

# Care UK Community Partnerships Ltd

# Sherwood Grange

## Inspection report

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### Ratings

Overall rating for this service	Good ●
Is the service safe?	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 53 people using the service including those living with dementia.

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

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.

The home was safe for people to live in as there were sufficient staff numbers to attend to people's needs during the day and at night. We did an early morning visit and we saw that people were getting up at a time that suited them, their activities, and routines. People had any risks to them regularly assessed, reviewed, and minimised with any required action taken to keep them safe. This meant people were able to take acceptable risks and enjoyed their lives in a safe way. Safeguarding concerns, accidents, and incidents were reported, investigated, and recorded. Staff were appropriately recruited, and trained including how to safely administer medicines. The home provided Personal Protection Equipment (PPE) and it was used safely, and effectively in accordance with current legislation. The infection prevention and control policy were up to date.

The home was well-led managed with an honest, open, positive, and transparent culture. The provider's vision and values were clearly set out and staff understood and followed them. People and relatives told us communication between them, staff, and the management team worked well. The management and staff had clearly defined areas of responsibility, accountability and a good, regularly reviewed service was provided. Thorough audits were conducted. Community links were well-established, and working partnerships were maintained. The provider met Care Quality Commission (CQC) registration requirements. Healthcare professionals who responded told us that the service was well managed, and people's needs were met in a professional, open, caring, and friendly way.

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 good (published 29 March 2023). The overall rating for the service has remained good. This is based on the findings at this inspection.

### Why we inspected

We received concerns in relation to staffing levels, particularly at night and people being got out of bed before they wished. There was also an allegation of inappropriate sexual activity by a person using the service towards another person. As a result, we undertook a focused inspection to review the key questions

of safe and well-led only.

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, responsive, 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.

## 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 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 20 October and ended on 24 November 2023. The inspection visits took place on 23 October 2023 and was unannounced.

#### 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 and deputy. We spoke with 4 people using the service, 3 relatives, 11 staff and 2 healthcare professionals to get their experience and views about the care provided. We reviewed a range of records. They included 6 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.
- A concern had been raised regarding people using the service being got out of bed early before they wished to. We carried out an early morning visit arriving at 05:30 am and a tour of the building. We found 6 staff on duty, 2 on each floor which was the rota staffing level. Two team leaders were supposed to be on duty for this shift, but as 1 had covered sickness absence over the weekend, an agency worker replaced them.
- There were 3 people up, 1 was receiving personal care, another preparing to have a shower and a further person watching television. The person preparing to have a shower confirmed this was part of their daily routine. The person using the service told us, "I choose what time I have a shower and it works for me." Another person said, "The staff are exceptional, particularly 2 of the night staff." A relative added, "Mum gets up when she wants."
- The allegation of sexual abuse had been fully investigated by the organisation's senior management team with an investigation report forwarded to us. Measures had been put in place to prevent a reoccurrence of the alleged incident including pressure mats in the person's room to detect movement in and out. None of the staff we spoke with felt this incident had taken place, and it was a case of misinterpretation of events. A senior staff member explained the circumstances and added that the people tended to go in and out of each other's rooms and staff supported them to leave. They added the alleged victim had a strong character, would not permit the type of behaviour to take place and displayed no distress, including when a relative visited the following day. When asked by the relative they said they were fine.
- The alleged person who followed this behaviour did not display any characteristics of the behaviour during our visit.
- Staff received training 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, "We receive good training and if I saw something that wasn't right I would report it." Staff had access to the provider safeguarding policy and procedure.
- People and their relatives said that Sherwood Grange was a place they felt safe living in, staff treated them well, with respect and provided a service that met their needs. This was reflected in the care and support we saw staff giving people and people's positive body language, towards staff. It was relaxed and indicated that people felt safe. A person said, "I feel very safe living here." A relative told us, "We are completely re-assured that mum is looked after."
- Staff advised people how to keep safe and areas of concern about people, were recorded in their care plans.

Assessing risk, safety monitoring and management

- People were risk assessed and their safety monitored.
- Staff supported people to take acceptable risks and enjoy their lives safely by 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, to keep people safe.
- People had risks to them identified and understood by staff who took action to prevent and safely manage risks. This included action to take to minimise risks associated with people choking whilst eating and drinking. They also made sure 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 risk assessments and management plans that were detailed. Important areas were addressed including people's mobility, nutrition and hydration needs, risk of falls and personal care.
- The staff team was well-established and familiar with people's routines, preferences, identified situations where people may be at risk and acted to minimise those risks. A person said, "Nothing but praise for the staff."
- The general risk assessments for the home 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 currently had enough staff to meet people's but were proactively engaged in recruiting more staff to maintain staffing levels, although some staff felt that more staff were needed. There was a thorough staff recruitment procedure that records demonstrated was followed.
- People told us there were enough staff to meet their support needs, although they could always do with more staff. Staff were visible throughout the inspection providing people with the care and support they needed. A person told us, "You can never have too many staff." A staff member said, "I feel we need more staff, particularly as we don't have an activities co-ordinator at the moment. The registered manager told us that a new activities co-ordinator had been recruited and was starting work imminently.
- 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. Controlled drugs are prescription medicines that are subject to strict legal controls.

#### 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 reflected their work practices.
- 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 was made available to staff.
- 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 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 Good. At this inspection, this key question has remained the same. 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

- The home's culture was person-centred, open, inclusive, and empowering.
- People, relatives, and healthcare professionals told us that the home was well run, and the registered manager, deputy and staff were good. People's positive, happy, and relaxed body language towards the registered manager, deputy and staff reflected and indicated the service was provided in a way that met people's needs. People described the management team and staff as nice and caring. A person using the service said, "Lovely people [staff] and the management do very well with limited resources." A relative told us, "Great facilities and people [staff] are really nice."
- People told us the registered manager; management team and staff worked hard to meet their needs and make their lives enjoyable. A person told us, "Staff are exceptionally good, and I have no complaints about the management." Healthcare professionals told us the home maintained excellent lines of communication with them.
- People using the service and their relatives had the services and facilities provided by the home, 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. A relative remarked, "We get good information, and they really look after mum." 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 the management and staff kept them informed if things went wrong with their care and support and provided them with an apology.

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

- The registered manager and staff were aware of their roles, the quality assurance systems and there were clear lines of communication. This meant the service generally ran smoothly.
- People, their relatives and staff were positive about the way the service was managed. One person told us, "Generally well-managed and the deputy is very hands on." A relative said, "The management team are always accessible and happy to answer our questions."

- Staff gave us positive feedback about the leadership style of the registered manager, and how the care home was run. A staff member said, "We get enough support from the management." Another staff member told us, "A nice place to work and I love the residents [people using the service]."
- 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.
- Audits were thorough, and regularly carried out by the registered manager, staff, and the provider. They were up to date and included fire safety, infection control, documentation, 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 employer health and safety audit reports, service improvement plans, and visits took place from the provider quality assurance team.
- The provider displayed their previous CQC inspection report and rating conspicuously in a communal area and it was also available on the website.

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 had a culture that was open, inclusive, and sought the views of people, their relatives, and staff. This meant people could voice their opinions about the service. One person said they regularly chaired 'The residents' meetings where people could put forward their views. The provider used several methods to gather people's views about what the care home did well or might do better. This included care plan reviews, and annual satisfaction surveys.
- Staff contributed their 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, "The management are supportive and listen."
- 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, 3 monthly supervision, and staff meetings took place where 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.
- 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.