

# Larchwood Care Homes (South) Limited

## Sherford Manor Care Home

### Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

This inspection was unannounced and took place on 11 and 12 July 2017.

This service has been in Special Measures. Services that are in Special Measures are kept under review and inspected again within six months. We expect services to make significant improvements within this timeframe. During this inspection the service demonstrated to us that improvements have been made and is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is now out of Special Measures.

Sherford Manor Care Home specialises in providing care to people who are living with dementia and/or who have mental health needs. The home is registered to provide accommodation with nursing care to up to 105 people. Because of the configuration of the home, the maximum number of people they accommodated was 77. At the time of this inspection there were 50 people living at the home.

Sherford Manor Care Home consists of four separate units. The Rose and Sunflower units provided care and support for people who required assistance with personal care needs. Redwood and the Sutherland Unit provided nursing care. People were living with dementia which meant some people were unable to tell us about their experiences of life at the home. We therefore used our observations of care and our discussions with staff to help form our judgements. 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 looked at seven care plans and spoke to 14 people and three visitors. We also spoke to 15 members of staff. The new manager and a peripatetic manager were available throughout the inspection. The nominated individual and provider's regional manager were available on the second day of the inspection.

We carried out a comprehensive inspection of this service on 7 and 8 December 2016. Breaches of legal requirements were found as people were not protected from receiving unsafe care and treatment and were not protected from avoidable harm. People did not receive care and treatment which met their individual needs and preferences and the service failed to ensure people were provided with opportunities to make choices in their day to day lives. There were ineffective quality assurance systems in place to make sure any areas for improvement were identified and addressed.

After the comprehensive inspection, we used our enforcement powers and served three Warning Notices on the provider on 22 December 2016. These are formal notices which confirmed the provider had to meet the legal requirement in respect of safe care and treatment and person centred care by 30 January 2017. They had to meet the legal requirement in respect of effective quality assurance systems/good governance by 20 June 2017.

We undertook a focused inspection in February 2017 to check the provider had taken action to meet the legal requirements relating to the two warning notices we issued for safe care and treatment and person centred care. Although we found some improvements had been made the provider still failed to fully meet

the requirement of the warning notice to become compliant by 30 January 2017. This meant the legal requirements had not been fully met; the provider had therefore not fully complied with our Warning Notices.

Following our last inspection in December 2016 we placed the service in special measures because the overall rating for the service was inadequate. Following the focused inspection in February we did not change the rating for the service because some parts of the warning notices were not met and because further time was needed to demonstrate the improvements made could be sustained.

At this inspection we found the issues in the three Warning Notices had been met; the provider has therefore fully complied with our Warning Notices.

There was no registered manager in post, however a new manager had been employed and was in the process of submitting their application to register with CQC. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The new manager was supported by a peripatetic manager, the organisations regional operations manager and the nominated individual. A nominated individual is a requirement of our (The Care Quality Commission's) registration process where a provider is represented by an appropriate person nominated by the organisation to carry out this role on their behalf. The nominated individual is responsible for supervising the management of the regulated activity provided.

People told us they felt safe living in the home and with the care and support provided. Staff had all attended training in recognising abuse and they all felt they could talk with the management team if they had any concerns.

People were further protected from the risk of harm by the provider's robust recruitment procedures. All prospective staff underwent checks to check their suitability to work with vulnerable people.

At the last inspection the people in the home were supported by a high number of agency staff. At this inspection we found a recruitment programme had been in place and there were sufficient staff to support the people in the home. The new manager explained that they had employed a new unit manager two registered nurses and care workers. They also had two activities co-ordinators two handy men and a new chef in the kitchen. When agency staff were used they managed to use the same staff maintaining continuity of care for people in the home.

All staff including ancillary and maintenance staff had received training in dementia awareness this meant people were supported by staff who understood their needs and could provide a homely inclusive atmosphere. Staff confirmed they had received training in areas relevant to their role and that the provision of training in the home had improved. One staff member said, "The training is really good now and we can ask for extra training and they listen."

Two activities co-ordinators had been employed and were working with people to learn their life histories so staff had information to support meaningful conversations. One activities co-ordinator was creating meaningful memory boards with people to put outside their room. This meant it would be easier for them to recognise their room and provided staff with the information to strike up a conversation. We found people were engaged in activities meaningful to them and staff supported them in their chosen activity. For

example one person was reading a book with a staff member whilst another person was helping the activity co-ordinator put together a memory board.

At our last inspection the home was in poor repair and people had been moved from the Rose Unit to an upper floor that was cramped and lacked space to walk freely. At this inspection we found improvements had been made and the Rose unit had been re-instated. The unit was bright airy and clean with people engaged in painting pictures to decorate the communal area. We saw other units in the home were all being refurbished and redecorated and the garden areas tidied. Visitors told us the general décor of the home had been improved and was more homely and welcoming.

Throughout the inspection we observed staff talk to people in a kind a caring way. They took time to sit and talk with people and help them engage in an activity of their choice. People on Redwood were supported to choose an activity and staff supported their choice to watch a film. People told us they felt respected and dignified interactions between staff and people were observed.

We found the mealtime experience for people had improved with people being supported to make an informed choice of the meal they wanted. A residents meeting had been held with the new chef and people had been supported to make suggestions about meals they would like. People said they would like traditional meals and more home-made snacks such as cakes. Consideration was being taken when preparing pureed meals and the pureed meal provided during the inspection appeared appetising.

