and how to report concerns.

There were sufficient staff deployed to meet people's needs. Staff had received training, supervision and appraisals and staff meetings were held. Robust recruitment procedures were in place.

Staff sought and obtained people's consent before they provided care or treatment. Staff were aware of the additional requirements of the Mental Capacity Act should they be caring for a person who lacked capacity to make their own decisions.

People said that staff were very caring and kind.

Medicines were stored and administered safely. Staff giving medicines to people had received appropriate training and supervision to support them to do this. Monthly audits of the medicines were carried out.

People knew how to raise a complaint and their views were listened to and responded to in a timely manner, with positive outcomes.

Feedback provided by people was listened to and positive changes to the service were made as a result.

People were able to participate in a range of interactive and stimulating activities.

People were supported to be able to eat and drink sufficient amounts to meet their needs and were provided with a choice of food and drink.

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 was safe.

There were sufficient staff deployed to ensure that people's needs were met to keep them safe.

There were safe recruitment procedures.

Medicines were administered safely.

There was a system in place for the monitoring and management of accidents and incidents.

Staff knew how to report concerns if they had any worries or any suspicion of abuse taking place.

Is the service effective?

Good

The service was effective.

Staff received training about the Mental Capacity Act (MCA) and supported people to make decisions about their care and treatment.

Staff were trained and were able to meet people's individual needs.

People were supported to be able to eat and drink sufficient amounts to meet their needs and were provided with a choice of food and drink.

People had access to healthcare as required.

The premises were being refurbished to a high standard with accessibility considered to meet people's mobility needs.

Is the service caring?

Good

The service was caring.

Staff listened and responded in a caring manner. Staff were attentive to people's needs and choices.

People were treated with respect and dignity. Staff encouraged and supported people with independence and encouraged people to do as much for themselves as they were able to or chose to do.

People felt listened to and relatives were able to visit when they wished.

Is the service responsive?

Good

The service was responsive.

People experienced a flexible and responsive service that was tailored to meet people's individual needs and preferences.

The care plans contained personalised information about people.

People were encouraged and supported to maintain hobbies and interests.

The service actively sought ways to improve and enhance people's personal experiences, including access to the wider community.

People knew how to make a complaint if they needed to and complaints raised had been responded to respectfully and in a timely manner with positive outcomes.

Is the service well-led?

Requires Improvement

The service wasn't completely well-led.

There were systems in place to monitor the quality and safety of the service but these had not fully identified or addressed shortfalls in record keeping and infection control audits.

The culture of the service was very positive with the leadership and management operating in an open and transparent way. People who used the service and staff felt valued and listened to.

The registered manager was aware of his responsibilities and took accountability to ensure that people's needs were met.

Sharston House Nursing Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection was carried out on the 23 October 2017 and was unannounced. The inspection team consisted of two adult social care inspectors, a medicines specialist advisor 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 the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

As part of our planning for this inspection we looked at records we held about the registered provider and contacted the local authority to enquire about any significant events and to gain their feedback. The local authority didn't raise any concerns about the quality and safety of this service.

We spoke with eight staff members including the registered manager, the deputy manager, two registered nurses, two care assistants and an activities coordinator. We also spoke with the registered provider's Operations Director, 14 people living at the service and six visiting relatives.

We reviewed six people's care plans, risk assessments and other associated records. We looked at four records relating to the recruitment of staff, staff training, supervision and appraisal records. Records were also reviewed relating to the systems and processes for monitoring the quality and safety of the service, including audits and satisfaction surveys, complaints records and activities programmes. We also sampled

some of the services policies and procedures.

We observed the care delivered in the home and asked people about their experiences of living at Sharston House.

Good

Is the service safe?

Our findings

At our previous inspection we found that the provider did not ensure that there were always enough staff to meet people's needs. At this inspection people told us that they felt safe living at Sharston House, that they felt there were enough staff to care for them safely and that call bells were answered promptly. One person said "There are plenty of staff and they are quite good". Another said "'They are generally responsive with regard to the time taken to respond to the call bell". Three relatives said "'There seem to be plenty of staff".

