Care Quality Commission

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Sherbutt House

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

This inspection took place on 12 and 13 November 2015 and was unannounced. At our last inspection of the service on 8 January 2014 the registered provider was compliant with all the regulations in force at that time.

Sherbutt House is a care home located in Pocklington, East Yorkshire. It provides accommodation and support for up to 19 adults with a learning disability. The service is split into four separate 'houses'- Sherbutt, Cherry Tree, The Coach House, and Orchard View. There are currently 17 people residing at the service, and their ages range from 45 to 75.

The registered provider is required to have a registered manager in post and there was a registered manager at this service. 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.

The people who used the service told us that they felt confident about their safety. We found that the staff had a

Summary of findings

good knowledge of how to keep people safe from harm and they had been employed following robust recruitment and selection processes. There were enough staff on duty to meet people's needs. Medicines were administered safely by staff and the arrangements for ordering, storage and recording were robust.

The staff received induction, training and supervision from the registered manager and we saw they had the necessary skills and knowledge to meet people's needs.

We found that the service was clean and tidy. People who lived in the four houses told us they liked to prepare their own meals in the kitchens provided, but staff gave them support where needed. Everyone who used the service received help from the staff team with shopping and keeping their accommodation clean. This ensured people retained their independence as much as possible whilst learning essential life skills such as budgeting, housekeeping and cooking.

People had their health and social care needs assessed and plans of care were developed to guide staff in how to support people. The plans of care were individualised to include preferences, likes and dislikes. People who used the service received additional care and treatment from health professionals based in the community.

People's comments and complaints were responded to appropriately and there were systems in place to seek feedback from people and their relatives about the service provided. We saw that the registered manager met with people on a regular basis to discuss their care and any concerns they might have. This meant each person was consulted about their care and treatment and was able to make their own choices and decisions.

Records about the people who used the service enabled the staff to plan appropriate care, treatment and support. The information needed for this was systematically recorded and kept safe and confidential. There were clear processes in place for what should happen when people moved to another service, such as a hospital, which ensured that each person's rights were protected and that their needs were met.

The people who used the service and the staff told us that the service was well managed. The registered manager monitored the quality of the service, supported the members of staff and ensured that the people who used the service were able to make suggestions and raise concerns

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?

Good

The service was safe.

There were processes in place to help make sure people were protected from the risk of abuse and staff were aware of safeguarding vulnerable adults procedures.

Assessments were undertaken of risks to people who used the service and staff. Written plans were in place to manage these risks. There were processes for recording accidents and incidents. We saw that appropriate action was taken in response to incidents to maintain the safety of people who used the service.

There were sufficient numbers of staff on duty to meet people's needs and medicines were managed safely so that people received them as prescribed.

Is the service effective?

Good

The service was effective.

Staff received relevant training, supervision and appraisal to enable them to feel confident in providing effective care for people. They were aware of the requirements of the Mental Capacity Act 2005.

People reported the food was good and that they had a choice of quality food. We saw people were provided with appropriate assistance and support and staff understood people's nutritional needs. People told us that they received appropriate healthcare support.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards. We found the service to be meeting the requirements of the Deprivation of Liberty Safeguards (DoLS).

Is the service caring?

Good

The service was caring.

People who lived at the home told us they felt staff cared about them and we observed positive interactions between people who lived at the home and staff on the day of the inspection.

Staff were motivated and inspired to offer care which was compassionate and person centred. People told us that they were treated with dignity and respect and this was observed throughout our visit.

People were included in making decisions about their care whenever this was possible and we saw that they were consulted about their day to day needs.

Is the service responsive?

Good

The service was responsive.

Care plans were in place outlining people's care and support needs. Staff were knowledgeable about people's support needs, their interests and preferences and this enabled them to provide a personalised service.

Summary of findings

People were able to make choices and decisions about aspects of their lives. This helped them to retain some control and to be as independent as possible.

People were able to make suggestions and raise concerns or complaints about the service they received. These were listened to and action was taken to address them.

Is the service well-led?

Good

The service was well-led.

People were at the heart of the service and staff continually strived to improve. People who used the service said they could chat to the registered manager and relatives said the registered manager was understanding and knowledgeable.

The registered manager carried out a variety of quality audits to monitor that the systems in place at the home were being followed by staff to ensure the safety and well-being of people who lived and worked there.

