

Sherwood Grange Ltd

Sherwood Grange Care Centre

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 ●

Summary of findings

Overall summary

About the service

Sherwood Grange is a residential care home providing personal and nursing care for people at the time of the inspection 32 people were using the service. The service can support up to 45 people.

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

At our previous inspection the service was rated as requires improvement at this inspection. At this inspection there had been improvements made to the service in relation to the management of medicines and improvements in the assessments of people mental capacity. These improvements had a positive effective on the care people received.

People were provided with safe care, staff understood their responsibilities in relation to protecting them from potential abuse, and the risks to people safety were assessed with measures in place to mitigate the risk. People were supported by adequate numbers of staff, and safe recruitment practices were in place to ensure people were supported by suitable staff. People's medicines were well managed, and they were protected from the risks of infection through safe staff practices.

People were supported by staff who had received appropriate training for their roles. Their nutritional and health needs were supported. The environment people lived in was in the process of a refurbishment plan and we were able to see the improvements made since our last visit. 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.

People were supported by staff who were caring, people trusted and liked the staff who supported them and felt their views on their care were considered. Staff worked to maintain people's privacy, dignity and independence.

People received personalised care from staff who knew their needs. They were supported to undertake a range of social activities and there was an activities program in place. People told us the provider listened to their concerns or complaints and dealt with any issues of concern quickly.

People at end of life received personalised and compassionate care, and there was information in people's care plans about their wishes in relation to their end of life care.

We were told the management team were open and approachable. Governance systems and audits were in place and used regularly to maintain good standards of care for people. There was engagement with people through questionnaires and individual meetings, and people felt listened to. Staff were supported with regular supervisions and staff meetings. The management team worked with external professionals to improve the quality of the service.

Rating at last inspection

The last rating for this service was requires improvement (17 April 2018). At this inspection we found improvements had been made and the provider had improved their rating to good.

Why we inspected

This was a planned inspection based on the previous rating.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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 effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring 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 Care Centre

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

There was one inspector and a specialist nurse adviser who undertook this inspection over a period of one day. We were accompanied by an 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.

Service and service type

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

The service had a manager registered with the CQC. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had about the service prior to our inspection. This included previous inspection reports, details about incidents the provider must notify us about, such as abuse and accidents. We spoke with the local authority quality monitoring team 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 this information to plan our inspection.

During the inspection

We spoke with 10 people at the service and two relatives to ask about their experience of the care provided. 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.

We spoke with the nurse on duty, two members of care staff, a kitchen assistant, and a housekeeper, the registered manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also spoke with a visiting health professional. We reviewed a range of records. This included four care records, medication records and four staff files. We also looked at the training matrix, audits, accident records and records relating to the management of the home.

After the inspection

We reviewed further information sent by the service for the report.

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 requires improvement. At this inspection this key question has now improved to Good.

This meant people were safe and protected from avoidable harm.

Using medicines safely

- When we last visited the service improvements were required to some aspects of medicines management. This included guidance for staff regarding administration of as required medicines and management and recording of medicines. At this inspection there had been the necessary improvements in these areas. There were protocols in place to guide staff when administering as required medicines. There was clear recording of administration of medicines regular checks and audits in place to ensure good oversight of the management of medicines.
- Staff who had received training in the safe handling of medicines. Medicines were stored safely and there was an effective ordering process in place.
- When needed people received time specific medicines at the times prescribed, and staff had guidance in place to ensure people received as required medicines at the times they needed them. One person required time specific medicines to treat the symptoms of Parkinson's disease. We saw these had been administered at the times prescribed.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong.

