

# Care UK Community Partnerships Ltd

# Sherwood Grange

## Inspection report

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Date of inspection visit:  
07 March 2023  
08 March 2023

Date of publication:  
30 March 2023

### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Sherwood Grange is a care home that provides nursing and personal care for up to 59 older people in one adapted building. At the time of our inspection there were 36 people using the service including those living with dementia.

### People's experience of using this service and what we found

We recommended that the provider reviews the best areas of the home to provide busy activities and enhance the experience for people using the service.

The home was responsive to people's needs including activities and was striving to reach the high standards at the previous inspection, although they weren't quite there yet with the activities co-ordinator updating the activities needs of people. The registered manager and staff regularly assessed and reviewed people's care needs and updated their care plans accordingly, although some relatives had concerns regarding recorded information about people being inaccurate. This was addressed during the inspection visit. Staff, who knew people and their preferences well, provided them with person-centred care. This included any communication needs. People were given choices, and encouraged to follow their routines, interests and maintain contact with friends and relatives to minimise social isolation. People and their relatives were given easy to understand information about the service to decide if they wanted to move in. Complaints were appropriately recorded, investigated and responded to.

People, their relatives and staff told us the home was a safe place for people to live and staff to work. Risks to people were regularly assessed, reviewed and minimised. This meant people were enabled to take acceptable risks, and enjoy their lives safely. Any safeguarding concerns, accidents, and incidents were reported, investigated and recorded. The home had enough staff to appropriately meet people's needs and support them. Staff were suitably recruited and trained including how to safely administer medicines. The home provided Personal Protection Equipment (PPE) and it was used safely, and effectively. The infection prevention and control policy was up to date.

The home was well led and managed in an open, transparent and positive way, although some relatives felt communication could be improved between them and the home. This was acknowledged by the registered manager who was working to improve it. Other relatives were happy with it. The provider had a vision and values that were clearly set out and staff understood and followed them. There was also an honest culture. The management and staff had clearly defined areas of responsibility, accountability and a good, regularly reviewed service was provided. Thorough audits were conducted. There were well-established, community links and working partnerships that were maintained. The provider met Care Quality Commission (CQC) registration requirements. Healthcare professionals told us that the service was well managed and people's needs were met in a professional, open, caring and friendly way.

People were supported to have maximum choice and control of their lives and staff supported them in the

least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was Outstanding (published 25 October 2019). The overall rating for the service has changed to Good. This is based on the findings at this inspection.

#### Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We did not inspect the key questions of effective, and caring.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Sherwood Grange on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

#### Recommendations

We have made a recommendation regarding the activities provided for people. We found no evidence during this inspection that people were at risk of harm from this concern. Please see the Responsive section of this full report.

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Sherwood Grange

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

This inspection was carried out by 1 inspector.

#### Service and service type

Sherwood Grange is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

Inspection activity started on 6 March and ended on 24 March 2023. The inspection visits took place on 7 and 8 March 2023 and were unannounced on the first day.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and health professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with

key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke in person with the registered manager. We spoke with 8 people using the service, 8 relatives, 9 staff and 6 health professionals to get their experience and views about the care provided. We reviewed a range of records. They included 5 people's care plans and risk records. We looked at 6 staff files in relation to recruitment, training and supervision. We checked a variety of records relating to the management of the service, including staff rotas, audits, quality assurance, policies and procedures.

We 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.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection, this key question was rated as Good. At this inspection, this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse.
- People and their relatives said that Sherwood Grange was a safe place to live, staff treated them well and provided a service that was in their best interests. This was reflected in the care and support we saw people receiving and their positive body language, towards staff. This was relaxed and indicated that people felt safe. A person said, "I feel safe here, the young ones [staff] are particularly good and the [registered] manager is doing a good job." A relative told us, "An absolutely safe place for people to live." A staff member said, "We make it as safe as we can for people."
- Staff were trained in how to identify abuse towards people, safeguard them and the appropriate action to take if they encountered abuse. This included how to raise a safeguarding alert. A staff member said, "If I think something is wrong, I report it." Staff had access to the provider safeguarding policy and procedure.
- People were advised staff how to keep safe and any areas of concern about people, was recorded in their care plans.