Staff were supported by their registered manager. There was open communication within the staff team and staff felt comfortable discussing any concerns with the registered manager.

Sherbutt 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 12 and 13 November 2015 and was unannounced.

The inspection team consisted of one adult social care inspector and one expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert-by-experience who assisted with this inspection had knowledge and experience relating to younger adults with a learning disability.

Before this inspection we reviewed the information we held about the service, such as notifications we had received from the registered provider. We also sought relevant information from the East Riding of Yorkshire Council (ERYC) safeguarding and commissioning teams who informed us that they had no concerns about the service.

During the inspection we spoke with the registered manager, the team leader and eight members of staff. We also spoke with 11 people who used the service. We spent time in the office looking at records, which included the care records for two people who used the service, the recruitment, induction, training and supervision records for two members of staff and records relating to the management of the service. We spent time observing people going about their daily routines and have noted in this report their responses to their home environment and to the staff members who were supporting them.

Good

Is the service safe?

Our findings

The care staff we spoke with knew the people that they looked after well. Many of the staff had been at the service for a number of years. They were aware of the needs of the people that they cared for and the importance of balancing independence with risk. For example; one member of staff told us that some people had their own private kitchens, so that they could make snacks and breakfast. They said that two people also made their own hot drinks and, "Others have staff present so that they can assist them if needed."

The registered provider had policies and procedures in place to guide staff in safeguarding vulnerable adults from abuse (SOVA) and whistle blowing. The registered manager and the members of staff on duty were able to clearly describe how they would escalate concerns, both internally through their organisation or externally should they identify possible abuse. Discussion with the local council's safeguarding and commissioning team prior to our inspection indicated they had no concerns about the service.

Checks of the training plan and two staff files indicated that the staff had completed safeguarding of vulnerable adults (SOVA) training during their induction and again as refresher training. The registered manager had completed the 'Train the Trainer' qualification to enable them to cascade the safeguarding training to other staff members. However, discussion with the staff on duty indicated that they had all completed the local council's external training programme in the last year.

The registered manager described the local authority safeguarding procedures and our checks of the safeguarding file showed that there had been one incident in the last year, which the Care Quality Commission (CQC) had been notified about. The incident involved an altercation between two people using the service that was rated as low risk and so it did not meet the criteria for the local authority alert system. This was investigated by the registered manager and the risk assessments for both people were reviewed and updated. This demonstrated to us that the service took safeguarding incidents seriously and ensured they were fully acted upon to keep people safe.

The registered manager demonstrated a high level of understanding of the need to make sure people were safe. Care files had risk assessments in place that recorded how identified risks should be managed by staff. These included falls, fragile skin, moving and handling and nutrition; the risk assessments had been updated on a regular basis to ensure that the information available to staff was correct. The risk assessments guided staff in how to respond and minimise the risks. This helped to keep people safe but also ensured they were able to make choices about aspects of their lives.

The registered manager monitored and assessed accidents within the service to ensure people were kept safe and any health and safety risks were identified and actioned as needed. People who used the service received appropriate care and treatment following any incident or accident in the service. For example, one person had their own heart scanner which was used by the staff following any falls and the results of which were sent directly to the local hospital. The registered manager had obtained a walking frame for this person on 2 November 2015 and they had not had any falls since. Following one person slipping in the bath, they were supplied with grab rails and a bath mat. Discussion with this person indicated that it was an isolated incident and they had not sustained any injuries.

We looked at documents relating to the servicing of equipment used in the home. These records showed us that service contract agreements were in place which meant equipment was regularly checked, serviced at appropriate intervals and repaired when required. The equipment included alarm systems for fire safety, portable electrical items, electrical wiring and the gas system. We saw that there was a risk assessment in place for Legionella, which is a water borne virus and this had been reviewed in February 2015. The service did not have any passenger lifts to the upper floors and there were no hoists or slings used, including bath hoists. Most of the bedrooms were fitted with showers and the majority of the people who used the service were fully mobile. The service did not have a nurse call system in place, instead people used a 'Lifeline' system which consisted of call pendants. If anyone used the system an alarm sounded in the registered manager's office. Staff also carried lifeline alert pagers, which notified them if the system had been activated so they could respond.