We found care plans had been reviewed and re-written and they contained sufficient information for staff to meet the assessed needs of people living with dementia. Specific care plans for people with extra needs such as diabetes were very clear about the protocols in place to support that person safely.

At this inspection we saw the governance systems in place were being used to drive improvement. We saw audits were carried out by staff on the floor, then by the new manager and included weekly visits from the regional operations manager. An action plan was maintained and regular checks to assess and record progress against the action plan were in place. We saw improvements had been put into place following conversations with people living in the home, staff and relatives.

We discussed how the improvements and governance needed to be sustained over time and embedded in the day to day running of the home. Therefore we will continue to review the progress being made to ensure it is sustainable.

## 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. However the improvements in place need to be consistent over time and for the number of people living in the home.

People were supported by sufficient numbers of staff to safely meet their needs.

Risk assessments and care plans ensured people were protected from the risks of unsafe or inappropriate care.

There were policies and procedures which ensured people received their medicines safely.

Risks of abuse to people were minimised because the provider checked all new staff and made sure they knew how to recognise and report abuse.

**Requires Improvement** 

### Is the service effective?

The service was Effective. However the improvements in place need to be consistent over time and for the number of people living in the home.

Staff had the skills and knowledge to effectively support people.

People received a diet in line with their needs and wishes.

People had access to appropriate healthcare professionals to make sure they received the care and treatment they required.

**Requires Improvement** 

### Is the service caring?

The service was caring.

People were cared for by kind and caring staff who went out of their way to help people and promote their well-being.

People were always treated with respect and dignity.

People, or their representatives, were involved in decisions about their care and treatment.

**Good** 

### Is the service responsive?

The service was responsive. However the improvements in place need to be consistent over time and for the number of people living in the home.

People's care and support was responsive to their needs and personalised to their wishes and preferences.

People had access to meaningful activities, which reflected their personal preferences and hobbies.

People knew how to make a complaint and said they would be comfortable to do so.

**Requires Improvement** 

### Is the service well-led?

The service was well led. However the improvements in place need to be consistent over time and for the number of people living in the home.

There was not a registered manager in post.

People and staff were supported by a manager who was approachable and listened to any suggestions they had for continued improvement of the home.

There were systems in place to monitor the quality of the service, ensure staff kept up to date with good practice and to seek people's views.

People were supported by a team that was well led with improved staff morale.

**Requires Improvement** 

# Sherford Manor Care Home

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 11 and 12 July 2017 and was unannounced.

We carried out a comprehensive inspection of this service on 7 and 8 December 2016. Breaches of legal requirements were found as people were not protected from receiving unsafe care and treatment and were not protected from avoidable harm. We served three Warning Notices on the provider on 22 December 2016. These are formal notices which confirmed the provider had to meet the legal requirement in respect of safe care and treatment and person centred care by 30 January 2017. They had to meet the legal requirement in respect of effective quality assurance systems/good governance by 20 June 2017. We undertook a focused inspection in February 2017 to check the provider had taken action to meet the legal requirements relating to the two warning notices we issued for safe care and treatment and person centred care. Although we found some improvements had been made the provider still failed to fully meet the requirement of the warning notice to become compliant by 30 January 2017. This meant The legal requirements had not been fully met; the provider had therefore not fully complied with our Warning Notices.

Following our last inspection in December 2016 we placed the service in special measures because the overall rating for the service was inadequate. Following the focused inspection in February 2017 we did not change the rating for the service because some parts of the warning notices were not met and because further time was needed to demonstrate the improvements made could be sustained.

This inspection was carried out by two adult social care inspectors and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses or has used this type of care service.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements

they plan to make. We looked at the information in the PIR and also looked at other information we held about the service before the inspection visit. The provider also sent action plans showing how they were working towards becoming compliant with the warning notices.

People were living with dementia which meant some people were unable to tell us about their experiences of life at the home. We therefore used our observations of care and our discussions with staff to help form our judgements. 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 to 14 people and three visitors. We also spoke to 15 members of staff. The new manager and a peripatetic manager were available throughout the inspection. The nominated individual and provider's regional operations manager were available on the second day of the inspection.

We also looked at a number of records relating to people's care and support and the running of the home. These included seven care plans staffing levels, medication records, three staff personal files and records related to quality monitoring.



# Is the service safe?

## Our findings

This domain continues to be rated as requires improvement as the provider needs to ensure the improvements in place can be maintained consistently over time and when more people move into the home.

At our last comprehensive inspection of the service on 7 and 8 December 2016 we found a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the service was failing to prevent people from receiving unsafe care or treatment and prevent avoidable harm or risk of harm. This related to the management of people's diabetes, those people who had been assessed as being at high risk of choking and those who had been assessed as being at high risk of falls. We issued a warning notice for this breach which required the provider to become compliant by 30 January 2017. At the focused inspection in February we found improvements had been made regarding the issues within the warning notices, further time was needed to demonstrate the improvements could be sustained.

At this inspection the issues in the warning notice breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, have been met; the provider has therefore fully complied with our Warning Notice.

At this inspection we found all the care plans we looked at contained risk assessments about assisting people to mobilise and reducing risks to people who were at high risk of malnutrition and pressure damage to their skin. Records showed staff monitored people's intake of food and drink. Each person had a nutritional assessment which detailed their needs, abilities, risks and preferences.

