

Barchester Healthcare Homes Limited

Sherwood Lodge

Inspection report

Sherwood Way
Fulwood
Preston
Lancashire
PR2 9GA

Tel: 01772715077
Website: www.barchester.com

Date of inspection visit:
12 March 2019

Date of publication:
23 April 2019

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: Sherwood Lodge is a residential care home that provides personal care to up to 49 older people. At the time of the inspection 27 people were living at the service. The service is purpose built over two floors. All bedrooms were of single occupancy and a number of bedrooms had ensuite facilities. People had access to communal areas. These included a lounge, dining room, conservatory and outside secure space.

People's experience of using this service: Improvements were noted in the way the service managed risks. Staffing levels had increased and the monitoring of people's assessed needs was completed to ensure the staffing levels were suitable. Staff training had improved consistently for all staff members. Improvements in the management of medicines was noted. Safeguarding was being managed safely.

Consent had been obtained and recorded. Relevant deprivation of liberty applications had been submitted. Capacity assessments and best interests decisions were now being completed appropriately. People had access to relevant professionals to support their health and assessed needs.

People and relatives told us they received good care. This was confirmed by professionals we spoke with. Staff spoke with people kindly and treated people with dignity and respect, maintaining their diverse needs and rights.

Improvements in the development and completion of people's care files was noted. These confirmed people or their representative had been consulted in them. A range of activities were being provided and technology was being used in care planning, assessing and monitoring of the service. Systems were in place to investigate and act on complaints or concerns.

Positive feedback was received about the management team and the changes since they came to post. Staff, resident and relative meetings were taking place. Audits and monitoring of the service was being undertaken.

Rating at last inspection: Inadequate. The inspection report was published on 6 November 2018.

Why we inspected: This was a scheduled inspection based upon the previous ratings and to follow up the special measures in place since the last inspection.

Follow up: The service will be re-inspected as per our inspection programme. We will continue to monitor any information we receive about the service. We may bring the next inspection forward if we receive any concerning information.

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

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 had improved to good.

Details are in our safe findings below.

Good ●

Is the service effective?

The service had improved to good.

Details are in our effective findings below.

Good ●

Is the service caring?

The service had improved to good.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service had improved to good.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service had improved to good.

Details are in our well-led findings below.

Good ●

Sherwood Lodge

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.

Inspection team:

The inspection team consisted of three adult social care inspectors and two pharmacist inspectors. We were also supported by one specialist nurse advisor and one expert by experience in the care of people living with a dementia and older people. 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:

Sherwood lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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 had a manager registered with the Care Quality Commission. This means that 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 was an unannounced inspection.

What we did:

Prior to the inspection we looked at all of the information we held about the service. This included any safeguarding concerns, feedback or complaints. We checked the statutory notifications the provider is required to send to us by law. We also checked information sent us following or last inspection and the provider information return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We asked for feedback from professionals who had visited the service. We used a planning tool to

collate the information prior to visiting the service.

During the inspection we undertook a tour of the building and spoke with seven people who used the service, five visiting family members and two professionals. We also spoke with 12 members of the staff team. These included housekeeping, chefs, maintenance staff, care staff, the deputy manager, the regional director and the registered manager. We also undertook observations in the public areas of the service. We reviewed records including five care files and associated documents and seven staff files. We also checked records which included, training records, duty rotas, meeting minutes, audits and monitoring 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

At the last inspection on 18 and 22 June 2018, we asked the provider to take action to make improvements in relation to protecting people from abuse and improper treatment, ensuring risk assessments were in place, measures to reduce any future risks had not been implemented, people were not protected from the risk of infection and actions to act on and investigate incidents and accidents to minimise any future risks had not been taken. The management of medicines was not in place and sufficient staff were not available, this action has been completed.

The service was previously rated as inadequate. In normal circumstances the service would be rated as requires improvement. However, during the time since the last inspection, the provider had demonstrated significant improvements working in partnership with relevant commissioners of the service. The evidence during this inspection supported the rating of good.

