

Children  
And  
Joint  
Commissioning

Quality  
Standard  
Framework



**Organisation**

**HC-One**

**Home**

**Sheraton Court**

**Responsible Person**

**Hollie Rhodes**

**Date of Report**

**21 February 2024**

**Contracts and Quality Officer**

**Graeme Martin**

## Overview of Home

Sheraton Court provides residential care for up to 80 people including residents with a diagnosis of dementia. All rooms have en-suite facilities.

During the latest period of review the home has been subject to RASC (Responding to and Addressing Serious Concerns) following safeguarding activity identified within the service.

The service is currently working towards a detailed action plan to address the specific areas identified.

Generally the standard of care files at Sheraton Court has been satisfactory however there has been occasions when care plans lacked person centred detail or when they hadn't been updated in a timely manner.

## Summary of Outcomes

As a result of the RASC process as well as regular monitoring throughout the year, it has been identified that standards at Sheraton Court have dropped in the following areas:- Assessment & Review, Dignity, Safeguarding, Leadership & Management and Quality Assurance. These areas have now been assessed as substantially met and require ongoing focus to ensure standards improve.

As the remaining outcomes were all fully met and as well as the fact that there is now a permanent management structure in place, the service has been able to maintain grade 1 status.

<b><u>Summary of Outcomes</u></b>	
<b>Name of Home-Sheraton Court</b>	
<b>Date of Report - 14-Feb-2024</b>	
	<b>Determination</b>
<b><u>Person Centred Care</u></b>	
1 - Assessment & Review	Substantially Met
2 - MCA & Consent	Fully Met
3 - DoLS	Fully Met
4 - Nutrition & Hydration	Fully Met
5 - Promoting Dignity, Autonomy & Choice	Substantially Met
<b><u>Safe Care and Treatment</u></b>	
6 - Safeguarding/Understanding Safeguarding	Fully Met
7 - Medication	Fully Met
8 - Infection Control	Fully Met
9 - Premises & Equipment	Fully Met
10 - Health & Safety	
11 - Moving & Handling	Fully Met
<b><u>Governance</u></b>	
12 - Leadership & Management	Substantially Met
13 - Staffing, Recruitment, Support & Learning	Fully Met
14 - Quality Assurance	Substantially Met
15 - Complaints	Fully Met

## **1 - Assessment & Review**

### **Determination - Substantially Met**

All people receiving the service have a written care plan however there is evidence to suggest that not all were monitored and periodically evaluated in a timely manner during the last period of review. There were occasions when reviews were not up to date and it was not possible to confirm whether the information was accurate or not.

People's physical, mental health and social needs holistically are assessed, and their care, treatment and support is delivered in line with relevant legislation and guidance, to achieve effective outcomes.

People's care records are securely stored and available to the relevant staff so that they can support people to stay safe. However, care records were found to not always be accurate and not person centred in some cases.

People are provided with information about their healthcare and treatment options.

People are generally involved in regularly monitoring their health.

People can access care, support and treatment in a timely way but there is evidence to suggest that referrals were not always made quickly to appropriate health services when people's needs changed. Supporting documentation for external health professionals was not always completed correctly or in robust manner which could have delayed possible intervention. Usage of the National Early Warning Score (NEWS) tool was also below average occupancy levels for much of 2023.

People generally contribute to planning their care and support, with their strengths, levels of independence and quality of life are taken into account.

People's care plans generally reflect their physical, mental, emotional and social needs and incorporate their personal history, individual preferences, interests and aspirations. However, there is evidence to suggest that some care plans could be more person centred and further development work in this area is required.

People's oral health needs are met and kept under review with professional guidance sought when required.

The service shares appropriate information and assessments with other relevant agencies for the benefit of people who use the service.

People's preferences and choices for their end of life care are generally recorded, reviewed and communicated and acted on where possible. Family, friends and other representatives are involved in planning, managing and making decisions about their end of life care including advanced decisions made in line with the Mental Capacity Act 2005.

The service ensures that it quickly identifies people in the last days of life whose condition may be unpredictable and change rapidly and, where required ensures that people have rapid access to support, equipment and medicines including from specialist palliative care professionals.

The service supports people's families, other people using the service and staff when someone dies.

**The Home has not demonstrated achievement of this outcome.**

Some people's care records were not always kept up to date, reviewed in a timely manner or contain person centred detail.

The level of impact has been assessed as low – there is no or minimal impact on residents.

The likelihood that the impact will happen or recur has been assessed as possible – the impact may happen/recur but it is not a persistent issue.

## **2 - MCA & Consent**

### **Determination - Fully Met**

Staff generally recognise when people need and want support from their carers, advocates or representatives to help them understand and be involved in their care, treatment and support and staff help people to get this support.