Assessing risk, safety monitoring and management

- People were risk assessed and their safety monitored.
- People were supported by staff to take acceptable risks and enjoy their lives safely by staff following people's risk assessments. The risk assessments included all aspects of people's health, daily living, and social activities. They were regularly reviewed and updated when people's needs, interests and pursuits changed, in order to keep people safe.
- Staff identified and understood risks to people and the action required to to prevent and safely manage those risks. This included action to take to minimise risks associated with people choking whilst eating and drinking. They also ensured people could safely move independently around the home and were aware that people who were bed bound ran a higher risk of developing pressure sores.
- People had detailed risk assessments and management plans. Important areas were addressed including people's mobility, nutrition and hydration needs, risk of falls and personal care.
- There was a well-established staff team who were familiar with people's routines, preferences, identified situations where people may be at risk and acted to minimise those risks. A person said, "I know the staff and they know me very well. This makes me feel safe"
- The general risk assessments were regularly reviewed and updated including reference to equipment used to support people. This equipment was regularly serviced and maintained.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

- We found the service worked within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations was being met.

#### Staffing and recruitment

- The home had enough staff to meet people's needs and there was a thorough staff recruitment procedure that records demonstrated was followed. This meant people were kept safe.
- Staffing levels matched the rota and enabled people's needs to be met safely. People told us there were enough staff to meet their support needs. Staff were visible throughout the inspection providing people with the care and support they needed. We saw staff responding quickly to people's requests for assistance or to answer their questions. A person told us, "Fantastic, I chose this place myself, first class staff and the great thing is they don't hassle you, everything is your choice, but they are always there if you need them." A relative added, "Always seems to be enough staff around."
- The recruitment process was thorough and included scenario-based interview questions to identify prospective staffs' skills, experience, knowledge of care and support for older people including those with dementia. References were taken up, work history checked, and Disclosure and Barring service (DBS) security checks carried out, prior to new staff starting in post. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. There was also a 6 month probationary period with a review. This was extended if required, so that staff could achieve the required standard of care skills.

#### Using medicines safely

- People received their medicines safely.
- Medicines were safely administered, regularly audited, and appropriately stored and disposed of. People's medicine records were kept up to date with no recording errors or omissions found on any of the MAR sheets we looked at.
- Staff were trained to administer medicines and this training was regularly updated. They understood their responsibilities in relation to the safe management of medicines. Only staff who had been trained and assessed as competent handled medicines.
- Team leaders checked medicines storage and records on the units.
- People's care plans contained detailed guidance for staff that included their prescribed medicines and how they needed and preferred them to be administered. When appropriate, people were encouraged and supported to administer their own medicines. People told us staff made sure they took their prescribed medicines as and when they should.
- People's prescribed medicines, including controlled drugs, were securely stored in locked cabinets and medicines trollies kept in the care home clinical rooms, which remained locked when not in use.

#### Preventing and controlling infection

- We were assured that the care home was using Personal Protective Equipment (PPE) effectively and safely.
- We were assured that the care home infection prevention and control policy was up to date, and regular



audits took place. Staff received infection control and food hygiene training that people said was reflected in their work practices. This included frequent washing of hands, using hand gel, and wearing PPE such as gloves, masks, and aprons, as appropriate. A staff member said, "We are provided with everything we need."

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- The registered manager and staff confirmed there were ample supplies of PPE, and they were routinely tested for COVID-19.
- People told us, and we saw that the home environment was kept clean and hygienic.

#### Visiting Care Homes

- The care home's approach to visiting followed government guidance and the impact on people in relation to this was that they could receive visitors safely.

