

Watts Healthcare Limited

Watts Healthcare Ltd

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Requires Improvement 

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

Watts Healthcare Ltd, also known as Sherwood House, is a residential care home providing personal care to 15 people at the time of the inspection. People were aged 65 and over and younger adults with care needs. Some people had physical disabilities and mental health needs. One person was cared for in bed. One person was in hospital at the time of the inspection. The service can support up to 32 people.

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

People looked relaxed and happy, there was plenty of laughter, fun and interaction. People told us, "I love it. I want to stay here for the rest of my life" and "We do have some fun here." Relatives told us, "I saw mum on Tuesday, it made me very happy to see mum looking so well"; "Hand on my heart [it was the] best decision for mum [to live at the service]"; "[It is an] incredible place" and "Ten stars for them."

We were not assured that the provider had been admitting people safely to the service. People had not always been isolated for the required amount of time on admission. We signposted the provider to resources to develop their approach. Staff wore personal protective equipment (PPE) and followed guidance to make sure this was disposed of safely. Staff had access to PPE whenever they needed it. The service was clean, and all areas of the service were regularly cleaned.

Systems to manage the risk of legionella infection were not robust. Empty room flushing had not been carried out as required. The registered manager made improvement to the processes and systems within the service during the inspection, such as implementing the required water flushing of empty rooms. They also arranged for a contractor to attend the service and carry out a legionella risk assessment and checks.

People were protected from abuse and avoidable harm. Staff had received training to make sure they had the information they needed to keep people safe. Risks to people's individual health and wellbeing had been assessed and were well managed. People's medicines were well managed. If people or their relatives wanted to complain they knew how to do so.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The service was well-led. The management team carried out the appropriate checks to ensure that the quality of the service was continuously reviewed, improved and evolved to meet people's changing needs. The registered manager promoted an open culture and was a visible presence in the service, staff felt listened to and valued.

People were treated with dignity and respect. People's views about how they preferred to receive their care were listened to and respected. People told us staff were kind and caring.

People had access to a range of different activities throughout the week. People told us that they took part in these and that they were enjoyable. Activities were also provided for people who received their care and treatment in bed.

People received good quality care, support and treatment including when they reached the end of their lives. People had been involved in planning and discussions about their wishes and preferences in relation to their end of life care.

When people needed medical attention, this was quickly identified, and appropriate action was taken. For example, if people were losing weight referrals were made to dieticians, or if people fell regularly, they were referred to a fall's clinic.

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

Rating at last inspection

This service was registered with us on 23 August 2019 and this is the first inspection.

Why we inspected

This was a planned inspection.

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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement 

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 

Watts Healthcare Ltd

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

The inspection was carried out by two inspectors.

Service and service type

Watts Healthcare Ltd, also known as Sherwood House, 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 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

The first day of the inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service. 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 support our inspections. We took this into account when we inspected the service and made the judgements in this report.

We contacted health and social care professionals to obtain feedback about their experience of the service. These professionals included local authority commissioners 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. Healthwatch told us they did not have any information about the service. We used all of this information to plan our inspection.

During the inspection

Some people were not able to verbally express their experiences of staying at the service. We observed staff interactions with people and observed care and support in communal areas. We spent time speaking with five people. We spoke with six relatives.

We spoke with nine staff including; the administrator, a chef, a housekeeper, care staff, senior care staff, the deputy manager, and the registered manager. We reviewed a range of records. This included four people's personal care records, care plans and eight people's medicines charts, risk assessments, staff rotas, staff schedules, three staff recruitment records, and meeting minutes. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the registered manager to validate evidence found. We looked at 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.

This is the first inspection for this newly registered service. This key question has been rated Requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Systems and processes to safeguard people from the risk of abuse

- Staff understood their responsibilities to protect people from abuse. All staff had received training to make sure they had the information they needed to keep people safe. Staff described what abuse meant and told us how they would respond and report if they witnessed anything untoward.
- Staff told us the management team were approachable and always listened and acted where necessary, so they would have no hesitation in raising any concerns they had. Staff felt sure action would be taken straight away. Staff knew how to raise, and report concerns outside of their organisation if necessary. Where safeguarding concerns had been received, appropriate action had not always been taken to address these. One incident where three people had been involved in a verbal and physical altercation had not been reported appropriately to the local authority safeguarding team. We discussed this with the registered manager, they immediately reported this.
- Relatives told us their loved ones were safe. One relative said, "I trust the staff to keep him safe."

