

Sheerwater Healthcare Limited

Sheerwater House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 7 March 2017 and was unannounced.

At the last inspection in June and July 2015 we found a breach of Regulations 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This related to medicines and activities records not being maintained. We found at this inspection this Regulation continued to be breached but for different reasons. We also identified some new concerns.

Sheerwater House is a care home providing residential care for up to 20 older people, some of whom are living with dementia. At the time of our inspection there were 18 people living at the service.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People and their relatives told us that they felt safe. However, people were not always protected from the risk of infection and people were not receiving support with oral health care.

People felt there were insufficient staff to meet people's needs. There was a shortage of cleaning staff resulting in care staff having to do cleaning and laundry tasks.

People's rights were not always protected because the staff did not act in accordance with the Mental Capacity Act 2005. The home had CCTV in place in the communal areas and had a closed Facebook page for relatives to access. No-one had consented to the use of these.

People were not living in an environment that was always appropriately maintained. Some areas were not clean and odour free.

People's care was not always planned and plans lacked the detail required for staff to know what care to provide to people.

There were mixed views on the activities available to people. Some people did not think there was enough for them to do.

The provider did not have effective systems in place to monitor the quality of the service. Some quality assurance systems were in place but these did not identify that people were not being protected against the risk of harm, that not all care was planned, that care plans lacked detail, or that people did not have mental capacity assessments in place for the use of CCTV and social media.

The registered manager had not notified CQC about a significant event. This involved someone making threats to the management and the home. When people had accidents, incidents or near misses these were recorded, but not monitored to look for developing trends

People's medicines were managed and administered safely, and people received their medicines on time.

Staff had a good understanding of how to protect people from abuse and knew how to report safeguarding concerns. The provider followed safe recruitment practices.

Care records contained up to date risk assessments to guide staff in how to keep people safe.

The risk of fire had been assessed and plans were in place to minimise these risks. Regular fire drills were being completed and all staff had received fire training. Personal Emergency Evacuation Plans (PEEPs) were in place for every person.

People were supported by staff who had received training to carry out their roles. Staff received induction, regular mandatory training and other training required to meet the specific needs of people and were regularly supervised and appraised.

The staff met people's dietary needs and preferences. People were offered choice and meals were nutritious and well presented. Staff members provided support to people who required it.

People's health care needs were monitored and any changes in their health or well-being prompted a referral to their GP or other health care professionals.

People and their relatives told us that staff were caring, respected their dignity and promoted their independence.

People were involved in the running of their home. Regular bi – monthly meetings were held where people could contribute. People knew how to complain.

The provider had sent out quality assurance questionnaires and encouraged people and their relatives to review the service on an industry wide web site.

People and their relatives felt the manager was approachable and available. The manager and the provider were involved in the running of the home.

All staff said they felt support and valued by the registered manager and the provider. Staff told us they worked well together and communicated with each other. Regular team meetings were held and staff said they were confident to speak up in these and make suggestions

During the inspection we found four breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We also made four recommendations to the registered provider. You can see what action we told the provider to take at the back of the full version of the report.

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

People were not always protected from the risk of infection
People were not living in an environment that was always appropriately maintained.

People were not receiving support with oral health care

There were in-sufficient staff to meet people's needs

Care records contained up to date risk assessments to guide staff in how to keep people safe.

People's medicines were managed and administered safely

Staff had a good understanding of how to protect people from abuse and knew how to report safeguarding concerns.

The provider followed safe recruitment practices.

The risk of fire had been assessed and plans were in place to minimise these risks.

Requires Improvement ●

Is the service effective?

The service was effective.

People's rights were not always protected because the staff did not act in accordance with the Mental Capacity Act 2005.

People were supported by staff who had received training to carry out their roles.

Staff were regularly supervised and appraised.

The staff met people's dietary needs and preferences.

People's health care needs were monitored

Good ●

Is the service caring?

Good ●

The service was caring.

Staff were caring.

Staff treated people with dignity and respect.

Staff promoted peoples independence.

People were involved in the running of their home.

Is the service responsive?

The service was not always responsive

Peoples care was not always planned and plans lacked the detail required for staff to know what care to provide to people.

