

Lister House Limited

Sherrington House Nursing Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Sherrington House Nursing Home is a care home providing personal and nursing care to older people, younger adults and people with a physical disability. The service accommodates up to 39 people in one adapted building. At the time of the inspection 32 people were using the service.

People's experience of using this service and what we found

People felt safe living at Sherrington House Nursing Home and told us their personal belongings were safe. Systems were in place to identify and manage the risks associated with people's care, and accidents and incidents were appropriately reported and recorded. Medicines were managed safely. The provider was improving how they managed topical creams and 'as required' medicines. People told us there was enough staff on duty to meet their needs including at night and on a weekend. The service followed safe infection, prevention and control procedures.

People would recommend the service to others. One person said, "It's 100% good. The care workers are always jolly and it's a relaxed atmosphere." People told us they would be comfortable raising concerns and were complimentary about everyone who worked at the service. Systems and processes for monitoring quality and safety were effective. The management team had identified areas for improvement and had started to address these. An example was updating staff training. The service worked closely with other agencies.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 25 December 2019).

Why we inspected

The inspection was prompted in part due to concerns received over a period of months about staffing, infection prevention and control, and safeguarding people from abuse. A decision was made for us to inspect and examine those risks. We undertook a focused inspection to review the key questions of safe and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We found no evidence during this inspection that people were at risk of harm. Please see the safe and well-led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Sherrington House Nursing Home on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information 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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Sherrington 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

An inspector and an Expert by Experience carried out the inspection. 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

Sherrington House Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a manager registered with the Care Quality Commission. A manager commenced two months before the inspection and said they would be submitting an application to register. This means, once registered, they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was announced. We gave 24 hours' notice of the inspection because we needed to check the

arrangements in place for preventing and containing transmission of COVID-19 prior to entering the building. Inspection activity started on 8 April 2019 and ended on 19 April 2021.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with five people who used the service and four relatives about their experience of the care provided. We spoke with seven members of staff including the provider, manager, senior care worker, care workers, domestic assistant and nurse.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at two staff files in relation to recruitment and a variety of records relating to the management of the service.

After the inspection

We continued to seek clarification from the provider and manager to validate evidence found. We looked at policies and procedures, training data and quality assurance records.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; learning lessons when things go wrong:

- Systems were in place to identify and manage the risks associated with people's care. Care records detailed potential risks and actions to help ensure people received care as safely as possible. For example, staffing and equipment requirements to reduce the risk of falls
- Accidents and incidents were appropriately reported and recorded. Events were reviewed promptly, and action was taken to reduce the likelihood of events recurring.
- Effective systems were in place for identifying patterns and trends in relation to accidents and incidents. A monthly analysis was completed which provided an overview and enabled the provider to monitor what was happening in the service.
- Risks associated with equipment and the premises were managed safely. Relevant safety checks were up to date. Action was taken to address minor issues noted during the site visit such as replacing a shower chair.

Staffing and recruitment

- Staffing arrangements were appropriate. People told us there was enough staff on duty to meet their needs including at night and on a weekend. One person said, "There are carers and nurses around, so you won't get harmed." A member of staff said, "Staffing is fine and the teamwork is great."
- The provider had an effective system for covering staff shortages at short notice. Staff told us the arrangements meant they were never left with unsafe staffing levels. One staff said, "We have a backup on-call system so there is always extra staff who can come in." Another member of staff said, "Nurses always help with personal care, supporting people to eat, and the manager helps and is always nearby."
- Recruitment checks were carried out before staff were employed.

Using medicines safely

- Medicines were managed safely. The provider had appropriate systems, policies and procedures in place to support management of medicines. Staff who supported people with their medicines were appropriately trained.
- People received their medicines as prescribed. Electronic medication administration records showed medicines were administered appropriately. One member of staff said, "The system alerts us if medicine has not been administered on time."
- Robust systems were in place when people received their medicines covertly (hidden in food or drink). People's capacity was assessed, and other professionals were involved in the best interest process which was regularly reviewed.
- Medicines were stored securely.

- The provider was making improvements to how they managed topical creams and 'as required' medicines. They had identified records for topical creams were not consistently completed and protocols for 'as required' medicines were not person centred. Evidence to support the improvements was shared during the inspection, for example, a new style protocol.

Systems and processes to safeguard people from the risk of abuse

- People felt safe living at the service and told us their personal belongings were safe. One person said, "It's a safe place. Everything is alright, everybody is looking after me."
- The provider followed correct safeguarding procedures. Events were reported to the local authority and appropriate records were maintained. At the time of the inspection there were no open safeguarding cases.
- Staff understood their responsibility to report all safeguarding concerns and were confident the management team would always take swift action. Staff had received support to understand safeguarding procedures, but some had not completed formal safeguarding training. The management team was addressing this and had set timeframes for all staff to complete the required training module.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

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.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People would recommend the service to others. People who used the service, relatives and staff said the service provided good care. One person said, "They do everything very nice; they love me. I wanted someone to care about me, I have lived on my own all my life. I feel loved and cared for." A member of staff said, "[Name of provider] wants the best, and it is the best care I have seen." The manager said they had received good feedback and no formal complaints in the last year.
- The service involved people in a meaningful way. People told us they were asked for suggestions although this was not necessarily through formal meetings. They gave examples where the provider had responded to their ideas such as menu changes and activities at the weekend. The manager said they were in the process of seeking views through a survey.
- The manager was visible and promoted an open culture within the service. People told us they would be comfortable raising concerns and were complimentary about the management team including the provider.

Continuous learning and improving care; managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements:

- The service did not have a registered manager. A manager had been appointed and confirmed they would be submitting a registered manager's application. A consultant was supporting the manager to ensure they understood the registered manager's responsibilities.
- Systems and processes for monitoring quality and safety were effective. Audits were carried out regularly, highlighted issues and drove improvement. The management team had identified they had gaps in training which were being addressed. They also identified the current medicine system was complex and difficult to audit, which meant they might miss errors. The manager was following this up with other professionals. An external audit was scheduled for June 2021.
- Communication across the service ensured everyone was kept up to date. Staff told us they were informed when any changes were made. Regular meetings were held which covered areas relating to quality and safety. One member of staff said, "It's not just at meetings we can speak up but anytime. We also have a memo book which we also use to put forward ideas."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider had submitted important information to CQC to keep us informed of events such as serious injuries, safeguarding incidents and deaths.

Working in partnership with others

- The service worked closely with other agencies. Care records had good evidence to show other professionals were involved in people's care.
- The manager and staff understood the importance and benefits of working alongside other professionals.