

# Chestnut House Nursing Home Limited

## Sherdley Manor

### Inspection report

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### Ratings

#### Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

### Overall summary

We carried out our unannounced inspection of Sherdley Manor on the 24 & 27 April 2015.

Sherdley Manor is a residential home, which specialises in providing care and support to people who have a diagnosis of dementia. The home is located close to Sherdley Park. It is on a main bus route and close to the town centre of St Helens. The service is registered to provide a service to 23 people, but on the days of our inspection there were 21 people living at the home.

We carried out an unannounced inspection on 23 July 2014. We found that the registered provider was in breach

of a number of regulations at that time. After that inspection, the registered provider wrote to us to say how they would make the required improvements to the service. We undertook a full comprehensive inspection on 24 and 27 April 2015 to check that they had followed their action plan and to confirm that they had now met legal requirements. At this inspection we found that the provider had made the required improvements.

There was a registered manager who has been in post for 10 months. A registered manager is a person who has registered with the Care Quality Commission to manage

# Summary of findings

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.

We saw that risks to people were identified, assessed, managed and reviewed, and staff understood how to keep people safe. We found there were sufficient numbers of staff to meet people's needs and promote people's safety. One staff member said, "The home is much more relaxed. The rotas have been changed, everyone is much happier".

People who used the service and their relatives told us the staff treated them with dignity and respect. We saw staff listening to people and encouraging them to make choices and decisions about their care. People also told us they were happy with the care that they had received.

They said the staff were kind, patient and always helpful. The relatives of some of the people who lived in the home told us they had no concerns about the care that was provided and felt it was a good home.

People's needs were assessed and care plans were developed to identify what care and support people required.

People who used the service told us they enjoyed the food, some of the comments were, "The cherry pie we had today was gorgeous, we had it for the first time last week and I requested it again" and "The food is really good". We observed people receiving some assistance with their meals, which was done in a dignified way.

The registered provider had a system in place to ensure that the service delivery was monitored, reviewed and evaluated. This was to ensure that the safety, quality and effectiveness of the service were regularly assessed in order to identify any potential issues or risks.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

People told us they felt safe living at the home and family members also confirmed that their relatives were safe. Staff were aware of the different types of abuse and they knew how to report any concerns they may have to ensure people were protected.

Policies and procedures were in place to ensure people received their medicines in a safe and timely manner.

Staffs were appropriately recruited, with the necessary checks being carried out to ensure that they were of suitable character and had the appropriate skills.

Regular checks were carried out to ensure the premises were safe and fit for purpose.

Good



### Is the service effective?

The service was effective.

We found that people received effective care, as staff had a good understanding and were knowledgeable of people's care and support needs.

We saw that staff were supported to carry out their roles and they had received the training they needed to provide people's needs.

People told us the food was good and we saw that different dietary needs had been catered for.

Good



### Is the service caring?

The service was caring.

People's rights to privacy and dignity were respected and staff were tolerant, kind and understanding as they supported people.

People told us they were pleased with the support they received. This was also confirmed by relatives.

We observed staff assist people with activities, promoting people's independence and self-esteem.

Good



### Is the service responsive?

The service was responsive.

Staff had a good knowledge of people's care needs and support was provided in accordance with their care plans.

People told us staff listened to them and responded to their requests for support.

A satisfactory process was in place for managing complaints, with complaint forms being readily available for people who used the service and other visitors to the home.

Good



### Is the service well-led?

The service was well-led

Good



## Summary of findings

The home had a registered manager in post. We received positive feedback about the registered manager from people who lived at the home, members of staff and visiting relatives.

Staff told us the registered manager was 'approachable' and she ensured the home ran well.

Members of staff, people who lived in the home and their relatives told us the atmosphere was good.

There was a quality monitoring system in place to obtain the views and opinions of the people who lived in the home. This included providing surveys to people and their relatives.

# Sherdley Manor

## 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.

The inspection took place on the 23 and 27 April 2015 and was unannounced. This meant that the registered provider did not know we were going.

The inspection was carried out by an adult social care inspector over two days.