There were mixed views on the activities available to people.

People knew how to complain

Requires Improvement ●

Is the service well-led?

The service was not always well led

The provider did not have effective systems in place to monitor the quality of the service.

The registered manager had not notified CQC about a significant event.

The provider had sent out quality assurance questionnaires and encouraged people and their relatives to review the service.

The registered manager was approachable, available and involved in the running of the home.

Staff were supported and valued by the registered manager and the provider.

Requires Improvement ●

Sheerwater House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 7 March 2017 and was unannounced. The inspection team consisted of two inspectors, and an expert by experience in care for older people (an expert by experience is a person who has personal experience of using or caring for someone who uses this type of service).

Prior to this inspection we reviewed all the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

As part of our inspection we spoke with five people, four relatives, five staff, the registered manager, and the provider. We also reviewed a variety of documents which included the care plans for four people, six staff files, training records, medicines records, quality assurance monitoring records and various other documentation relevant to the management of the home.

We last inspected the service on 30 June and 1 July 2015. At that inspection we found a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Is the service safe?

Our findings

At the last inspection it was found that people were not living in an environment that was always appropriately maintained. We found the same on this inspection. One bathroom had a stained toilet and a rusty and dirty bath seat. A toilet had a very dirty floor. Four bedrooms smelt strongly of urine. One bedroom had a torn light shade and a towel rail not fixed to the wall, a second bedroom had a broken wardrobe drawer, a third bedroom had a mattress that was too small for the bed, and a fourth bedroom had a stained carpet. A cleaning schedule was in place but this did not result in the premises and equipment being clean.

We spoke to the provider about this and was told that there was a refurbishment plan in place. They told us that they had started work on the bedrooms this week, that all the emergency lighting had been renewed two weeks ago, and that two boilers had recently been replaced and that the lack of cleanliness was due to a shortage of cleaning staff.

Following the inspection the registered manager sent us the refurbishment plan and an action plan. They said, "The provider has arranged for all rooms to be reviewed and decorated where necessary. These plans will be in consultation with the residents and relatives."

The refurbishment plan details they will make some improvements in 2017. These include redecorating and replacing flooring in the 1st and 2nd floor corridors, replacing fridges in the kitchen, replacing the sun blind on the patio, replacing some smoke detectors, providing new curtains and a new vanity unit in one bedroom, re-decorating a bedroom, redecorating and providing new flooring and curtains to a second bedroom, re-decorating and providing new curtains to a third bedroom, replacing a fence, and providing more gravel to the drive-way. We will assess these improvements at the next inspection.

As the premises were not clean and free from odours this is a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People and their relatives told us that they felt safe. One person said, "I feel safe, there's no interference from other residents. When I call for help at night, they usually come quickly." A second person said, "I do feel safe. I don't need to call for help as I can manage." One relative said, "They are safe and secure here, they couldn't be on their own at home." A second relative said, "They are safe here, if I thought for one minute they weren't, I would not have them here." Despite people and relatives positive comments about how safe they felt we found that improvements were needed to ensure people were always cared for safely.

People were not always protected from the risk of infection. During the inspection we observed a staff member carrying a used continence pad not in a bag to the bathroom and placing it in a clinical bin. They then returned to the trolley in the hallway and picked up a towel to take to the persons room. They did not change their gloves. We also saw several rooms with open bins containing used clinical gloves and observed the cleaner using dirty water to clean floors. During the medicines round we saw medicines pots being re-used. Infection control audits were not completed which would have identified these issues.

People were not receiving support with oral health care. The records for the previous week showed that over half the people only received oral health care on one or two occasions. We did observe the majority of toothbrushes were dry and dirty. We asked two staff members about this. One staff member told us that oral health care was mostly done by the night staff, and the other told us that they had not done any oral health care as they finished their shift before people went to bed. The failure to provide good oral hygiene is a known risk to people's health. NICE guidelines recommend daily good oral hygiene. The World Health Organisation also has research that shows the links between poor oral hygiene and risk indicators for other diseases.