At our previous inspection we found that the provider did not have appropriate arrangements in place to safely manage people's medicines. At this inspection we found that medicines were managed safely. People told us that they received their medication, including pain relief, regularly and as appropriate to them. One person told us "They stay with you when you take medication". We observed medicines being given to people in the morning and saw that this was done safely, although the medicines round took one person almost three hours to complete. Medicines were stored at the correct temperature and procedures were in place to monitor controlled drugs safely, although we did note that newer stocks of controlled drugs were being used before those that had an earlier expiry date. (Controlled drugs are medicines controlled under the Misuse of Drugs legislation.)Records were well maintained although the protocols for homely remedies and 'when required' medicines were generic and did not include individualised information such as when the person usually needed pain relief and how they communicated they were in pain. Also, although staff were recording information on the back of medication administration record sheets, it would be good practice for a body map to be completed every month for each person needing creams or medicinal patches. This would give clarity as to where creams should be applied and, in the case of patches, varying the location on the body where they are applied. The operations director and registered manager said they would introduce charts as an additional safeguard.

Risks to people were identified as part of their care plan documentation. This included identifying risk of falls, pressure ulcers, choking, malnutrition and dehydration. The registered manager showed us the record of accidents and incidents that was completed for people living at the home. These were comprehensively recorded with appropriate incidents being notified to relevant authorities. There was analysis of accidents and incidents to identify trends and patterns and measures were put in place to mitigate against identified risk.

The premises were safe for people to use. Regular maintenance checks had been completed for the fire alarm and emergency lighting. Water temperatures were checked regularly and the lift and hoists were serviced appropriately. Portable and fixed electrical equipment was tested in line with Health and Safety requirements.

People were protected from the risk of harm and abuse. We saw that staff were trained in safeguarding both by means of e:learning and by face to face training. There was a comprehensive safeguarding policy backed up by a local safeguarding information flowchart that was displayed around the home and staff could refer to this if they had any concerns. We asked who were the safeguarding leads for the home as this was not documented anywhere that we could see. We were told it was the registered manager and the deputy. The

registered manager accepted that this was not currently documented and accepted that it should be clear to staff who they should come to if they wished to report or discuss a concern and were later shown an email communication to all staff reminding them who they should speak to about safeguarding concerns. We noted that quarterly safeguarding reviews took place to identify trends, the last one had taken place on 30 June 2017.

Staff we spoke with were clear on their responsibilities in relation to safeguarding and also knew about whistleblowing. Two staff we spoke with were not aware that there was a national whistleblowing line that they could contact should they need to but the number did appear in the home's whistleblowing policy.

At our previous inspection we found that recruitment systems were not robust enough to ensure the safety of people using the service. At this inspection we found that robust recruitment procedures were in place which ensured that staff appointed were suitable to work with vulnerable people. People received continuity of care with a stable and consistent staff team.

The home was clean, tidy and homely and a visitor commented "The place is very good and odour free". We saw staff wearing personal protective equipment as needed. The kitchen had received a five star rating from the local authority environmental health department.

There was a comprehensive infection control policy dated January 2017, however this was generic to the provider and not to the home and as a consequence lacked depth. We spoke to the registered manager and the operations director about this and they accepted that additional bespoke information was required, for example identifying the infection control lead for the location. We looked at infection control audits for the home and saw that they consisted of a 'Yes, No, N/A' system against pre-determined questions. This lacked depth and when we conducted a check in two bathroom and toilet areas, we identified issues that had not been documented in the last infection control audit, for example a lack of hands free operated waste bins in toilets, areas of sealant that had decayed and required replacement and areas of walls that had been left with rough plaster repairs, making them difficult to wipe clean. We spoke to the managers about this and they agreed that the system could be improved.

Good

Is the service effective?

Our findings

People told us that they had confidence and trust in the staff's capabilities and saw them all as being competent. One relative said 'Fine, I have no complaints at all. It's great. My relative is clean, dry and pain free, hydrated and not sleeping all the time. It has been a marvellous transformation". Another relative said they were "quite pleased" with the care provided.

At our last inspection we found there were gaps in training and staff had not received any one to one supervision in the previous year. At this inspection we found that staff had been given appropriate training and had received regular supervisions and appraisals. Staff said they received a good range of essential and basic training to support the needs of people who use this service and had time to read policies and care plans. We looked at the staff training matrix and tested it's validity by randomly selecting staff members and courses they were recorded as having attended against certification provided and all entries were accurate. We also looked at a number of staff files that demonstrated a high level of supervision meetings between staff and their managers. These meetings were well documented and were clearly part of a structured annual performance development framework. We saw that any under performance was addressed in a timely manner and staff were given the opportunity to improve with training and welfare support.