During our inspection we spoke with six people who lived in the home, three relatives, a trainer from an outside training company and six staff. We looked at the care records of four people who lived in the home and found the care plans to be individualised and informative for the care staff.

The records relating to the management of the service were also reviewed, including quality audits and health and safety inspection checks. We also looked at a sample of staff files.

Before the inspection we spoke with staff from the local authority, to check if they had identified any concerns or issues on their monitoring visits to the home. No concerns or issues had been identified.

# Is the service safe?

## Our findings

People who used the service told us they felt safe they said: “It’s lovely here, the girls (care staff) do whatever I ask” and “Oh yes I do feel safe here, everything is really good”.

We spoke with visiting relatives. All of the feedback was positive about the safety of the service. Some of the comments were, “I usually visit five days a week. I am very happy with the home and have assurance that the staff are keeping my relative and other people safe” and “It’s just like visiting your mum in her own home. The atmosphere is really nice”. We observed some of the interactions of staff and people using the service. The verbal and non-verbal communication was calm and friendly and people appeared to feel safe and comfortable in the presence of staff.

Relatives told us that they were assured that staff were competent to keep people safe. We saw that there were measures in place to ensure that people were safe.

At our inspection on 23 July 2014, we found that the registered provider had failed to ensure that people were protected from the risks associated with unsafe premises. Many areas of the home were unsafe and in need of refurbishment and redecoration. Regulation x of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

During this visit we found that the registered provider had followed their action plan and improvements were evident. The area manager had carried out monthly visits on behalf of the registered manager and completed reports. We were provided with copies of the most recent reports. We saw that items that had been identified as needing attention had been actioned, for example, ‘main corridor needs new flooring and new flooring is on order’. At the inspection we saw that new and appropriate flooring had been laid. We also checked on the outside area of the home. Some safety concerns had previously been brought to the attention of the registered provider. We found that all of the issues had been satisfactorily addressed. A visiting relative said, “They have done an awful lot, redecorated throughout and put in new flooring”.

At our last inspection we also found that people were not always protected from the risk of infection because appropriate guidance had not been followed. Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

During this visit we found the policy and the procedures for the management of infection control had been reviewed and updated. We saw the staff had plenty of gloves, aprons and hand gel in accordance with good standards of infection control and food hygiene standards. The registered manager told us that they have appointed an infection control champion. This person would flag up any issues related to the management of infection control.

The staff we spoke with told us what action they would take if they were concerned, suspected or witnessed any abuse of a person who lived in the home. They had received the safeguarding of adults training and were aware of the correct procedures to follow. The registered manager described clearly her understanding and responsibilities regarding any allegation or suspicion of abuse. We saw that the service had previously raised safeguarding alerts to the local authority.

A local authority safeguarding flowchart / process, for making a safeguarding alert to the local safeguarding team was displayed in prominent areas throughout the home. This gave staff clear guidance of what to do in the event of their need to raise an alert.

We saw that the registered provider had the necessary recruitment and selection processes in place. We looked at the staff files for four members of staff, including the most recently appointed employee. We found that appropriate checks had been carried out, including evidence that pre-employment checks had been made such as written references, satisfactory disclosure and barring service clearance (DBS) checks. This helped to ensure that only suitably, skilled and staff of good character were employed.

We checked the process for the safe storage, recording and administration of medicines. We looked at the medication administration records (MAR sheets) for four people. We found them to be correct and up to date, with people’s photographs on the MAR sheet, which helped to avoid any potential errors. We saw people’s allergies clearly recorded. One person received controlled drugs (CD). We checked the CD register and found that it was accurately managed with two staff signatures for each medication administered. The

## Is the service safe?

controlled drugs were safely and securely stored in a separate locked cupboard. We found the storage of all the medicines to be well organised, safely and accurately stored. The registered manager informed us, “Only senior carers administer medication. There is always a senior care on duty during the day and on nights”.

An up to date resident check list was available in the reception area of the home, specifically for the purpose of evacuation in the event of a fire. The checklist contained information about people’s mobility needs. The service had three appointed Fire Marshalls. The registered manager told us, “In the event of no Fire Marshall being on duty, then the person in charge will act as the Fire Marshall”. We were shown a fully detailed procedure for the evacuation of the building in the event of a fire, which had been reviewed and updated in March 2015.