The provider had not ensured that people were protected from the risk of harm. This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People felt there were insufficient staff to meet people's needs. One person said, "They are a bit short staffed sometimes." A second person said, "Sometimes when I call for help, they take a little while to respond," and a third person said, "Mostly there are enough staff, but sometimes they can be a bit short." On the day of the inspection there were sufficient staff on duty to meet people's care and support needs. At all times there was at least one staff member in attendance in the main lounge/dining room where many residents were present for most of the day. However on Sundays care staff also had to do cleaning and laundry tasks. Some bedrooms and bathrooms were not clean, and some bedding required changing. We spoke to the manager and provider about this who told us that they were short of one cleaning staff member and were actively recruiting for another.

Since the inspection we have been informed by the manager that an advertisement for another member of cleaning staff has been placed on-line and in the local area.

We recommend that the provider ensures sufficient staff are employed at all times to meet people's needs and keep the premises clean.

Care records contained up to date risk assessments to guide staff in how to keep people safe. There were risk assessments relating to the environment, mobility, moving and handling, falls, and other risks to people. The staff on duty on the day of the inspection knew the risks and were providing care safely.

People's medicines were managed and administered safely. People told us they received their medicines when expected. Medication administration records (MARs) were completed without gaps and where people had refused, or not needed PRN (as required) medicines this was marked appropriately. PRN protocols were in place stating why it was needed, how often it should be given and the maximum dosage. MARs contained a person's photograph any allergies and their date of birth. Medicines were stored appropriately and dates when bottles were opened were marked. Temperatures of the medicines storage room were taken and recorded and there was a record of the medicines fridge being cleaned. An audit had been carried out by the pharmacy in May 2016. Actions identified included, 'to put dates on bottles when opened, include date on resident's photographs and renew each year and ensure two signatures on handwritten entries on MARs'. We saw the dates and signatures were now being done.

Staff had a good understanding of how to protect people from abuse. One staff member said, "We have a whistleblowing policy which we can use. We can go to social services." All staff said they would report any concerns to the registered manager. The staff had access to the homes safeguarding policy which gave information to staff on how to contact the local safeguarding authority.

The provider followed safe recruitment practices. Staff files included application forms, records of interviews

and appropriate references. Records showed that checks had been made with the Disclosure and Barring Service (DBS). DBS checks identify if prospective staff have a criminal record or are barred from working with people who use care and support services. Records seen confirmed that staff members were entitled to work in the UK.

The risk of fire had been assessed and plans were in place to minimise these risks. Monthly fire drills were being completed and all staff had received fire training. Personal Emergency Evacuation Plans (PEEPs) were in place for every person. These gave staff the knowledge they need to safely support each person in the event of a fire and how they should be helped to evacuate the home.

Is the service effective?

Our findings

People's rights were not always protected because the staff did not always act in accordance with the Mental Capacity Act 2005. 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.

The home had CCTV in place in the communal areas and had a closed Facebook page for relatives to access. No-one had been asked for their consent to the use of these.

Care plans referred to DNAR forms being in place. These though were not contained in people's records. DNAR stands for Do Not Attempt Resuscitation. A DNAR form is a document issued and signed by a doctor, which tells medical teams not to attempt cardiopulmonary resuscitation.

We spoke to the registered manager about the consent needed for the use of CCTV and was told they had obtained advice from the company who provide their quality systems and had been told that the consent form used by the provider would cover this. The form did not include the use of CCTV or filming.

Since the inspection we have been informed by the registered manager that they would obtain everyone's consent for the use of CCTV, and that they have contacted people's General Practitioner (GP) to arrange replacement DNAR's.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). One person had an authorised DoLS. The registered manager had submitted a number of DoLS applications to the local authority.

We recommend that the provider takes action when needed to ensure people's rights are assessed and protected.

People were supported by staff who had received training to carry out their roles. The manager in the PIR stated that 'management actively encourage all forms of training and development. We found this to be the case. People thought the staff were well trained. All staff said the training was very good. One said, "We have training all the time. Every week there is something." Another new member of staff said, "I've just been training, training, training." Records demonstrated that staff received induction, regular mandatory training and other training required to meet the specific needs of people. This included training in dementia, epilepsy, falls prevention, diabetes and heart health.