- People were protected from the risks of abuse as the registered manager had systems and processes in place to manage any safeguarding issues. They worked to learn from incidents and accidents to reduce the risks of reoccurrence. Incidents and events were discussed at staff meetings, through individual and group supervisions and staff handovers. When issues were highlighted the registered manager looked at ways to reduce future risk. For example, they had arranged for further training and support for staff to improve their knowledge and skills in specific areas.
- Staff received training to provide them with the knowledge they needed to recognise and act on any safeguarding concerns.
- When safeguarding issues had been raised to the registered manager they had acted on the concerns. They worked with the relevant external professionals to ensure issues were addressed.
- Assessing risk, safety monitoring and management
- The risks to people's safety were assessed using nationally recognised assessment tools, and measures were in place to mitigate risks but still support people's independence but providing the necessary equipment to support this such as walking aids.
- The risk assessments we viewed were up to date and gave clear information and guidance for staff on

people's individual risks. They showed people's history, such as one person's vulnerability to tissue damage through moisture lesions and how this should be mitigated.

- There were comprehensive moving and handling assessments in place for people, which detailed the equipment required for each person. Throughout the day we saw staff using appropriate equipment safely for individuals.
- Environmental risks were clearly assessed. When the service received guidance from external agencies such as the fire service, we saw the nominated individual had acted on this guidance to ensure people's safety.

Staffing and recruitment

- People were supported by adequate numbers of staff. On the day of our visit we saw people were supported throughout the day in a timely way and call bells were answered quickly.
- The majority of people told us there was enough staff. One person said, "They (staff) come quite quickly if I need them. I would say less than five minutes really." However, one relative felt there were times when there didn't seem to be enough staff. We discussed this with the registered manager who told us they used a dependency tool to establish safe staffing levels. They told us when the dependency level had increased recently they had increased staff to support this. We saw there were regular assessments of dependency levels which showed the fluctuation and the staff rota supported the changes.
- The registered manager had also recently introduced an extra member of staff to support people at mealtimes and we saw this worked well on the day of our visit.
- The registered manager undertook safe recruitment practices. The files we viewed showed appropriate safety checks were in place prior to staff being employed at the service.

Preventing and controlling infection

- People were protected from the risks of infection as the staff supporting them had undergone training in infection prevention and undertook safe practices when providing care. Staff used personal protective equipment (PPE) and effective hand washing techniques when providing care for people.
- The environment was clean and there were cleaning schedules in place to ensure regular cleaning took place.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to Good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

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. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met. We found the service was working in line with the principles of the MCA.

- When we last visited the service the information around the assessments of people's mental capacity required further work. At this inspection we found the registered manager and her staff had improved this aspect of care.
- When people lacked capacity to make decisions for themselves, there were decision specific mental capacity assessments and best interests decisions in place, involving people's family, staff and relevant health professionals. These people worked together to ensure any decisions made on the person's behalf were in their best interest and the least restrictive options for the person.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- There were nationally recognised evidenced based assessment tools in place to assess people's needs. The assessments we viewed were personalised and reviewed to show changes. The guidance from the assessment tools were used to provide effective care for people.

Staff support: induction, training, skills and experience

- People were supported by staff who had received training to support them in their roles. The provider had an induction and training programme in place that supported staff to gain the knowledge they required to undertake their role.
- People spoke positively about the skills and knowledge of the staff who supported them. Staff fed back to us that training had improved in the last two years with more face to face training, which they felt was more

beneficial. During the visit we saw staff worked with skill and confidence to support the people in their care.

- Staff were supported with regular supervision and told us this allowed them to discuss any concerns and receive feedback on their performance.

