

Drew Care Limited

Sharston House Nursing Home

Inspection report

Manor Park South
Knutsford
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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 ●

Summary of findings

Overall summary

About the service: Sharston House is a detached two storey Victorian property situated one mile from the centre of Knutsford. A large extension has been added to the existing premises to bring the total number of bedrooms to 48. The service had six beds called, 'Intermediate care' beds. They were operated with local commissioners to help people receive clinical support following a period of illness and admission in hospital. On the day of the inspection 45 people were living at the service. There is a car park at the front of the building. Assisted bathing facilities are provided on all floors. Staff are on duty twenty-four hours a day to provide nursing care and support for the people who live at the service.

People's experience of using this service: People who lived at Sharston House were happy about the service being delivered to them and liked living at the service. They shared lots of positive comments about their care, meals and menus provided and activities on offer. People were able to participate in a range of interactive and meaningful activities.

The registered manager and staff were very welcoming and caring about people who lived in Sharston House. There was a friendly and welcoming atmosphere at the service.

Safe care and treatment was consistently provided. People told us that they were happy at the service and they felt safe and secure. People's level of risk was regularly reviewed to keep people safe and comfortable. People's medications were safely managed.

Staff were supported with training in relation to safeguarding and knew how to report any concerns.

People received support from consistent members of staff who were familiar with their support needs. Staff received training to help develop their skills and knowledge about the people they supported.

Staff understood and respected people's right to make their own decisions and supported people to make choices. People were involved in the decisions that needed to be made and consent was gained in line with the principles of the Mental Capacity Act, 2005.

People's privacy, dignity and independence was promoted. We received positive comments about the quality and range of social activities provided to everyone.

The service had an accessible complaints policy available to everyone. The manager used her reporting tools to reflect and learn from complaints and feedback. Several ways to gather feedback from people was provided by regular 'resident and relative meetings' and questionnaires to gather people's views. We recommend the service research local advocacy and mediation services to help them with any issues needing support to represent people living at the service.

Rating at last inspection: Good; (The last report was published in December 2017)

Why we inspected: This was a planned comprehensive inspection based on the previous rating.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.
Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective.
Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring.
Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive.
Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led.
Details are in our Well-Led findings below.

Good ●

Sharston House Nursing Home

Detailed findings

Background to this inspection

The inspection: We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) 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 Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Notice of inspection: This inspection took place on the 26 and 27 February 2019 and was unannounced.

Inspection team: The inspection team consisted of two adult social care inspectors' 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.

Service and service type: Sharston House is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided and both were looked at during this inspection.

A registered manager was in place at the time of our 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 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.

What we did: Before the inspection we reviewed the information we held about the service. This included the statutory notifications sent to us by the registered provider about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send to us by law. We also contacted the commissioners of the service to gain their views.

The registered provider had completed a provider information return (PIR). This is a form that asks the

registered provider to give some key information about the service, what the service does well and any improvements they plan to make. We used all this information to formulate a 'planning tool'; this helped us to identify key areas we needed to focus on during the inspection.

During the inspection we spoke to various people and looked at a selection of records. This included checking, for example:

- □ Three people's care records
- □ Four staff recruitment and personnel files
- □ Staff training and supervision records
- □ Medications
- □ Records of accidents, incidents and complaints
- □ Health and safety records and risk assessments
- □ Complaint and safeguarding records
- □ Sample of minutes of meetings
- □ Policies and procedures
- □ Audits and quality assurance reports
- □ Speaking with six people living at the service; five relatives and 14 members of staff.
- □ We also carried out a SOFI (a short observational framework inspection) with people who were unable to speak with us. This gave us a wide insight into their views across all areas of the service.

Is the service safe?