Assessing risk, safety monitoring and management

- Systems to manage the risk of legionella infection were not robust. The provider had not taken action to meet the Health and Safety Executive's (HSE) guidance in managing legionella in hot and cold-water systems. The service had a number of empty rooms in the building, the water outlets in these rooms had not been flushed through weekly. We spoke with the registered manager about this and signposted them to the HSE guidance. They immediately put in place a process to flush the empty rooms. They also arranged for a contractor to attend the service and carry out a legionella risk assessment and checks.
- Other risks to the environment had been considered. The equipment and the environment had been maintained. The provider's maintenance team carried out repairs and maintenance in a timely manner. We observed that one fire door in the lower ground floor opened against a person's bedroom door. We observed the person trying to leave their bedroom door at the same time as a staff member came through the fire door, which could have resulted in injury. This was a near miss. We discussed this with the registered manager. The registered manager arranged for the fire service to visit to review the siting of the fire door, review evacuation plans and escape routes.
- Checks had been completed on the fire equipment. Each person had an evacuation plan describing the support they would need to leave the building in an emergency. We identified that one person may benefit from additional equipment to support their safe evacuation, the registered manager researched the equipment and ordered this. The equipment was in place on the second day of the inspection.
- Risks relating to moving and handling tasks such as the use of slings and hoists had been appropriately assessed. Staff knew about the specific equipment people had been assessed for and were confident and competent to use these. Risks to people's safety and individual health and wellbeing had been assessed and

well managed. We observed staff supporting people to maintain their safety in the service as well as supporting people to mobilise safely.

- People were supported to keep their skin healthy. When necessary, people were provided with special mattresses to reduce pressure on their skin making the development of pressure ulcers less likely. We observed staff prompting people to reposition or get up from their chairs to have a short walk. Staff explained why the person needed to do this and engaged people to think about their skin and joints.

Staffing and recruitment

- Staff had been recruited safely to ensure they were suitable to work with people. The provider had carried out checks to explore staff members' employment history. The registered manager had identified one staff member had missing employment history and took action to rectify this.
- The provider ensured staff were vetted through the Disclosure and Barring Service (DBS) before they started work and records were kept of these checks.
- There were suitable numbers of staff to provide the care and support people were assessed as needing. Assessments of staffing levels were undertaken by the registered manager. Staffing levels were amended when required to meet people's changing needs. The service was based over four floors and the staff communicated with each other using walkie talkies. The service was not yet full, so the top floor was not in use.
- We observed that call bells were answered quickly. People told us their needs were met in a timely manner. One person said, "When the call bell goes off it gets answered quickly, they come to see to me."

Using medicines safely

- Medicines were securely stored and kept at the correct temperature to ensure their efficiency. People's medicines were regularly reviewed by their GP and health professionals.
- Medicine administration records (MAR) were complete and accurate, and people received their medicines as prescribed. Medicines records and stock levels were regularly audited.
- Some people were in receipt of as and when required (PRN) medicines. PRN protocols were in place for most people to detail how they communicated pain, why they needed the medicine and what the maximum dosages were. This meant staff working with people (including those administering these medicines) had all the information they needed to identify why the person took that particular medicine and how they communicated the need for it.
- Staff had been suitably trained. They followed the arrangements in place to ensure people received their prescribed medicines. Competency checks were in place to make sure staff practiced safe medicines administration.

Preventing and controlling infection

- We were not assured that the provider was admitting people safely to the service. People had not always been isolated for the required amount of time on admission. We spoke with the registered manager about this and reiterated the current government guidance.
- 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 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.

- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

We have also signposted the provider to resources to develop their approach.

