

Chestnut House Nursing Home Limited

Sherdley Manor

Inspection report

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Tel: 01744813815

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

The inspection took place on the 24 August 2017 and was unannounced. At the last inspection in July 2015 there were no breaches of regulation and the service was rated as 'good'.

Sherdley Manor is registered to provide accommodation and personal care for up to 23 older people. At the time of the inspection the service was full. The service also provides support to people living with dementia.

The service had a registered manager who had been registered with the CQC since November 2014. 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.

During the inspection we identified breaches of Regulations 11 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

Audit processes were in place, however these had not identified some of the issues that were found during the inspection. The medicines audit had not identified that protocols were not in place for people prescribed 'as required' (PRN) medication to inform staff about when this should be given. They had also failed to identify that the process around covert medication had not been followed. Whilst this issue had not had an impact on people's wellbeing, there remained a potential impact of misadministration of medication.

Mental capacity assessments (MCA) and best interests decisions had not been completed as required for people living at the service. For example, it had been determined that two people needed to remain in their bedrooms. However, an MCA had not been completed to determine their capacity to consent to this, whether this was in their best interests or the least restrictive approach possible. This had the potential to infringe upon people's rights and liberties. This showed that the registered provider and registered manager did not have sufficient knowledge around the requirements of the Mental Capacity Act 2005. We raised this with the registered manager for her to address.

A majority of interactions between staff and people using the service were positive. Staff spoke kindly, with respect and were mindful of maintaining people's dignity. However, in one example we identified that a majority of the interactions being completed for one person were mainly task-focussed. Because of this we have made a recommendation to the registered provider around meeting the social needs of those people living with dementia.

Staff had received training in the majority of areas needed to carry out their role effectively. For example, moving and handling, fire safety, the Mental Capacity Act 2005 and DoLS. The registered manager confirmed

that staff were being supported to undertake training in managing challenging behaviours for those people who demonstrated behaviours that challenge. This helped to ensure that people were provided with the care and support they needed.

Staff were aware of how to report any safeguarding concerns they may have and they had received training in safeguarding vulnerable adults. This helped to ensure that people were protected from the risk of abuse.

The registered provider had robust recruitment processes in place which helped ensure that staff were of suitable character to work with vulnerable adults. Checks had been completed as part of the employment process to ensure that staff did not have a criminal record and were not barred from working with vulnerable groups.

People received a diet that was appropriate to meet their needs. Staff were aware of those people with special dietary requirements and they ensured these needs were met. The kitchen was well-stocked with fresh and tinned produce for people's meals.

People were supported to access their GP or other health professionals as required. Care records showed that staff had been proactive in raising any concerns about people's health and wellbeing. This helped ensure that people's health was maintained.

Each person had a care record in place which outlined what staff needed to do to support them. This was tailored to each individual's needs, such as the support they needed with their mobility and during personal care tasks. These records also contained information about people's personal histories and preferences. This helped staff get to know people and their support needs.

There was a complaints process in place which had been followed. The complaints policy was available to people and their families, and people's family members confirmed that they felt able to raise concerns with the registered manager. Complaints records showed that responses to people's concerns had been given in a timely manner.

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.

Medication procedures were not always carried out in line with best practice, however immediate action was taken to rectify this.

People were protected from the risk of abuse by staff who had received training about how to identify and report any concerns they may have.

Recruitment processes were safe and ensure that staff were of suitable character to work with vulnerable adults.

Requires Improvement ●

Is the service effective?

The service was not always effective.

The requirements of the Mental Capacity Act 2005 were not being met. Mental capacity assessments and best interests decisions were not being carried out where required.

Staff had not received training in supporting people with behaviours that challenge, despite some people being recorded as having complex and challenging needs.

People were supported to have a diet that was appropriate to meet their needs and staff were aware of the people who had special dietary requirements.

Requires Improvement ●

Is the service caring?

The service was caring.

Positive relationships had developed between staff and people using the service.

Staff acted to maintain people's privacy and dignity.

Processes were in place to ensure people were supported compassionately when they reached the end of their life.

Good ●

Is the service responsive?

The service was responsive.

Care records contained detailed information about people's care needs which enabled staff to provide the required level of support.

Activities were available for people to enjoy and interact with others.