Care plans for the management of people with diabetes provided information about how to manage their care, treatment and associated risks. There was information about the signs and symptoms of hyperglycaemic (high blood sugar levels) and hypoglycaemic (low blood sugar levels) attacks. There was also information about the action to be taken in the event of the attacks. Where there was an assessed need, we observed people were provided with a suitable diet which was low in sugar. Staff told us they had a new chef in the kitchen who was very good at providing meals suitable for people with diabetes. We observed at lunch time a diabetic dessert was offered. Staff spoken with had a clear understanding of the dietary needs of people on their unit. Kitchen staff told us they had the information they needed about special dietary requirements and people's likes and dislikes.

People who were at risk of choking had clear care plans informing staff on the safe way to assist them at mealtimes. We observed staff following the guidelines in one person's care plan which stated clearly how the person should be sat and how they should assist the person. Staff we spoke with were clear about the person's needs and how they could assist them safely.

Care plans for people at risk of falling had been reviewed and included information for staff about how to reduce the risk of falls and the equipment people needed to ensure their safety when mobilising. We saw

people had their mobility aids close enough to use as detailed in their plan of care. We saw people also used pressure mats which alerted staff to when a person moved in their own room. The care plans were clear these were in use to alert staff and not as a restrictive practice preventing the person from mobilising.

Before our December 2016 inspection we had received concerns about staffing levels in the home and the high use of agency staff who did not know the people living in Sherford Manor. At this inspection the new manager explained they used a new staffing tool to measure the needs of people and ensure sufficient staff were in the home. They explained they had had a successful recruitment drive which was still on-going. They had employed a new unit manager and two registered nurses as well as new care workers. Agency usage was reduced and when they used agency they booked far in advance so they could use the same staff to promote continuity of care. Staff spoken with said they felt they usually had enough staff and it was only on days when people called in sick at the last moment they experienced extra pressure due to the lack of one member on the team. One staff member said, "It is so much better now we usually have enough staff and [the new manager] is not afraid of coming on the unit to work if we need her, she is brilliant." Visitors spoken with said they felt there were enough staff when they visited, they also commented on how staff were more cheerful and welcoming. The new manager also confirmed they had two new activities co-ordinators, two handymen, two receptionists and a new chef in the kitchen.

Not everyone was able to tell us whether they felt safe living at the home and with the staff who supported them. During the days of our visit we observed staff were available to assist people with their basic care needs when needed. People, who could, told us they felt safe. One person said, "I feel safe and secure but if I had any worries or concerns I would talk to my relative or one of the seniors." Another person said, "I like the staff. I really like the receptionist and she's the one I trust most." Relatives spoken with also said they felt happy with the safety of people in the home. One relative said, "Our priority is [the person] is safe, we don't go away worried we are confident they are in safe hands." Another visiting relative said, "Excellent, never a worry, staff are lovely couldn't be better."

People's medicines were managed safely. Systems were in place that ensured medicines were ordered, stored, administered and recorded to protect people from the risks associated with them. Medicines were administered in a safe way to people and people were asked if they needed any medicines that were prescribed on a 'when required' basis such as pain relief. Medicine records included a tool for measuring pain in people living with dementia who could not verbalise how they felt. This meant people did not go without pain relief just because they could not ask for anything. People told us they were happy with the way they were given their medicines, and that they got them when they were needed. One person said, "Medicines arrive on time and I sort of know what it's for but I trust them to give me the right stuff."

Staff knew how to recognise and report abuse. They had received training in safeguarding adults from abuse and they knew the procedures to follow if they had concerns. Staff told us they would not hesitate in raising concerns and they felt confident allegations would be fully investigated and action would be taken to make sure people were safe. Where allegations or concerns had been brought to the provider's attention they had worked in partnership with relevant authorities to make sure issues were fully investigated and people were protected. One staff member who worked in the kitchen told us they had also completed the safeguarding training. Records showed that all staff including the handy man had attended the course.

The provider's staff recruitment procedures helped to minimise risks to people who lived at the home. Before commencing work all new staff were thoroughly checked to make sure they were suitable to work for the organisation. These checks included seeking references from previous employers and carrying out disclosure and barring service (DBS) checks. The DBS checks people's criminal record history and their suitability to work with vulnerable people. Records for staff who had been recently employed showed the

checks had all been carried out.

To ensure the environment for people was kept safe specialist contractors were commissioned to carry out fire, gas, water and electrical safety checks. There were risk assessments in place relating to health and safety and fire safety. Each person who lived at the home had an emergency evacuation plan. These gave details about how to evacuate each person with minimal risks to people and staff. Equipment was available to assist with an evacuation if required. The service had a range of health and safety policies and procedures to keep people safe. Staff also carried out regular health and safety checks.

Throughout the inspection we observed staff used personal protective clothing appropriately and washed their hands before preparing food. Alcohol gel was available throughout the home and there was very clear hand washing guidance in toilets and bathrooms.

## Is the service effective?

### Our findings

This domain has changed from inadequate to requires improvement. This is because the provider needs to ensure the improvements in place can be maintained consistently over time and when more people move into the home.

At our inspection in December 2016 we found a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the service failed to ensure people received care and treatment which met their individual needs and preferences. The service also failed to support people to make choices. (This failure formed part of the warning notice we issued for the breach of Regulation 9.)

