Barchester Healthcare Homes Limited

Sherwood Court

Inspection report

Sherwood Court Care Home
Sherwood Way,
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PR2 9GA
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http://www.barchester.com/home/sherwood-court-care-home

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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 was carried out on 22 June 2015 and was unannounced.

Sherwood Court Care Home is registered to provide nursing and personal care for 68 people, some who are living with dementia. People living at the home have varying needs from specialist support and help with everyday living to those who just need a helping hand to retain some independence. People can stay on a permanent basis whilst others stay for short periods of time.

When we last inspected the service on 11 March 2014 we found them to be meeting the required standards and regulations of the Health and Social Care Act 2008 (Regulated Activities).

Summary of findings

There were regular quality assurance checks carried out to assess and improve the quality of the service. Activities in the home required some more consideration and the management team had identified this. They were in the process of starting additional activity coordinators to ensure people could continue with hobbies and interests.

Care Quality Commission (CQC) is required to monitor the operation of the Mental Capacity Act (2005) (MCA) and Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS are put in place to protect people where they do not have capacity to make decisions and where it is considered necessary to restrict their freedom in some way, usually to protect themselves or others. At the time of the inspection applications had been made to the local authority in relation to people who lived at the service and were pending an outcome. Staff were fully aware of their role in relation to MCA and DoLS and how people were at risk of being deprived of their liberty.

People received their medicines safely and had regular access to health care professionals. There was a good choice of food and drink and people who were at risk of not eating or drinking enough were closely monitored. People received care that met their individually assessed needs and preferences. There was sufficient staff to meet their needs and those staff had received the relevant training for their role. Staff felt supported and the leadership in the home had improved.

People felt safe and staff were knowledgeable about how to protect people from the risk of abuse and other areas where they may have been assessed as being at risk. Falls, accidents and incidents were monitored to ensure the appropriate action had been taken if problems are identified.

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 were supported by sufficient numbers of staff who had been through a robust recruitment process.

Staff were aware of people's individual risks.

Medicines were managed safely.

Good

Is the service effective?
The service was effective.

People were supported to make decisions and their consent was obtained before tasks. Staff were confident in their knowledge and use of the Mental Capacity Act 2005.

Staff received the appropriate supervision and training for their roles.

People were supported to eat and drink sufficient amounts and had regular access to health care professionals.

Good

Is the service caring?
The service was caring.

People had developed effective relationships with staff.

People who lived at the home were involved in the planning and reviewing of their care by staff who knew them well.

Privacy and dignity was promoted.

Good

Is the service responsive?
The service was responsive.

People who lived at the home and their relatives were confident to raise concerns and that they would be dealt with appropriately.

People received care that met their individual needs and adapted where needed.

The provision of activities was a work in progress to ensure it met people's hobbies and interests.

Good

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

There were effective systems in place to monitor, identify and manage the quality of the service and any required actions were completed.

People who lived at the service, their relatives and staff were positive about the management team.

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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2014 and to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This visit took place on 22 June 2015. The inspection was undertaken by the lead adult social care inspector for the service, and a special advisor with a professional background in the care and treatment of older people. The visit was unannounced. 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. We reviewed information we held about the service including statutory notifications relating to the service. Statutory notifications include information about important events which the provider is required to send us.

During the inspection we spoke with 12 people who lived at the service, three relatives and visitors, eight members of staff and the registered manager. We viewed nine people's support plans. We viewed three staff files. We spent some time observing the care and support people received to help us understand the experience of people who could not talk with us due to complex health needs.

Good

Is the service safe?

Our findings

People told us they felt safe living at the service. One person said, "Oh yes it's very safe here." Relatives also told us they felt people were safe. One relative told us, "Our relative is safe and secure here and we have no concerns as regards safety."