We looked at how the home was staffed. Staff told us the staffing numbers were flexible and extra staff were brought

in if people required extra support or if their needs changed. The registered manager told us that they were fully staffed and provided us with copies of the staff rotas for the past two months.

We found that risk assessments were detailed and informative. They had been reviewed monthly, with updates on individual risks, with easy to follow risk rating scores for each identified risk. One person had a risk assessment in place for potential falls. The recent review stated, ‘no falls since coming into the home, but had falls at home’.

We looked at how accidents and incidents were reported and saw that these were reviewed to help identify concerns. The registered manager had reviewed these incidents and had sought support from the falls prevention team where concerns were identified and reviewed the care provided.

# Is the service effective?

## Our findings

People's needs were assessed prior to moving into the home and people had a plan of care which was drawn up with input from relevant health and social care professionals. This helped to ensure people received care and support in accordance with their individual needs and wishes.

At our inspection on 23 July 2014, we found that there was a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. People were cared for by staff who were not supported to deliver care and treatment safely and to an appropriate standard. The limited training in dementia awareness and the ad-hoc provision of staff supervision, potentially placed people at risk of inappropriate care. Regulation 23. (1) (a) & (b).

During this visit we found that improvements had been made. On arrival of the inspection we saw that a training course was taking place. The training was 'Dementia Awareness', which was provided by an external trainer. The registered manager was also taking part in the training she said, "I always keep up with all of the training". The trainer told us, "The manager attends all of the training I provide", "I have provided various training including; manual handling, first aid, infection control, safeguarding, MCA & DoLS and food hygiene" and "All staff have now completed their dementia awareness and food hygiene". The trainer also told us, "The staff have to complete a questionnaire to test their understanding of the training that has just been provided and all training is reviewed annually". We were provided with copies of the dementia and food hygiene training course material and the questionnaires. The contents were detailed and provided a good insight into dementia and gave detailed information about food hygiene.

We were shown a copy of the training matrix and we saw that all staff had received up to date training. Some of the staff comments regarding training were, "I really enjoyed the training, didn't know there were so many different types of dementia" and "The training is brilliant, always being up dated".

We were informed by the registered manager that most of the people who lived in the home had a diagnosis of dementia and were not always able to make important decisions about their care and support.

CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). Staff were aware of the requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS). Staff had received training in these topics and had read the policies available. They were aware of recent changes in DoLS practice. The registered manager worked in liaison with the local authority to ensure people who used the service were not unlawfully restricted in any aspect of their care and accommodation. The manager informed us that 21 mental capacity act assessments had been completed for people. Records showed that mental capacity assessments had been carried out and multi-disciplinary meetings had been held for those people who lacked capacity to make certain decisions. As a result best interests decisions had been made for some people and DoLS were in place for four people.

We saw records which demonstrated that people had received health care services, such as GP visits, dental care, chiropodist and district nurse services. During the inspection, visiting opticians were attending to some of the people who lived in the home to carry out eye tests.

We saw that people's care needs had been thoroughly assessed before they moved into Sherdley Manor. We found that people's records contained information from a variety of sources including family members and health and social care professionals.

The registered manager informed us that staff supervisions took place every three months as well as team meetings. We were shown staff supervision records and the minutes from team meetings. The staff we spoke with confirmed that they had received supervisions and that they had regular team meetings. Some of the staff comments were, "I have supervision about every two months and informal supervisions as and when needed" and "We now have regular supervisions. So much better now". The provision of regular supervisions gave the registered provider the opportunity to monitor a person's performance and to discuss their development and any required training needs".

The food menus contained balanced nutritious meals, with people being offered alternative meals at each mealtime. Some of the comments from people who lived in the home and their relatives were, "The cherry pie we had today was gorgeous, we had it for the first time last week and I requested it again", "The food is really good", "She's eating



## Is the service effective?

food that she never ate before, she is now eating fresh vegetables, eating really well” and “The food is lovely”. People’s care plans clearly demonstrated that if they had any specific dietary needs for example, diabetes or soft food diet. We spoke with the cook who was knowledgeable about individual’s dietary needs.