The service provides information to people, their families and other carers about external bodies, community organisations and advocacy services that can provide independent support and advice about their care, treatment and support.

Staff understand the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005 and other relevant national guidance.

People are supported and are given the information and explanations they need to make their own decisions in line with relevant legislation and guidance.

Decisions around a person's possible lack of mental capacity are assessed and recorded.

When people lack the mental capacity to make a decision, staff ensure that best interest decisions are made in accordance with legislation.

The process for seeking consent is monitored and reviewed to ensure it meets legal requirements and follows relevant national guidance.

There are arrangements for people to be involved in decisions about managing risks appropriately including positive risk taking.

Risk management policies and procedures are in place to minimise restrictions on people's freedom, choice and control, in particular for people who lack mental capacity.

Staff are trained to understand, prevent and manage people's behaviour that challenges. However, there has been occasions when supporting documentation was not robustly completed. There were also occasions when correct protocols with external health professionals were not followed. Staff would benefit from additional training in this area.

The service identifies and meets the information and communication needs of people with a disability or sensory loss. Information is recorded, highlighted and shared with others when required with the consent of the person.

**The Home has demonstrated achievement of this outcome.**

### **3 - DoLS**

#### **Determination - Fully Met**

The service promotes supportive practice that avoids the need for physical restraint, however where physical restraint is necessary, the service ensures that it is used in a safe, proportionate, and monitored way as part of a person-centred support plan.

Staff recognise when people who lack mental capacity, are being deprived of their liberty and they seek authorisation to do so when considered necessary and proportionate.

All staff are trained to understand the difference between lawful and unlawful restraint practices. Action is taken to minimise the use of restraint.

The service is generally aware whether the person's representative maintains regular contact with the person but a formal process to record when this has happened, particularly those with RPR's, would make this process more robust.

The service has a system to monitor DoLS authorisations and their review dates and this is maintained. Care plans contain the most up to date Conditions attached to deprivation of liberty safeguards (DoLS) authorisations.

Management has oversight on the process to ensure where a restriction may actually amount to a deprivation of liberty.

**The Home has demonstrated achievement of this outcome.**

### **4 - Nutrition & Hydration**

#### **Determination - Fully Met**

People are involved in decisions about what they eat and drink and their cultural and religious preferences are recorded, reviewed and acted upon.

People have access to dietary and nutritional specialists to help meet their assessed needs if required.

People receive prompts and encouragement to eat when needed and people enjoy mealtimes and do not feel rushed.

Risks to people with complex needs or who lack capacity are identified and managed in relation to their eating and drinking.

All relevant staff have completed food hygiene training and the correct procedures are in place and followed wherever food is prepared and stored.

People have accurate nutrition and hydration assessments for eating and drinking which are carried out by knowledgeable staff.

Where people require support with eating such as encouragement and prompting, this is done in a compassionate way that maximises people's independence and maintains their dignity.

The service is aware of specialist diets, allergies, choking risks and lifestyle choices, and these are recorded, kept up to date and shared as appropriate.

People have access to specialist equipment in a timely manner to meet their assessed need.

Drinks are offered throughout the day and when required people's intake is monitored to ensure their assessed needs are being met. Snacks are offered outside of mealtimes and are available any time of day upon request.

People can choose the location of where they eat including the dining room, their own room or communal areas and are supported to do so.

People are offered a choice of food and drink and this is served at an appropriate temperature.

Residents can choose to eat in their bedroom or communal area and they are checked on regularly.

**The Home has demonstrated achievement of this outcome.**

## **5 - Promoting Dignity, Autonomy & Choice**

### **Determination - Substantially Met**

There were occasions during the last period of review when people's wellbeing was not addressed in a caring and meaningful way. Staff did not always respond to people's needs on a day to day basis in a timely manner.

The service generally makes sure that people, and those close to them, feel like they matter, and that staff listen to them and talk to them appropriately and in a way they can understand.

People are generally involved in developing the service including: • deciding how they choose to spend their day • planning activities and outings • decisions around personal care and how and when help is provided • devising menus and the timing and place of meals, and • people are consulted when alterations to their living space is planned.

Staff generally seek accessible ways to communicate with people (when their protected and other characteristics under the Equality Act make this necessary) to reduce or remove barriers. However, further staff development in this area would make this more robust, particularly when caring for people with a dementia.

Staff generally know the people they are caring for and supporting, including their preferences, personal histories, and backgrounds.

Staff make sure that people's privacy and dignity needs are understood and respected including during personal care.