People were supported by staff who had supervisions (one to one meetings) and an annual appraisal with their line manager. Appraisals had been booked to take place this month.

The staff met people's dietary needs and preferences. One person said, "The food is excellent. You can have something different." A second person said, "The food's absolutely perfect, nice and fresh and it's well presented," and a third person said, "I enjoyed lunch, I like the meals". A relative said, "The meals are good, I've had some here and they are fine." Lunch consisted of a choice of two main courses, including one vegetarian dish, two desserts and juices. Meals were nutritious and well presented. Staff members provided support to people who required it. Following the meal the chef asked people for their feedback.

People's health care needs were monitored and any changes in their health or well-being prompted a referral to their GP or other health care professionals. One person said, "They (the staff) organise the doctor to visit if you need it and the manager takes you to hospital appointments." A second person said, "They will get the GP in to see me if I'm not well." A relative said, "They get the doctor in and the chiropodist comes in once a month, and they accompany them on visits to hospital".

Is the service caring?

Our findings

People and their relatives told us that staff were caring. One person said, "It's like a family here, very caring". A second person said, "All the staff are so caring and attentive." A relative said, "The staff are gems, they are lovely and they seem to care a lot for all of them," and a second relative said, "The carers are very attentive towards residents." We saw a staff member gently wake someone and remind them their cup of tea was beside them. Anytime we saw staff speaking with people they crouched down at their level. Several times we saw staff supporting people to go to the toilet, walking beside them slowly. Staff chatted to people in a meaningful and respectful way.

People told us that staff respected their dignity. One person said, "The man who gives me a bath is very discrete." We observed a staff member support someone to the toilet. The staff member said, "I'll wait outside here and let me know when you are done." They did so and pulled the door behind them so the person had privacy.

People were encouraged to be independent. One person said, "I'm definitely encouraged to do what I want and can," and a second person said, "I am encouraged to be as independent as I can be." One person who had a risk assessment in place went out of the home on their own regularly and people were encouraged to be involved in everyday tasks such as setting the table and clearing cups away.

People were involved in the running of their home. Regular bi – monthly meetings were held where people could contribute. On the morning of the inspection there was a residents' and relatives' meeting held. It was attended by sixteen people and was facilitated by the provider. Subjects discussed included food, meals and activities. The provider gave everyone the opportunity to comment and most people gave suggestions.

Is the service responsive?

Our findings

People and their relatives told us they received the care they needed. One person said, "I definitely get the care I need here," and a second person said, "The staff help me when I ask for it." A relative said, "He does get the care he needs at this Home." Despite peoples positive comments we found that improvements were needed to ensure people received a responsive service that is focussed on their individual needs.

Peoples care was not always planned and plans lacked the detail required for staff to know what care to provide to people. One person who had a pressure sore and was being seen by the district nurse had no care plan for this. Another person who had seen the district nurse and was using a pressure relieving mattress had no care plan in place detailing its use. A person who required support with eating had a care plan stating they fed themselves. A person said, "I am Jewish, but I don't have kosher food, but I don't mind". This was not mentioned in their nutrition plan. Another person who was receiving covert medication did not have this mentioned in their care plan, and another person's care plan did not detail what support was required to transfer them to their wheelchair, or what support they required with eating and drinking.

Monthly reviews of peoples care plans were taking place but these were not identifying that care was not planned or that more detail was needed.

We spoke to the registered manager and provider about this. They told us that they had plans to introduce an electronic care planning system from mid-March and that this would deal with the identified gaps.

As the care plans were not complete or accurate this was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There were mixed views on the activities available to people. One person said, "There is enough entertainment to interest me and my family can visit when they want." A second person said, "We don't get much entertainment. Occasionally we get an entertainer come in. They do things on special occasions, like bonfire night, and a third person said, "There could be more entertainment". A relative said, "There seems to be enough for them to do. The Home put in an internet broadband for peoples use". On the day of the inspection we observed the TV being on all day and music played at lunchtime. Staff all felt there was plenty going on for people. They said one person liked to do their crosswords/puzzle book and another liked bingo and card games such as poker. They told us that family came in too and did things with people. Staff said that pretty much everyone was able to go out and did so, either with family or with the provider. We were told by the manager that the home does not have activity staff and that people choose individually what they would like to do. This includes dominoes, poker, knitting and doing puzzles. They said, "Everyone sleeps in the afternoon and its pointless people coming in." We were told the hairdresser visits weekly and that a fitness session takes place on a Monday morning. However, many people were living with dementia and may have been unable to choose or initiate their own activity; they may need encouragement and stimulation from staff that understand their needs.