Clear records were maintained of daily, weekly, monthly and annual checks carried out by the staff for hot and cold

Good

Is the service safe?

water outlets, fire doors and call points, emergency lights, window opening restrictors and bed rails. These environmental checks helped to ensure the safety of people who used the service.

The registered provider's business continuity plan for emergency situations and major incidents such as flooding, fire or outbreak of an infectious disease, was basic in detail. The registered manager said this would be reviewed and updated immediately

Staff told us, "Staff are aware of emergency procedures in terms of incidents to people, for example if someone collapses, or in terms of the environment, such as in the event of a fire. We do fire drills and training." We found that the fire risk assessment was reviewed in July 2015 and a fire drill was carried out on 9 November 2015. Personal emergency evacuation plans (PEEP's) were in place for people who would require assistance leaving the premises in the event of an emergency. These were kept together in one file for ease of access in an emergency and were up to date.

We saw rotas indicated which staff were on duty and in what capacity. The rotas showed us there were adequate staff on duty to support people safely and enable them to take part in activities . The staff team consisted of care staff and a housekeeper. The registered manager told us that the care staff also carried out domestic and kitchen assistant duties. We observed that the service was busy, but organised. Staff worked in and around the communal areas throughout the day and we found that requests for assistance were quickly answered. People who used the service felt there were enough staff on duty. One person said, "Staff come quickly when you call them."

The staff told us, "There are sufficient staff on duty to meet people's needs" and "Staff tend to stay and are dedicated to the people who use the service. We have a good team of staff who are able to fall back on each other for support and cover." Checks of the records kept by the registered manager showed that they completed a weekly analysis of the staffing needs of the service. This showed what level of care was needed and who was on duty. A dependency tool was used to by the registered manager, which took into account any one to one care provided, training taking place and staff support with medical appointments. This ensured sufficient staff were on duty to meet the needs of the people using the service and also cover the effective running of the service.

We looked at the recruitment files of two members of staff. Application forms were completed, references obtained and checks made with the disclosure and barring service (DBS). DBS checks return information from the police national database about any convictions, cautions, warnings or reprimands. DBS checks help employers make safer decisions and prevent unsuitable people from working with vulnerable client groups. Interviews were carried out and staff were provided with job descriptions and terms and conditions. This ensured they were aware of what was expected of them.

We looked at how medicines were managed within the service and checked a selection of medication administration records (MARs). We saw that medicines were stored safely, obtained in a timely way so that people did not run out of them, administered on time, recorded correctly and disposed of appropriately. The senior care staff informed us that they had received training on the handling of medicines. This was confirmed by our checks of the staff training plan and staff training files.

We observed staff giving out medicines at the lunch time meal. Staff communicated effectively with people, even those who could not say if they were in pain or in need of anything. Staff told us, "We know the people who use the service. We look at their posture, their facial expressions and the majority of people can use gestures to let us know how they are feeling." Two people said the staff gave them their medicines and that they were very happy with this arrangement. The two care files we looked at included care plans on medicines and communication. The care plans took people's abilities and needs into account and were written in a person centred way. We saw evidence in the care files that people had their medicines reviewed by their GP on a regular basis. This meant people's health and wellbeing was reviewed and they received their medicines appropriately.

We found the level of cleanliness in the service was satisfactory and there was evidence of a cleaning schedule being in place and carried out daily. On the day of the inspection, one person was suffering from a sickness bug. This person stayed in their bedroom in order to contain the infection and we saw that staff were wearing appropriate aprons and gloves when attending to this person's needs. This meant the risk of spreading the infection around the service was reduced as much as possible. There was a notice on the door of the house explaining to visitors about

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Is the service safe?

the outbreak. The staff training plan and certificates in the staff files showed that infection prevention and control training had been completed by the staff group in the last year.

Good

Is the service effective?

Our findings

Those people who could communicate with us said they felt the staff were supportive, well trained and gave them good support.

We looked at induction and training records for two members of staff to check whether they had undertaken training on topics that would give them the knowledge and skills they needed to care for people who used the service. The registered manager showed us the induction paperwork completed for staff in their first three months of employment. We found that the registered provider used the 'Care Certificate' induction that was introduced by Skills for Care in April 2015. Skills for Care is a nationally recognised training resource. We saw documentation that indicated new staff shadowed more senior staff for the first few weeks of employment. As they gained new skills or were deemed competent in certain aspects of care, these were signed off on their induction paperwork.