There was a complaints process in place which was accessible to people and their family members. The registered manager had responded to any concerns in a timely manner.

Good 

Is the service well-led?

The service was not always well led.

Audit and quality monitoring systems had failed to identify issues found during the inspection visit relating to the Mental Capacity Act 2005 and people's medication.

There were processes in place to ascertain the views of people using the service and their families

The registered provider had submitted notifications to the CQC as required by law.

Requires Improvement 

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 checked 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 24 August 2017 and was unannounced. The inspection was completed by one adult social care inspector.

Prior to the inspection we contacted the local authority safeguarding and commissioning teams. We also contacted Healthwatch, an independent organisation that has the power to enter adult social care service and report on their findings, for an update on any concerns they may have had about the service. Neither the local authority nor Healthwatch raised any concerns about the service.

During the inspection we spoke with three people using the service and two people's family members. We also 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. We spoke with three members of staff, the registered manager and the deputy manager. We looked at the recruitment records for three staff and the care records for three people using the service. We also looked at records relating to the day-to-day running of the service, for example audits and maintenance records.

Is the service safe?

Our findings

People commented that they felt safe using the service. People appeared relaxed and at ease in the presence of staff. We spoke with people's family members, who spoke highly of the service and commented that they felt their relatives were well looked after. One family member commented, "People are safe here. I've seen a lot of positive interactions all throughout the day", whilst another told us, "[My relative] seems fine here, and well looked after."

We looked at a sample of three people's medication stocks and found that the correct quantities were being kept. We looked at eight people's medication administration charts (MARs) and found that these were being signed as required by staff. However, four people were prescribed 'as required' (PRN) medication to help manage anxiety and behaviours that challenge. A PRN protocol was not in place for these people. Where PRN medication is prescribed, a PRN protocol is required to inform staff about when this should be administered and what dosage should be used. We raised this with the deputy manager who immediately rectified this by putting PRN protocols in place where these were required. We followed up on those people who required PRN medicines and found that these had been given as prescribed. The staff who administered these medicines also demonstrated a good knowledge of when to give them to people.

One person was prescribed their medication covertly due to them having episodes of refusing to take it. Covert medication is hidden or concealed in food or drink to ensure the person takes it as required. This person's care record stated that this had been approved by the person's GP but there was no written or signed confirmation from the GP to confirm this. Whilst this person's medication care plan had been reviewed regularly, the review process had not involved the GP. Guidance around the use of covert medication requires that health professionals should be involved in the review process to ensure this is still required. In addition, a mental capacity assessment and best interests decision needs to be carried out to ensure this is in the person's best interests. This is because covert medication can infringe on people's rights and liberties and therefore needs to be carried out in line with the law.

People's medication was stored securely and in line with manufacturer's guidelines. Where this needed to be kept chilled, this was stored in a designated medicines fridge, the temperature of which was monitored on a daily basis to ensure the correct temperatures were maintained. During the morning medication round the member of staff did not leave the medication cabinet unlocked when it was unattended and observed people to ensure that they took their medication as required.

The registered provider's recruitment process was robust. New staff had been required to provide two references, one of which was from their most recent previous employer. They had also had a check from the disclosure and barring service (DBS). The DBS informs employers of any previous criminal records and whether prospective staff are barred from working with any vulnerable groups of people. This helped to ensure that people were protected from the risk of abuse.

There were sufficient numbers of staff in post to maintain people's safety. We looked at the rotas for the previous two weeks and found there were consistent numbers of staff in post. The registered manager

confirmed that they used agency staff if there were any shortages of staff. However, the registered manager told us that they did not usually have any staffing issues. People we spoke to and their relatives did not raise any concerns regarding staffing levels.

Staff had received training in safeguarding vulnerable adults and knew how to report any concerns they may have. The registered provider had a safeguarding policy in place and a copy of the local authority's safeguarding procedure was also being kept at the service. These were available to staff who knew where to locate them if they needed to. At the time of the inspection there were no safeguarding issues ongoing within the service.

People's care records contained information around risk. For example, one person had a contagious infection so risk assessment was in place regarding application of treatment and the use of personal protective equipment (PPE) when supporting this person. In other examples fall risk assessments were in place for those people at risk of falls. This helped protect people from the risk of harm.