There was a white board in the kitchen, showing details of people’s allergies or dietary requirements including, one person had a nut allergy, two people could not have grapefruit and another person has a soft diet, the cook said, “This person usually has a blended main meal”.

We observed staff members supporting people in a sensitive, dignified and unrushed way with their meals.

The service had undergone some positive changes since our last inspection, including redecoration throughout, with the décor being brightly coloured, peoples bedrooms doors had been also been painted, with name signs and photographs, in order to more easily identify their rooms. Corridor walls had pictures of film stars and entertainers. This created some discussion with the people who lived in the home. One relative said, “The home is much more dementia friendly now. They have made some really good changes”.

The outside grounds had accessible footpaths and walk ways for people who may have some difficulties with mobility. The grounds overall were well maintained, with outdoor tables and seating, to use in the warmer weather.

# Is the service caring?

## Our findings

We saw people were cared for and supported by members of staff in a dignified, respectful and appropriate manner. People who lived in the home looked relaxed, content and well cared for. We saw that people's clothing was clean and well fitted.

We heard staff interacting with people in a calm and polite way. Staff encouraged and motivated people to participate in the activity that was taking place. Staff were friendly, patient and discreet when they provided support to people. We observed many positive interactions and saw that these supported people's wellbeing. There was a relaxed atmosphere throughout the home.

The care plans we looked at contained good information about people's background history, their likes and dislikes. The information and guidance in care plans was descriptive, relevant and appropriate information for staff, helping them to meet people's care and support needs. As an example one person's care plan stated, '[name] to live as independently as possible, uphold and respect [name] dignity. Encourage with daily living skills, remembering [name] has impaired vision. Personalised care plans helped to demonstrate that individualised care and support was promoted and provided.

Written comments from some relatives sent to the registered provider were, "You are the most caring of people", "Thank you for being so caring to [name] and to me", "If [name] needs to see a GP, they [staff] do it right away. They [staff] referred her for a Zimmer walking frame and it's down to the staff that she uses it", "The staff are

always available", "Had a fall, a falls mat was put in straight away", "The manager always asks if we want to contribute to [name] care plan" and "They [staff] are really looking after her here, They do their best".. We found that staff knew which people needed equipment to support their independence and they ensured this was provided when people needed it.

Throughout the inspection we observed members of staff interacting in a positive way with the people who lived in the home and with their visiting relatives. Relatives told us they could visit anytime. Some of the comments were, "The staff look after us as well when we come in", "I am always made to feel welcome, whenever I visit and I am never made to feel uncomfortable" and "I am really happy with the home. The care is excellent".

Some of the written comments that relatives had sent to the home were, "Thank you for being so caring and kind to [name] whilst at Sherdley Manor", "A heartfelt thank you to all of the wonderful staff, who made the last 18 months of [name] life bearable, with their constant care and thoughtfulness" and "She was always treated with dignity and respect, most importantly affection, for which I am truly thankful".

We observed members of staff interacting with people in a respectful and dignified manner.

Some of the staff comments regarding promoting dignity and respect were, "We have had training around dignity. I always ensure that I tell the person and ask their permission before carrying out any personal care" and "I try and think it might be my mum or dad living here. You have got to be respectful, it's the least people deserve".

# Is the service responsive?

## Our findings

People who lived in the home and their relatives told us they had been involved in their initial assessments and their care plans. One visiting relative said, “I have been involved right from the start, I am always consulted about [name] care plan and told when there is going to be a review of her care needs”. People told us that the staff treated them as individuals and one person said, “They are always ready to listen and help me”.

When we looked at care plans we found that they were individualised and focused on the person, their likes, dislikes, what’s important to them and information about their social / background history. This detailed information helps to guide the care staff in ensuring that a person centred service is provided.

Care files contained specific information regarding, people’s health and medical conditions. We saw records showing that people’s health conditions had been monitored and when necessary the relevant health professional had been consulted.