We looked at records of staff training to check that staff had the appropriate skills and knowledge to care for people effectively. Staff completed training on learning disabilities as part of their induction and their Qualifications and Credit Framework (QCF) diploma in health and social care, which replaced the old National Vocational Qualifications (NVQ's) in 2011. We found that five staff had the QCF qualification and all staff had completed basic level learning disability training. We saw that staff had access to a range of training both essential and service specific. Staff told us they completed essential training such as fire safety, basic food hygiene, first aid, infection control, health and safety, safeguarding and moving and handling. Staff told us "Some courses are computerised, some distance learning and some face to face."

Records showed staff participated in additional training to guide them when supporting the physical and mental health care needs of people who used the service. This training included topics such as learning disabilities and dementia care, Deprivation of Liberty Safeguards, Mental Capacity Act 2005 and equality and diversity. On the first day of the inspection, we found some staff were attending epilepsy training provided by the epilepsy specialist nurse.

The staff told us they had monthly supervision meetings and annual appraisals with the registered manager. Appraisals for the staff were carried out in April 2015 and staff competencies were reviewed in September 2015. Staff told us that they found the supervision sessions beneficial as they could talk about their concerns and were given feedback on their working practice. This was confirmed by the records we looked at. This meant that staff practice was monitored and reviewed to make sure people who used the service received a good standard of care.

Staff told us that communication between the four houses was good and that they had a handover between each shift to ensure the staff coming on duty were aware of any issues. Our checks of the handover sheets showed these documents recorded any tasks that staff needed to do, including the one-to-one care for some people using the service and the daily work routine. These records and the actual handover ensured that staff were organised and efficient and we observed this was true in practice during our inspection.

Some of the people who used the service had difficulty verbally communicating with others. We found that their care files contained detailed care plans about their abilities and needs around communication and what aids they might need to assist them. For example, one person used pictorial communication sheets to help them express their likes and dislikes, wishes and choices with regard to their daily life. Staff told us that some people could not always say if they felt unwell so they relied on close observations, looking at facial expressions or body language to see if a person was in pain or 'under the weather'.

Information in the care files indicated the people who used the service received input from health care professionals such as their GP, psychologist, dentist, optician and chiropodist. People who used the service told us how they could access outside professional help if they needed to. One person said, "I go to see my doctor when I don't feel well. The staff go with me to help me." We saw information in the care files that indicated people had a medical review once a year with their GP and there were detailed 'health passports' in each care file. The 'passports' went with people to hospital or medical appointments; they gave clear information to other health care professionals about the health and welfare abilities and needs of the person where the person had difficulty communicating with others. We saw that input from these specialists was used to develop the person's care plans and any changes to care were updated immediately.

Good

Is the service effective?

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA , and whether any conditions on authorisations to deprive a person of their liberty were being met.

Records showed that four people who used the service had a DoLS in place around restricting their freedom of movement. Each of the four people required an escort when leaving the service to keep them safe whilst out and about in the community. Documentation was completed appropriately by the registered manager who displayed a good understanding of their role and responsibility regarding MCA and DoLS. A further two applications had been submitted and were waiting for the local 'Supervisory Body' to assess and approve the documentation.

Staff had completed training on Mental Capacity awareness during the last year and were aware of how the DoLS and MCA legislation applied to people who used the service and how they were used to keep people safe. We saw in care records the home had taken appropriate steps to ensure people's capacity was assessed to record their ability to make complex decisions.

People who we spoke with told us that staff only carried out tasks or provided assistance with personal care when they had obtained consent or 'implied' consent, and that they were encouraged by staff to make decisions about their care. We saw that the care plans were signed by people wherever possible to indicate these had been discussed and agreed with them.

Staff followed the basic principle that people had capacity unless they had been assessed as not having it. In discussions staff were clear about how they gained consent prior to delivering care and treatment. Staff told us, "People are supported to make their own choices about daily life. We can use picture boards to help people make their decisions", "People are able to do what they want to do here. Such as choose their own clothes, meals, where they wish to sit" and, "I have done MCA training. Most people here can make their own decisions." One person told us, "You can do what you want to within reason. Staff do not mind when you get up or go to bed and they are always around if you need help."

