Friends of the Elderly

# Sherwood House Residential Care Home

**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? | Requires Improvement |

## Overall summary

Sherwood House Residential Care Home is a care home which can provide a service for up to 20 older people including people who are living with dementia. The service also provides respite care for people staying on a short term basis. There were 15 people living there at the time of our inspection.

The care home is based in a large house in a village setting near to a primary school. The grounds and house are accessible for anyone using a wheelchair and there is a large car park to accommodate staff and visitors. The gardens are arranged with paths and seating so people can enjoy the pleasant gardens.

There was a registered manager in place at the time of the inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered

# Summary of findings

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.

This was an unannounced inspection and took place on 25 March 2015. At the last inspection on 31 October 2013 we found people were not always protected from risks or inappropriate care and treatment. This was because records were not always accurate as they did not reflect individual preferences and care needs. We asked the provider to complete a report setting out the actions of how they intended to improve the care records and to tell us when this was completed which they did. An action plan was completed by the provider in November 2013.

We saw improvements had been made in the care records at this inspection and were in a new format which was person centred to ensure people received personalised care. We saw there were systems in place for the care plans and risk assessments to be reviewed by senior staff to ensure that changes in people's needs were recorded and acted on. However there were gaps in some records which had not been identified. This meant that although the provider had personalised the care records, the system for auditing care plans and risk assessments still required improvement to ensure people were protected from inappropriate care or treatment.

People felt safe and staff knew how to respond to any incidents. The manager informed the local authority when needed and we saw systems in place which protected people and reduced the risk of abuse.

Medicines were given as prescribed and stored safely. There were enough staff to look after people to provide support when needed.

People were supported to make decisions and where people lacked the capacity to make certain decisions they were protected under the Mental Capacity Act 2005.

People's nutritional and health needs were supported and referrals were made to health professionals if their needs changed.

Staff cared for people with kindness. We saw people were treated with dignity and respect and were supported to make choices about their care and how it was given.

People were supported and encouraged to take part in social activities, hobbies and interests if they wanted to.

People were confident and knew they could tell staff if they had a concern or complaint and were taken seriously.

People's and relative's views were sought about the service and the quality of the care. Audits were completed which included this information and was used by the manager to improve the service.

# 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 felt they were safe and they were confident in staff and systems which protected them.

People's medicines were stored and given safely.

There were sufficient staff to provide care to people when needed.

**Good**

**Is the service effective?**
The service was effective.

Staff were supported and trained and knew how to provide care to people that met their individual needs.

People were asked for their consent before care and treatment was given and where people lacked the capacity to make decisions they were protected under the Mental Capacity Act 20015.

People were supported to eat and drink as independently as possible to keep them well.

**Good**

**Is the service caring?**
The service was caring.

People were supported with kindness and dignity.

People's choice as to how their care was provided was supported and respected.

**Good**

**Is the service responsive?**
The service was responsive.

People were involved with their families in planning their own care, including individual interests and social activities.

People knew how to raise any concerns with the manager and these were responded to.

**Good**

**Is the service well-led?**
The service was not always well led.

The systems in place to monitor and improve the quality of care had not identified the shortcomings in relation to care planning.

There was an open culture which promoted people's independence.

People were encouraged to be involved in the development of the service.

**Requires Improvement**

# Sherwood House Residential Care 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 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 25 March 2015 and was unannounced. The inspection team consisted of two inspectors.

Before our inspection we reviewed the information we held about the service including the Provider Information Return (PIR). This is a form in which we ask the registered person to give us some key information about the service, what the service does well and improvements they plan to make. We reviewed notifications of incidents that the registered person had sent us since the last inspection. A notification is information about important events which the provider is required to send us by law. In addition, we checked to see if there was any relevant information from local commissioners (who fund the care for some people) of the service.

We talked to six people who use the service, one relative, two care staff, one senior and the deputy manager, one health professional and two people who came into provide additional activities for people. We observed people in the communal sitting rooms and at lunch time. We reviewed the care records of four people, medicines documentation, staff training records, and audits for the service. These included records of meetings held with people who use the service, their relatives and staff.

Good

# Is the service safe?

## Our findings

People we spoke with told us they felt safe and they were confident to talk to staff if they had any worries. One person said it was good to feel relaxed at night. A relative told us, "I trust the staff to keep people safe." Staff told us they knew how to identify signs of abuse, protect people and raise concerns. Training records we saw confirmed the provider supported staff to ensure that people were protected from abuse.

Care staff told us they would report any concerns and knew how to whistleblow if these were not dealt with. They told us that if any staff were not providing care as they should this would be addressed.

The manager told us they sought advice from the local authority safeguarding team if any concerns were raised. We saw there had been one safeguarding referral made to the local authority since the last inspection by the manager and that this had been dealt with properly to ensure people were safe. Information on how and where to refer to the safeguarding team was on display in the office.