When we spoke to the registered manager about staffing she told us that staffing levels were set by the needs of the people living there. She said they were adjusted depending on the complexity of people's needs in terms of numbers of staff and their capabilities. We discussed the staffing of the home with the registered manager. She stated that they had "a very low turnover of staff which was good", and, "people seem to stay." During our inspection we heard some buzzers being sounded but they were responded to quickly. People mentioned that when they buzzed, staff quickly attended to them. One person said, "If I press my bell at night people come to you quickly". It was clear staff had tasks to do. Although they were busy they rarely passed a person without asking if they were "ok" or if they had what they "needed" or needed "help." We saw that once people were served their meals, staff sat with people and talked with them. Meal times were social affairs where people were not rushed and the staff did not seem rushed.

We saw information displayed within the home which stated who people, their relatives and staff could contact should they be concerned about their safety and welfare. Staff were able to explain what forms abuse may take and what action to take in the event that they considered a person to be at risk. Staff were also clear on whistleblowing should the need have arisen. Staff received training on safeguarding adults and understood their responsibilities in raising any suspicion of abuse. Staff and records confirmed training was provided on a regular basis and this gave staff the opportunity to discuss abuse and how it can be recognised. Staff were able to describe different types of abuse that they may come across and referred to people's individual rights. Staff gave us examples of poor or potentially abusive care they may come across working with people at risk.

Staff told us that shifts were sometimes, "Busy", however, generally they felt there was enough staff. We noted how calm and unrushed the atmosphere was throughout the home. The staffing arrangements took account of the people's individual needs and ensured staff were available to attend to people when they needed support. People were protected, as far as possible, by a safe recruitment practice. The registered manager was responsible for staff recruitment and followed the organisations recruitment policy. Records included application forms, identification, references and a full employment history. Each member of staff had a disclosure and barring checks (DBS) completed by the provider. These checks identify if prospective staff had a criminal record or were barred from working with children or adults at risk.

People's medicines were managed safely. Medicine records were accurate and consistently completed. Quantities of medicines held in stock were appropriate and there were sufficient monitoring systems in place to identify any shortfalls. For example, daily stock checks. We observed staff administering people's medicines and saw that they worked in accordance with safe working practice. People said that they are asked if they need pain relief. One person said, "The staff check with me, and ask how I am feeling before giving them to me."

People had their individual risks assessed and had a plan in place to manage these risks. For example, in relation to nutrition, pressure care, moving and handling and falls. The instructions were clear and staff were familiar with people's individual risks. Staff told us how they supported people to reduce the impact of these needs. For example, walking with a person to reduce the risk of them falling backwards and monitoring a person's intake to minimise risk of ill health. We noted all of the people living at the service had an emergency evacuation plan which was clearly identified in the care records. Staff were able to describe procedures to be followed in the event of an emergency, for example, a fire. There were systems in place for the staff to use to monitor falls, incidents, infections and accidents to identify trends. This gave them an overview to ensure all necessary action had been taken. We saw that hospital admissions were reviewed and lessons learned, or suggestions for improving the person's discharge was discussed at meetings.

We saw the provider had a comprehensive system to check that systems and equipment were safe. There was a series of records that showed the outcome from provider visits where they had examined the physical state of the building and the equipment in the home. This included checks of water systems (Legionella yearly and water temperatures weekly), electrical systems, buzzer and alarms systems.

Good

Is the service safe?

These covered such things as maintenance, heating and lighting. We saw examples of staff putting the outcomes of those assessments into practice. We saw that staff used lifting equipment appropriately and confidently when needed. We examined the training records and saw that those people who used lifting and hoisting equipment had been trained to do so.

Records showed that staff had been trained in infection control and food hygiene. We saw that the home was very clean with no unwanted smells. The bathrooms and toilets were clean. There were records that showed that home conducted an audit of the infection controls within the home every month.

Good

Is the service effective?

Our findings

People who lived at the service told us they thought the staff carried out their roles well. One person said, "They look after me really well, what else I can ask for." Relatives told us that the staff understood people's needs well and had the skills necessary to provide the appropriate support.