Some people told us they were encouraged to get involved in different activities. One person said, “They have a lot of activities. I used to join in with much more than I do now, but I am always encouraged to take part”. One relative said, “There’s always something going on, making cakes this afternoon”. There was an activities programme displayed in

various areas throughout the home, activities included, Bingo, knitting, painting, film with popcorn and sweets, board games, ball and armchair exercises, and music and Karaoke, families were also invited to the music and film events. On the days of our inspection, we observed people playing dominoes with staff and on the day we saw people being supported to make cakes.

All the staff we spoke with were familiar with people’s care and support needs. The staff told us they had access to people’s care records and were kept informed of any changes to a person’s needs.

One person who lived in the home said, “I have nothing to complain about” and another person said, “If I had anything to complain about I would tell the girls [staff]”. Relatives told us they knew how to complain and told us they would have no problem raising a concern or making a complaint. The service had not received any complaints. Comments from relatives were, “I have never had to complain, but would not hesitate if needed to” and “I have no complaints at all. It’s marvellous”.

We saw the complaints policy and procedure; these were up to date and accurate. There was a complaints procedure displayed in the reception area of the home and there was also a suggestions box if anyone wanted to raise an anonymous concern or to write a compliment about the service.

# Is the service well-led?

## Our findings

People and their relatives were very positive about the manager. The following comments were made, “She (manager) is a big asset to this place”, “definitely got it right with this manager”, “The manager is smashing” and “The manager is so approachable, her door is always open”.

At our inspection on 23 July 2014, we found that there was a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. The provider did not have an effective system to regularly assess and monitor the quality of service that people received. Regulation 10. (1) (a) & (b).

Previously no quality monitoring surveys had been sent to relatives or people who used the service. The statement of purpose, which described the service and what could be provided to people who used the service, was incorrect in a number of areas. During this inspection we found that improvements had been made in these areas. The registered provider had provided quality monitoring survey forms to people who lived in the home and their relatives and the statement of purpose had been reviewed and updated to reflect the service being delivered.

Relatives told us the registered provider had sent survey questionnaires asking for feedback about the home, in order to obtain their views about the quality of care that had been provided. Some of the comments we saw in returned surveys were, “I brought [name] to your care home at a very stressful and apprehensive time for me, however you took all of that stress and apprehension away when you opened your door” and “You are all Earth Angels”.

The registered manager had been in post since August 2014. In speaking with the registered manager we found she had a clear vision about the service, which was to promote and ensure that people who lived in the home were provided with the best quality of life.

The staff we spoke with were enthusiastic, motivated and very positive about working in the home. They had a good

understanding of the values of the service and thoroughly enjoyed working there. They said they felt really supported by the manager. Some of the staff comments were, “There is a much better atmosphere in the home since the manager came. She is lovely and really approachable”, “She has improved the activities for the residents”, “When I was off, the manager was very supportive and when I came back to work, there was such an improvement in the home”, “Everyone is happier now, we have a really good staff team at present” and “The manager is for the residents, the place is brilliant now”.

Other systems were in place to monitor service provision, including monthly audits (checks) for the management of medication, care plans, on-going maintenance repairs (Health and safety) and accidents and incidents.

The area manager carried out monthly visit checks on behalf of the registered provider, with a report being completed. Some of the items covered in the report were, Health and safety records, Fire training, with a reference to, ‘majority of staff did fire training in December 2014’. Action required, ‘the registered manager to arrange for the rest of the staff and any new staff to attend fire training by 15 April 2015’. We checked the training records and found that this had been actioned, with all staff up to date with fire training. Another item covered in the report was, Service user files, GP notes, District nurse notes, social worker notes and hospital notes. Area manager commented, ‘These have all been improved, it’s nice to see peoples up to date weights now included in care plans. Action required, ‘Registered manager to ensure staff keep this good practice up’.

The registered manager understood the responsibilities of her registration with the Care Quality Commission and had reported significant information and events to the commission, such as notifications of deaths, serious injuries and any safeguarding issues, in accordance with the requirements of their registration.