People receive support to be independent. Their wishes are recorded, reviewed and acted upon wherever possible.

People's relatives and friends are made to feel welcome and are able to visit without being unnecessarily restricted. There are arrangements to encourage relatives and friends to provide feedback on the service.

Processes are in place to ensure there is no discrimination when making care and support decisions.

People are supported to follow their interests and take part in activities that are appropriate to them including in the wider community.

The service ensures that people are encouraged and supported to develop and maintain relationships with people that matter to them, both within the service and the wider community to avoid social isolation.

The service has a nominated Dementia champion(s) who oversee standards in the service.

**The Home has not demonstrated achievement of this outcome.**

On occasion, people's wellbeing was not addressed in a caring and meaningful way. Staff did not always respond to people's needs in a timely manner or follow professional instruction when required.

The level of impact has been assessed as low – there is no or minimal impact on residents.

The likelihood that the impact will happen or recur has been assessed as possible – the impact may happen/recur but it is not a persistent issue.

**Safe Care & Treatment**

**6 - Safeguarding/Understanding Safeguarding**

**Determination - Fully Met**

Safeguarding systems, processes and practices are in place, staff are aware and any updates are communicated to staff.



Systems, processes and practices protect people from abuse, neglect, harassment and breaches of their dignity and respect.

Staff can recognise signs of potential abuse and know what to do when abuse is suspected.

Processes are in place to ensure people are protected from discrimination, harassment and abuse, in line with the Equality Act.

People are supported to understand what safeguarding means, and they are encouraged to raise any concerns.

If people are subject to a safeguarding investigation, they are supported during this process.

Staff understand their responsibilities to raise concerns, to record safety incidents, concerns and near misses, and to report them internally and externally, where appropriate.

There are processes for reviewing and investigating safeguarding incidents when incidents occur. All relevant staff, services, partner organisations and people who use services are involved in reviews and investigations.

Safeguarding investigations, reviews and audits ensure lessons can be learned to improve how care, treatment and support is delivered.

**The Home has demonstrated achievement of this outcome.**

## **7 - Medication**

### **Determination - Fully Met**

The medication outcome has been assessed by the Medicines Optimisation Service further information can be found in the Assessment Report dated 26-Oct-2023 appended to this report.

The home must ensure that monthly medication incident logs are submitted in a timely manner.

Minor areas have been identified for improvement and the home are working towards an action plan.

**The Home has demonstrated achievement of this outcome.**

## **8 - Cleanliness and infection control**

### **Determination - Fully Met**

There are arrangements for making sure that premises are kept clean and hygienic so that people are protected from infections that could affect both staff and people using services. This includes:- Up to date Policy and procedure- Staff Training, including with the IPC Nurses- Necessary resources- Risk Assessments- Cleaning Records/Schedules- Quality Audits

Staff understand their roles and responsibilities in relation to infection control and hygiene and providers support with this.

Policies and procedures are maintained and followed in line with current relevant national guidance.

The service ensures that it alerts the right external agencies (e.g. HBC, visitors and professionals) to concerns around infections that affect people's health and wellbeing.

The Service completes regular Hand Hygiene documentation and has a designated IPC Champion who has attended the IPC Study Day. The Service has up to date IPC workbook/training.

The Service provides and maintains a clean and appropriate environment in managed premises that facilitates the prevention and control of infections.

The Service engages with and updates the Infection Control Nurses when required.

**The Home has demonstrated achievement of this outcome.**

## **9 - Premises & Equipment**

### **Determination - Fully Met**

Technology is used to support people to receive timely care and support and is easy to use. However, usage of the National Early Warning Score (NEWS) tool was below average occupancy levels for much of 2023.

Equipment, which is owned or used by the provider, is managed to support people to stay safe.

The premises and safety of communal and personal spaces (such as bedrooms) and the living environment are checked and managed to support people to stay safe.

Learning from lessons is shared and themes are identified to make sure that action is taken to improve safety across relevant parts of the service. Staff learn from reviews and investigations by other services and organisations.

The service has arrangements to respond to relevant external safety alerts, recalls, inquiries, investigations and reviews. Information is shared to staff when appropriate.

People are involved in decisions about the environment. Any changes to the environment are managed to avoid causing distress to people who live there.

People have access to appropriate spaces: • in gardens and other outdoor spaces • to see and look after their visitors • for meaningful activities • to spend time together • to be alone.

The signage, decoration and other adaptations to the premises help to meet people's needs and promote their independence. The premises meet people's diverse care, cultural and support needs.

Staff with responsibility for maintaining equipment are appropriately trained to ensure it is fit for purpose.

There are plans for responding to emergencies or untoward events, and these are understood by all staff.