Learning lessons when things go wrong

- Systems were in place to monitor accidents, incidents near misses and to learn lessons. Incidents and accidents were discussed as a staff team, so everyone remained aware about people at risk and how to support them accordingly. Staff told us that incidents and accidents were discussed in each handover meeting.
- Records evidenced where follow up action had been taken after the accident or incident. This included who had been notified of the incident and whether support plans and risk assessments had been updated and referrals to gain additional healthcare support.
- We observed staff notice a person had developed a bruise on their arm. Staff spoke with the person to try and find out what they had done, they then worked with the person to report it using the electronic system in place, this included taking a photograph and measurement and reporting this on to the management team.
- The registered manager had followed up incident and accidents. Incidents and accidents were also reported to the provider. The registered manager had made referrals to appropriate professionals such as falls prevention practitioners and the eye clinic when people had frequently fallen and arranged additional equipment or eye tests and checks 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.

This is the first inspection for this newly registered service. This key question has been rated Good. 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

- Prior to people moving into the service their needs were assessed. These assessments were used to develop the person's care plans and make the decisions about the staffing hours and skills needed to support the person.
- The assessment included making sure that support was planned for people's diversity needs, such as their religion, gender, culture and their abilities. Care plans were clear but discreet in relation to people's needs and wishes in relation to sexuality. This included clear guidance on support required if receiving medical care in hospital. People were reassessed as their needs changed to ensure the care and treatment they received met their needs, including oral health.
- The registered manager shared examples of how the service welcomed people from all backgrounds. The examples showed that the staff had really made sure people's sexuality and religious needs had been met fully. There was a clear poster on display detailing that 'all cultures, all religions, all genders, all ethnicities, all ages, all LGBTQ' were welcome.

Staff support: induction, training, skills and experience

- Staff had received statutory mandatory training including, first aid, fire safety, food safety, health and safety and moving and handling people. Staff had received additional training to enable them to meet people's specific health needs such as Parkinson's disease, dementia, oral hygiene, catheter care, stroke and diabetes.
- Staff told us their training was mixed between online courses and face to face training to demonstrate practice and competency. Where staff wished to progress within the organisation, they were supported to gain new skills by shadowing experienced staff and taking on additional tasks which were competency checked.
- Staff had received effective support and supervision for them to carry out their roles. Staff said they received face to face supervision. One staff member told us, "I have had one supervision and a probation meeting since being there. If I need a supervision, I can ask for one." Staff were supported to undertake qualifications in relation to their roles. Staff told us they felt well supported by management team.
- Relatives told us, "Amazing staff"; "Can't fault the staff" and "Best group of people to care for mum."

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

- Meals and drinks were prepared to meet people's preferences and dietary needs. The kitchen staff knew people well. People's preferences and allergies were recorded in the kitchen. These included pureed meals, and low sugar diets. People had their meals in the dining room, lounge or in their bedrooms. The menu board in the dining area listed the choices available, people told us there were three choices at each meal. If

people did not want any of the choices, they were offered alternatives. One person told us as an alternative meal, "Some staff are able to rustle up an omelette."

- There was a good system in place to check that people had drunk enough to keep themselves healthy and hydrated. Records relating to food and fluid intake were clear, consistent and accurate.
- People had been weighed regularly. Where people had lost weight and this was a concern, appropriate referrals had been made to the GP and other healthcare professionals. Meals were fortified for people at risk of weight loss to ensure they received additional calories and nutrients.
- People told us they mostly liked the food at the service, and they had choices of food to meet their needs. People said, "That dinner was extremely nice, the best one I've had so far" and "That was delicious." People were supported to have takeaways if they wished, during the inspection staff supported people by placing a coffee and hot chocolate order with a popular chain of coffee shop and these were delivered to the service.

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

- The design and layout of the met people's needs. On the first day of the inspection we observed that not all people knew where their rooms were. We discussed dementia friendly signage with the registered manager. This was immediately implemented so people knew where to find communal areas such as the lounge, toilets and bathrooms as there were signs on the doors to the rooms. People's bedroom doors had information added which included a recent picture of them and other photographs at different times in their lives to help them identify their room. Some people chose to have important things added, such as their favourite pop star or the football team they supported.
- There were directional signs to help people and their visitors find their way around the service and out to garden.
- The garden was well maintained and secure. Plans were in place to make changes to the garden area; people had told staff what they would like. The plans included adding raised beds and an aviary.