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

Assessing risk, safety monitoring and management

- Improvements were noted in the way risks were assessed and managed in the service. Environmental and individual risk assessments had been developed that provided information about how to reduce the risks to people.
- Relevant servicing, checks and monitoring were recorded. Fire safety checks and audits had been completed. Personal emergency evacuation plans and an overall emergency evacuation plan was in place to guide staff in the event of an emergency.
- The service had developed a system to monitor and investigate incidents and accidents. A matrix was in place that enabled the monitoring and audits of any incidents. Information identified relevant referrals had been made to the relevant agencies where required.

Systems and processes to safeguard people from the risk of abuse

- We saw improvements in the way allegations were investigated and acted upon. Safeguarding champions had been introduced to promote the knowledge and skills of the staff team.
- Policies and guidance were available to guide staff on dealing with abuse allegations. Training had been delivered to the staff team and staff knew how to act on any allegations.
- People who used the service, visitors and professionals reported no concerns in relation to people's safety. They said, "I am very safe and well looked after" and "My [relative] is safe."

Staffing and recruitment

- A number of new staff had been recruited to the service. We observed sufficient numbers of staff during the inspection, staff were seen responding to people's needs in a timely manner.
- Duty rotas and a staffing needs analysis had been completed. Records confirmed regular assessments of people's needs were now being completed to ensure enough suitably skilled staff were in place.

- Most people who used the service and visitors raised no concerns about the levels of staffing. They said, "I feel confident to leave my [relative] in this home." However, one person commented, "I think we need management on weekends. You can tell the difference with no managers on duty." The management team confirmed a senior member of the care team was on duty at weekends and a 24 hour on call system was in place to provide senior management support at weekends.
- Staff we spoke with and records we looked at demonstrated only staff suitable for their role were recruited. A recruitment drive had taken place across all roles since the last inspection. Checks such as references from previous employers and proof of identify had been obtained.

Preventing and controlling infection

- The environment was clean and tidy and relevant checks and audits had been completed. Housekeeping staff were observed undertaking cleaning tasks.
- Personal protective equipment was available and we saw staff making use of these across all areas.

Learning lessons when things go wrong

- Systems had been developed to ensure actions were taken and lessons were learned to improve the service and reduce any future risk.
- Managers ensured that any near miss medicine incidents were investigated and actions were taken to reduce risks.

Using medicines safely

- People had sufficient medicines, samples were checked against records and showed people received their medicines as prescribed.
- People who required a thickener added to their drinks, to reduce the risk of choking, were managed properly. Supplies were stored safely, staff had information and understood what people's requirements were and a new document for recording usage was being introduced.
- Records for people who received their medicines covertly, hidden in food or drink, were detailed, person-centred and well-written.
- Staff administering medicines were competent and received additional training to manage people's medicines.

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

At the last inspection on 18 and 22 June 2018, we asked the provider to take action to make improvements in relation to ensuring consent was documented to confirm that people or their representatives had been involved in discussion and agreed to their care and they failed to ensure service users were not deprived of their liberty unlawfully. They failed to ensure staff had the appropriate knowledge and skills and failed to ensure the nutritional needs of people were met. This action has been completed.

The service was previously rated as inadequate. In normal circumstances the service would be rated as requires improvement. However, during the time since the last inspection, the provider had demonstrated significant improvements working in partnership with relevant commissioners of the service. The evidence during this inspection supported the rating of good.

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

Ensuring consent to care and treatment in line with law and guidance

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.

- Care files had been developed that confirmed consent had been discussed and recorded in relation to people's individual needs where relevant.
- Improvements had been made in relation to the completion of capacity assessment and best interests decisions. We saw completed deprivation of liberty applications along with confirmation that these were followed up. This ensured people were not being deprived of their liberty unlawfully.

Staff support: induction, training, skills and experience

- Staff told us and records confirmed they were provided with training to equip them in their role. They said, "Our training is very good" and "We do get plenty of help with training."