At this inspection the issues in the two warning notices concerning breaches of Regulation 12, and Regulation 9 (1) (a) (b) (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 had been met; the provider has therefore fully complied with our Warning Notice.

People now received effective care and support from staff who had the skills and knowledge to meet their needs. People said they felt all the staff were well trained and knew their needs well. One person said, "We have very well trained staff, but sometimes experience speaks more than training".

At this inspection we saw care plans had all been re-written and were person centred in content. Care and support observed throughout the inspection reflected a person centred approach to care with people being involved in day to day decisions as far as was possible. Care plans included life histories and people's preferences for food, and their night time routine which included statements about how people liked the room and what bedding they preferred. Throughout the inspection we observed care staff carry out care and support in line with people's care plans.

People told us they received care and support in a way they preferred it. One person explained how they liked to bathe themselves but did not feel safe without staff around they said, "They help me in the bath and stay with me but I wash myself. They make me feel safe; otherwise I would panic getting in and out of the bath." We saw this was clearly reflected in the person's care plan.

The manager explained how they had held a 'residents and relatives' meeting to introduce herself, the new nominated individual and the regional operations manager. They asked people and relatives what they wanted and how they wanted the home run. We saw the minutes for the meeting and resident comments were noted and action plans in place. One person explained how the new chef had met with them to discuss the new meal plans. They told us they had informed the chef they did not like their new fish supplier as the cod on Friday was not as nice. They confirmed the new cook agreed to look into it. The minutes for this meeting recorded the person's comments and the suggestions made by other people. This meant people were being consulted about how they wanted the home to be run.

At our inspection in December the service also failed to ensure staff had the knowledge and skills to care for

people who were living with dementia. (This failure formed part of the warning notice we issued for the breach of Regulation 12.) These two warning notice were required to be complaint by 30 January 2017.

At our focused inspection in February 2017 staff had recently received training. However, more time was needed to ensure the skills and knowledge of staff were embedded. We observed occasions where staff failed to recognise opportunities to involve people in their day to day lives.

At this inspection training records showed all staff including ancillary staff had attended Dementia awareness training. Staff confirmed that training within the home as a whole had improved and included dementia awareness. One staff member said, "The training and support is better. If you want something you get it. We have done dementia training which helps you understand what life is like for the residents and how you can support them." The new manager explained how they continued to use Dementia Care Mapping (DCM) throughout the home. This is an established approach to achieving and embedding person centred care for people living with dementia, and is recognised by the National Institute for Health and Clinical Excellence (NICE). We saw throughout the home that staff had introduced things like rummage boxes and twiddle muffs. We saw people being encouraged to take part in the day to day activities in the units and staff recognising when a person required assistance. For example, one person got up and started to walk and appeared unsteady. A care worker responded very quickly and gave them their arm and asked where they would like to go and walked with them for a while. On another occasion we saw a care worker ask a person if they wanted to help lay the table. On Redwood people were asked if they wanted music or to watch The Sound of Music. A quick vote was taken and The Sound of Music was put on.

At our inspection in December 2016 the lunchtime experience did not promote a sociable or pleasant experience for people. People did not know what was for lunch and menus were not in a suitable format for people who were living with dementia to be able to understand what choices there were. This meant people were unable to make an informed choice. At our focused inspection in February 2017 we found there had been improvements in the mealtime experience. However the experience for some people who required pureed meals had not improved. At both the December 2016 and February 2017 inspections we observed the pureed meals did not look appetising. A chicken and mushroom pie had been pureed and had resulted in a grey mush. It had been served with pureed cauliflower, mashed potatoes and peas. The white colour of the potatoes and cauliflower meant it was difficult to distinguish one from the other.

At this inspection we observed the lunchtime experience on all three units. We found people were relaxed and enjoyed a calm and sociable meal. Staff took the time to show people pictures of the meals and also the actual meal so they could make an informed choice. Tables were nicely laid and drinks and condiments were in place for people to use. People who required assistance to eat were assisted in a relaxed and dignified manner. People who required pureed meals were presented with a meal that looked appetising. The food had been pureed and colour of food had been taken into consideration. One staff member explained, "They really think about the food colour now, so if it is fish on the menu they don't do cauliflower so it is not all white food on the plate. They are thinking outside the box to make it more enjoyable." Another staff member explained how one person required fortified foods due to weight loss. They said, "A special request form goes to the kitchen so they know and can fortify foods with cream or milk powder. They also make [the person] smoothies for an additional snack." We later observed kitchen staff delivering smoothies to the unit for the person. Staff offered people a choice of hot and cold drinks throughout the day and snacks such as home-made cake, crumpets, biscuits and fruit were available.

Staff told us the quality of food in the home had improved. A new chef had been employed and they had been informed of people's preferences and dietary needs. A meeting had been held on the residential unit with people so they could comment on the menus and how they found the food in the home. People told us

they enjoyed the food and could request alternatives if they did not like the options on the menu. The new manager explained how managers had carried out a 'dinner experience observation,' to enable them to understand the impact mealtimes were having on people. This meant those people who were unable to verbally inform staff of the impact on them could still be involved in the drive for improvement. This had been flagged as a 'dining experience competition' and the winning unit in the home were then asked to show the other units what it was they were doing to get the dining experience right for people.