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

- People received appropriate support to maintain good health. People were supported to attend regular health appointments, including appointments with consultants and specialist nurses, some of these had taken place by telephone due to the pandemic.
- Due to the COVID-19 pandemic the GP carried out telephone calls with the service regularly to review people instead of visiting. Records showed that staff took timely action when people were ill. The service also had support from a paramedic practitioner based within the GP practice. District nurses visited the service daily to manage people's nursing needs around diabetes.
- People were supported to see an optician and chiropodist regularly.
- The registered manager and staff detailed how they worked closely with healthcare professionals to ensure people's health needs were met. This was evidenced throughout people's care records. Referrals had been made to dieticians and speech and language therapists.
- When people's needs changed, this was discussed at staff handover. Handover records were checked each day by the registered manager to keep an updated view of people's care and support and health needs.
- The staff carried out routine observations on people to monitor them and check for signs of health deterioration and signs of COVID-19. People's temperatures were checked frequently along with their heart rate and oxygen levels.

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.

- The registered manager had correctly applied for DoLS within the MCA for some people living at the service. Some of these applications had been authorised by the local authority at the time of this inspection. The registered manager monitored when they were authorised or due for renewal. We observed when people wanted to leave the service, they were taken out with staff support to maintain safety.
- Care records showed that MCA assessments had taken place in relation to specific decisions. People with capacity to consent to decisions about their care had signed consent forms.
- We observed people made decisions about their care and treatment. People's choices and decisions were respected. We heard people declining and accepting offers of food, drink, personal care and people chose whether to participate in activities. Records confirmed when people had made choices. Staff told us they encouraged people to make their own choices about the assistance they had and asked for permission before helping them.
- Where some people did not have capacity to consent to a specific decision, relatives had signed the consent form detailing that they were the person's lasting power of attorney (LPA). Copies of the LPA documentation had been checked by the management team to verify that relatives had the authorisation to make decisions on behalf of the person.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. 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 told us they were happy and liked living at the service. People and relatives told us staff were kind and caring. Comments included, "It's the best place to be, I have lived here seven months" and "I think its lovely. Everyone here is lovely. Staff are nice". One relative shared how they had moved their loved one from another service. They said, "Dad is much happier."
- Staff supported people in a friendly, upbeat manner and in a way which met each person's needs. People felt comfortable with staff. For example, people sought staff out and chose to spend time with them. People were relaxed in the company of the staff, smiling and communicated happily using either verbal communication, expressions and gestures.
- Staff were knowledgeable about people, their support needs, individual preferences and personal histories. This meant they could discuss things with them that they were interested in and ensure that there were good and meaningful interactions.

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

- People were involved in making decisions about their care and support and they were encouraged to express their views on how they preferred to receive their care and support.
- People and their relatives had been asked about their lifestyle choices and these were respected. People had not been able to have their hair cut for some time due to government restrictions and were not able to verbalise who they would like their hair cut. Staff had made contact with people's relatives to ask for photographs of how the person had their hair styled and cut prior to living at the service. The staff then checked with the person before showing this to the hairdresser. People proudly showed inspectors and staff their hair and were pleased with their styles.
- People had been asked if they preferred a male or female carer, however there were no male carers employed at the current time. This is something for the provider and registered manager to consider for the future.
- People self advocated (where they could) and relatives advocated on their loved one's behalf if they lacked capacity or wanted assistance to help them make decisions about their lives.

Respecting and promoting people's privacy, dignity and independence

- People were able to spend time with their relatives in private in the room set aside for visiting. One person received their care in bed and was able to receive their visit from their relative in their private room. We observed staff knocking on doors before entering people's bedrooms and checking with them it was ok to enter. This included when people's doors were open. People's personal records were stored securely in the office. People's personal records were also stored on computers and applications on smart phones, these

were protected by passwords.

- Staff discreetly asked people if they were in pain and wanted pain relief during medicines administration rounds. Staff discreetly checked with people to see if they wanted assistance to go to the toilet.
- Staff told us they ensured people's curtains and doors were closed when they supported people with their personal care. Staff said they protected people's dignity by covering people up with towels when supporting people to wash and dress.
- People were supported to be as independent as possible. For example, people were encouraged to carry out personal care tasks themselves on areas of their bodies that they could reach. A staff member told us, "Everyone is pretty good at cleaning their teeth, most people if you put toothpaste on the toothbrush and pass it to them and they will do it without any help, some need some help and prompting."