Supporting people to eat and drink enough to maintain a balanced diet

- People's nutritional needs were well managed, specialist diets were provided for those people who required them, and people's weight were regularly monitored to ensure they retained a healthy weight. The staff referred people to external health professionals when this was needed. We saw they followed the guidance provided so people's nutritional needs were met.
- We received positive feedback about the food provided at the service. One person said, "They (staff) ask what you want, but you can change your mind as well."
- People were appropriately supported at mealtimes and our conversation with the kitchen assistant showed there was good communication about people's nutritional needs between staff.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The healthcare needs of people at the service were well managed. The staff worked with health professionals to ensure people's needs were regularly monitored to support them lead healthy lives.
- Relatives told us they were informed straightaway if there were any concerns around their relations health. They told us their family members had regular access to their GP and any other health professionals they required. We saw the registered manager had worked with the community diabetic nurse to ensure people with diabetes were effectively monitored and staff followed the guidance provided for them.
- The information in people's care plans around their health needs was detailed and gave staff clear guidance on how to manage people's specific needs. Staff we spoke with told us they worked to provide good health care for people.
- The registered manager had recently introduced protocols and guidance to manage particular needs. If people needed to go to hospital as an emergency their care plan contained a transfer letter with up to date information on the person's needs for the receiving staff.

Adapting service, design, decoration to meet people's needs

- When we last visited the service we saw the building and outside areas of the service required redecoration. The provider had begun to work on an improvement plan. At this inspection we saw the provider had continued to work and there were visible improvements to the environment. Some areas of the service still required up dating. There was a clear plan in place to manage this going forward.
- There were a number of areas for people to spend their time including a large well established enclosed garden. People's bedrooms had pleasant views of the garden and surrounding countryside which people enjoyed.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

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 supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated with respect and kindness by the staff who supported them. We received a high number of positive comments on staff's attitude and kindness toward both people and their relatives. One person said, "Nothing is too much trouble. All the staff are smashing." Relatives supported the comments made by people, they told us they were made to feel welcome at the service and supported by staff.
- Staff were knowledgeable about the people they supported, and their differing needs. For example, making sure people with hearing loss wore their hearing aids. A relative whose family member had sight problems and was living with dementia told us their relative benefited from touch and someone sitting with them as this supported their well-being. We saw when staff supported the person with their meal this was done with the staff member sitting close to the person on the same level regularly touching or stroking the person's arm and supporting them at the person's pace.

Supporting people to express their views and be involved in making decisions about their care

- People were supported to express their views about their care. Their wishes and choices were considered and people gave examples of how they took the lead in their day to day decisions. One person said, "I go to bed whenever I'm ready. I pretty much please myself what I want to do and where I want to be."
- There was evidence in people's care records to show both people and their relatives had been involved in planning their care. One relative told us they had two family members at the service for a period of time. they told us staff had worked with them to review their family members' needs and choices and worked to meet them. When relatives could not attend a review of their family member's, care plan alternative arrangements were made. One relative had discussed their family member's care over the telephone and their views were recorded in the care plan.
- People's religious beliefs were supported and religious services were held for people who wished to attend. There was information on Advocacy services available for people should this be required. There was no one using the services of an advocate at the time of our inspection. Advocates are trained professionals who support, enable and empower people to speak up about issues that affect them.

Respecting and promoting people's privacy, dignity and independence

- People and relatives told us the staff worked to protect people's privacy, maintain their dignity and support their independence. Staff gave examples of how they supported people to be independent when they supported them with their daily routines. We saw staff knocked on doors before entering people's

rooms and spoke respectfully with both people and their relatives.

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 Good. At this inspection this key question has remained the same.

This meant people's needs were met through good organisation and delivery.

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

- People received care from staff who knew them well. The information in their care plans was detailed and reflective of people's needs.
- People's care plans gave staff the guidance they needed to provide good care. There were regular reviews of people's care and when changes had occurred in people's mental or physical needs the care plans reflected these changes. For example, the changes in one person's health had over a period of time gradually affected their dependence on staff's intervention on their care, and their care plan reflected these changes to ensure they received the care they needed in a timely way.

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 registered manager worked to provide people with accessible information about different aspects of their care, such as large print and pictorial information.
- Support plans provided staff with information about people's communication and sensory needs to support communication. We saw staff using this information when they supported with people.

Supporting people to develop and maintain relationships to avoid social isolation;

- Staff supported people to engage in a range of social activities, either within a group or on a one to one basis. People were engaged in a quiz. The service employed two activity co-ordinators who provided an activities programme. However, we saw the programme was quite limited. We discussed this with the registered manager who told us they were planning to address this.