We observed staff practice and saw that they worked in accordance with training. For example, in relation to moving and handling with equipment and supporting people living with dementia. Staff were able to tell us the appropriate way to support people with specific needs with a range of issues which included pressure care, medicines, nutrition and continence care.

Staff had received the appropriate training to ensure they had the relevant skills for their role. They told us they felt well trained and supported to undertake their role. We reviewed training records and saw that most people were up to date with training and had the opportunity for further education. For example, a vocational qualification such as the health and social care diploma. Staff had also undergone an induction on starting employment at the service and training identified as mandatory by the service was expected to be completed within two weeks. We saw, and staff told us, that they received regular one to one supervision, had recently had an annual appraisal and attended monthly team meetings.

Staff at the home said that they felt very well supported. One person said that the induction process they had felt very personalised, and that they felt well equipped to start work. The registered manager told us that the organisation arranged for staff to have individualised training as and when required, and we saw staff records to confirm this. We could see that staff were actively engaged in activities to monitor their own practice and that of others in order to promote high quality care and support. Information held within the personnel records showed that there were processes in place to assess if the staff were competent to deliver care and support to people living in the home.

The registered manager explained that the supervision arrangements in place involved not only discussion with staff about their role and work, but the identification of their learning and development needs. The records showed that training needs were discussed and planned for, and if staff needed to update their skills, then arrangements were put into place. If staff showed any interest in obtaining qualifications relating to the care sector, then again, the records showed that arrangement were put in place to meet this need. The staff we spoke with confirmed that they had access to formal supervision and appraisals, and we found documentary written evidence to support this.

People said they were asked for their consent to their care. For example, one person spoke positively and confirmed that staff consulted with them and sought their permission to discuss their health care needs with other health and social care professionals when needed.

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards. We discussed the requirements of the Mental Capacity Act (MCA) 2005 and the associated Deprivation of Liberty Safeguards (DoLS), with the registered manager. The Mental Capacity Act 2005 (MCA) is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people's best interests. Deprivation of Liberty Safeguards (DoLS) are part of this legislation and ensures where someone may be deprived of their liberty, the least restrictive option is taken.

Staff understood the key principles of the Mental Capacity Act 2005 and knew how to put them into practice.

Staff followed the principles of the MCA when required and their care plan records showed this. Where people lacked capacity to make decisions, these were made in their best interests. Records also showed how people were supported to make important decisions about their care and treatment. For example, decisions about their care and treatment in the event of their sudden illness. There were people living at the home with a diagnosis of dementia, and we found appropriate Deprivation of Liberty Safeguards (DoLs) applications had been made.

People told us they were offered sufficient amounts of food and drink and that there was a choice. One person told us, "The food is very good, there's always enough." We saw that people had adapted crockery to support them to eat independently where needed. People said they received the food and drink they needed, which met with their known preferences, and that they enjoyed their meals. We observed the lunchtime meal which looked colourful and

Good

Is the service effective?

appetising. It was well received by people and there was a relaxed sociable atmosphere. People were offered a choice of drinks, which were provided at regular intervals throughout the day. Food menus provided a choice at each meal, including at least one hot food option.Dining areas looked very clean, hygienic and safe. There were a sufficient number of staff in the dining room to ensure that the correct support for people was available. People had one-to-one attention and support. Four care assistants were available to support people in one of the dining rooms plus the nurse who provided lunchtime medication. The registered manager also attended to provide additional support as required. People's care plan records showed the support they needed, which included the use of adapted utensils when required. Care records also showed that people's body weights were monitored. Where changes and concerns were identified in people's nutritional health, relevant health care professionals were consulted and staff followed their advice and instructions when required.