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. 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 had care plans in place, which reflected their current needs and interests. Care plans were really clear and detailed, so staff knew exactly how to provide personalised care and support. The care planning system was an electronic system that the provider had purchased. The system had the function which offered relatives constant access to the care records and care plan to help them monitor their loved one. This function was at a monthly cost to the owner of the care planning system. All relatives had been sent the information about this access and one relative had taken this up.
- Care plans were person centred and contained information about how each person should be supported in all areas of their care and support. Each care plan had a life history section, which had been completed with the involvement of the person and their relatives. This section provided key information about the person's life, hobbies, preferences, religious and cultural or social needs.
- Care records included details of the person's preferred routine, for example when they wanted to get up or go to bed. People received care that was personalised and met their needs. People and their relatives (if this was appropriate) were involved in care planning and review of care plans. A relative said, "I check fingernails and toenails as a barometer to [loved one's] care. They are always clean and well-trimmed."
- People were encouraged to keep active and mobile which included using the stairs to retain muscle memory. People were encouraged to take part in day to day tasks such as setting the dining tables for meals. One person told us, "I like to keep busy." The chef told us about involving people with preparing food, such as peeling vegetables. We observed videos and photos of people working with the chef and other staff to do this and making meals such as pizza.

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.

- Information in the service was available in a variety of formats to meet people's communication needs, such as large print and easy to read, this included activities information and complaints procedures.
- There was a board clearly on display in the dining room, which gave people accessible information about what date and day it was. There was a menu board in the dining room which listed the menu options for the day in writing. The chef planned to improve this by adding pictures of the meals to help people choose. Staff told us there were pictures in place which they could use to help people decide what meal to have.
- During the inspection the registered manager downloaded posters and information in an easy to read format including how to recognise and report abuse. They also downloaded easy read guides to support

people to understand the current COVID19 restrictions.

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

- The service employed an activities coordinator, which enabled activities to take place five days a week. The provider was in the process of employing another activities coordinator so the activities could be extended to seven days a week. Staff told us when the activities coordinator was off, they made time to do varied and fun activities with people. A range of activities were available for people who lived at the service and people were able to choose if they wished to join in with activities. Some people chose to stay in their bedrooms. People had been enabled to utilise technology to keep in touch with their friends and relatives through using the telephone and through making video calls.
- Activities included, arts and crafts, nail care, theme days based on different countries around the world, board games, card games, quizzes and memory games. We observed people getting involved in armchair exercises, dancing and singing. The service had an interactive games table which people enjoyed. External activities had been paused at the service during the pandemic. The service had created a wishing tree and people had been supported to make a wish for something they would like to do once the lockdown restrictions were over. The management team and staff were passionate about making sure people's wishes were fulfilled. A relative told us, "There's not a day that goes by where the family aren't informed about the fun residents are having or medical appointments that have been arranged."
- The activities coordinator visited people in their bedrooms to provide one to one activity. For people who chose to stay in their rooms or were too unwell to join in with group activities in communal areas. People received activities such as hand massage, nail care, reading and chatting.
- People had been enabled to have visitors throughout the COVID19 restrictions, such as window visits and garden visits. Now that restrictions had eased people were enabled to see their relatives inside the service. People were also enabled to start to visit the community with their relatives or staff. One person went out for the day with their relatives when we inspected. Relatives told us, "I book visits at present once a week and two people only but from next week I can take [loved one] out" and "I am looking forward to taking [loved one] out soon."

Improving care quality in response to complaints or concerns

- Complaints received had been responded to and resolved satisfactorily. There had been no complaints received since the registered manager had been in post.
- People and their relatives told us they would complain to the staff or registered manager if they were unhappy about their care. Comments included, "I have no concerns, they are doing a marvellous job" and "I feel blessed, staff are amazing, care and food excellent. [Loved one] is happy and content."
- The complaints policy was on display and gave people all the information they needed should they need to make a complaint. This was available in an easy to read and accessible format.

