

HC-One No.2 Limited

Sheraton Court

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Sheraton Court provides accommodation and personal care for up to 80 people, some of whom are living with dementia. At the time of the inspection there were 77 people living in the home.

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

People felt very safe living in the home and with the support they received from staff. People and relatives were complimentary about the staff, describing them as "friendly," "approachable" and "caring." Comments included, "It is a wonderful place for the likes of me" and, "The way they (staff) care for [family member] is the best thing, they are genuinely caring people."

Staff safeguarded people from abuse. Risks to individuals and the environment were well managed. There were enough staff to meet people's needs. A relative said, "When I visit, I always feel there are enough staff and if we need them, they are available." The provider learned from accidents and incidents to mitigate future risks. Medicines were safely managed. Infection control processes were embedded into the service and staff followed government guidance in relation to infection control and prevention practices. A relative said, "The home is very clean and there is always someone there cleaning."

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

The home was well managed. The provider, acting manager and staff promoted a positive culture in the home. People and relatives were complimentary about the home and care people received. The provider had an effective quality assurance process in place which included regular audits. People, relatives and staff were regularly consulted about the quality of the service through regular communication, surveys, meetings and reviews.

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 21 April 2018).

Why we inspected

This inspection was prompted by a review of the information we held about this service. As a result, we decided to undertake a focused inspection to review the key questions of safe and well-led only.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has remained good based on the findings of this inspection. We found no evidence during this inspection that people were at risk of harm. Please see the safe and well-led sections of this full report.

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

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Sheraton Court

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 Health and Social Care Act 2008.

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 team was made up of 2 inspectors and 2 Experts by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Sheraton Court is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Sheraton Court is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post. The provider was recruiting a new manager and were interviewing on the day of inspection.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We reviewed feedback from the local authority and professionals who work with 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 used all of this information to plan our inspection.

During the inspection

We spoke with 6 people and 12 relatives about their experience of the care provided. We spoke with 9 members of staff including a managing director, the area director, the acting manager, a senior care worker and care staff. We also spoke with two visiting health professionals. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us and carried out observations in communal areas around the home.

We reviewed documentation, inspected the safety of the premises and carried out observations in communal areas. We reviewed a range of records including 2 staff recruitment records, 3 people's care records, medicines records and quality audits. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff supported people to keep them safe and protect them from harm. Comments from people and relatives included, "It is very nice, they're very good to me, it's very safe" and, "I feel [family member] is very safe and she is well looked after. I feel she is part of the family."
- Staff knew people very well and were aware of how to report any safeguarding issues or concerns.
- Safeguarding alerts were raised with the local authority in a timely way, when required.

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

- Staff assessed and managed risks to people's health, safety and wellbeing effectively.
- The premises were safe. There were environmental risk assessments in place including fire, and regular checks and testing of the premises and equipment were carried out.
- Staff recorded accidents and incidents in a timely way and took appropriate action. A relative told us, "I feel that (the provider) has processes in place to help reduce falls. They (staff) dealt with a fall [family member] suffered, correctly, it was an accident."
- The manager monitored and analysed records to identify any trends or lessons learned.

Staffing and recruitment

- There were enough staff to safely meet people's needs. Relatives told us, "There are always enough staff. There is always somebody there" and, "I feel there are enough staff when I visit. I sometimes visit late at night on my way home from work and don't find a problem with staff numbers."
- The provider determined staffing levels in line with people's individual support needs.
- Staff were recruited in a safe way. The provider had an effective recruitment and selection policy and procedure in place which included all appropriate checks.

Using medicines safely

- Staff safely administered and managed people's medicines. A relative said, "[Family member] has medication and the senior gives it to her. They are very good at giving it to her when its required."
- Staff had received up to date medicines training. They were able to explain the process of safely administering medicines, the importance of time-critical medicines and 'when required' medicines. They also clearly explained how medicines are ordered, stored and disposed of when required.
- The treatment room was kept locked and medicines were stored safely and in line with manufacturer's instructions. Regular room and fridge temperature checks were taking place.
- Regular medicine checks and audits were carried out to identify any errors and take appropriate action.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- 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.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found staff were working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

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 good. At this inspection this key question has remained 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

- The provider, manager and staff promoted a positive culture in the home. One relative told us, "Everybody is always happy. [Family member] is more active now than when they lived at home. I like how they (staff) take them (people) out."
- The home was well-managed. The provider had received numerous compliments since the last inspection from people, relatives and health professionals. Comments included, "I now live at Sheraton Court, and I am so happy here" and, "I am really overjoyed with the care and progress [family member] has made since moving to Sheraton Court. Her mood has lifted so much her meds have been stopped. I feel like [family member] has returned and it's all down to the amazing teamwork."
- Staff enjoyed working in the home and were passionate about their roles. One staff member said, "I absolutely love my job and the residents. I've been really supported from the day I started and have received lots of training. I think [acting manager] is very approachable and supportive as a manager as well."

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

- The provider and manager acted on the duty of candour. They conducted themselves in an open and honest way throughout the inspection.
- The manager submitted statutory notifications, in a timely way, for significant events that occurred in the home, such as safeguarding concerns.

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

- The manager and staff understood their roles and responsibilities.
- The provider and manager monitored the quality of the service to make sure they delivered a high standard of care and to drive improvement.
- The provider recognised and celebrated the hard work and dedication of staff through an 'Employee of the Month' scheme. This included people, relatives and staff nominating individual staff members, detailing reasons why. The top three nominated were then presented with a voucher and celebrated in the home and via the monthly newsletters.
- Staff also received awards at various milestones, for recognition and appreciation of long service with the provider.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Feedback from key stakeholders was used to improve the service. People, staff and relatives were asked to share their views of the service via regular communication, meetings, surveys and reviews.
- The provider, manager and staff worked in partnership with other health professionals to achieve positive outcomes for people. People's care records showed involvement and guidance from other agencies such as GPs, district nurses, speech and language therapists and Intensive Community Liaison Services (ICLS).