Accidents and incidents were being monitored by the registered manager. A monthly log was kept where incidents had occurred, specifying what had occurred, the time of the incidents and any resulting injuries. Where people were at high risk of falls or had fallen repeatedly, measures had been implemented to protect them from harm. For example, by referring people to relevant health professionals. This helped maintain people's safety.

Personal emergency evacuation plans (PEEPs) were in place for people. This gave staff information about what support people needed to evacuate the premises in the event of an emergency. However, these did not always contain relevant information about behaviours that challenge and how staff should manage these when supporting people leaving the premises. We raised this with the registered manager for her to rectify.

Environmental risk assessments were in place to ensure the safety of the environment was maintained. Water temperatures were being monitored to ensure they were within the required safe range. Water had samples had also been tested to ensure it was free from harmful bacteria. A fire risk assessment had been completed and reviewed by the registered manager. This was due to be reviewed at the time of the inspection which the registered manager told us would be done. Fire extinguishers and electrical equipment such as hoists had been serviced to ensure they were in working order.

Infection control procedures were in place to maintain the cleanliness of the service. We observed staff wearing PPE, such as disposable aprons and gloves to prevent the spread of infection.

Is the service effective?

Our findings

People commented that they found staff to be good at their jobs. One person commented, "They always tell me what they're doing when helping me", whilst another person told us "They can usually tell if I'm in pain and offer me my medication." People's family members also commented positively on staff and the support they gave to their relatives.

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 decision made on their behalf must be in their best interests and the least restrictive possible option.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Where people required these a DoLS was in place.

We checked whether the service was working within the principles of the MCA and found that it was not always meeting its requirements. Mental capacity assessments and best interests decisions had not been completed where required. For example, one person's care record stated that they needed input from the chiropodist every six to eight weeks. However due to behaviours that challenge this had not been done. Their care record also stated that their nails had started to "curl" which placed them at risk of injury. A best interests decision had not been made with relevant health professionals on how to manage this. In another example it had been determined that two people needed to remain in their bedrooms due to social anxiety and the disturbances their behaviours could cause to other people. A mental capacity assessment had not been completed to determine their ability to consent to this and a best interests decision had not been made on their behalf with relevant health professionals. This was not in line with the principles of the MCA and placed people at risk of having their rights and liberties infringed.

This is a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because the registered provider had failed to meet the requirements of the Mental Capacity Act 2005.

There were some people using the service who were recorded as being physically and verbally aggressive towards staff and resistive to care. Staff had not recently completed training in managing behaviours that challenge; however they had completed training in supporting people living with dementia and a majority of staff had completed further qualifications in health and social care, which provide some training to staff in managing these behaviours. Following the inspection the registered manager confirmed they were in the process of arranging specific training for staff around managing behaviours that challenge.

Staff had received training in other areas needed for them to carry out their role. For example, they had completed training in moving and handling, fire safety, the Mental Capacity Act 2005 and DoLS. There were

also opportunities for staff to complete further qualifications in health and social care which helped them to develop within their role. An induction process was in place for new staff which included a period of shadowing experienced members of staff and completing training in areas, such as those outlined above.

Staff had received supervision and appraisals. Supervisions enable the registered manager to discuss any performance related issues with staff and for staff to discuss any training needs they may have. Appraisals help staff and the registered manager to identify areas of develop, review the previous year's performance and set future goals.

People commented that they liked the food that was available. Kitchen staff kept a record of those people with special dietary requirements and we observed people receiving meals that were appropriate. The kitchen was well stocked with food including fresh and tinned produce, fresh vegetables and full fat milk and cream. There was also a stock of dessert options available for people.

People had been supported to access their GP or other health professionals where required. Care records contained updates on any details following a visit by a health professional and, where appropriate, care records had been updated accordingly.

The layout and décor of the service met the needs of people living with dementia. Corridors were decorated with items of interest to support people with finding their way about the service. For example, on one wall there were tactile items which people were able to engage and use as a point of reference for recognising their way about. Bedroom doors were decorated with people's photographs so people could recognise the bedroom as their own. A whiteboard with photographic representations of the menu options for the day was also on display to aid those people who were unable to read from a menu. This contributed to the wellbeing of people using the service.

Is the service caring?