#### Learning lessons when things go wrong

- The home learnt lessons when things went wrong.
- The home kept regularly reviewed accident and incident records to reduce the possibility of reoccurrence. There was a whistle-blowing procedure that staff said they had confidence in and were prepared to use.
- Any safeguarding concerns and complaints were reviewed, responded to, and analysed to ensure emerging themes were identified, necessary action taken and to look at ways of avoiding them from happening again. This was shared and discussed with staff during team meetings and handovers.
- Healthcare professionals thought the home provided a safe environment for people to live in.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection, this key question was rated as Outstanding. At this inspection, this key question has now deteriorated to Good. This meant people's needs were met through good organisation and delivery.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Some people said they had enough opportunities to engage with others, take part in activities of their choosing and there were enough activities provided both off and on site. Others felt more off-site activities could be provided. A person said, "They provide plenty to do." Another person told us "More outings would be good." A staff member said, "We do our best but there is always room for improvement."
- The home had its own cinema, coffee shop and a minimum of 2 activities took place per day. Available activities included book reading club, sensory afternoon, wine and reminiscence and weekly quiz.
- Activities were taking place during our visit and the activities co-ordinator and other staff made efforts to ensure they were enjoyed by people. Some people visited a garden centre, whilst others were entertained by a singer. A little more thought could have been put into the venue of the singer, as it was too small for the amount of people attending. This meant that the room was very crowded, and staff struggled to engage with people and encourage them to join in.

We recommend the provider reviews where the best areas of the home are for busy activities to enhance the experience for people using the service.

- People were supported to develop and maintain relationships, and this meant they avoided social isolation. The interaction we saw was positive with people enjoying one to one chatting with each other and interaction with staff. A person told us, "We have quite a little community here."
- Although an activities co-ordinator was in post, staff were also encouraged to take on more activity's roles, alongside their caring ones.
- The feedback from healthcare professionals was that the service worked hard to promote and maintain professional links to ensure that people had access to the external support they required.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care and support needs were regularly reviewed and updated in their care plans to meet any changing needs with new objectives set. Some relatives had expressed concerns about the information they had seen recorded about people being inaccurate. A relative told us, "Some of the recorded information was wrong." They cited examples that included name misspelt and incorrect gender. This was addressed during the inspection visit.
- People received person centred care that meant they had choice; control and their needs and preferences were met. People's positive responses reflected the appropriateness of the support they received.
- During the inspection visit the registered manager and staff made themselves available to people and

their relatives to discuss any wishes or concerns they might have. A person said, "The [registered] manager is excellent, very visible and easy to communicate with." A relative told us, "I find the [registered] manager very accessible and all the staff I've met are very good."

- People and their relatives made decisions about their care, and the way it was delivered, with staff support. Staff met people's needs and wishes in a timely way and manner that people were comfortable with and enjoyed. A relative told us, "The carers [staff] are exceptional, there is a consistency of care, and they always ring and let me know if there is a problem."
- Care records were kept in a secure place and access was limited to those with overall responsibility for the day-to-day care of people using the service.

#### Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment, or sensory loss and in some circumstances to their carers.

- The AIS was being followed by the provider, home and staff who communicated clearly with people face to face, on a daily basis, which enabled them to understand what was meant, staff were saying, their range of choices and that they understood people's responses. They asked what people wanted to do, where they wanted to go and who with. People were also given the opportunity to respond at their own speed.
- People using the service did not raise any issues regarding communication and we observed good communication between them and staff. A relative said, "There is a lack of communication, at management level it could be improved, and we are not clear what some people's [staff] roles are." Another relative told us, "There is now much more openness from the new [registered] manager, staff are brilliant, and they all know mum and she loves them."
- The home and provider provided easy to understand written information for people and their families to help them decide if they wished to move into Sherwood Grange.
- Staff explained to us what one person's different reactions, non-verbal communication and gestures meant. This was in line with their communication support plans.

#### Improving care quality in response to complaints or concerns

- The system for logging, recording, and investigating complaints was robust and followed, although some relatives were unclear about how to make official complaints to the organisation, rather than the registered manager.
- People told us they were happy with the service they received and had no particular concerns. A person told us, "Best thing I ever did was move here."
- People and their relatives said they were informed of the complaints procedure and how to use it.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection, this key question was rated as Outstanding. At this inspection, this key question has now deteriorated too Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive, and empowering, which achieves good outcomes for people

