Care Quality Commission

The Partnership In Care Limited

Sherrington House

Inspection report

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Date of inspection visit:
04 March 2020

Date of publication:
07 May 2020

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:
Sherrington House is a residential care home that provides personal care for up to 48 people. The home is arranged over two floors and at the time of the inspection there were 43 people living in the home. Most of these people were older adults with needs associated with physical disability, dementia or long-term health conditions.

People's experience of using this service and what we found
People were consistently treated with kindness and compassion. Staff and the management team knew people well and spoke with and about them in a caring way. People's rights to privacy, dignity and independence were promoted and respected.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. There was a welcoming atmosphere in the home.

People were kept safe by staff. Identified risks to people were regularly assessed and mitigated to reduce the risks of harm and abuse. There were enough safely recruited, trained and supported staff to meet people's needs. The home met the needs of the people living there and was clean and hygienic throughout.

People's care records were individual and outlined their needs. People had access to healthcare services and appropriate referrals were made when their needs changed. Safe management of medicines was in place.

Feedback from people, relatives and professionals expressed confidence they could raise issues or concerns with any member of staff or the management team and these would be addressed.

The registered manager was held in high regard and there was visible leadership in the home. Quality assurance and risk management systems to independently identify issues or to improve the service provided were in place which supported effective governance and oversight arrangements.

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 29 September 2017).

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

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.	**Good**
Is the service effective? The service was effective.	**Good**
Is the service caring? The service was caring.	**Good**
Is the service responsive? The service was responsive.	**Good**
Is the service well-led? The service was welled.	**Good**

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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.

Inspection team
The inspection was carried out by an inspector and an inspection manager.

Service and service type
Sherrington House 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.

A registered manager was in post. The registered manager 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 unannounced.

What we did before the inspection
We reviewed information we had received about the home since the last inspection. We sought feedback from the local authority and professionals who work with the home. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps us support our inspections. We used all this information to plan our inspection.

During the inspection
We observed the care and support provided and the interaction between people and staff throughout our inspection. Some people living with dementia had complex needs, which meant they could not always

readily tell us about their experiences. They communicated with us in different ways, such as facial expressions, signs and gestures. We spoke with five people who used the service, two relatives and one visiting professional about their experience of the care provided. We spoke with the registered manager, provider's regional manager, deputy manager and seven members of staff from the care, activities, house-keeping and maintenance teams.

We reviewed a range of records. This included seven people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including audits, polices and systems were reviewed.

After the inspection
We received information requested as part of the inspection and electronic feedback from four professionals involved with the home.

Good

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 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; Systems and processes to safeguard people from the risk of abuse

- Risks relating to people's individual needs had been identified and planned for. Risk assessments were detailed and documented what action staff needed to take to ensure people's safety. For example, people's risk of developing a pressure ulcer was reviewed monthly and plans were put in place where this risk increased, detailing what action staff needed to take to mitigate the risk. This included where required any specialist pressure relieving equipment.
- All identified environmental risks had an associated risk assessment in place which guided staff how to mitigate risks within the home.
- Staff understood their roles and responsibilities in keeping people safe from harm. They raised safeguarding concerns appropriately when they were worried about people's safety.

Staffing and recruitment

- There continued to be enough staff safely recruited with the right skills and experience to meet the individual needs of the people who lived in the home.
- Staff employed at the home told us they had relevant pre-employment checks before they commenced work to check their suitability to work with people. Records we looked at confirmed this.

Using medicines safely

- Effective systems and processes were in place to make sure people received their medicines as they had been prescribed with clear records kept.
- Some people were prescribed medicines on a 'when required' basis. Protocols were in place to guide staff when people may need to be offered this medicine, for example, when someone was in pain.
- Staff who administered people's medicines were trained to do so and had their competency regularly assessed by the management team.
- The management team undertook regular checks and audits of the medicines system to ensure it continued to be managed in a safe way.

Preventing and controlling infection

- The home was clean and hygienic throughout and staff were seen to follow best practice with food hygiene and infection prevention and control. They had access to personal protective equipment such as disposable gloves and aprons to reduce the risks of cross contamination when providing personal care or when preparing and serving food.
- However, we fed back to the management team that cabinets in the communal bathrooms were unlocked

and the contents inside posed a potential risk to people. The registered manager acted swiftly to address this, and we were assured by their actions.

Learning lessons when things go wrong

- Details of accidents and incidents were logged; appropriate actions were taken to reduce the risk of re-occurrence.
- The registered manager carried out regular reviews of accidents and incidents in the home to identify if there were any trends or patterns. These were discussed with the provider's regional team to ensure effective oversight, with actions taken to mitigate risk and prevent reoccurrence.