At our inspection in December 2016 we found the home's environment did not promote a homely or welcoming environment for people and did not provide a suitable environment for people who were living with dementia. The standard of the décor on Rose, Redwood and Sutherland units were poor. Paintwork was tired looking and chipped. There was no clear signage to assist people to orientate themselves around the units. On Rose unit there were memory boxes outside of people's bedrooms which would assist people in recognising their personal rooms however; the majority of these were empty. The ground floor of Rose unit had not been used since October 2016. We were informed a programme of re-configuration and redecoration would be carried out before the ground floor was re-instated. This meant people who lived on the Rose Unit had been moved up to the first floor where empty bedrooms had been used for lounge and dining areas. Conditions felt cramped and the only area for people to wander was a narrow corridor. This meant there was insufficient space or seating for the people who lived on the unit.

At this inspection we found the Rose Unit had been re-instated downstairs. The décor was clean bright and airy. New chairs had been purchased and the area was set out in a homely way. People told us they liked the improvements and were glad to be back on that floor. Visiting relatives said they had noted a marked improvement and could see that refurbishment was being carried out throughout the home. They told us they especially liked the new reception area configuration as it meant it was more welcoming. During both days of this inspection we observed work being carried out to improve both the internal décor and the garden areas. On the second day of the inspection gardeners arrived to mow and tidy the garden area outside the Rose Unit. One of the new activities co-ordinators was working with people to develop memory boards. Once they got to know the person and their life history they were developing meaningful memory boards for the entrance to the person's room. These included pictures and statements, for example one they were working on with a person included, "I'm from Ireland," and a picture of a map of Ireland, then "I was a bride" and a copy of their wedding photograph. "I toured Europe in a caravan" and an advert for touring Europe. The activities organiser explained, "I want it to be a focal point for people, not only helping them find their room but for staff too."

We found bathrooms had been decorated to make them less clinical and an area on one unit had been painted with a mural of the seaside. The manager explained how they had ordered a bench and furniture to match the mural. There was still plenty of work to do however staff were working with people to decide on suitable pictures to go on the walls once the painting was completed.

People's health care needs were monitored and any changes in their health or well-being prompted a referral to their GP or other health care professionals. A range of healthcare professionals visited the home to support people's care and treatment needs. These included podiatrists, nurse assessors, speech and language therapists, social workers and GP's. On the first day of the inspection we observed a person was complaining of pain in their arm. A care worker advised them to rest from painting and they would get pain relief. The care worker said they would make an appointment with the doctor who was due to arrive that afternoon, which they did.

Staff sought people's consent before they assisted them with any tasks. Throughout our visit we heard staff checking if people were happy doing what they were doing or if they wanted support to do something else.

One person said, "They always ask me first if I am happy for them to do something." Another person said, "We can stay in bed as long as we want and go to bed when we want."

Staff were aware of their responsibilities under the Mental Capacity Act 2005 (MCA) Staff had been trained to understand and use these in practice. The 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. Care plans demonstrated that assessments of people's capacity to consent to their care and treatment had been assessed. Where a person had been assessed as lacking the capacity to consent, staff had involved their representatives and health and social care professionals to determine whether a decision was in the person's best interests. We found these assessments and best interest decisions had been reviewed to ensure they were still necessary. For example there were best interests decisions recorded for the use of bed rails, specialist diets and thickened fluids. However we also found best interest decisions had not been recorded for the use of pressure mats in people's rooms. We discussed this with the manager who confirmed they were in the process of reviewing all best interest decision records and would ensure the use of pressure mats was assessed and recorded.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Assessments about people's capacity to consent to living at the home had been completed and DoLS applications had been completed for people who were unable to consent to this and for those who required constant monitoring by staff. The manager confirmed they were following up applications which had not yet been approved with the local authority. We saw emails to support this in the DoLS records maintained by the home.

Staff told us they received regular supervision sessions and annual appraisals were planned. This helped to monitor the skills and competencies of staff and to identify any training needs staff might have. Staff were very positive about the support they received. One member of staff told us "It has really improved we are so proud of how we have worked together to turn things round. The new manager is brilliant she listens and the support we get is really good. We don't have to wait for the one to one meeting because we can just go and ask for a chat and sort things or make suggestions." Another staff member said, "Things have improved so much. The open communication and support is there now."



## Is the service caring?

### Our findings

This domain has changed from a rating of requires improvement to a rating of good.

People told us they were supported by kind and caring staff. One person said, "They are very nice staff, always polite and very caring. No problems about my dignity and privacy. All good." Another person said, "[Care worker's name] is wonderful and going through my whole life, she will listen and help me a lot. My thanks to them. I think perhaps I appreciate things more now as I'm getting older." A visiting relative told us, "Staff without exception are wonderful. When we first came here it was like a family. It went a bit astray but it now has that feeling back. We are welcomed with a smile and everything we see is kind and caring." One visitor explained how attitudes had changed, "We heard someone ask if a person could be bought down to Rose. The carer 'said we will try', [regional manager's name] said, 'you will not try, you will do it'. It meant they were really listening to what people wanted."

At our inspection in December 2016 we found the atmosphere on each of the units we visited was sombre. There was no laughter or friendly banter between staff and the people who lived at the home. Staff spoke to people in a kind way when they assisted them with a task. However; we noticed opportunities for social stimulation were not always recognised or responded to by staff meaning that people sat for long periods with little or no interactions. The standard of décor on Redwood, Sutherland and Rose Units and corridors leading to each of the units did not promote a pleasant or enabling environment for people. We found the standard of bedding on Rose and Sutherland units were poor. People who required assistance to eat their meals were not always supported in a manner which promoted their dignity or respect.

