

Sherwood Grange Care 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 responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Sherwood Grange Care Centre is a residential care home providing personal and nursing care to up to 45 people. The service provides support to adults over 65 years. At the time of our inspection there were 37 people using the service.

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

People were kept safe and supported by appropriately recruited and trained staff. Any risks associated to people's individual health needs and the wider environment were assessed, monitored, and mitigated against. People were supported to take their medicines as prescribed, and medicines were stored and managed safely. The home was kept clean to prevent the spread of infection.

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's individual needs were assessed, and care was delivered in line with current guidance. People were supported with all their eating and drinking needs. People were able to personalise their own rooms and the home had an ongoing redecorating and refurbishment plan. People's healthcare needs were looked after, and input was sought from relevant professionals.

People had care plans in place that were regularly reviewed. An activity program was available for people to take part in if they wished. Regular events took place in the home to involve people and their relatives. Any concerns raised were addressed by the management team to improve the quality of care delivered.

The registered manager was committed to making sure everyone was happy and looked after. Quality of the care provided and of the environment was regularly monitored to ensure people were kept safe and cared for appropriately.

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 and update

The last rating for this service was requires improvement (published 26 July 2022). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

At our last inspection we recommended that the provider consider current guidance on safe management of medicines. At this inspection we found the provider had acted on the recommendation and improvements had been made.

### Why we inspected

We received concerns in relation to people's care needs and the cleanliness of the home. As a result, we undertook a focused inspection to review the key questions of safe, effective, responsive and well-led only. We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe, effective and responsive sections of this full report.

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

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.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Sherwood Grange Care Centre 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?**

The service was safe.

Details are in our safe findings below.

**Good** ●

### **Is the service effective?**

The service was effective.

Details are in our effective findings below.

**Good** ●

### **Is the service responsive?**

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### **Is the service well-led?**

The service was well-led.

Details are in our well-led findings below.

**Good** ●

# 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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

This inspection was carried out by an inspector and a specialist advisor, whose area of expertise was nursing.

#### Service and service type

Sherwood Grange Care Centre is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Sherwood Grange Care Centre is a care home with nursing care. 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

This inspection was unannounced.

Inspection activity started on 2 May 2023 and ended on 12 May 2023. We visited the home on 2 and 10 May 2023.

#### What we did before the inspection

We reviewed information we had received about the home since the last inspection. We sought feedback from the local authority and professionals who work with the home. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We spoke with 1 person during the inspection and observed how staff interacted with people who were less able to speak with us. We received feedback from 13 relatives of people who lived at the home. We spoke with 10 members of staff including the registered manager, nursing and care staff, a domestic and kitchen staff. We spoke with 2 healthcare professionals who worked with the home.

We reviewed medicine records, recruitment files and looked at 5 people's care records. We also reviewed policies and documentation in relation to the running of the home, including any audits carried out by the provider.

# Is the service safe?

## Our findings

### Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

At our last inspection the provider failed to ensure they safely and effectively monitored and managed risks. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

### Assessing risk, safety monitoring and management

- Risks were now assessed, monitored, and managed well.
- Risks related to people's individual needs were identified with guidance in place for staff to support them safely. For example, where a person had a catheter in situ there was a care plan in place to support staff on how to manage risks associated with this.
- Personalised guidance was in place to guide staff on how to support people who sometimes displayed signs of agitation or anxiety.
- Environmental risks were monitored frequently, and action was taken where identified in order to maintain a safe environment for people. A relative told us, "The home is a clean, friendly and safe place."
- Fire risks were managed well, all people living at the home had a personal emergency evacuation plan in place that identified their individual needs.

### Using medicines safely

At our last inspection we recommended the provider consider current guidance on safe management of medicines. The provider had made improvements.

- Medicines were now stored, managed, administered and disposed of safely.
- People were supported to take their medicines at the appropriate times. For example, where a person was on prescribed medicines that needed to be taken at a specific time, we observed the nurse setting a timer to ensure they administered them correctly.
- Staff administering people's medicine asked them if they required medicine which was prescribed to be taken when required. For example, people were asked if they were in pain and wanted any medicine
- Protocols for medicines taken as and when required, known as PRN medicines, were in place. This meant staff had access to guidance on when and how to administer these medicines.
- Documentation in relation to the administration of medicines and the recording of temperatures in the

medicine room and fridges were being completed appropriately.