Improving care quality in response to complaints or concerns

- People and relatives knew who to complain to if they had any concerns. Staff we spoke with understood their responsibility in ensuring any concerns people raised to them were dealt with. Staff told us they would ensure any complaints were recorded and raised with the registered manager.
- We discussed a recent complaint with the registered manager who explained how they had responded to the complaint and what they had learned from it. We saw they had made changes to work practices and

discussed issues with staff to ensure they had reduced the risk of reoccurrence of the issue raised to them.

End of life care and support

- Where appropriate, people's end of life wishes had been discussed with them and their families and their wishes recorded in their care plans. Relatives we spoke with told us they and their family member had the opportunity to discuss areas such as who they wanted with them and where they wanted to be.
- Some people had do not attempt resuscitation (DNAR) orders in their care plan. We saw these had been discussed with either the person, a family member, and health professionals where appropriate.
- We received feedback from families who spoke positively of the care they had received from the staff at the service when staff had supported their family member and themselves at this difficult time.

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.

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

- The management team at the service worked with people and their relatives to provide an open, person centred approach to the care people received. The registered manager was clear about their role in maintaining standards of care. They undertook a range of quality audits to continually monitor the performance of the service and ensure good outcomes for people.
- People we spoke with were aware of who the registered manager was, and felt they were able to talk with them about any issues that concerned them. People and their relatives also told us they knew who was in charge on a day to day basis, and felt the team were responsive when they discussed issues with them.
- There were clear actions in place following analysis of falls, management of people's weights and management of medicines. This gave the registered manager a good over view of people's needs and supported person centred care.
- The registered manager was supported in their role by the nominated individual who oversaw the action plans generated by the registered manager following their audits. The nominated individual attended the service at least twice a week and undertook a walk round of the service. They received a monthly manager's report, which provided them with an oversight of the quality monitoring process in place and the actions required.
- The provider had met their registration regulatory requirements of notifying CQC of certain information. It is a legal requirement that a provider's latest CQC inspection report is displayed at the service and via their website, where a rating has been awarded. This is so that people and those seeking information about the service can be informed of our judgments. We noted the rating from the previous inspection was displayed on the provider's website and at the service.

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

- Relatives we spoke with told us staff were open and honest with them if there had been concerns about their family member. We saw the registered manager and nominated individual worked to address issues of concern when these were raised with them. They put in measures to improve practice when they found areas that required improvement.

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

- People and their relatives told us there had been no recent resident and relative meetings, the registered manager confirmed this. They told us there had been a lack of attendance at the meetings but they were working with the deputy manager to look at how they could re visit this aspect of care. They told us they saw people and relatives on a daily basis and people raised things with them when they saw them. During our inspection we saw both people and their relatives come to chat with the registered manager throughout the day.
- There was evidence that people had completed satisfaction survey forms. We saw how following the receipt of one of these satisfaction questionnaires, the nominated individual had responded to the issues raised by a relative to ensure their points were addressed. One relative we spoke with said, "Everything here is improving gradually. It's much better than it used to be and there is more investment in the place. There is still a lot to do but it's all about the environment. The care here is excellent and, of course, that is the most important thing."
- Staff told us they encouraged relatives to get involved in initiatives at the service. They were planning a garden fete and we saw posters up at the service inviting relatives to attend and be involved with the fete.
- Staff told us there were regular meetings and they were encouraged to air their views. They told us the registered manager had an open door policy and was receptive to new ideas. Staff told us they felt well supported.

Continuous learning and improving care; Working in partnership with others

- There had been improvements at the service since our last visit. The provider worked with the nominated individual and registered manager on a refurbishment plan to improve the environment. The nominated individual told us there was a regular and ongoing budget in place to allow them to improve the environment, and we saw this gradual organised improvement was in place.
- The registered manager told us they worked in partnership with their GP and community nurses and used their expertise to support learning for staff to improve care.