Good

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 this key question was rated as good. At this inspection this key question has remained the same. This meant 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; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
● People's needs were assessed before admission to the home with family members and significant others involved in the process. Staff worked well with relevant professionals where specific needs had been identified, managing risks in line with recognised best practice. This was reflected in people's care records.
● People continued to be supported to maintain good health and systems were in place to share information between services as required. For example, important information about people should they be taken to hospital in an emergency. A visiting healthcare professional commented, "I have always found the home and the registered manager keen to work with us to enhance the service they provide."
● People and the relatives we spoke with told us they were able to see their GP and other healthcare professionals when needed. People's care records showed referrals were made when concerns were raised about people's health or wellbeing. This included to mental health services, continence teams, dieticians, falls clinic and speech and language therapists.

Staff support: induction, training, skills and experience
● People and relatives told us that staff had the skills and knowledge to support them. One person said, "Staff know what they are doing, how I like things done, and are gentle when they help me to get in and out of bed," A relative told us, "I see the carers taking their time with people especially when they need to use [specialist equipment].They don't rush the residents, which is good as it can take time and some need that extra reassurance which the staff are good at giving."
● New staff completed a detailed induction and did not work unsupervised until they were signed off by the management team.
● Ongoing supervision and a performance-based appraisal programme continued to be in place. Staff gave examples of training opportunities they had accessed in relation to their own development goals, including achieving professional qualifications in care.

Supporting people to eat and drink enough to maintain a balanced diet
● People enjoyed a positive meal time experience. Feedback was complimentary about the portion sizes, selection and quality of the food provided. One person said, "Food is tasty, I like the food here and plenty of available. I don't go without here."
● People's nutritional needs were met. Fortified drinks, milkshakes and thickeners were used, where prescribed, to support people with their food and fluid intake. Where required staff worked with healthcare professionals to ensure people's specific nutritional needs were fully assessed and met.

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 when this is in their best interests and legally authorised under the MCA. 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.
● Staff asked for people's consent before providing any care or support. For example, obtaining people's permission before supporting them with their medicines or with their mobility.
● Staff had received training in the MCA and DoLS and understood their responsibilities in these areas.
● Where people were unable to make a decision for themselves their care records included a mental capacity assessment and/or best interests' decision. People were included as much as possible in making their own choices with involvement of their family and appropriate professionals where required.

Adapting service, design, decoration to meet people's needs
● There were appropriate facilities to meet people's needs. Communal areas, including lounges, dining room and other spaces throughout the home and garden, were accessible, where people could meet with their friends and family, in private if required.
● There was signage in the home to assist people to navigate round independently.

Good

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 this key question was rated as good. At this inspection this key question has remained the same. This meant 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
● People were cared for by staff who were kind, caring and knew them well. Comments about the staff approach included, 'Diamonds they are, lovely lot', 'Helpful and kind, ever so patient', 'Be lost without them' and 'They are gentle and kind, every one of them." A relative commented, "The manager and the carers are brilliant. Always on hand if you have a question and keep me updated. Very happy with the set up here."
● Positive and caring relationships between people and staff were seen throughout the inspection. Staff in all roles addressed people in an affectionate tone and displayed warmth towards people when they engaged with them.
● The management team and care staff demonstrated in conversations with us an understanding of people's needs and were seen to adapt their communication to meet the needs of people. For example, people living with dementia were given time and space to make their own choices. Staff used visual clues and touch to help the person understand the conversation.
● Initial assessments were completed to ensure all people's care and support needs were recorded. These included details of any protected characteristics such as disability or religion. This enabled staff to support people in line with their individual preferences.

Respecting and promoting people's privacy, dignity and independence
● People told us staff were respectful and upheld their privacy. Staff knocked on people's bedroom doors before entering and were discreet when asking people if they wished to use the toilet or if they wanted to take their medicines. We saw a screen being used to ensure privacy and dignity for one person as staff assisted them with their mobility in a communal area.
● People were asked about the level of help they required and offered assistance which promoted their autonomy and independence. For example, with mobilising we saw staff ask people if they were able to walk to the dining room for lunch or would they prefer to use a wheelchair.
● During the lunch time meal some people used adapted cutlery so they could eat their meals independently.

Supporting people to express their views and be involved in making decisions about their care
● People and their relatives where appropriate, told us that they were involved in their care arrangements and their care records reflected this.
● Our discussions with staff demonstrated they knew people well, including their likes, dislikes and preferences and had used this knowledge to form positive relationships. This information corresponded with what people and relatives had told us.

Good

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question remains the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences.

● People told us they were happy with the care they received which met their individual needs and wishes and staff responded well when changes occurred. One person told us, "When you're not well or feeling peaky like I was the other week they [staff] are good at getting the nurse or doctor to come and see you. They don't hang about. I had a nasty cough and the doctor was called and I got antibiotics." A relative told us, "The management and staff understand the people who live here and their health conditions. If they spot a change in [family member's] health they are quick to act and call the doctor or an ambulance if it is more; that is very reassuring."

● Staff knew people well and how to meet their needs. They were attentive and moved around the home ensuring people received meaningful interaction. The staff worked cohesively as a team, communicating throughout, which ensured people received the care they needed in a timely way.