Our findings

People commented that they found staff to be kind and caring. Their comments included, "The staff are nice", "Yes staff are lovely", "Staff have a lot of patience." We observed two people dancing to music in the lounge area and one person walking around smiling and holding a stuffed dog which helped them to feel relaxed and cheerful. People's family members also commented positively. Their comments included, "It's nice here, it's small so it's intimate" and, "It's fantastic here. [My relative] is happy."

Positive relationships had developed between people and staff. Staff spoke kindly to people and in one instance we saw a member of staff having a dance with a person in the lounge. We also saw a member of staff help to make a person more comfortable by placing a cushion behind their back and brought them a cup of tea and a biscuit. Whilst a majority of interactions that we saw were positive, we observed one person living with dementia sat in their bedroom throughout the day with the door closed. Paperwork completed by staff showed that they had attended to this person's needs on a frequent basis, however a majority of these were task based interactions. This person's care record showed they previously enjoyed spending time with people, however due to anxiety they now remained in their bedroom. We raised this with the registered manager who informed us the door was closed due to a fault with the door sensor. Following the inspection the registered provider confirmed this had been fixed.

We recommend that the registered provider consider best practice in relation to supporting people living with dementia, specifically around minimising the risk of social isolation.

We observed examples where staff treated people with dignity and respect. For example, they called people by their preferred names and staff knocked on people's doors before entering their rooms. Where people had a sensory impairment, staff ensured that they had access to their glasses and hearing aids. We spoke to one person who was registered blind. They told us that staff always spoke to them about what they were going to do prior to giving personal care support. This person also told us staff introduced themselves before coming into the bedroom so they knew which member of staff it was.

People's privacy and confidentiality was maintained. Bedrooms and bathrooms had curtains and/or blinds in place which were closed whilst personal care support was being given. We observed staff ensuring that bedroom doors were closed prior to supporting people with their personal care needs. Records containing personal information were stored securely in an office that was locked when not in use.

Staff spoke respectfully to people's family members who told us that they were always made to feel welcome when they visited the service. We observed examples where family members were offered refreshments and were able to sit with their relatives. This helped support people to maintain social relationships with people who were important to them.

There were processes in place to ensure that people were involved in their care and care planning. At the time of the inspection there was no one who required the use of the local advocacy service. However the manager was aware of those situations where an advocate may be suitable. Information about the local

advocacy service was also available on one of the noticeboards. An advocate is a person who offers independent support to people where decisions need to be made about their care. This helps ensure their needs and wishes are taken into consideration.

Where people did not want to be resuscitated in the event of a decline in their physical health, authorisation to not resuscitate had been obtained from the person's GP and was clearly displayed at the front of their care records. This helped to ensure that people's end of life wishes were respected. Purple dots were placed on the backs of people's doors to indicate to staff that the person had a DNACPR in place. The registered manager confirmed there was a strict protocol in place to ensure that these were kept up-to-date in the event that a person's circumstances changed.

Where people came to the end of their lives a lily was placed on the back of people's doors so that staff knew they were approaching the end of their life and could act accordingly. The service worked alongside their GP and district nurses to help ensure they were kept comfortable and all their needs were met. Families were also able to stay at the service in a temporary bed so they could remain close to their loved one.

Is the service responsive?

Our findings

People commented that staff provided the support they needed. One person told us, "They are smashing here. I've seen them providing good support to all the people here." People's family members also commented positively. Their comments included, "I've seen some really positive interactions between staff, [my relative] and others all throughout the day", "[My relative] isn't good with their food but they deal with that here" and "It's small and intimate which means [my relative] gets the care they need."

Initial assessments were completed prior to people moving into the service. This enabled the registered manager to look at people's needs and determine whether the service was able to meet their needs.

Each person had care records in place which outlined their needs. These included information on areas such as their physical and mental health, nutrition, mobility and personal care needs. This information was personalised and specific to each individual. For example, one person's care record outlined their vulnerability to developing pressure ulcers and prompted staff to check their skin during personal care support. In another example, one person's nutrition care record stated that they were at risk of dehydration and instructed staff to prompt fluids throughout the day. We looked at fluid intake charts for this person and found that this was being done. One person had a skin condition which staff had a good knowledge of. This helped ensure staff had access to information about how to meet people's care needs.