At this inspection we found staff were more engaged with people. There was cheerful banter and people were stimulated by activities and conversation. People on Rose unit were painting and drawing to make pictures to decorate the lounge/dining area. Other people were reading newspapers or watching TV. The layout of furniture on Rose unit enabled people to choose whether they sat so they could watch TV or in a group to talk or alone to read. On Redwood people were involved in making memory boards playing board games or using tactile equipment to stimulate them into movement or conversation. On the second day of the inspection we observed people on Redwood vote for the morning entertainment and staff enabled them to watch The Sound of Music. This meant people were more engaged and were not sleeping in chairs with no stimulation.

Recruitment of new staff meant people experienced a more consistent approach to their care and support. One person told us, "It's nice to have regular people who get to know me and I get to know them."

It was clear staff knew people well. Staff were able to tell us about people and their individual lifestyle choices and wishes. The activities co-ordinators were working with people on a one to one basis to learn what people's interests and hobbies were enabled them to chat and socialise with people on a more personal level. We heard the activities co-ordinator talking to people about what they had done, what they liked about their interests and their families.



Rooms were being decorated and the activities co-ordinator explained how they had started sourcing pictures of local features that people would remember as well as pictures that would stimulate discussion. They were just waiting for the painting to be finished on Redwood and Sutherland so they could start hanging pictures to make the units feel more homely. We found bedrooms had clean and tidy pillows and bedding was in a reasonable condition.

People said staff respected their privacy. All bedrooms were used for single occupancy and each had en-suite toilet and bathing facilities. This meant people could be assisted with their personal care needs in the privacy of their own room. Staff knocked on doors and waited for a response before entering. Staff spoke warmly and respectfully about the people they supported. We noted that staff never spoke about a person in front of other people at the home which showed they were aware of issues of confidentiality.

A record of compliments was kept by the home. We looked at some of the compliments they had received. Relatives were generally very happy with the care and support provided and a sample of the comments made included. "Thank you for looking after [the person] with such loving care." and, "We want to say how much we appreciate the tremendous care that your staff gave [the person]. They could not have received any more kind, thoughtful and loving care anywhere else."

The home was able to care for people at the end of their lives. The care plans gave information about how and where people wished to be cared for at this time. Advance care plans and information about people's wishes regarding resuscitation had been signed by people or their representatives to show they agreed with the plan in place.

## Is the service responsive?

### Our findings

This domain has changed from inadequate to requires improvement. This is because the provider needs to ensure the improvements in place can be maintained consistently over time and when more people move into the home.

At our inspection in December 2016 we found a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the service failed to ensure people received care and treatment which met their individual needs and preferences. The service also failed to support people to make choices. We issued a warning notice for this breach which required the provider to make improvements by 30 January 2017.

At this inspection the issues in the warning notice breach of regulation 9, (1), (3), Person-centred care, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, have been met; the provider has therefore fully complied with our Warning Notice.

People now received care that was responsive to their needs and personalised to their wishes and preferences. People were supported to make choices about most aspects of their day to day lives.

At our two previous inspections; March 2016 and December 2016 we found care plans were bulky and contained a lot of historical information which made it difficult to locate the current needs and preferences of the people who lived at the home. At our inspection in February 2017 we found that no progress had been made. The regional manager told us the registered nurses and senior care staff on the units had been allocated a number of care plans each to update and ensure historical information was removed. However, we were not provided with a timescale for completion. Out of the 11 care plans we read during our inspection in December 2016 eight did not contain important information about people's life history. In one person's care plan all that had been recorded about their life history was their preferred name and where they were born. Two of the visitors we met with told us detailed and interesting information about their relative's life and employment history. The life history document in the person's care plan was blank. When we asked staff what they knew about the person, they had no knowledge about their past history.

At this inspection we found all care plans had been re-written and although there was plenty of information they were not bulky and current needs and preferences of people were easy to identify. The new unit manager on Redwood unit said, "I have looked through the care plans they are really good and easily accessible for staff, but I still want to tweak a few things." A care worker explained, "At first it was difficult but they brought someone in to explain how to write the care plans and supported us to do it. I am now very confident that if a new person came in today I could sit down with them and put together a care plan." Another unit manager said, "The care plan format has changed and is so much better. We still have improvements to make and we will carry on making them." The administrative assistant had carried out a process of archiving historical material. In the unit offices we saw a list of dates for archiving to be collected.

Staff had a good knowledge of the needs and preferences of people they cared for. All staff spoken with were

able to describe how they supported the people living at Sherford Manor. They spoke passionately about the way they supported people to have a meaningful day by listening to them and supporting them to take part in an activity of their choice. We observed staff supporting people in line with their care plan, for example the care plan for one person who was known to slip from their chair showed how a non-slip cushion had been obtained. The care plan stated staff should check the person hourly. Daily records showed staff were checking the person had not slipped in line with their care plan. When we spoke with the person they told us staff made sure they were comfortable throughout the day.

A new activities team had been employed and they had worked with people and relatives to document people's life histories. We found all the care plans we reviewed had life histories including what people liked and disliked. One activities co-ordinator explained how they were using the histories to build the memory boards they planned for each room, they explained, "It is my aim to ensure every room has a memory board outside. I want all staff including agency staff to use the information at a glance so they know something about the person which they can use to start a meaningful conversation.