All of the staff had completed food hygiene training in August 2015. This was confirmed by the certificates we saw in the staff files. We saw that the catering areas were clean and tidy with staff having completed kitchen cleaning sheets and temperature checks of fridges and freezers. We saw evidence that the service had a 5 star (very good) rating from the local council's environmental health team. This meant people's nutrition and hydration needs were met by staff who followed good hygiene practices and ensured the kitchens were fit for purpose.

We saw that menu boards were on display in each of the houses and the minutes of monthly service user meetings evidenced that menu plans had been discussed. We saw that care plans detailed each person's likes and dislikes with regard to eating and drinking. People who we met and those whose care files we looked at did not have any specific dietary needs or require support from dieticians. However, the registered manager said if people did have specific needs then they would receive support from the staff and any assistance they required to access specialist support.

One member of staff told us that a specific staff member was allocated to ensure that people were consulted regarding the choice of food at the service, and that 'rolling menus' were then prepared from these consultations. We looked at the menus and saw that these were different for each of the four houses and based on people's likes and dislikes. Access to the kitchens varied; some people only went in under supervision and this had been risk assessed and documented in their care file. Other people had their own fridge and kettle in their bedroom, which had also been risk assessed and recorded. People told us that they could help with the shopping, especially for their own snack boxes which were kept in each kitchen.

During the visit we saw people at The Coach House and Sherbutt House having lunch. One person who used the service helped a member of staff make the lunch at

Good

Is the service effective?

Sherbutt House. This person told us that sometimes they didn't like the food. They said, "I like fish and chips, there's a shop down the road, they take me down there sometimes." We heard staff speaking respectfully to three other people who used the service, saying, "Hello [Names], are you making lunch today?" During the meal preparation, one member of staff encouraged them, saying, "That's it, well tried!" Another staff member asked one person if they could move their chair closer to the table so that the person was more comfortable whilst they ate their lunch.

People at both houses were offered ham or cheese and onion wraps with salad and juice. Everyone had yogurt for dessert. People at The Coach House sat together at the table chatting whilst they ate. One person told us, "I like the food." They then asked the staff what was for tea. The staff member told them and they replied, "That sounds very nice." One member of staff mentioned to us that when people were on holiday, they were given a selection of leaflets and menus from local restaurants. Staff discussed them with the people that were in their care, and a group decision was made regarding where to eat that evening. This indicated that people were consulted about their food preferences both at home and when away.

The decoration and furnishings in the four houses were in a good state of repair. People's rooms were personalised, and contained plenty of personal possessions. People's interests were incorporated into the decoration, for example, one person had pictures of Elvis on their walls, whilst another person displayed things they had made at craft sessions.

Good

Is the service caring?

Our findings

People who used the service said they were very happy with the care and support they received from the staff. One person told us, "I have no worries about my privacy or dignity. The staff always respect my personal space and the fact I like to have time alone." We saw that there was a good rapport between the staff team and the people who used the service. We noted that the members of staff acted in a friendly but professional manner at all times.

Discussion with people who used the service, the registered manager and members of staff indicated that the care being provided was person centred and focused on providing each person with practical support and motivational prompts to help them maintain their independence. We were told that regular discussions about care and support were held with people who used the service. People had a key worker and they wrote notes in the care files to show where people had been, activities they had attended and what issues had been discussed.

One person who used the service told us they were regularly involved in their care planning. They said, "I am having a review soon. The review is to tell people what I am doing." They told us that they and their relative would be present. One member of staff told us that all the people living at Sherbutt House service had an independent advocate to assist them when they were undergoing a review. They also mentioned that one person had an advocate from Mencap who visited them regularly. This was confirmed by the information in the person's care file.

Staff respected the privacy of people living in the home. One person who used the service said, "They knock at my door and ask permission to come in" and we also observed this in practice. Staff told us, "We make sure curtains and doors are closed when giving personal care. It is also important to give people as much independence as possible." One member of staff showed us around the service. When we passed one person's door, they said, "[Name] is at the day service, so we don't have permission to see their room."

Our observations of the staff during our inspection indicated they were very appropriate in their approach to people who used the service. Their verbal and non-verbal communication skills were good and there was a calm and serene ambience to the home. During the visit, we observed that everyone appeared well presented. One member of staff told us that they held a regular "Hair and nails" afternoon at the service when everyone enjoyed some one-to-one time and being pampered. We noticed that one person had recently had their hair cut in a current style.