People, relatives and staff told us staff had the required knowledge and skills. They said, "The staff are all new and they are excellent."

- Records confirmed new staff were now being provided with an induction programme that supported them in their role.
- Staff told us and records confirmed supervisions were now taking place that enabled staff to discuss their

views and any development they required.

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

- Improvements had been identified in the dining experience for people. Food provided looked appetising and was prepared according to people's likes, choice and assessed needs. A varied menu had been developed with the involvement of people who used the service.
- Dedicated kitchen staff had been employed and regular kitchen checks were now taking place to ensure it was safe for use. The service needed to embed regular checks and a positive dining experience that promoted good practice and sustainability.

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

- Care files confirmed people's individual assessed needs had been considered and people who used the service or their representative had been involved in their development.
- Records were reviewed regularly to ensure they reflected people's current needs. A range of policies and guidance was available for staff to support best practice delivery of care.

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

- A variety of relevant professionals were involved in assessments, delivery and review of people's individualised care needs. Professionals we spoke with were very complimentary about the positive relationships with all of the staff team and the service.
- Links had been established with health professionals in the community. Support from GP's and nurse specialists was available to ensure people's individual health needs were met.

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

- Improvements were ongoing in the service. The registered manager told us of the plans to develop the service further. Bedrooms were of single occupancy some of which were ensuite and had been personalised with people's own mementoes. People had access to communal areas with new seating with inbuilt pressure relieving cushions. Corridors were accessible, and a lift enabled people to access the first floor. A hairdresser room had been refurbished which was used regularly throughout the day.

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

At the last inspection on 18 and 22 June 2018, we asked the provider to take action to make improvements in relation to the care which was delivered to people failed to meet their individual needs, choice or was appropriate and people were not always treated with dignity and respect, this action has been completed.

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

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

- There were significant improvements noted in the care and support people received. Good care was provided. Light-hearted and meaningful conversations took place. Care was delivered with the involvement of people, promoting people's choice and individual, diverse needs. Staff consistently treated people with kindness. A staff member said, "I love my job caring for the residents [people who used the service]."
- People, relatives and visiting professionals were complimentary about the care provided in the service.
- Care files had been developed to include information about how to support people's individual care needs. Records had information about people's choices and had been reviewed regularly since November 2018. Staff we spoke with confirmed they were involved with people's care planning.

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

- Our observations confirmed staff engaged with people and involved them in decisions about the care provided. These included personal care, activities and where they liked to be in the service.
- People's individual communication needs were considered. The service ensured people had access to equipment to support their needs. An example was audio books for one person with a sensory impairment.
- Information about advocacy services and how these could help people with important decisions was available. Advocacy seeks to ensure that people are able to have their voice heard on issues that are important to them.

Respecting and promoting people's privacy, dignity and independence

- Staff spoke with people who used the service with dignity and respect at all times. Kind and caring conversations were observed and staff ensured people's privacy and dignity was maintained. The service used systems were to ensure people's diverse needs were met.
- It was clear people were consulted in activities of their choosing. Staff were observed encouraging and supporting people's independence where it was appropriate.
- Records containing personal information was stored securely this ensured the service met its responsibilities in line with the General Data Protection Regulations (GDPR). GDPR is a legal framework that sets guidelines for the collection and processing of personal information of individuals.

Is the service responsive?

Our findings

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

At the last inspection on 18 and 22 June 2018, we asked the provider to take action to make improvements in relation to records which were incomplete, not up to date failed to reflect people's individual needs and records in relation to supporting people's end of life care was ineffective, this action has been completed.