When we met with the two activity workers at our inspection in December 2016 they told us they had not received any training in dementia care or how to provide meaningful activities for people living with dementia. One person also had a care plan stating they were at risk of isolation however there were no meaningful activities or stimulation in place for this person.

At this inspection the manager informed us they had employed two new activities co-ordinators one had been in the home for approximately five weeks and the other had started a week before the inspection. One was experienced in providing activities for older people and the other had worked within a mental health setting. We spoke with both co-ordinators during the inspection. One co-ordinator explained how they had already attended dementia awareness training and had also attended reminiscence therapy training. They were working with people to make the new memory boards for their bedrooms. They were also involved in painting the seaside mural on Sutherland and finding pictures to make the units feel more homely. The other co-ordinator explained how they were getting to know people by talking with them on a one to one basis. They said they were, "Very impressed all the information I need to know about their life histories is in their care plans and we have an activities file to keep records in. I am really looking forward to rolling out the new activities programme." We saw an activities plan in place and connections had already been made with a local school who visited the home and a pantomime group who visited on the evening of our first day in the home.

People told us they had plenty to do and we observed people were engaged and stimulated. One person said, "I like it here, lots of things going on. I like watching the TV, especially the tennis." We saw this person watching the tennis after lunch they were engaged and happy. People had things they could touch and feel as well as books, games and staff interaction. A monthly newsletter was published and sent to relatives and people in the home. The June 2017 newsletter explained how they had introduced a sensory light box and a fidget board on Sutherland for people to use. During the inspection we observed people going to a 'rummage box' where they could find something that could start a conversation. We saw that the TV was not a focal point on all three units and was only on when people wanted to watch it. One person's care plan said they liked their TV on in their room to listen to music or their favourite films. We saw the person had their TV on. They told us, "They always ask what I want to listen to, either some music or a detective programme I also like the football."

At our inspection in December 2016 we found people were not provided with opportunities to express a view about the care and support they received. Care plans did not contain information about person centred reviews which would involve and seek feedback from each service user. At our focused inspection in

February 2017 we found no evidence in care plans that they had been involved in reviewing their plan of care.

At this inspection we saw evidence that reviews had been carried out and people had been involved where possible. One care plan showed very clearly how the person had been involved in a discussion about their care plan. It stated, "[Person] did not agree with their care plan." Staff then made changes and discussed the care plan with them again and they then agreed. Two visitors said they were involved with a review of their relatives care plan and needs. We saw reviews had been carried out for best interest decisions to ensure they were still relevant to that person at that time. Following conversations with relative's communication books had been put in people's rooms for relatives to make notes for staff. One staff member said, "They don't get used for important things as we have really good communication with relatives but they do put things in like 'bought some chocolate in, it's in the drawer,' so we know."

There were ways for people and their representatives to express their views about the quality of the service provided. A meeting had been held with people about the meal time experience and new menu's. People were asked for their views and changes had been made for example people wanted more home-made things such as cakes. They also said they wanted more traditional meals. A 'resident and relative' meeting had been held to look at ways they could improve the experience for people and their relatives. The minutes of this meeting showed that people were listened to. Relatives said the communication had improved and if they wanted to discuss anything it was dealt with immediately. They had also discussed creating a 'friends of Sherford' group so relatives and the community could be involved in the home.

Events and activities planned were displayed on noticeboards on each unit. A Sherford shop had been started since the last inspection and opening times were also displayed. One person told us they enjoyed helping in the shop when they felt up to it. The manager explained they planned to get a trolley so the shop could visit those people who were unable to mobilise so well.

People said they felt they could raise concerns and make a complaint if they needed to and the service responded to them. One person said, "If I had a problem or a concern I would speak to one of the seniors or the carer in charge". Another person said, "I don't feel I could voice my concerns because I'm not very good at it. I think if I spoke about any concerns it would be sorted out". The manager explained that they spoke with people and relatives personally most days so anything they were not happy about could be dealt with immediately. The homes policy and procedure for raising concerns gave clear time scales for response and any action taken. We saw complaints had been dealt with in line with the homes policy and learning points raised with staff. A copy of the complaints policy was available on all the noticeboards in the units.

## Is the service well-led?

### Our findings

This domain has changed from inadequate to requires improvement. This is because the provider needs to ensure the improvements in place can be maintained consistently over time and when more people move into the home. Although there is a manager in the home they are not yet registered with the commission and are in the early stages of the assessment process. The action plan to improve the service is not yet complete.

At our inspection in December 2016 we found a breach of Regulation 17, (1) (2) (a) (b) (e) (f), Good governance, of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the service failed to ensure governance systems to assess, monitor and drive improvement for the quality and safety of the services provided, including the quality of the experience for service users, were effective and were unable to sustain improvements.

We issued a warning notice for this breach which required the provider to make improvements by 20 June 2017.

At this inspection the issues in the Warning Notice breach of Regulation 17, (1) (2) (a) (b) (e) (f), Good governance, of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, had been met; the provider had therefore fully complied with our Warning Notice.