People told us they were involved in discussions about their own care and any risks were considered together. Staff knew how to provide safe care and told us they used the care plans and guidance to ensure people were protected from avoidable harm. The provider was working hard to ensure that people were looked after safely and had systems in place to review and check care was provided safely. Senior managers visited regularly to review the care and actions were put in place if needed.

Staff told us they thought people living in Sherwood House were safe. We saw people's rooms had been risk assessed to make sure the environment was safe and free from hazards. People's mobility had been considered, for example all doors were wide enough to use mobility aids, such as walking frames. Specialist advice and guidance from health care professionals was also used by staff to support independent mobility in a safe manner.

Senior care staff told us that the premises and equipment were managed well to make sure people were supported safely and in an emergency. We saw there was an emergency evacuation bag with a seal which had a PEEP (Personal Emergency Evacuation Plans) inside. The senior staff told us this was checked every month. Fire procedures were in large print and we saw the fire alarm and equipment were tested regularly. The provider ensured regular maintenance and safety checks were carried out on all equipment and throughout the building.

People told us they could come and go as they chose but the front door was locked to ensure that visitors were checked and signed in. Staff were available throughout the day to open the door and a door alarm was used overnight and in the evenings.

People told us that when they needed help there were enough staff to give them the support they required. People were able to ask for help wherever they were in the building as they had individual call alarm pendants and we saw that staff responded quickly if people needed assistance.

One care staff said, "There are enough staff, we can meet people's needs." One senior care staff told us that when additional staff were required, for instance when one person needed extra support because their health had deteriorated, staffing levels were increased and regular bank staff were used if needed. Care staff and the deputy told us rotas were arranged so that people's needs could be met during the day and the night.

Care staff and visiting activities staff told us they had references and checks made before they started their jobs and their performance was managed and reviewed. The provider used staff who were suitable to provide care to people by following legal employment processes.

People were supported to have medicines safely in the way they preferred and were reviewed when there were any changes. Staff told us some people chose to take medicines on their own and explained how people were supported safely. To make sure this was done safely, but in line with the person's wishes, a risk assessment was completed and lockable cupboards for the bedroom were provided. Staff told us they were trained to administer medicines safely and their competency was checked every year. We checked and saw the training records were up to date.

The deputy told us there had been no medication errors in the last year. We saw that prescribed medicines were stored, administered and disposed of safely in line with current relevant regulations and guidance. We checked and saw an assessment tool was being used and accurate records were in place for people who were prescribed

Good

# Is the service safe?

medicines and controlled drugs. The storage room for medicines was kept locked and at the correct temperature and monitored daily to make sure the optimum temperature was maintained.

Good

# Is the service effective?

## Our findings

People told us they were well looked after and that staff responded if people needed anything whether it was an everyday request like wanting a drink or because staff recognised they were unwell.

Staff said they understood how to look after people as they had ongoing training and were enthusiastic about what they had learned. They told us they had changed the way some of the training was delivered and it was much more interactive and useful. One said, "I definitely feel confident that I have the skills, the training keeps us on our toes, and we know what to look for." Supervision and observations from the manager were also used to reflect on practice and to identify any areas for staff to update and reinforce learning and the manager carried out competency assessments to check how staff were working.Care staff told us that when they first started work they followed an induction programme which included shadowing experienced staff. One member of staff said, "We are always learning." They told us about training they had received which included, moving and positioning, safeguarding and nutrition. Staff were trained to meet the needs of people living in the care home and they understood people's needs well.

People told us they were always asked to choose what they wanted to do, for instance one person told us they preferred to have breakfast in their own room which they did. People who had difficulty in making decisions on their own were supported. Care plans included an assessment of people's decision making capacity. Individual decisions were recorded, for example about medical treatment and said what the person's choices were and how they wanted this to be managed. We saw that care plans included assessments for people using the Mental Capacity Act (MCA) 2005 to make sure people were supported and legally protected when consent to care or treatment was required. The MCA is in place to protect people who lack capacity to make certain decisions because of illness or disability.

One person said, "I can choose to participate in activities, I did cake making recently." We observed staff encouraging people to make choices and supporting them to make decisions about what they did. Care plans focused on what people could do and people had a named member of staff who spent time with them to talk about what they enjoyed doing and how they wished their care to be given.

One staff member said "We know the rights of people." Staff and the manager told us they understood when a Deprivation of Liberty Safeguarding (DoLS) would have to be applied for. They told us there was no one who currently used the service who required an application for a DoLS. We saw a screening tool for DoLS was in place in the care plans. Staff had received recent training and the manager knew how to make an application if needed in the future. DoLS protects the rights of people by ensuring that if there are restrictions on their freedom these are assessed by professionals who are trained to decide if the restriction is needed.