End of life care and support

- People had been involved in planning and discussions about their wishes and preferences in relation to their end of life care. For example, people's care records evidenced the type of funeral they wished to have and where they wanted to receive treatment at the end of their life.
- Some people had consented to DNAR (do not attempt resuscitation) with their GP or consultants. Medicines were in place for people who were at the end of their life. These had been prescribed by the GP to ensure people were comfortable at the end of their lives.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. 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

- People and their relatives knew the registered manager and felt that there was an open culture. Comments included, "The boss is a lovely boss, she treats people and me with respect"; "Me and my sisters are pleased with the transparency and day to day contact from the home. They have all had a personal WhatsApp groups set up, I want to praise home for this" and "I can't fault the staff. They ring [other relative] with updates and they get info over the WhatsApp group."
- The management team had created a private messaging service with each person's relatives and a group chat function for relatives to come together as a group (if they had consented). The management team used the chat functions to update relatives, provide information such as how to contact the registered manager and provide updates about their loved ones, this included photographs and videos of activities. This had offered some reassurance to relatives at a time when they were unable to visit and increased the use of technology to keep everyone connected.
- The provider carried out checks of the service on a monthly basis. These checks included, talking with people, staff, checking records, checking the building and general observations. Staff told us the providers visited the service on a weekly basis, they were approachable and helpful.
- It was clear from the experiences of people living at the service and our observations that the provider met their aims and objectives for the service which were: 'To maintain the highest standards both in care, accommodation and outcomes for those living with dementia. Good management, appropriately trained staff, well defined policies and procedures, and action plans to reduce risks in the least restrictive way, always considering the best interests of the individual.'

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

- Systems were in place to check the quality of the service. Including, reviewing care plans, incidents and accidents, staff recruitment records, health and safety, mattresses, bedrails and bumpers, moving and handling equipment, medicines and infection control. Where issues had been identified records showed that actions had been taken in a timely manner.
- Some audits hadn't been robust enough to pick up areas which required additional work. When these were identified on the first day of the inspection the registered manager reviewed the audit systems and tools and introduced updated audit systems to ensure they captured all areas.
- The registered manager had notified us of specific incidents relating to the service. These notifications tell us about any important events that had happened in the service.

- There were a range of policies and procedures available to staff governing how the service needed to be run. These were regularly reviewed and updated. Staff had access to policies and procedures through an application on their telephones too. Staff told us this was handy and enabled them to access the policies anywhere. They also received emails and messages to alert them to a new policy which reminded them to log in and view it.
- The management team constantly looked for ways of developing the service, continuously improving the environment, care, support and experience to support people to have the best outcomes.

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

- The provider sent out surveys to relatives and staff to gain feedback about the service in March 2021. Nine surveys were completed by relatives and eight surveys were completed by staff. Survey feedback was positive from everyone surveyed; the survey results highlighted some areas which could be improved. The management team created an action plan which evidenced how they will achieve improvement. For example, by carrying out a virtual tour of a loved one's bedroom so that the relative can see how it has been cleaned, maintained and personalised. The registered manager planned to carry out a survey with people to gain feedback about their experiences of living at the service.
- People met with the activities staff member on a regular basis to discuss their feedback. The last meeting held was 15 February 2021. People had also feedback to the chef about meals. One person said, "[Chef] has been to see me about my food."
- Compliments had been received. Comments included, 'You are all truly amazing, appreciate all you are doing for mum [name], much love to you all'; 'Just a big thank you for looking after my mum [name], you are all lovely' and 'To everyone at Sherwood House, thank you for everything.'
- Staff told us that they were able to share their ideas and felt listened to. Staff meetings had taken place regularly. Staff said they felt supported by the management team. The registered manager was approachable, and they felt listened to.

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 registered manager had a good understanding of their responsibilities under the duty of candour.
- The registered manager demonstrated that they were committed to ensuring that people received good experiences and high-quality care.

Working in partnership with others

- The service worked closely with other health and social care professionals to ensure people received consistent care and treatment. The management team also worked closely with the provider's other services to share news and information.
- Staff told us they were kept informed about engagement and outcomes with health and social care professionals that could result in a change to a person's care, for example, following a visit from the community nurse, GP or dietician.
- The registered manager was involved in local registered manager support networks and COVID-19 social media support networks which had been developed. The registered manager also gained support through the Skills for Care network.