At this inspection we found people were supported by a team that was well led. However there was not a registered manager in post. A new manager had been employed and they were in the process of submitting their application to register with CQC. They were being supported by a peripatetic manager who would stay at the service until such time as the new manager became registered. They were also supported by the organisations regional operations manager and the nominated individual both of whom attend the second day of our inspection. A nominated individual is a requirement of our (The Care Quality Commission's) registration process where a provider is represented by an appropriate person nominated by the organisation to carry out this role on their behalf. The nominated individual is responsible for supervising the management of the regulated activity provided.

At the last inspection in December 2016 we found the service was not well led and systems to monitor the quality of care to people were not effective. This had resulted in areas identified for improvement throughout the December inspection report. The services own quality assurance systems had failed to identify these areas. In addition, these issues were similar to what had been identified as requiring improving at our March 2016 inspection.

At this inspection we saw the governance systems in place were being used to drive improvement. We saw audits were carried out by staff on the floor, then by the new manager and included weekly visits from the regional operations manager. An action plan was maintained and regular checks to assess and record progress against the action plan were in place. We saw improvements had been put into place following conversations with people living in the home, staff and relatives. We discussed how this needed to be sustained to continue to drive improvement.

We found evidence to show that improvements were being made and plans were in place to ensure the progress being made was sustained. For example, a meeting had been held between care staff, kitchen staff and people living in the home to obtain people's views of the meals provided and any changes they would like made. Managers had carried out a 'dinner experience observation,' to enable them to understand the impact mealtimes were having on people. This meant those people who were unable to verbally inform staff of the impact on them could still be involved in the drive for improvement. This had been flagged as a 'dining experience competition' and the winning unit in the home were then asked to show the other units what it was they were doing to get the dining experience for people right.

Audits of care plans, nutritional records, medicine records, daily record charts and accident forms were carried out monthly. For example individual accident reporting forms included details such as, date, time, and description, where the accident occurred and type of injury sustained. A post fall check list was also completed detailing the action taken and outcome for the person. This included whether preventative measures were put in place. All the accident report forms were then analysed by the manager each month. They looked for any trends such as time, place, person who lived at the home and the details of action required such as a review of the person's medicines or use of a pressure mat. A random selection of accident forms was then checked against CQC notifications to ensure CQC had been informed appropriately. Registered managers and providers are required to send statutory notifications to the Care Quality Commission (CQC) when a significant event occurs. One significant event is when a person living in the home experiences an accident that results in a visit to the accident and emergency department at a hospital or requires medical intervention. To the best of our knowledge since the last inspection in December 2016 the management team has notified the Care Quality Commission of all significant events which have occurred in line with their legal responsibilities.

Before the inspection we had received concerns about the management team and how they were not managing the improvements in line with their action plan. The management team has since changed and all the managers spoke positively of the progress the home was making. The management team has met regularly with the safeguarding team, commissioning group and CQC to discuss their actions and progress in relation to the quality of the care provided and of the concerns and allegations raised. The provider has agreed a voluntary ban on further admissions to the home during this process.

The management team promoted an ethos of honesty, learned from mistakes and admitted when things had gone wrong. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment. The new manager explained how the emphasis was on improving the living experience for people. Through training, support for staff and listening to what people, staff and relatives said.

Staff told us they felt well supported and that they found the new manager approachable. One member of staff said, "We have made so many changes the place has turned around. We are so proud to work here now. The new manager is brilliant she listens to what we have to say and either acts on it or explains why it is not workable. For example we tried a shift change to help the night staff but it wasn't working so we had a chat made our suggestions and they made the changes and everybody is happy now." Another staff member said, "Staff morale is really good at the moment. We are involved with the changes and feel valued. When they see we have a good understanding of how to do something they give us the job and let us get on with it, but they are still there to support us." One new member of staff told us, "When I was offered the post I wondered about whether it was the right move for me, But [the new manager] was so enthusiastic about what they were going to do and where they wanted to go, I knew this was the place for me."

Staff said they found the new manager open and approachable. The office door was open throughout the

inspection and staff were seen to go to talk with the manager. The manager was also visible around the home. One person told us, "That's the new manager she is really nice. I don't like a lot of changes really but you can see where things are better." Visiting relatives told us, "When we first came here it was like a family. It went a bit astray but it now has that feeling back. Some of the managers they tried were not welcoming and the office door was always shut. But now with [the new manager] we feel very welcomed management has improved 100%." They also told us they liked the nominated individuals approach, "Honest, positive attitude."

A 'resident's, relative' survey was carried out in April 2017. The outcome of the survey was displayed in the reception area so people and visitors could read it. There was a high level of satisfaction with all areas. Where actions had been identified these had been addressed and displayed on the notice board. "This is what you said, This is what we did." For example, "Delay with Rose Unit. Rose unit now completed". There were some unsure comments as to whether concerns were listened to. Action taken to address this was a summary of the complaints procedure would be included in the next newsletter. And a communication book put in each bedroom which we observed had happened. A food forum was also organised by new kitchen staff, care workers and residents to support more choice in the type of meals provided.

We discussed the improvements made in the governance systems being used to assess, monitor and drive improvement for the quality and safety of the services provided; including the quality of the experience for people. We found there was a marked improvement in the quality of life for people and people had a say in the way they lived and choices were available. However we as a regulatory body need to see the changes and improvements sustained over time and embedded in the day to day running of the home. Staff morale was improved and staff told us they had wanted an inspection to show how much hard work they had put in to turn the home round. Again we need to see this morale sustained and staffing maintained to sufficient levels when more people move into the home. Therefore we will continue to review the progress being made to ensure it is sustainable.