We asked people what they thought about the catering at the home. Comments included: "The meals are always very nice"; "The food is lovely"; "The food is a bit samey but you get a choice"; "There is a good selection of food". A relative told us that drinks and snacks were always available and another relative said "My relative has put weight on and is looking much better". One person had their own fridge and freezer and said that the chef would cook one of their own meals for them if they didn't fancy what was on the menu.

We found that people with identified risks with regards to their eating and drinking needs were managed and monitored appropriately. People were weighed on a regular basis and action taken if they were losing weight, such as referral to a doctor or dietitian for advice. For those with swallowing difficulties referrals had been made for swallowing assessments and advice followed in relation to consistency of diet and fluids. This information was clearly recorded within people's care plans and risk assessment records.

We observed lunch being served in the dining room. Tables were tastefully decorated with co-ordinated tablecloths and flowers. Five staff were present to assist people with their meal and they all wore disposable aprons and gloves. People could choose where they ate their meal;10 people ate in the dining room, others chose to eat in their rooms and one person ate in the conservatory with their visitor. People could also choose what they had to eat; lunch was chicken in a creamy mushroom sauce, mashed potato, peas and carrots; or a ham omelette with potatoes, peas and carrots. There was pineapple sponge and custard to follow. One person who declined both choices was offered sandwiches instead. Staff provided assistance as required. For example, one person eating a soft diet was provided with a spoon to aid self-feeding and a care worker was observed to ask another person if they would like help cutting the chicken. Some meals were plated and trays were taken to those not coming to the dining room. People were offered a choice of drinks with their meal.

Staff were trained in the principles of the Mental Capacity Act 2005 (MCA). The 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 given appropriate support to make decisions when needed. When they lack mental capacity to take particular decisions, decisions made on their behalf must be in their best interests and as least restrictive as possible. Staff demonstrated that they were aware of the need to seek consent from people before providing care and treatment. Staff were able to tell us how they sought consent form people and that they had received training in the MCA.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). Staff were able to tell us about Deprivation of Liberty Safeguards (DoLS) and were aware if anybody at the service had a DoLS in place.

People using the service or their representatives told us that they had access to a range of health care professionals subject to individual need. Care records provided evidence that people using the service had accessed a range of health care professionals including: GPs; district nurses; opticians and chiropodists. Sharston House Nursing Home had access to a GP who visited twice weekly to review the health needs of people living at the home. We spoke with a community nurse who spoke positively about the home and felt staff were approachable and understood the needs of the people living there.

Good

Is the service caring?

Our findings

At our last inspection we found that people were not always supported to maintain their privacy and dignity and communication and engagement between the people using the service and staff responsible for the delivery of care was at times not effective.

At this inspection people and their relatives told us that they felt that the staff were very caring and kind. People said they were treated with dignity and their privacy respected. People had positive relationships with the staff that supported them, because the staff knew them well and understood what was important to them. One person said "I think it's lovely here. A lovely crowd of people work here who do everything I need and I never have to ask". Others said: "It's very nice. I'm very happy. I can to go to bed when I want to and have breakfast in my room"; "The staff are very good although you occasionally have to tell new staff what you need"; "I'm very comfortable, it's pleasant here with nice staff. I have no complaints. They do very well; it's excellent". Relatives were also very positive about the staff and management of the service.

Friends and relatives were able to visit people when they chose to without any restrictions. Private conversations could take place in people's bedrooms or a small area which had been purposely set up to enable people to share meals with their relatives should they so wish. On the day of the inspection we observed one visitor having lunch with their mother and another was asked if they would like to join their relative for lunch.

The registered manager demonstrated genuine warmth and compassion towards people living at the service. People's conversation with the manager indicated that people felt comfortable in his company and he knew them well.

Information about the service was available to people and their relatives. People's relatives were kept informed and involved when people who used the service wanted this to happen. People were involved in decisions about their care as much as possible. The registered manager told us that they would use information gathered from people's families if they needed further guidance to appropriately support people. We saw personalised information provided by a relative in a person's care plan which was used to help the staff to understand the person living with dementia.