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse; Assessing risk, safety monitoring and management

- People at the service told us that they felt 'safe' at Sharston House. They shared positive comments of their experiences saying, "I like my room and feel really secure here" and "I can't fault this place." Relatives told us their 'loved ones were safe and well cared for.' They all had confidence in staff 'doing the right thing' in respect of looking after their family member's.
- Staff understood the importance of complying with safeguarding and whistleblowing procedures and knew how to report any concerns to protect people.
- Where risks in the delivery of a person's care had been identified, staff had appropriately assessed and monitored those risks help keep people safe and comfortable.
- Care files had appropriate risk assessments in place to help manage risks for areas such as, mobility, falls, nutrition and skin integrity.
- We noted one person with behaviour that challenged had a care plan in place to advise staff how to appropriately support this person. The plan had limited information and did not include all of the actions staff took to support the person when their behaviour escalated. The registered manager updated their care plan to provide further details and actions when providing 'distraction techniques' to support this person's emotional and behavioural needs.
- The management of health and safety was robust and well managed to ensure the safety of everyone at the service.
- We noted an asbestosis report that highlighted various recommendations where they had identified areas containing this substance. The registered manager advised by day two of the inspection they had reviewed the report with regional health and safety staff who arranged for an updated review of the report as they felt actions had been taken to address the recommendations'. ● The registered manager developed a risk assessment during the inspection to show what actions they had taken in regard to the recommendations and risks of asbestosis within the building.
- We saw the latest fire risk assessment that identified some areas of recommendations. Staff told us they had all been updated and action taken. The registered manager had updated their fire risk assessment by day two of the inspection.

Staffing and recruitment

- Staff had been safely recruited. The provider had procedures in place to make sure they recruited suitable staff at the service. They have been subject to pre-employment checks including clearance from the Disclosure and Barring Service (DBS). DBS informs employers if there is any information held about an

applicant that suggests they could be unsafe to work with vulnerable people.

- People received care and support from the right amount of suitably skilled and experienced staff.
- Staff felt the numbers for staffing levels were appropriate as long as staff did not have any staff sickness that effected the levels.
- Staffing levels were reviewed by the registered manager to assess the service had enough staff each day to appropriately support people at the home. They did not use any type of staffing calculation when determining the staffing levels but used a dependency assessment to review people's changing needs.

Using medicines safely

- Medications were safely managed.
- The clinical staff, registered manager and regional staff provided regular oversight and auditing of medication processes to make sure that people were safely supported with their medications.
- The registered provider ensured that staff received appropriate training for the administration of medications to make sure they were suitable competent in the administration of medications.
- Medications were stored safely in a locked trolley inside a locked clinic room.

Preventing and controlling infection

- People told us they liked their surroundings and felt it was always kept clean.
- We noted two bedrooms that had unpleasant odours. The registered manager advised they were in the process of replacing the flooring to help enhance the maintenance of these areas.
- Staff followed good infection control practices and used personal protective equipment (PPE) to prevent the spread of healthcare related infections. Plenty of equipment was accessible to staff around the service such as gloves, aprons and hand gels.
- Staff were fully trained and aware of the importance of complying with infection control procedures.

Learning lessons when things go wrong

- Evidence was available to show that when something had gone wrong the registered manager responded appropriately.
- The registered manager kept a record of all accidents/incidents and events that occurred. This meant that any trends could be established and action was taken to minimise the risk of repeat occurrences and to keep people safe.

Is the service effective?

Our findings

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

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

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

- People's consent to care and treatment had been obtained; they were involved in the decisions which needed to be made around the care and support they required. People living at the service were very positive about their support and told us, "It is a great feeling to know that if I need help, I will get it" and "The staff know us all as individuals and the way in which they look after people is really commendable."
- The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).
- We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. The manager had developed a check list that acted as a reminder to seek DoLS renewals in advance of the expiry date. This ensured the liberty and freedom of people was not being unlawfully restricted whilst living at the service.
- Staff had a good understanding of the MCA and knew the importance of gaining a person's consent before providing any care and support.
- We observed staff sensitively asking if people would like assistance throughout the day of the inspection. We noted that some people could display behaviour that challenged and staff engaged with them to manage those behaviours sensitively. We noted one person who sat in the communal area that needed one to one support at times to help reassure them. The registered manager updated their care plan to make it specific for staff as to how to deliver personalised support in using distraction techniques that this person responded to.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- Relatives shared positive comments about the care and support provided to their family member's. They told us, "The level of care has been wonderful"; "The level of care now is to a very high standard, much better since the new management team took over"; "Our family is really pleased that Mum is so well looked after" and "No issues with the level of care, I know care home staff will do the right thing."