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

- People were protected from the risk of abuse by the systems the provider had in place.
- Staff and management understood their duty to recognise, report and prevent potential abuse.
- A relative told us, "I feel confident that my [relative] is in very safe and in competent hands."
- Where incidents had occurred or concerns were raised the registered manager took these seriously and identified any learning. Lessons were then shared with the staff team at group supervisions.

Staffing and recruitment

- People were supported by appropriately recruited and trained staff.
- There were enough staff on each shift to support people safely, the registered manager established the number of staff required by looking at people's individual needs.
- A relative told us, "There are some long standing staff who know my [relative] well and any new or agency staff seem to be deployed with these staff so routines according to individuality are maintained."
- New staff were recruited safely, appropriate pre-employment checks were carried out including Disclosure and Barring Service (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- Visiting was being supported in line with current government guidance. People were supported to have visitors in their rooms or throughout the communal areas within the home and gardens.



# 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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed 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

At our last inspection the provider failed to ensure they were working within the principles of the MCA. This was a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11.

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 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The registered manager understood their responsibilities under the MCA and made sure the correct documentation was in place in relation to this.
- Where people were subject to a DoLS the registered manager made sure any conditions associated with this authorisation were met.
- Staff understood how to apply the principles of the MCA when supporting people.
- A relative told us, "[Relative] appears less able or interested in making decisions for herself so the assistance and guidance provided is really important. [Relative] is treated as an individual not as just another resident."

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

- People's needs and choices were assessed and documented prior to admission and regularly reassessed following admission.
- Documentation was in place so staff were aware of how to effectively support people with their individual

requirements.

- Nationally recognised tools, such as the Malnutrition Universal Screening Tool (MUST) to assess people's nutritional needs, were being used to assess people's needs.
- People's diverse needs, including cultural and spiritual, were explored, and documented where relevant, to ensure care was being delivered to meet these needs and in line with the law.

Staff support: induction, training, skills and experience

- Staff felt supported. New staff had to complete an induction and training before commencing work.
- Staff were supported by regular supervisions and appraisals. The registered manager had an open door policy where staff could come and speak with them whenever they needed. A member of staff said, "Any problem I will go to [registered manager] I am quite straightforward with her and she doesn't let anything linger, she will come and speak to me as well."
- Staff were provided with training that covered topics related to their role.

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

- People were supported with their hydration and nutrition needs.
- People had nutrition care plans in place which described what support they required. Kitchen staff were also provided with information on people's dietary requirements and preferences.
- People were supported with their hydration needs, where people were at risk of dehydration staff documented their fluid intake and these were reviewed by senior members of staff.
- Where people required further medical input for their nutrition needs, staff were proactive in contacting the relevant healthcare professionals.
- On the day of the inspection we observed there were enough staff to support people who required assistance with their meals. The registered manager had introduced a mealtime assistant who provided additional support.
- There was a photo menu board which displayed the correct menu options for the day. A person told us they thought "the food was lovely." A relative said: "The food smells and looks lovely anytime we have been, and the residents also get a menu choice every day."

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

- People were supported with their health and medical needs in an effective way.
- People's specific health needs were supported by the nursing staff. For example, for people living with diabetes, regular checks on their blood sugar levels were carried out.
- People were supported to see opticians and dentists. People had oral health care plans and assessments in place.
- We saw evidence the home was working in collaboration with healthcare professionals. For example, community tissue viability nurse's, GP's, psychiatrists and dieticians.
- A healthcare professional told us, "The service is really good now, it has come along since the new manager, they know the patients really well. They give good handovers and I don't have to go back for the same thing. They've never not done something that I have asked them to do."

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

- The home was adapted to meet the needs of people and the provider was investing in the refurbishment of the building and decoration.
- People were able to personalise their rooms as they wished. A relative told us, "[Relative] is able to personalise her room with lots of family photographs on the walls. She enjoys looking at them and, given her condition, we feel it helps remind her of her family." Another said, "I have been allowed and encouraged to

decorate & furnish [relative's] room to make her environment as close to her own home as possible. Something that is very important both to me and I'm sure my [relative]."