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

- The feedback about the care people received demonstrated the improvements in the service. People said, "My [relative] is involved in my care and I leave it to him."
- Improvements in the care files were noted. These contained information about people's individual needs and how staff could support them effectively. Reviews had been undertaken regularly since November 2018. These confirmed updates in people's needs were being reflected. Where daily records were completed in relation to people's food and fluid intake the service confirmed they would ensure all relevant information about people's individual needs would be recorded.
- All people were very complimentary about the activities provided in the service. People told us, "We have plenty to do if we wish to. [Activities co-ordinator] is really good and kind" and "The outings here are lovely. I get to talk to new people and have good chats. [Activities co-ordinator] is very good at giving us a lot of things to do. I am kept very busy."
- A range of activities were provided to people both within the service as well as in the local community. The registered manager told us about the work they did with the local school and nursery who were visiting the service. We observed a number of activities taking place. People were seen engaging positively with these.
- The service had Wi-Fi access across all areas. People who used the serviced were supported to use hand held electronic devices if they wished. Computer systems were in place. These enabled staff to access policies, procedures, guidance and training as well as supporting the audit and monitoring of the service.

End of life care and support

- Care files contained information relating to do not attempt cardiopulmonary resuscitation orders. The service monitored the dates for these to ensure reviews were undertaken in a timely manner. The service had introduced end of life champions who had the knowledge and skills to support people nearing the end of their life.
- Corporate policies and guidance were available to support staff in delivering good end of life care to people who used the service when it was required.

Improving care quality in response to complaints or concerns

- The feedback we received showed the service had improved since the last inspection. Comments included, "The improvements that have been made are 100% better" and "The whole home has changed for the good."
- Systems were in place to act on, investigate and deal with complaints. Guidance was on display about

how to raise any concerns. Policies and procedures were seen about how complaints would be dealt with. Records seen demonstrated any concerns or complaints had been dealt with appropriately. Findings from the investigations were recorded along with outcomes that would support any lessons learned.

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 on 18 and 22 June 2018, we asked the provider to take action to make improvements in relation to systems and processes which were not operated effectively to protect people from harm or risk of harm, this action has been completed.

The service was previously rated as inadequate. In normal circumstances the service would be rated as requires improvement. However, during the time since the last inspection, the provider has demonstrated significant improvements working in partnership with relevant commissioners of the service. The evidence during this inspection supported the rating of good.

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

- Audits were now taking place regularly in areas such as housekeeping, care records, medication, and infection control. Action plans had been developed with timeframes for their completion.
- Up to date policies and guidance were available to support staff in good care delivery to people, as well as the oversight and management of the service.

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

- The registered manager had a good understanding of their role and had a clear vision of the service. The staff team understood their roles and responsibilities in order to deliver good care to people.
- All people who used the service, visitors, professionals and staff provided very positive feedback about the registered manager and senior team. They said the registered manager had made a positive impact on the service from where it had been. Comments included, "The home has improved so much since [registered manager] and [deputy manager] have been here", "She [registered manager] is always willing to listen and help" and "Big change since the last inspection, yes, it's better." It was clear good relationships had been developed.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Resident and relative meetings were now being held regularly. One person said, "We have resident's meetings and they are good. We get to say what we think." The registered manager told us they were looking at ways to ensure more people could attend these. Staff told us and records confirmed team meetings were being held. This supported sharing information and good practice.
- We saw feedback from people was being acted upon. Information on display indicated the service had

acted on suggestions in relation to the meal choices and the environment. We saw positive feedback had been submitted via a website since our last inspection.

- Certificates confirming the home's registration and ratings were on display as well as up to information and guidance.

Continuous learning and improving care

- The registered manager had introduced systems that ensured the service was now being monitored regularly. Audits were being undertaken that demonstrated the findings and the actions required.
- Senior management audits were being undertaken. These were shared with the service and senior management team. This supported monitoring of the service and the care provided to people living there. A number of champions roles in different areas such as moving and handling, falls, react to red and lesbian, gay, bisexual, and transgender (LGBT) had been introduced, this supported best practice.

Working in partnership with others

- The service was, working in partnership with the wider professional team. Feedback from professionals was positive, they told us the service had improved since the last inspection. Records we looked at confirmed relevant professionals were involved and good links were established. These supported improvements in the service and promoted good outcomes for people.