- Care plans captured people's choices and preferences and included agreed outcomes about how they were to be met. In one care plan we looked at, the person had been assessed as having specific care needs and risks such as nutritional risks. This person had been appropriately referred to a dietician and supplements had been prescribed to help support their nutritional risks and needs.
- One particular new way of working that brought compliments from relatives was the introduction of the 'Named Nurse System.' One relative was able to tell us that it made things so much easier for them to go directly to the named nurse, who was always up to speed on the health of their relative.
- Healthcare professionals were regularly involved in people's care where necessary. The service had six beds funded by local commissioners and NHS staff. These intermediary care beds provided intensive support for a short time to individuals following, illness, a fall or an operation. The staff worked with NHS staff on a daily basis such as physiotherapists to help them with specialised clinical care to help improve people's health. NHS staff provided very positive comments about the service stating, "They give us a lot of confidence, they listen, they're a good manager"; "If we request anything we put it in the diary and it is achieved in a timely way" and "Not had any problems, staff respond to anything we ask and help us to facilitate discharge, always extremely pleasant and caring with service users, no concerns."
- Records of each person's care was kept to help plan and deliver the right care to meet their needs. The provider had introduced the use of hand held mobiles to help staff to accurately record all aspects of care. Staff were positive about this technology and told us it helped good communication amongst the team and helped them to deliver care as needed to everyone. They felt this technology saved them time in accessing files of paper records as they had all necessary information held within their hand set. Records showed effective care delivered for people's needs including, how pressure care was delivered and the frequency of position changes carried out by staff. However, staff told us they could not access care plans via their hand-held mobiles and had had to access a laptop to view a person's care plan.
- The risk for the service was that care could potentially become task orientated rather than being focused on a holistic personalised approach. Following the inspection, the registered manager took action to review this aspect with staff by introducing specific training as they stated care plans could be accessed. Training provided to all staff would help them to be up to date in all aspects of using the new technology.
- We discussed some aspects of care that potentially were not up to date within the care records. The registered manager acknowledged that staff needed to be explicit in their record keeping and there needed to be a mechanism for staff to record if the person had refused to have their specific care so it was appropriately recorded.

Staff support: induction, training, skills and experience

- Relatives and people at the service were positive regarding the staff and the support provided. They shared their opinions and comments stating, "They (staff) really do know what they are doing"; "The staff are all good, but some will go the extra mile"; "There is a huge improvement in staff performance in the last two years" and "My husband and I have visited for many years now and are very happy with the performance of the staff here."
- Staff had the right skills and knowledge to effectively meet people's needs.
- Training included a varied range of topics such as moving and handling, dementia care and to meet the needs of people within the service including clinical areas of need to help people with nursing care needs.
- Staff told us they received good support from the registered manager. Staff received regular supervision. They were very complimentary about their manager and told us she was approachable, always listened to them and was always accessible.
- Supervisions and appraisals had been introduced by the registered manager to help improve support to their staff team and to develop standards within the service. Supervision sessions provided staff with an opportunity to speak with senior staff about their training and support needs as well as being able to discuss

any issues in relation to their work.

Supporting people to eat and drink enough to maintain a balanced diet

- People at the service were very positive about the food provided. They told us, "They always bring me my favourite biscuits with my coffee"; "I think the chefs are absolutely brilliant" and "The food is top rate."
- People were supported with choices with meals and encouraged to make decisions around eating and drinking. Care plans included any allergies, special diets and specific requirements a person had. We could see that people's needs had been assessed using nationally recognised tools. For example, in one care plan we could see the person's nutritional needs had been assessed using the Malnutrition Universal Screening Tool (MUST) which demonstrated they were at high risk and identified actions taken to reduce those risks.
- The chef supplied homemade food taking into account people's likes and dislikes. They supplied homemade cakes freshly made each day accessible to everyone. They were available in the reception for anyone to access for a snack.
- The most recent inspection from the food standard agency for the home awarded a rating of five stars. This report identified good practice and some recommendations for improvements. The registered manager had taken action to meet the recommendations.