**The Home has demonstrated achievement of this outcome.**

### **10 - Health & Safety**

It has not been possible to complete the Health & Safety Assessments and verification in the usual way for inclusion in the QSF. The home has therefore been awarded a notional 30 points which is the maximum points available for health & safety. The Council will continue to progress the assessments outside of the QSF reporting process.

### **11 - Moving & Handling**

#### **Determination - Fully Met**

There is an up to date Moving and Handling Policy in place.

People who use the service are assessed in relation to their mobility needs and referrals are made to specialist agencies in a timely manner. Services using specialist equipment include an OT assessment.

The service ensures that risk assessments are robust and appropriate.

There is professional instruction/task guidance detailed in people's support plans, which is in date and followed by staff.

People are encouraged to assist, where safe to do so, in their own transfers.

When support is being given to move people, reassurance is given in a compassionate manner by staff.

The service has procedures in place to ensure that staff have skills, competencies, qualifications, experience and knowledge, to meet people's individual needs. The Service can evidence that:(a) Staff have had Moving and Handling Training within the last 12 months.(b) Moving and handling training is provided by a competent trainer.(c) Trained staff monitor staff techniques on a periodic basis.

Equipment is checked, maintained and serviced to ensure it is safe for staff and people to use.

Moving and handling equipment is used in accordance with manufacturer's guidance.

There has been no near misses or accidents whilst hoisting in the last 12 months.

**The Home has demonstrated achievement of this outcome.**

## **Governance**

### **12 - Leadership & Management**

#### **Determination - Substantially Met**

There is a registered manager in post.

There are arrangements including within the rotas, for making sure that staffing levels are sufficient, staff have the right mix of skills, competencies, qualifications, experience and knowledge, to meet people's individual needs and personal preferences are accounted for where possible.

A period of inconsistent leadership during the last period of review resulted in performance levels dropping in a number of areas. A new permanent manager was introduced towards the end of summer 2023 and a new Deputy Manager followed shortly afterwards. Together the new management team have set about implementing new ways of working but further monitoring is required to show how they develop the day to day culture in the service including attitudes and values.

The service generally promotes and supports fairness, transparency and an open culture for staff.

The new management team are working hard to make sure that staff feel supported, respected and valued. However, having only been in post a relatively short period of time, further monitoring is required to show how changes introduced become embedded within the day to day culture of the service.

The service shows honesty and transparency from all levels of staff and leadership following an incident. This is shared with people using the service and their families in line with the duty of candour. The service ensures people are supported when incidents occur.

Leaders have the skills, knowledge, experience and integrity they need to lead and inspire staff effectively. However, after a period of inconsistent leadership and having only been in post a relatively short period of time, further monitoring is required to show how the new management team will drive standards forward in this area.

The service has a clear vision and set of values but it is not clear how these are promoted and understood by staff and embedded into practice.

The organisation promotes equality and inclusion within its workforce and all staff have up to date equality and diversity training.

The registered manager understands their responsibilities and are supported by the regional manager and the provider to deliver what is required.

All relevant legal requirements are understood and met, including CQC registration requirements, safety and public health related obligations, and the submission of notifications.

Staff are generally involved in developing the service.

There are links with the local community which have a positive impact on the service.

The service works in partnership with key organisations, including the local authority, safeguarding teams and clinical commissioning groups and multidisciplinary teams, to support care provision, service development and joined-up care and does so in an open, honest and transparent way.

The service has clear disciplinary procedures which are followed when it identifies that staff are responsible for unsafe practice.

**The Home has not demonstrated achievement of this outcome.**

A period of inconsistent leadership during the latest period of review contributed to a drop in standards in some areas. A new management team is now in place but further monitoring is required to show how the new leadership structure will drive standards forwards.

The level of impact has been assessed as low – there is no or minimal impact on residents.

The likelihood that the impact will happen or recur has been assessed as possible – the impact may happen/recur but it is not a persistent issue.

**13 - Staffing, Recruitment, Support & Learning**

**Determination - Fully Met**

All staff have received appropriate induction upon commencement of employment.

Staff receive effective training in safety systems, processes and practices and this is reviewed regularly.

Staff receive feedback from managers in a constructive and motivating way, which enables them to know what action they need to take.

The service makes sure that responsibility and accountability is understood at all levels with clear and transparent processes in place for staff to account for their decisions, actions, behaviours and performance.

Staff are supported and protected when raising concerns and questioning practice including whistle-blowers.

Safety is promoted in recruitment practices, arrangements to support staff, training arrangements, disciplinary procedures and observations.

Staff generally respond in a compassionate, timely and appropriate way when people experience physical pain, discomfort or emotional distress.