Staff told us they were provided with information and guidance to help them to understand some people's specific medical conditions and how they affected them. We saw that this type of general health information was attached to some people's care plans and used to support and inform their care. For example, information about dementia or a person's particular type of cancer. Two visiting health professionals told us that senior staff had been timely in letting them know when there were changes in people's health needs. They also said that staff followed their instructions for people's care when required. People told us they were supported to see their own GP and other health professionals when they needed to. Two people's relatives specifically mentioned that the health conditions of each person they visited at the home had improved since they came to live there.

We found the building to be large and spacious, its design and layout was appropriate to the meet the needs of the people living there. Reasonable steps had been taken to ensure that premises were accessible to all those who need to use them. The premises and grounds were well maintained and potential risks to people's safety had been identified and managed through a risk assessment process.

Good

Is the service caring?

Our findings

People had developed positive relationships with staff. One person told us, “The staff are wonderful.” Another person said, "Really very good, they look after me well." We observed a person who was quiet and staff made an effort to stop, lean in and talk to them. This was responded to with a large smile from the person. Relatives were also positive about staff and the freedom to visit the service. One relative said, “Visiting times are up to us and we are always welcomed.”

Staff were seen to support people when they made makes for help. For example, one person asked for a coffee instead of the juice that had been poured. This was immediately changed with no hesitation. Throughout the person was treated with respect and the staff were courteous. One person said, "The staff look after me very well. When people asked staff for something throughout the inspection they were consistently responded to with comments which included, “Of course.”, “That’s no problem.” “You are very welcome, can I get you anything else.” This helped to make people feel valued and that they were respected.

Staff spoke to us about people’s needs and preferences which demonstrated that they knew people well. One staff member told us, “I take pride in the care I deliver to our residents. I am passionate about that. I know my residents well and I try to give them as much choice and independence as I can.” We saw staff sitting talking with people and taking time to listen to what they were saying and encouraging their independence. One person told us, “They asked me about my life when I moved in and they always talk to me about the things I told them.”

We examined records relating to ’residents meetings.’ We saw records showed where people or their relatives had raised issues. We saw that the home had responded to those requests. For example, we saw one record of a meeting where they were offered assistance with advocacy services or how to make complaints.

People’s privacy and dignity was promoted. We saw that bedroom doors were all closed to a different stage. Some were fully closed, others a jar and some were wide open. People told us this was how they liked it. We saw this was recorded in team meeting notes as important to protect people’s privacy. When supporting people with using the toilet, staff did this discreetly so that their dignity was maintained. Throughout the day everyone we observed were dressed in clean, dry clothes and staff ensured they responded to people’s requests promptly.

The registered manager confirmed that staff at the home were to receive end of life care training. She explained that the home already had systems in place to support people at the end of their life. A member of staff explained, “We do include end of life discussions with people when we involve them in the care planning process. We make detailed records on the co-ordination of care; care in the last days of life and also care for the bereaved if needed.” One staff member said, "We can, and do arrange for staff to be with people, until their family arrive. No one is left alone. If we need an extra member of staff we can do this. It’s important for us to make end of life a time where people feel comfortable and at ease.” People were involved in decisions about their end of life care. For example one person had a ‘do not attempt cardio pulmonary resuscitation’ (DNACPR) document in place. We saw the person and their family were involved in this decision.

Good

Is the service responsive?

Our findings

People told us that they received care in a way that met their needs and that they preferred. One person said, "I rely on them [staff] doing it. They do a good job." A person told us they preferred a male staff member and told us that this was normally accommodated. They said, "I don't expect much help but I get the help I need."

Information held within the care plans showed that people had been actively involved in their assessment of need, depending on their capabilities. This process helped to identify their individual needs and choices, and was based on information supplied by social workers or healthcare staff. If the person was unable to contribute, information had been actively sought from others such as family members and friends. Written personalised care plans, which detailed people's individual needs and choices, had been put together by the staff and the person in receipt of care where possible.