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

- We saw the design and layout of the home was suitable to accommodate the number of people living at Sharston House. There was sufficient suitable equipment in place to promote people's mobility such as, wheelchairs, hoists and handrails. Staff acknowledged storage was limited within the building. The entrance and reception area was very welcoming and provided lots of information about the service. There was limited signage inside the building and it was easy to get disorientated. The registered manager acknowledged the benefits of adapting and improving parts of the service to better sign post people around the building.
- The premises were large and the building old which meant a planned programme was needed to upgrade and maintain the building to a high standard. We did see an improvement action plan for the home but this had not included areas noted during the inspection. The registered manager told us about her plans to develop the service to maintain and decorate the building including people's bedrooms. During the inspection they made arrangements with the provider to organise additional resources to redecorate the building.

Is the service caring?

Our findings

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

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

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect.
- People receiving support told us the staff were kind and caring and treated them with dignity and respect. They shared various positive comments such as, "Care Home staff really do go out their way to make visitors welcome"; "My mother is really settled here and we as a family are very happy with that"; "I always find the atmosphere in the home relaxing and comforting when I visit"; "This is a good home and I feel my husband is well looked after" and "I would definitely recommend this place."
- Relatives confirmed that they were able to visit without restriction. They were always made to feel welcome and all been told to help themselves to coffee, tea or juice and cakes whenever they wanted.
- Staff were able to demonstrate how they supported and cared for people in a dignified way, respecting their privacy supporting them with personal care.
- We observed people chatting to staff and it was apparent they were comfortable and happy with the staff supporting them. We observed staff patiently offering reassurance maintaining good eye contact and speaking sensitively to people. We saw staff knock before entering a bedroom and requesting permission before undertaking any tasks.

Ensuring people are well treated and supported; respecting equality and diversity

- People's equality and diversity needs were assessed from the outset and measures were put in place to effectively provide the support that was required.
- People were involved in identifying the assistance they would like, including recognising any needs in relation to protected characteristics as defined by the Equality Act 2010. This included areas such as sensitively supporting people with their personal requests, physical and social needs.
- The service had updated policies to support the principles of equality and diversity.
- Staff understood the importance of treating people as individuals. Staff discussed how they respected people's equality and diversity and how they had sensitively supported people with their choices.
- Staff told us the importance of arranging support with religious beliefs. One of the local priests visited the home to offer Holy Communion monthly and we were aware of a family's request for a priest to visit their relative had been fulfilled.
- Information was present in people's care files about their individual likes and dislikes, hobbies, interests and religious beliefs. This personalised information helped staff to better understand each person's requests.

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

- Records showed people and their relatives were involved in decisions about their care and support plans were regularly reviewed. These records showed that appropriate people had been involved in the decision-making process and in their care planning process. Information was available about sources of advice.
- Quality questionnaires were sent out to people throughout the year, this also provided them with an opportunity to express their views and suggestions about the care they received.
- Confidentiality of information was appropriately maintained and kept locked away to protect people's confidential information.

Is the service responsive?

Our findings

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

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

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- We received very positive comments from people at the service and their relatives about the activities on offer. They told us, "The activities that are put on here really encourage people to get involved" and "The activities that are arranged here are superb."
- We saw a lot of evidence of a wide variety of meaningful activities such as, trips out; playing games such as dominos; hairdressing/manicures; 'crafter noon' sessions making crafts; the 'chatter & natter club'; discussing 'what the papers say'; oomph with light exercise classes; balloon tennis; regular parties and fund raising such as Valentine's day and a mad hatter's tea party with regular resident/relative's meetings. People told us they liked to have a chat and get involved with activities with the organiser's. We observed people enjoying being involved with the 'Grub Club' in the dining room. They were having fun baking and making banana/chocolate/honey treats.
- Staff personalised support to meet people's needs, for example, they managed to ensure that one person could continue to do their crossword by taking pictures and enlarging the questions for the person to help them read the information easily. Another staff member helped a person keep in touch with their family every week, using skype. The family sent recordings to the staff which they played to their relative, as well as putting up family pictures on their bedroom wall.
- Local initiatives involved close liaison with the home and groups such as, the Knutsford Hosts, whereby they had a system of volunteers befriending people at the service; visits from local schools and local Guide groups; visits by the local police; ambulance and fire service personnel. The British Red Cross Society were due to attend the service in February.
- Activities diaries/records were developed for each person and gave updates, pictures and account of the social support provided and the activities they had taken part in.
- People had person-centred care plans in place that showed how their individual needs were assessed and being met.
- Regular care plan reviews took place. This enabled people living at the service and staff to reflect on the care and discuss any changes they needed to make.
- The provider was following the Accessible Information Standard (AIS). The Standard was introduced on 31 July 2016 and states that all organisations that provide NHS or adult social care must make sure that people who have a disability, impairment or sensory loss get information that they can access and understand, and any communication support that they need. Staff were knowledgeable in communicating to people in different ways to meet their needs.