People have their assessed needs, preferences and choices met by staff with the right qualifications, skills, knowledge and experience.

Staff are supported to keep their professional practice and knowledge updated in line with best practice.

Staff know and understand what is expected of them and this is reinforced with regular support, supervision, appraisal and training.

Staff teams work collaboratively, share responsibility and resolve conflict quickly and constructively. There are cooperative, supportive and appreciative relationships among staff.

There are effective systems of communication to ensure information is shared timely and appropriately so staff can carry out their roles and responsibilities effectively.

The service gives staff the time, training and support they need to provide care and support in a compassionate and personal way. Staff have time to listen to people, answer their questions, provide information and involve people in decisions

Staff work together to ensure that people receive consistent, timely, coordinated, person-centred care.

**The Home has demonstrated achievement of this outcome.**

#### **14 - Quality Assurance**

##### **Determination - Substantially Met**

The service maintains a log of whistleblowing, staff concerns, safeguarding and accidents or incidents and investigates each incident thoroughly. Action plans are developed and monitored to ensure actions are completed.

When incidents occur they are investigated and analysed to look for common themes and trends to ensure lessons are learned. Action is taken to continually drive improvement.

The service has a number of quality assurance tools available however these were not always used effectively to ensure that the approach to quality is integral and that all staff are aware of potential risks that may compromise quality.

The service enables and encourage accessible open communication with all people who use the service including their family, friends, staff and representatives.

People's views and experiences are gathered and acted on to shape and improve the services and culture.

Resources and support is available to develop staff and teams and drive improvement, examples of these were provided by the manager.

Quality assurance systems were not always used effectively to enable the service to evaluate and learn from current performance. On occasion it was evident that actions from management audits were not followed up by staff as directed.

Success and innovation is generally recognised, encouraged and implemented

The service ensures that the delivery of care, treatment and support is in line with current local and national guidance.

The provider is accredited as standards are met or approaching standards in the DPST Toolkit.

**The Home has not demonstrated achievement of this outcome.**

The service did not always monitor the quality of the service effectively resulting in a drop in standards in a number of areas.

The level of impact has been assessed as low – there is no or minimal impact on residents.

The likelihood that the impact will happen or recur has been assessed as possible – the impact may happen/recur but it is not a persistent issue.

**15 - Complaints**

**Determination - Fully Met**

People who use the service are provided with information on how to make a complaint or raise concerns and this is regularly promoted.

The complaints process is accessible, is easy for people to raise a concern or complaint and is encouraged.

There is a formal log of complaints which is kept up to date. Complaints are handled effectively with openness, transparency and confidentiality. The complainant receives regular updates, a timely response and an explanation of the outcome including the appeals process.

People who raise concerns or complaints are protected from discrimination, harassment or disadvantage and are supported throughout the process.

Concerns and complaints are used as an opportunity to learn and promote continuous improvement and examples of this were evidenced.

**The Home has demonstrated achievement of this outcome.**



		Total Points	Outcome of assessment	No. of points achieved
Date	Home			
14 February 2024	Sheraton Court			
Person Centred Care		270		230.0
	1 - Assessment & Review	70	Substantially Met	42.0
	2 - MCA & Consent	70	Fully Met	70.0
	3 - DoLS	30	Fully Met	30.0
	4 - Nutrition & hydration	70	Fully Met	70.0
	5 - Promoting Dignity, Autonomy & Choice	30	Substantially Met	18.0
Safe Care and Treatment		260		260.0
	6 - Safeguarding/Understanding Safeguarding	70	Fully Met	70.0
	7 - Medication	70	Fully Met	70.0
	8 - Infection Control	30	Fully Met	30.0
	9 - Premises & Equipment	30	Fully Met	30.0
	10 - Health & Safety	30	Fully Met	30.0
	11 - Moving & Handling	30	Fully Met	30.0
Governance		220		164.0
	12 - Leadership & Management	70	Substantially Met	42.0
	13 - Staffing, Recruitment, Support & Learning	70	Fully Met	70.0
	14 - Quality Assurance	70	Substantially Met	42.0
	15 - Complaints	10	Fully Met	10.0
Environmental Standards		250		250.0
Total of Overall Outcomes				
	Fully Met	10	71.4%	
	Substantially Met	4	28.6%	
	Partly Met	0	0.0%	
	Not Met	0	0.0%	
	**To be recorded	0	0.0%	
	Total	14		
Total Points	Person Centred Care	270.0		230.0
	Safe Care and Treatment	260.0		260.0
	Governance	220.0		164.0
	Environmental Standards	250.0		250.0
		1000		904
	Banding :	Grade 1		