People told us they liked the food and they could choose from a menu. One relative told us that they were involved in writing a care plan to support a person's diet because they had a poor appetite. The provider had also used a recognised tool for nutritional monitoring called MUST and we saw that this person was weighed and reviewed regularly.

We saw people were seated in a calm and comfortable manner and were enjoying their lunch. Staff supported the delivery of each meal and assisted people throughout when required. The menu was displayed and showed people had a choice. The food delivered looked hot, appetising and nutritious. Drinks were on the tables and people were encouraged to eat and drink. People who required special diets for instance if they were diabetic, had the appropriate food provided.

People's health needs were supported because the provider had systems in place so that health was assessed, reviewed and responded to. People told us they saw the GP and nurses when needed. One person said they saw their doctor regularly, and that their weight was checked. We checked the care record for that person and saw their weight was being monitored and that they had been prescribed a fortifying drink because of weight loss.

One health professional told us they and their colleagues visited regularly as people had routine checks and they were called out if someone was unwell. We saw that

Good

# Is the service effective?

people's health was assessed and appointments kept. If someone was ill, medical help was sought quickly and information was given, for example, to the hospital so that health colleagues knew what the person's needs were.

Good

# Is the service caring?

## Our findings

One person told us, “The staff are so kind, it’s our home.” Two people told us they were really pleased as they had rooms next to one another which they wanted. They told us, “It’s lovely here; we call it the big house”

A member of staff said, “It seems like one big happy family here.” Staff spoke kindly about people, one member of staff said, “It’s caring, residents are friends with each other, and nothing is too much trouble.” The atmosphere was warm and friendly and we saw staff treating people with respect and care. The provider was committed to improving people’s wellbeing, for example a daily meeting called “the huddle” was used to ensure staff could update quickly so they could respond to what people were doing on a particular day and how they may be feeling.

People were supported to state how they wanted their care providing. One person told us that they chose to stay in their room for breakfast because they preferred it. Another person said, “I love having a bath and get one regularly.” We saw people’s choices and preferences were documented in care plans and relatives and other relevant people had been consulted. Staff recognised when people needed help and gave it in the way the person preferred. For instance a person who could not see very well was given guidance to another room when they requested, in a discreet and attentive manner. Care plans and hand over meetings were used to ensure staff had up to date information about the way people preferred to be cared for.

People were supported to make their own choices for instance at every meal time as well as being encouraged to contribute their views more formally in meetings. We saw feedback was recorded and acted on about food people liked and wanted more of, and menus were changed to meet people’s wishes and needs. The provider also gave people the opportunity to be involved in residents meetings and we saw how views from people about their care had been recorded and acted upon.

Staff told us it was important to meet people’s cultural and religious needs. Some people attended religious activities, and two people who had always celebrated American Independence enjoyed food and activities for this occasion. People’s preferences and culture were supported and maintained with appropriate food and opportunities to celebrate important events and celebrations.

People’s rights to privacy and dignity were respected. One person told us they enjoyed the fact that they could be private if they wanted to and enjoyed spending time in their bedroom where they could read the paper and look out into the garden. People told us they felt relaxed because they could spend time in their own rooms if they wanted to and knew staff would respond when they needed them. Relatives told us there were no restrictions on when they could visit.

We observed staff knocked on people’s doors and respected people’s privacy. Staff told us about training which promoted people’s privacy and dignity. All staff and people had recently been involved in Dignity Action Day which they had really enjoyed. We saw a Dignity Tree being used to celebrate different occasions, to include people who lived there. An example of this was Valentine’s Day when people wrote the meaning of love on paper hearts which were hung on the tree.

Good

# Is the service responsive?

## Our findings

People were involved in planning their care and support. One person told us they had come to stay for a while to see if they liked the home before making a final decision. Staff told us people were assessed carefully before coming to live in Sherwood House to check that their needs could be met properly. We saw assessment tools were used to see how dependent people were so that the manager knew what level of support was needed. Information about people was gained from the person themselves, families and people who knew them well or had specialist knowledge, for example about the person's health.

Relatives said they were involved in discussions about people's care and that the manager took on board people's views. If people had difficulty in making decisions this was written in the care plan and relatives input was still included, in line with the MCA 2005. People had choices, for example about how they wanted to get washed and dressed and this was balanced with supporting people's independence as well as any risks. We saw that there were systems in place so that people's care was reviewed regularly with them and changes made to meet the person's needs.

However when we checked people's care records we saw that there were gaps over the last week in one person's records to monitor pressure care. We spoke to the staff concerned and the manager. The staff told us they had provided the care to support the person in the correct way but agreed this had not been fully documented. The manager told us that there were systems in place for senior staff to check records were completed but this had not been done. The records were updated during our visit and the manager agreed to make improvements.