● People' care records demonstrated that people and where appropriate their relatives and or representatives were involved in the planning of their health, care and support.

● People's care records were detailed in providing important information to guide staff on how to meet their individual care needs. For example, where people were living with dementia how their condition affected their daily lives and managing specific health care needs such as diabetes and Parkinson's.

● People's rooms were decorated and furnished to meet their individual tastes and preferences, for example having family photographs and artwork.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

● A programme of activities took place which encouraged and enabled people to pursue their hobbies and interests. People and relatives spoke positively about this. One person said, "I like chatting to people and the quizzes."

● For people living with dementia there was one to one activity with staff, doll therapy and sensory objects such as twiddle cushions were available. Robotic cats were particularly popular, providing comfort and reassurance to people. Several people were seen smiling and laughing as the cats they stroked purred.

● Led by the activities team we found a whole team approach towards engaging with people. This included those people who chose to remain in their bedrooms and were at risk of social isolation. All the staff were seen interacting meaningfully with people including the maintenance person who was explaining to one person the repair they were doing in the home.

● One person told us how their decision to not participate in the activities was respected but they still felt included in what was going on in the home through the approach of the staff.

● Information was displayed in the home of what was available. There were photographs throughout the

home of people having taken part in their hobbies and activities of their choice.
● Relatives and visitors to the home said they felt welcomed by staff and people's relationships with their friends and family were encouraged and promoted.

End of life care and support
● People and where appropriate their relatives were involved in making advanced decisions and developing any end of life plans if they wanted to. If people did not wish to discuss this their wishes were respected and documented.
● Staff had undertaken training in end of life care and the home had connections with external health care professionals, such as GPs and the local hospice to support people with any end of life care needs. In addition, staff were encouraged to attend 'dispelling the myths' training led by the local undertakers.
● The registered manager and staff were committed to providing the care and support people needed at the end of their life. We saw a range of thank you cards and letters from relatives expressing their appreciation to the staff and registered manager for the care and support provided when their family member was nearing the end of their life.

Meeting people's communication needs
Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.
● The management team and provider were aware of the AIS and had met this requirement.
● Information about the service was provided in alternative formats such as easy read and large print where required to make it easier for people to understand. There was a photograph board in the home to help identify staff and their roles.

Improving care quality in response to complaints or concerns
● People and their relatives knew how to make a complaint and felt comfortable to do so. Records showed complaints had been managed in line with the provider's procedure and used to improve the quality of the home.

Good

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 has 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.

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

- Sherrington House had an experienced, passionate and dedicated registered manager in post. They demonstrated an in-depth knowledge of people's needs and that of their staff team. They understood their legal requirements and appropriate notifications and timely referrals were made. Regulated services are required to make notifications to the Commission when certain incidents occur.
- A programme of audits and checks to monitor and assess the quality of the service was in place. Any identified outcomes and actions fed into a development plan for the home which equipped the registered manager and provider with the governance and oversight to address any shortfalls in a timely manner. However, we fed back to the registered manager inconsistencies with the quality of the bedding for some people. Following our inspection, the registered manager confirmed a full audit had been undertaken and where required bedding was immediately replaced. In addition, further training to house -keeping staff was provided and a daily audit implemented to check the appearance of bedding. We were assured by the actions taken by the registered manager.
- Staff had their competency regularly assessed to ensure they were working to the standards expected. There was a positive and open culture where staff felt able to speak to the registered manager if they needed guidance and support.
- The provider and registered manager understood their responsibilities under Duty of Candour. Feedback from people and their relatives confirmed management was open and transparent when incidents occurred, or concerns and complaints were raised.

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 and relatives expressed confidence in the registered manager and the way they ran the home. One person said," [Registered manager] is amazing, heart of gold, really easy to talk to." A relative commented, "[Registered manager] is lovely, very calm and approachable, nothing is too much trouble."
- The ethos of the home was to be open, transparent and honest. The registered manager worked alongside staff and led by example. All the staff team demonstrated a commitment to providing quality care, which met people's needs.
- Regular feedback was sought and acted on from people who lived in the home and their relatives through care reviews, meetings and surveys.

● Staff felt supported and told us they found the registered manager approachable and receptive and could raise any concerns in confidence. One member of staff said, "[Registered manger] listens and acts on what you say."
● Staff had team meetings and discussed various topics such as any changes in people's needs or care, best practice and other important information related to the home.
● Regular feedback was sought and acted on from people who lived in the home and their relatives through care reviews, meetings and surveys.

Continuous learning and improving care; Working in partnership with others
● The registered manager was passionate about the care and support people received and promoted open communication. They acted when errors or improvements were identified and learnt from these events.
● The home continued to work closely with organisations within the local community to share information and learning around local issues and best practice in care delivery.
● Feedback from professionals involved with the home cited collaborative working arrangements. One professional commented, "The registered manager, senior carers and carers all appear to be willing to listen, to any of our concerns or instructions identified for the residents."