The registered provider had a policy and procedure for promoting equality and diversity within the service. Discussion with the staff indicated they had received training on this subject and understood how it related to their working role. People told us that staff treated them on an equal basis and we saw that equality and diversity information such as gender, race, religion, nationality and sexual orientation were recorded in the care files. Staff also supported people to maintain relationships with family, friends and other people in the community. We saw that a number of people using the service had different faiths. A member of staff told us that one person went to the Salvation Army Meeting every Sunday, and three people attended a Christian fellowship group each month. The member of staff said that the three people would be taking part in the fellowship's Christmas play, and said, "They really enjoy it, they talk about it a lot."

People were supported by staff when experiencing difficult times, such as bereavement. After one person who used the service passed away, staff had encouraged people to talk about the loss of their friend, and to decide what they would like to do to remember them. People told us that they had decided to purchase a variety of rose which had the same first name as the person who died. This was planted in a pot outside the door. There were pictures in the house of the person, and we heard staff talk about them to the other people in the house.

The registered manager also told us that a person from the service had been transferred to a nursing home towards the end of their life. They said that they had ensured people from Sherbutt House had continued to visit this person and that their friends from the house had attended their funeral. The person's family had given the organisation a donation after their death, and people had requested that they have a garden party in their memory. The registered manager said that this seemed a more inclusive activity, as some people did not like going to restaurants or crowded places due to sensory difficulties.

Good

Is the service responsive?

Our findings

The staff were knowledgable about the people who used the service and displayed a good understanding of their preferences and interests, as well as their health and support needs, which enabled them to provide personalised care.

A needs assessment had been carried out to identify each person's support needs, and care plans had been developed outlining how these needs were to be met. People who used the service told us there were few or no restrictions on their daily life, although risk assessments had been completed and behaviour management plans were in place to make sure people stayed safe and well. Evidence in the care files showed us that people's views were sought and listened to, and that families were also involved in reviews of people's care.

Discussion with people who used the service indicated that where necessary the staff assisted them with budgeting and managing their personal finances when they were out. This included food and personal shopping and social activities. Clear records were kept of finances; two signatures were required for all transactions and receipts were kept for each person's expenditure. We were informed by people that they carried out a number of domestic tasks around their bedrooms, helping to keep them clean and tidy. We saw that this was documented in their care files. Wherever possible people were supported to develop independent living skills such as cleaning, shopping, budgeting and laundry to aid them move onto more independent care settings. However, the registered manager told us that some people in the service had moved on in the past, but had now moved back into the care service as their needs had increased over time.

The care plans we looked at were written in a person centred way. We saw that the staff reviewed the care plans with the person who used the service and their input and views were at the centre of any decision making. This was confirmed when we spoke with the people who used the service. They told us about their daily routines and what they liked to do each day and the places they liked to visit. For example, one person told us, "My parent telephones me and I go to visit them regularly. I have bought them a birthday card and I am going to see them this weekend. I talk to my other family on Skype as they live aboard."

Another person had recently returned from visiting their family and said, "I am going to my parent's house for Christmas". They said that they attended an art group, went horse riding and went to a baking club. They talked about Halloween, saying, "I went pumpkin carving with one member of staff, and had chips for lunch because I was helpful." A third person told us that they liked to go to the local garden centre and to McDonalds for lunch. They said, "I do all sorts." Staff told us that some people liked to participate in gardening sessions at the home. They showed us the flowers that they had planted and mentioned that people were to be consulted regarding the selection of winter flowering plants.

The organisation had a timeshare apartment in Lanzarote. Staff told us, "We take the more independent people there." They told us that people were given leaflets showing the activities that were available within the resort. They then chose what they would like to do. Staff said that people had enjoyed participating in scuba diving and aerobics sessions in the pool. The staff told us, "Other people like day trips; we have been to the Yorkshire Wildlife Park and The Grand Theatre House at York. We have also been to Skegness for a few days, to Blackpool to see the lights, and to Chester Zoo." One person who used the service confirmed, "We have been to Chester Zoo and stayed in a hotel. And we went to an Indian restaurant and had a glass of coke and some food." This person said, "Everyone has a choice of where they can go to." Another person told us that they did yoga and attended a drama group. They mentioned that the group were currently rehearsing for a production of Billy Elliott.