- Whilst the home's culture was person-centred, open, inclusive, and empowering. There were areas for improvement regarding communication with some relatives and accuracy of care plan information. These were acknowledged by the registered manager who was working hard to improve them.
- People, most relatives and healthcare professionals told us that the home was well run, and the registered manager was good. This was reflected in people's positive, happy, and relaxed body language towards the registered manager and staff. It suggested the service was provided in a way that met their needs. People described the management team and staff as nice and caring. A person using the service said, "Excellent [registered] manager, easy to speak to." A relative told us, "They are all very nice and go the extra mile."
- Some relatives felt that communication between the registered manager, staff and themselves in particular could be improved as sometimes they received mixed messages regarding people using the service and their welfare. This was acknowledged by the registered manager who was taking steps to improve this. Others said they had not found this to be an issue and the home kept them informed and up to date about how people were.
- People told us the registered manager and staff worked hard to meet their needs and make their lives enjoyable. A person told us, "She [registered] manager and the staff work really hard in what is not an easy job." A relative remarked, "All the staff I have met are very good." Healthcare professionals told us the home maintained excellent lines of communication with them.
- People and their relatives had the services and amenities provided by Sherwood Grange, explained to them so that they understood what they could and could not expect from the home and staff. This was reinforced in the statement of purpose and guide provided for people that also set out the organisation's vision and values. Staff were familiar with the vision and values and people said this was reflected in their working practices. A statement of purpose is a document that describes what the provider does, where they do it and who they do it for.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider understood their duty of candour responsibilities and was open and honest with people.
- People said they were kept informed if things went wrong with their care and support and provided with an apology. Some relatives agreed with this whilst others felt they could be better informed.

Managers and staff being clear about their roles, and understanding quality performance, risks, and

#### regulatory requirements

- The registered manager and staff understood their roles, the quality assurance systems and there were clear lines of communication. This meant the service generally ran smoothly.
- People, some of their relatives and staff working there were positive about the way the service was managed. A person told us, "Generally well-managed." A relative said, "Never have any problems if I want to talk to the [registered] manager."
- Staff feedback was positive regarding the leadership style of the registered manager, and how well run the care home was. A staff member said, "The [registered] manager is very approachable and mucks in." Another staff member added, "The [registered] and regional managers are personable and have a clear management style."
- The provider quality assurance systems contained performance indicators that identified how the service was performing, any areas that required improvement and areas where the service was achieving or exceeding targets. Key performance indicators (KPI) included care plan reviews, morning and afternoon activities, resident of the day and occurrences, such as accidents and incidents.
- There were thorough, regularly reviewed audits carried out by the registered manager, staff, and the provider. They were up to date and included fire safety, infection control, documentation and health and safety. The registered manager also produced an annual report that included staff recruitment, concerns, and care satisfaction surveys. Internal safety, health and environmental audits were carried out by other managers within the organisation. There were also business critical controls testing and employer health and safety audit reports, service improvement plans, and visits took place from the provider quality assurance team. This meant people received an efficiently run service.
- Staff were aware of their specific areas of responsibility such as record keeping, medicines management and carried them out well. This was reflected by the praise from people and their relatives. A person said, "All good."

#### Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider engaged people, their relatives, and staff, listened to them and their comments were acted upon.
- The provider's culture was open, inclusive, and sought the views of people, their relatives, and staff. This meant people could voice their opinions about the service. The provider used several methods to gather people's views about what the care home did well or might do better. This included group meetings, care plan reviews, and annual satisfaction surveys.
- Staff were able to contribute ideas about what the service did well and what they could do better during regular individual and group supervision and work performance appraisal meetings. They also had ongoing opportunities to reflect on their working practices and professional development. Staff told us they received good support when needed from the home's management. A staff member told us, "I do feel supported and listened to."
- During our visit, the registered manager, management team and staff regularly checked that people were happy and getting the care and support they needed, within a friendly family environment.
- Staff received annual reviews, quarterly supervision, and staff meetings so that they could have their say and contribute to improvements.

#### Continuous learning and improving care

- The service improved care through continuous learning.
- There were policies and procedures regarding how to achieve continuous improvement and work in co-operation with other service providers.
- The complaints system enabled the registered manager, staff, and the provider to learn from and improve

the service.

- Any performance shortfalls were identified by audits and progress made towards addressing them was recorded.

Working in partnership with others

- The provider worked in partnership with others.
- The home maintained close links with services, such as GPs, advanced nurse practitioners, physiotherapists, dieticians, and the local authority safeguarding team. This was underpinned by a policy of relevant information being shared with appropriate services within the community or elsewhere.
- The provider worked in partnership with various community health and social care professionals and external agencies, including local authorities.
- Healthcare professionals thought the home was well-led.