Improving care quality in response to complaints or concerns

- The registered provider had a complaints policy in place. People were provided with accessible

information about how to complain and who to complain to if they needed to.

- Staff told us that any concerns or complaints raised by a person using the service would be taken directly to the registered manager.
- The complaints log detailed any comment made and the actions taken to address concerns appropriately. We saw evidence of swift responses and apologies made by the registered manager for some complaints raised.
- The manager produced quarterly reports that reflected on the numbers of complaints every three months. She used this to analyse concerns looking for any patterns and to reflect on any lessons learnt. In 2018 the manager had recorded eight complaints that she had dealt with. We discussed lessons learnt and the benefits of using advocates and mediators to help with some concerns. The registered manager reflected on previous investigations and acknowledged the benefits of accessing advocates that work on behalf of the person residing at the service.

We recommend the service research local advocacy and mediation services to help them with any issues needing support to represent people living at the service.

End of life care and support

- At the time of inspection, the service was supporting several people with end of life care. Staff had access to appropriate policies to provide specific guidance on this aspect of care.

Is the service well-led?

Our findings

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People who used the service and relatives we met, spoke positively about the management of the service. They told us, "The manager and her team really do go out their way to keep us informed and if we can't attend 'relative's meetings', we are sent out the minutes as a matter of course"; "access to management is made easy and this makes you feel welcome"; "I don't know how she does it, but the manager is always willing to make herself available" and "You always feel welcome here and this comes from the top down."
- People were involved in the care they received; staff knew people's preferences and what people expected.
- The provider and registered manager were committed to improving the provision of care people received.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager and provider had effective systems in place to assess, monitor and improve the quality of service.
- There was a management structure in place. Staff were very positive about improvements noted within the service and were supportive of their registered manager.
- The registered manager conducted walkabouts and held regular meetings to ensure they had general oversight of the standards of care provided. They had detailed reports of these checks and could show what actions they took when they noted an area of improvement needed.
- The provider supported the service by providing supporting staff and managers to assist the registered manager in managing and improving the service.
- The registered manager is legally required to send notifications to CQC of certain incidents. The registered manager had submitted all necessary notifications.
- The registered manager had ensured the latest CQC inspection report was available in a prominent position in the home.
- The registered manager submitted extensive evidence following the inspection to show continued improvements to the service and to their governance systems.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- The provider had developed several ways to engage with people to gain their on-going feedback about the service. This included a newsletter and survey for anyone to complete feedback and regular resident /relative meetings.
- Quality assurance questionnaires were circulated to improve the service people received.
- The registered provider kept up to date with current good practices and changes to the law to update their knowledge and learning.
- Staff told us that the registered manager was committed to improving the quality and safety of care people received.
- The registered manager, where necessary, had undertaken detailed investigations into incidents and accidents with evidence of lessons learnt to help improve the service. The manager was honest and transparent throughout the inspection and showed evidence she reflected often on her practice. She told us, "I'm still learning, there are still challenges, I try and learn from them and not repeat the same thing."

Working in partnership with others

- Periodic monitoring of the standard of care provided to people funded via the local authority was also undertaken by their local contracts and commissioning Team. This is an external monitoring process to make sure the service meets its contractual obligations. They did not raise any serious concerns about the service.