We saw that there was a complaints policy and procedure in place for the service and a niggles and grumbles form was on the notice board. This was available in an easy read format which was suitable for people who used the service. Checks of the complaints record held by the registered manager showed that there had been no formal complaints made in the last year. The registered manager told us that by dealing with the smaller niggles and grumbles promptly they found things did not escalate into formal complaints. People who used the service said the could complain to staff if they had any issues and when asked they told us the were "Alright."

Good

Is the service well-led?

Our findings

There was a registered manager in post who told us that they monitored the quality of the service by regularly speaking with people to ensure they were happy with the service they received. People we spoke with knew the registered manager's name and said they had the opportunity to speak with them each day. We observed the registered manager as they carried out duties around the service. People seemed at ease with them and one person told us, "The manager is nice."

Our observation of the service was that it was well run and that the people who used the service were treated with respect and in a professional manner. We asked the staff on duty about the culture of the service and they told us, "It focuses on person centred care and is based on people being treated as individuals. We work towards improving the quality of their lives."

We found there was an open, fair and transparent culture within the home. Staff described the registered manager as, "Approachable" and "Straight talking." They said that they could talk to them about any issues and they were listened to and that information discussed with the registered manager was kept confidential whenever possible. Staff had regular supervision meetings and annual appraisals with the registered manager and these meetings were used to discuss staff's performance and training needs; they had also been used to give positive feedback to staff.

The registered manager said that they and other long serving staff members had supported people to go to live independently within the local community; these people were now older and once again required support within a residential setting. They had therefore returned to Sherbutt House as it was familiar to them. The registered manager said," A lot of people here have no family, so we are their family. They know us." One person using the service confirmed this, saying, "The best thing about living here is that we know everybody."

Feedback from people who used the service, relatives and staff was obtained through the use of satisfaction questionnaires, meetings and one to one sessions. This information was usually analysed by the registered provider and where necessary action was taken to make changes or improvements to the service. We were able to look at a selection of documents that confirmed this took place, such as meetings that were held with people who used the service and staff. We looked at the meeting minutes for October 2015 and saw that as well as discussing topics relating to the running of the service and care of people who used the service, the meetings were also an open forum for people and staff to voice their opinions and viewpoints.

The registered manager told us that they had appointed a new, younger staff member as a dignity champion, as this enabled the member of staff to promote the rights of the people they were caring for. We saw that the staff member had put up a poem in each house. The poem was called "Speak up" and encouraged people to express their opinions, strive to achieve equality, and not be afraid to raise concerns regarding poor practice.

The registered manager said they also used their own reflections on practice to inform staff. For example, they told us that they had regularly said "Good morning" to one person, before rushing past them to carry out duties, and had assumed that this person never replied. It was not until the registered manager walked past the person one day, after greeting them earlier, that they heard the person reply "Good morning!" The registered manager now told staff to remember that some people may require more of their time when communicating.

There were a number of long serving staff members within the service, including the registered manager. They told us that they rarely had vacancies, as staff tended to stay within the organisation. They spoke with us about how they tried to be flexible when considering the needs of the staff and the people that they supported. For example, one long serving staff member had requested to take a less formal role within the organisation, and was now responsible for housekeeping and covering staff who were absent due to sickness. The registered manager told us that this worked well for everyone. This demonstrated to us that the service valued staff's skills, experiences and knowledge of people who used the service. Additionally, people benefitted from having continuity of care from staff they knew and trusted.

Quality audits were undertaken to check that the systems in place at the home were being followed by staff. The registered manager carried out monthly audits of the systems and practices to assess the quality of the service, which were then used to make improvements. The last recorded audits were completed in October 2015 and

Good

Is the service well-led?

covered areas such as reportable incidents, recruitment, complaints, staffing, safeguarding and health and safety. We saw that the audits highlighted any shortfalls in the service, which were then followed up at the next audit. We saw that accidents, falls, incidents and safeguarding concerns were recorded and analysed by the registered manager monthly, and again annually. We also saw that internal audits on medicines and care plans were completed. This was so any patterns or areas requiring improvement could be identified.

We asked for a variety of records and documents during our inspection. We found these were well kept, easily accessible and stored securely. Services that provide health and social care to people are required to inform CQC of important events that happen in the service. The registered manager of the service had informed CQC of significant events in a timely way. This meant we could check that appropriate action had been taken.