Care records contained information about people's preferences and personal histories. For example, one person's care record outlined how they did not sleep well at night and prompted staff to provide them with a milky drink. Another person's care record provided information about significant people in their life and their previous interests and hobbies. This enabled staff to get to know people and facilitated the development of positive relationships.

People's care records had been reviewed to ensure that they were up-to-date and correct. This was done on a monthly basis, or as and when changes occurred.

Staff completed daily notes which provided information on people's general wellbeing and how they had presented throughout the day and night. Any significant developments in people's care had also been recorded. For example, where people showed signs or symptoms of having a urine infection. This enabled staff and other professionals to review people's needs and identify trends or patterns which may enable more effective care to be provided.

Activities were in place for people and we observed people taking part in the activities on offer. On the day of the inspection people were playing a game with cards and were being supported by an activities co-ordinator. There was a schedule of activities in place for the week. One person commented that they felt "sufficiently entertained" and enjoyed the social aspect of the service. However, in one example we observed a person who was not able to leave their bedroom we did not see any social activities in place for them. The activities co-ordinator told us that they had not had any specific training around delivering and developing activities. We raised this with the registered manager to suggest that role-specific training be provided to

help with their development.

The registered provider had a complaints process in place. This was available to people using the service. A record of complaints had been maintained which showed that a prompt response had been given to any concerns and, where required, a further investigation had been completed to identify and address any issues. This helped ensure that appropriate learning from complaints to prevent them reoccurring.

Is the service well-led?

Our findings

The service had a registered manager who had been in post since November 2014. People's family members were aware of who the registered manager was and told us they could discuss any concerns with her. We spoke with staff who spoke positively about the registered manager and described her as "supportive".

There were audit processes in place to monitor the quality of the service being provided. However, these had not always picked up on issues that were found during the inspection. For example, a medication audit was carried out on a monthly basis but this did not include a check on PRN protocols, or covert medication to ensure requirements were being met. In addition there was a lack of knowledge relating to the requirements of the MCA which had resulted in people's rights and liberties being infringed without giving due consideration to the law. We discussed this with the registered manager and referred them to the MCA guidance to help develop their knowledge on the subject.

The registered manager demonstrated that they were aware of an issue with one person's door sensor being too sensitive, which caused it to close when there was a loud noise. On the day of the inspection visit this resulted in the bedroom door being closed throughout the majority of the day. This had the potential to socially isolate this person who spent their day alone in their bedroom. Despite this, no action had been taken to try and rectify this issue. We asked that the registered manager address this. Following the inspection visit the registered provider confirmed that this had been fixed..

The registered provider carried out quality monitoring checks at the service on a monthly basis. This process looked at medication, staff files, maintenance, training and staffing levels. This process had failed to identify that the service was not meeting the requirements of the MCA 2005, or best practice in relation to people's medication.

This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because quality monitoring systems were not always sufficient to identify issues within the service.

Team meetings were held with staff on a regular basis. This gave the registered manager the opportunity to discuss any issues with the team. For example, in June 2017 a discussion had taken place regarding medication, the use of mobile phones whilst at work and care plan updates. This also gave staff the opportunity to contribute to the development of the service by suggesting any improvements.

The registered manager informed us that they had tried holding residents and relatives meetings but these had been unsuccessful. In response to this the registered manager had started doing coffee mornings, during which time people and family members were able to approach her with any issues. In addition the registered manager had an 'open door policy' which meant that people or their families were able to approach her at any time with any concerns.

The registered provider had completed a survey with people and their families to ascertain their views of the service. The most recent survey had been completed in May 2017, the results of which showed that overall

people were happy with the service being provided. This mean that the registered provider could keep up-to-date on any issues experienced by people using the service and take the necessary steps to address these.

The registered provider is required by law to display their rating. At the time of the inspection we observed that this was being done. They are also required by law to notify us of specific incidents that have occurred within the service. We reviewed those notifications that had been sent to us by the registered provider and found that this was being done as required.

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 11 HSCA RA Regulations 2014 Need for consent Mental Capacity Assessments and Best Interests decisions were not being completed as required by the Mental Capacity Act 2005.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Audit systems had failed to identify areas that required improvement within the service.