Staff listened actively and attentively when people spoke with them. Staff spoke with people in a respectful way and addressed them by their preferred name. People's right to privacy and dignity was respected. People were assisted discreetly with their personal care needs in a way that respected their dignity. Staff had supported people to wear their glasses, dentures and hearing aids if they needed these to ensure that people were able to communicate clearly with staff and others living at the home. People wore clothes of their choice and were well presented. A hairdresser visited the home on a regular basis.

We saw that staff were respectful in their interactions with people and we noted that they knocked on doors before entering bedrooms. People's records were held securely in the office to maintain confidentiality.

Soon after the inspection a person at the service was celebrating a special birthday. Staff had assisted the person to arrange a party in a local social club the person frequented and other people who used the service and staff were invited.

Good

Is the service responsive?

Our findings

At the last inspection we found that people's social needs were not being met. At this inspection people told us they could exercise choice and independence throughout the day. This included where to spend their time, where they ate meals, frequency of baths and showers and when they chose to get up and go to bed. The provider employed an activity co-ordinator and there were various activities that people could participate in if they wished. On the day of the inspection some people were having their hair done in the hairdressing salon. Others had their nails done in the lounge by the activities coordinator who was asking what colour nail varnish they would like. Some of the male residents were also asked if they would like a manicure.

One of the relatives mentioned that their loved one had been able to skype other family members who live elsewhere. This was confirmed by the activities co-ordinator who said she had set up skype for three people to enable them to speak to their families, one of whom was in Australia.

People told us they participated in various activities such as pet therapy and Knit and Natter. Another person told us they had a newspaper delivered every day. A visitor told us "The activities have really kicked in in the last couple of months. Previously the promised trips out never materialised but now there are definite plans in place'.

There was a weekly programme of activities displayed on the wall and there were a number of photographs and canvas prints in the corridor showing different people who used the service participating in various activities. A copy of the activities programme was also placed in each person's room. Activities included arts and crafts, knit and natter club joined by the local community, Halloween party with children invited for trick or treat, a demonstration of Christmas wreath making, a talk from Knutsford ambulance service, a talk from Dementia Friends, re-potting hanging baskets, a visit from the chair of the local U3A, local school choir service, mobile library,
armchair exercises and making leaf collages. The activity coordinator also had plans to start taking people out to Tatton Park and a home and leisure centre.

People's interests and hobbies were also catered for. For example, one person was assisted to make model aeroplanes. Another person had a cat and a cat flap had been provided and staff helped them to put down food and water for the cat. The activities coordinator also visited people in their rooms and spent one to one time with people when they weren't able to, or preferred not to join in with group activities.

People were able to share their views and experiences using the complaints process. There was a comprehensive complaints policy and a clear complaints procedure displayed in each person's rooms. This made it easy for people to know what to do if they wished to make a complaint. The complaints process set out timescales for when a person could expect a response and a resolution. It also provided details of other organisations that people could raise issues with if their complaint was not resolved in the home. We looked at the complaints folder which showed that 11 complaints had been received and resolved in 2017. We asked the registered manager about reviewing complaints and how they learned about making

improvements based on complaints and were told that that the provider intended to introduce an annual review of complaints for that purpose. We were shown a form that the provider intended to use.

People's needs had been assessed before they first moved to the home and a care plan written to meet their identified needs. Relatives were encouraged to provide information to the service to support staff to care for people in their preferred ways. Staff were able to tell us about people's needs and about their likes and dislikes. Information about people's preferences was also recorded in their care plans.

We saw that efforts had been made to set up residents' meetings but these had received little support from the people who lived in the home. The registered manager had recently set up residents' groups, which were less formal and hoped that people's views could more readily be heard in this way.

Relatives' meetings were regular, well attended and well documented. We looked at minutes of those meetings and saw that issues raised were addressed in a timely manner and when issues raised could not be addressed the home provided an explanation as to why.

Bedrooms were personalised with memorabilia, photos, personalised bedding and furniture. One person said "I love my room. I have everything I need to hand and they've told me they're going to change my bathroom to a wet room and re-carpet the bedroom for me."