People told us they chose how they wanted their room to be furnished and decorated. People were supported to make their own choices we saw rooms had been decorated and personalised to reflect their own interests and life history.

One member of staff said, "It's the little things that make a big difference to people," and explained how spending time to reminisce or have a chat with people and their relatives was so worthwhile. Time was spent getting to know people and friendships and interests were supported. Many staff were local and community links were strengthened through them, for instance encouraging visits from children attending the neighbouring school to help celebrate national festivities and special events.

People were routinely asked and encouraged to be involved in their care focusing on their preferences and abilities. People we spoke with said they were always asked about their care, for instance which hairdresser they preferred. One person told us about the activities which were available and that they decided which ones they wanted to do and said they had done cake making recently. Activities were well advertised and varied, including home based, and trips out. Pictures were displayed showing people involved in various activities over recent months. We saw people and staff smiling and joking in a small activity group. The provider employed their own staff to organise and lead activities as well as having people from the community coming in to lead groups like seated exercise classes.

People felt confident to express their views to the manager and felt that their views and any concerns they had were listened to and taken seriously. People told us they spoke to the Operational manager when they visited and were confident to speak to them about anything they were dissatisfied with. We saw that relatives were able to express their views to staff and the manager when we visited. Relatives said that the manager was very approachable and they could talk to the staff about any worries. We checked the PIR which said that were very few complaints. Complaints were responded to according to their procedure and were seen as an opportunity to learn and grow. Records showed that the regional manager visited at least once each month and people were encouraged to raise any complaints during their visit.. We saw there was a complaints policy in place and information was displayed on the notice board and leaflets were available in the entrance.

We looked at two complaints which had been made and saw that these had been written down and responded and acted upon appropriately, within their time scales. We saw that the provider had learned lessons from the complaints to improve the service. The learning had been shared with staff in team meetings and supervision.

The provider encouraged people and relatives to feel confident to complain by holding meetings to share

Good

# Is the service responsive?

comments on, for example the quality of the food. These comments were recorded and changes made, for example we saw very complimentary comments from people after changes had been made to the menu.

Requires Improvement

# Is the service well-led?

## Our findings

At the previous inspection we identified that although people's care and treatment was being delivered in line with individual preferences and needs and consent was being sought, care records did not always accurately reflect this. An action plan had been put in place when we requested and we saw records had improved and were in a new format which was person centred so that people received personalised care.

Staff told us that the way care plans were written had changed and were more focused and involved the person much more. They said the information was easier to follow and this helped them to support people's individual needs. However we identified there were some shortfalls in relation to staff recording the care people were receiving, such as being supported to change position where there was a risk of pressure ulcers. We checked to see if the care had been given on the day we visited and we saw that it had. The manager agreed to update the records straightaway and to address this with staff. The provider's systems for auditing the care records had not identified these gaps, which meant the system for monitoring the quality of the service was not always effective and people were at risk of not having their care needs met.

People told us their views were sought individually and that they were encouraged to do this more formally in meetings. Throughout the inspection we saw people were comfortable to approach and express their views to all of the staff. One member of staff told us "I love it here" and said how valued they felt and that they had a real voice in the development of the service. The provider was working hard to make sure that people and staff participated in the development of the service.

Relatives knew the manager well and said there were meetings if they wanted to attend but they were kept up to date when they visited. We saw recent minutes of meetings and actions which had been shared with people and their families, for instance the provision of a visitor's toilet. We saw that the results of visits by regulators and commissioners were shared with people who used the service, their relations and staff to show a transparency of what was happening in the service.

Staff told us they worked as a team and one said they, "Felt proud to tell people that they worked there". Staff told us that the manager was visible and a good role model. They said supervision was very important and time was set aside when this was booked. We saw regular supervision took place which supported staff development and was used to improve their practice to support people's care needs.

There was a registered manager in place and senior staff were able to deputise when the manager was not on duty. On the day we visited the manager was away but the deputy and staff welcomed us and were able to provide all the information we requested .The manager had met legal obligations since the last inspection by sending us information about any incidents and concerns. Records we looked at showed that CQC had received all the required notifications in a timely way. Providers are required by law to notify us of certain events in the service.

The provider was committed to providing high quality care. We saw that training courses described in the PIR and records showed staff were supported to provide effective and skilled care to ensure individual the needs of people were met.

People who used the service, and staff told us about senior manager visits and feedback from these was shared with everyone including people who used the service, staff and relatives. We saw audits had been completed regularly and these included feedback from people and their families. Feedback was acted on for instance when a popular volunteer visit who brought in a pet was cancelled this was rearranged.

Regular visits were carried out by the operational manager to check on the quality of the service being delivered. We saw that audits had been completed in areas such as: medication, fire, health and safety. We saw that when actions had been identified an action plan was put in place and the improvements were followed up and recorded so that people's safety and well-being was supported.