We recommend that the provider review the activities available to meet the needs of all individuals.

People knew how to complain and the provider had a written complaints procedure available to people and their relatives. People and their relatives told us they had nothing to complain about. One person said, "I've no complaints at all," and a second said, "I've never complained, but would to the manager." One relative said, "We've not needed to complain." There had been no complaints made in the last year. We saw that the service had received compliments from relatives relating to the home being calm, happy and friendly. Following the inspection we received positive feedback from six relatives.

Is the service well-led?

Our findings

The provider did not have effective systems in place to monitor the quality of the service and make improvements. Some quality assurance systems were in place. The provider carried out a regular maintenance audit and a six monthly catering audit. The registered manager carried out a regular medicines audit. Care plans were not audited by the provider. They said, "I check they are up to date rather than the content. I don't audit the content as the registered manager has written them." None of these audits identified that people were not being protected against the risk of harm, that not all care was planned, that care plans lacked detail, or that people did not have mental capacity assessments in place in relation to the use of CCTV and social media.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

In 2016 the provider had sent out regular quality assurance questionnaires to people, relatives, staff and professionals. These were to check that care provided was effective, responsive, caring and well led. A good response was received. The satisfaction rate ranged between 75% and 100%. Actions were planned and taken in response to feedback. This included setting up a Facebook page so that relatives could see what activities were taking place and talking to staff about the purpose of surveys. A further questionnaire had been sent out in February 2017. This was to check the effectiveness of the care. A 97% satisfaction rate was obtained and there was an action to encourage professionals to respond.

In the PIR the provider stated they encouraged relatives to review the service on an industry wide web site. We found this to be the case. Seven positive reviews had been recorded since December 2016.

The registered manager had not notified CQC about a significant event. This involved someone making threats to the management and the home. The police were involved. Significant events should be reported so we can monitor the service and to ensure they responded appropriately to keep people safe.

We spoke to the registered manager and provider about this and were told they had been told by the LA safeguarding team it was not a notifiable event. However the regulation is clear that any incident reported to or investigated by the police should be notified to CQC. As the incident involved a threat to the home the provider or registered manager should have informed the commission. However given that the police were informed of the threat and the provider informed the local; authority the potential risks to people living at the home were reduced in this instance.

We recommend that the provider and registered manager review the regulation and ensure that all notifiable events are sent to the commission.

When people had accidents, incidents or near misses these were recorded but not monitored to look for developing trends or how the risk of future accidents could be mitigated. We spoke to the registered manager and the provider about this and we were told they had stopped doing this because of previous

advice. They agreed to immediately start monitoring them.

People and their relatives felt the manager was approachable and available. One person said, "The manager is a very nice person and you can speak to her about anything." Another person said, "The manager is a very nice person and will do anything for you." A relative said, "The manager is lovely, very approachable and very involved in all aspects of the Home." On the day of the inspection we found both the manager and the provider were involved in the running of the home and accessible to people and their relatives.

All staff said they felt supported and valued by the registered manager and the provider. They said the registered manager and provider always thanked them for their hard work and made them feel part of the home. A new staff member said she had felt welcomed into the 'team'.

Staff told us they worked well together and communicated with each other. One staff member said, "We don't talk behind each other, we're honest and upfront so it's not just about staff meetings."

Staff said they had regular team meetings and were confident to speak up in these and make suggestions. A staff member said, "The registered manager is very good at coming up with ideas before us though." Records demonstrated that staff meetings were held bi-monthly. Subjects discussed included training, on call procedures, Christmas arrangements, new staff, food and policies and procedures.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had not ensured that people were protected from the risk of harm.
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment The premises were not clean and free from odours
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Care plans were not complete or accurate The provider did not have effective systems in place to monitor the quality of the service and make improvements