Requires Improvement

Is the service well-led?

Our findings

At our previous inspection there was no registered manager in post. At this inspection there was an experienced registered manager who had been in post for 10 months.

People and their relatives told us that the service was well-led. Positive relationships had developed between the registered manager, staff and people who used the service, as well as their relatives. People knew who the manager and owners were and told us that they were approachable and responsive. People described the atmosphere and culture of the home in a positive way. One person said, "Sometimes it's been great and sometimes not. Now we've got a decent manager it's been better. He's very nice and listens to what you say". A person's relative said, "It's improved a lot since David's been here". One person said when asked if they would recommend this home to others "definitely they are excellent positive people who treat people nicely. Can't fault it". Another person said "I've never had any experience of anything like a care home and I was worried as I didn't know what to expect but I couldn't feel happier here and it means a lot that my family don't have to worry about me either"

The registered manager provided clear and strong leadership for the service and was well liked and respected by staff, relatives and people living at Sharston House. Observations showed the registered manager interacting and taking time to talk with people about their wellbeing and needs.

We spoke with four staff about the leadership within the home. They all said they were very happy working at Sharston House and that registered manager had made a big difference in improving the home since he arrived. They said he had an open and consultative management style which promoted good teamwork and performance.

We saw staff meeting minutes. Staff meetings were held on a regular basis and were well structured and documented. Staff we spoke to made positive comments about the high level of communication in the home and their ability to contribute to meetings. The minutes indicated that there was a culture that encouraged open communication, with staff being involved in decisions about the service and their views listened to by management.

The registered manager was very open and honest with us during the inspection. They told us of areas of practice that they would like to develop and improve further which included breaking down the home improvement plan to departmental level and disseminating it through supervision and head of department meetings, together with developing more detailed customer satisfaction and staff surveys.

At our previous inspection we found that the provider had not sought feedback from the people using the service, relatives or staff and although auditing systems were in place, these had not fully identified or addressed shortfalls in how the service was operating.

At this inspection we found that there were systems in place to monitor the quality and safety of the service provided. Quality checks were completed which monitored key aspects of service delivery. These included

the views of people and staff at the home. This demonstrates a positive culture where staff are encouraged to learn from practice.

There was an audit programme in place which formed part of the quality framework and included specific audits around care planning, care practices, medication management and administration and core values. In addition data was collated and analysed in relation to accidents and incidents, infection, weight loss, deaths, bedrail usage, safeguarding referrals and complaints. There was a monthly home review visit by the provider's regional operations director in addition to inspections from the quality assurance manager to review the performance of the home. An action plan was developed and implementation monitored at each monthly visit.

However, we identified concerns regarding records that were not identified within the quality assurance processes. As referred to in the 'safe' domain of the report, infection control audits lacked depth and we identified issues that had not been documented in the last infection control audit.

Also, despite the fact that staff and the registered manager knew people's individual needs and preferences well, we saw that people's care plans weren't always clear and contained some conflicting information. One person was at risk of pressure ulcers. There was a risk assessment in place, together with a care plan backed up by daily records, but differing information had been entered into different records in relation to the cream that was to be applied and the type of mattress in use. One person had swallowing difficulties and their care plan for this said that they required a soft diet and fluids thickened to a syrup consistency but the care plans summary said they ate a normal diet. Another person with diabetes had a care plan that said their blood sugar should be checked weekly, but they had not been checked recently. When we discussed this with the deputy manager there was a valid reason for no longer checking them weekly, but the care plan had not been updated. The care plan audits had not picked up these discrepancies.

This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in that the registered provider did not have a completely effective system in place monitor risk or maintain accurate records in relation to people's care and treatment.

Statutory Notifications had been submitted by the registered manager following significant events at the service.

Maintenance checks were extensive and well documented to assure us that premises and equipment were well maintained and assessed for potential risk. For example, regular checks on call systems, fire alarms, gas, electricity, windows, lifts and wheelchairs.

The business continuity plan was comprehensive and provided information of what measures were to be taken in the event of a failure of systems.

The home's quality rating was displayed in the home and on their website.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations 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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance The registered provider did not have a completely effective system in place to monitor risk of infection or maintain accurate records in relation to people's care and treatment.