- People had access to a vast outdoor space. The gardens were utilised for people and their visitors to enjoy, as well as for holding events.

# Is the service responsive?

## Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. 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; 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

At our last inspection the provider failed to ensure person-centred assessments were in place covering all areas of people's needs. This was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- People now had plans of care in place that covered all areas of people's needs.
- Care plans had been reviewed regularly to ensure they reflected people's needs and preferences. Care records were being completed consistently to demonstrate people were receiving personalised care.
- A relative told us, "[Relative] has been treated with respect and her individual needs are known and attended too."
- An activity coordinator had been recruited and a fuller activity program had now been introduced. This included armchair exercise sessions, live music and movie afternoons.
- We observed staff doing 1 on 1 activities with people, for example supporting them to use an extra-large tablet to do word puzzles. Events were also held where friends, family and the local community were invited along too. For example, a coronation afternoon tea. A relative said, "They do activities everyday of some sorts, and also hold fetes and things in the garden."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The registered manager understood their responsibility to support people with their communication needs and would be able to provide information in different formats if required.
- People had personalised communication plans in place, which guided staff on how best to support people. For example, one advised to "minimise background noise and to speak clearly and slowly."
- One person had limited verbal communication and staff supported them to use a whiteboard to enable

them to communicate.

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

- The home had received no official complaints since the last inspection. However, the registered manager told us they had received a few verbal concerns that had been easy to rectify. For example, there had been a delay in buying a fridge for a person's bedroom and they purchased one the day the concern was raised.
- A relative of a person living at the home for a considerable number of years told us, "I have had a few small niggles in the past, but nothing that would warrant a complaint of any kind."
- Another relative told us, "I would have no hesitation to make a complaint to [registered manager], she does not take things personally and I have found her to be professional but friendly and realistic. This is super important to me because it has helped to build a trusting relationship with her and her team. She always has time to explain procedure, issues and the many nuances of care."

#### End of life care and support

- The provider had an end of life policy in place that guided staff to be empathetic and understanding of people's needs at this time, including any protected characteristics such as religious rituals.
- People, where relevant, had Respect forms and DNACPR's clearly placed in the front of their care plans. These forms detailed people's choices around being admitted to hospital and whether they would prefer for resuscitation to be attempted or not. Specifically, DNACPR stands for "do not attempt cardiopulmonary resuscitation."
- A relative told us, "I wouldn't want [relative] to be anywhere else other than where she is in her final months. I know she's in good hands and the home has my full trust and support."

# 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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection the provider failed to ensure there was effective governance systems. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The registered manager and the staff team understood their duties and responsibilities.
- Since the last inspection the registered manager had recruited more nursing staff and a deputy manager which allowed them more time to focus on the running of the home.
- Quality monitoring and assurance processes were in place. We reviewed a number of audits and saw these were being carried out regularly and where appropriate actions had been identified to improve the environment or the care provided.
- The registered manager produced a monthly managers report for the provider to keep them up to date with what was happening across all areas of the home and to ensure they were meeting their regulatory requirements.
- The registered manager analysed incidents, accidents, falls, safeguarding concern and quality surveys to identify any actions that needed to be taken or any learning to be shared.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People, their relatives and staff were positive about the home and the registered manager.
- A relative told us, "[Registered manager] is approachable, down to earth and responsive to any needs we have for our [relative]. I would feel happy and comfortable to walk into her office and have a conversation no matter what the subject matter." Another said, "We have been very happy with everything at Sherwood Grange and [registered manager] has done a fantastic job since she came on board, as has all of the staff. They are all friendly and helpful."
- Staff felt involved and listened to. There were regular staff meetings and minutes were available for anyone who couldn't attend.
- At the time of the inspection there had been no resident meetings. However, one had been arranged and

the new activities coordinator was also producing a newsletter for friends and family.

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 registered manager understood their legal responsibilities to act in an open and honest way. They were transparent with people, their relatives, and other agencies when things went wrong.
- Relatives told us they were contacted regularly and when any issues arose. They said, "They keep us informed and up to date on things all the time," and "They keep us well informed of any issues regarding my [relative]."

Working in partnership with others

- The service worked alongside other health and social care professionals to ensure people were receiving quality care.