The people we spoke with said that the care they received was delivered in accordance with their needs and wishes, and the written reviews of this care supported this view. The assessment and care planning processes were based on current good practice relating to the care and treatment of vulnerable people. The service was found to hold a lot of very detailed information about each person, and it was suggested that this be condensed into a more manageable format for the staff to follow on a day to day basis, and in the event of emergencies.

We spoke to three relatives about the care planning process, and delivery of care, and they all were satisfied that staff were following the guidelines set in their relative's care plans, and that this had resulted in their relatives experiencing a good quality of life whilst living at the home.

There were systems in place for the registered manager to check the home was person centred and meeting people's needs. For example, staff at the home reviewed the activities and care provided by not only checking the records, but asking people for feedback. This allowed the staff to check that the work was meeting people's expectation.

One relative said, "The various activities are really good, always something going on in the home." The variety of activity and entertainment included regularly going out from the home. Outings were arranged on an individual basis, including shopping or going to a café. The home supported people to maintain links with family and with other important people to them. Relatives told us they could visit at any reasonable time and spend time with people.

The home had a suitable complaints policy and procedure which was provided to new people on entering the home. A record of complaints was kept and examined, and found to be in good order. We saw a number of very positive compliment cards from some of the people living at the home, and relatives. People were encouraged to share their views on the service on a daily basis during discussion with staff. The registered manager and senior staff were readily available to people. Notes of meetings between staff, residents and relatives were recorded and corresponding action plans were written when issues needed to be dealt with.The home had an effective communication system handovers were very thorough, senior staff took time to visit each person and hand over any changes in people`s needs.

The home had appropriate processes in place to ensure that when people were admitted, transferred or discharged, relevant and appropriate information about their care and treatment was shared between providers and services. Information held with people's personal care records showed that liaison had taken place with other health professionals and a relative spoken with confirmed that they had been involved with the assessment process and had been kept informed at every stage. We found written records to show that information was shared in a timely way and in an appropriate format so that people received their planned care and support. Written records were maintained and appropriate external contact details were logged. Staff at the home stated that confidential information was only shared about a person once it was established it was safe to do so. We observed this in practice when a staff member spoke to a relative over the telephone regarding a healthcare matter.

Good

Is the service well-led?

Our findings

When we asked staff how they felt they were supported by the registered manager, they told us, “I get on with the manager, she’s very supportive regarding shifts/flexibility”, “I get on with the manager, no problems” and “If I had a problem I would go straight the manager, I’ve not had to do this in the nine years I’ve worked here.”

There had been regular audits completed across a range of areas. These included medicines, care plans, personnel files and health and safety. A monthly home audit gave an overview of all areas of the home and tracked to ensure all actions were completed. For example, all complaints responded to, the resident of the day was completed correctly including a chosen activity and meal and the required notifications had been submitted to the CQC or stakeholders. The registered manager had also carried out competency assessments on staff to ensure they were working in accordance with the required standards.

Leadership throughout the home was good; we saw senior staff guiding the team as to what was needed. However, all staff were well versed in what the routines were and were able to identify people’s needs. The registered manager and provider had good systems in place to check on how the home was meeting its responsibilities in providing good quality care and what they did to put things right. This showed good leadership at ensuring that people who used the service received good quality care. The staff we spoke with told us they liked working at the home because they enjoyed working with the people using the service and enjoyed working with their staff colleagues.

We reviewed other information we held about the home, including any notifications we had received from the provider. Notifications are changes, events or incidents that the provider is legally obliged to send us within the required timescale. We also reviewed information from the local authority safeguarding and commissioning teams. The information we gained was positive and indicated that there were no outstanding safeguarding issues and that the local authority commissioning team was happy with the provision within the home.

People told us that they attended meetings and were able to contribute to improvements in the home. For example, changes to the menu. We were told that the management team were approachable and they saw them around the home. Staff said there were regular meetings and that they were able to raise concerns and make suggestions for quality improvements.