Care UK Community Partnerships Ltd

Sherwood Grange

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

Sherwood Grange was first registered with the Care Quality Commission (CQC) in May 2016. This is the first inspection of the service since registration. This inspection took place 21 March 2017 and was unannounced.

Sherwood Grange is registered to provide accommodation and personal and nursing care to up to 59 older people. The service specialises in caring for people living with dementia. At the time of our inspection there were 31 people living at the home.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

Sherwood Grange was a new, purpose built care home which provided a comfortable and supportive environment for older people, many of whom were frail, had reduced mobility and/or sensory impairment and were living with dementia. People said the home was a comfortable and safe place to live. The environment was clean, tidy and free from malodours. Regular checks of the premises and equipment were carried out to ensure these were safe and posed no risks to people.

Staff knew what action to take to ensure people were protected if they suspected they were at risk of abuse or harm. They followed guidance to keep people safe from identified risks to their health, safety and welfare. Senior staff ensured learning from any accidents and incidents was used to reduce risks of further reoccurrence, to protect people.

There were enough staff to support people. The provider carried out appropriate checks on their suitability and fitness to support people. Staff were trained and supported by senior staff to meet people's needs. They were kind, caring and thoughtful and knew people well. Staff provided people with support that was dignified, respectful and which maintained their privacy at all times. They supported people to be as independent as they could and wanted to be in the home and community.

People were involved in planning and making decisions about their care and support needs. People's care plans reflected their needs and their choices and preferences for how they received care. Staff were aware of their duties under the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). They obtained people's consent before providing support and followed legal requirements where people did not have the capacity to consent.

People were supported to stay healthy and well. Staff encouraged them to eat and drink sufficient amounts to meet their needs and monitored people's general health and wellbeing. Where there were any issues or concerns about a person's health, staff ensured they received prompt care and attention from appropriate

healthcare professionals such as the GP. People received their medicines as prescribed and these were stored safely in the home.

People were supported to live an active life, pursue their interests and build and develop social relationships with others. People had access to a wide range of activities in the home and community and they were actively encouraged to participate in these. The service had good links with the wider community such as the local school and church to widen the range of activities and events that people could take part in and enjoy.

The registered manager encouraged an open, inclusive culture within the home. People and staff were asked to give their views about the quality of the service and how this could be improved. The registered manager acted on this feedback to make changes where these were needed. Visitors and relatives were free to visit their family members and were warmly welcomed. People said they felt comfortable raising any issues or concerns directly with staff. There were arrangements in place to deal with people's complaints and issues appropriately.

People and staff said the registered manager was approachable and supportive. The registered manager ensured all staff were set objectives that were focussed on people experiencing good quality care and provided opportunities for them to talk about how they achieved this.

There were quality assurance systems in place to ensure all aspects of the service were routinely audited and checked. Senior staff used these checks to assess and review the quality of service people experienced. Where shortfalls or gaps were identified these were addressed promptly. Records and information about people, staff and the service, were stored securely and well maintained.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe. Staff knew what action to take to protect people from abuse or harm and to minimise identified risks to people's health, safety and welfare. Staff used learning from accidents and incidents to reduce risks of further reoccurrence.

Regular checks of the premises and equipment were carried out to ensure these were safe. The environment was clean, tidy and free from malodours.

There were enough staff to support people. Appropriate checks were made on their suitability and fitness to work at the service. People received their medicines as prescribed.

Is the service effective?

Good

The service was effective. Staff received training to help them meet people's needs. They were supported in their roles by senior staff. Staff were aware of their responsibilities in relation to the MCA and DoLS.

Staff monitored people ate and drank sufficient amounts and their general health and wellbeing. They reported any concerns they had about this promptly so that appropriate support was sought.

The environment was well designed and provided a comfortable and supportive environment for older people, some of whom were living with dementia.

Is the service caring?

Good

The service was caring. Staff were kind, thoughtful and respectful and they knew people well.

They respected people's right to be treated with dignity and right to privacy particularly when receiving care. People were supported by staff to be as independent as they could be.

Visitors were free to visit their family members or friends when they wished and no restrictions were placed on them.

Is the service responsive?

Good

The service was responsive. People were involved in planning and making decisions about their care and support needs. Care plans reflected their preferences for how they were supported. These were reviewed regularly by staff.

People were supported to live an active life, pursue their interests and build and develop social relationships with others. The service had good links with the wider community to increase people's participation and involvement.

People were satisfied with the support they received. The provider had appropriate arrangements in place to deal with any concerns or complaints people may have.

Is the service well-led?

Good

The service was well led. People and staff spoke positively about the leadership of the service. People's views and feedback about the service were actively sought and acted on to make improvements when needed.

Senior staff carried out checks to assess and review the quality of service people experienced. There was oversight and scrutiny of the service at provider level.

Records and information about people, staff and the service, were stored securely and well maintained.

Sherwood Grange

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 checked 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 21 March 2017 and was unannounced. The inspection team consisted of two inspectors and an expert by experience. This is a person who has personal experience of using or caring for someone who uses this type of service.

Before the inspection we reviewed information about the service such as notifications about events and incidents that have occurred at the service, which they are required to submit to CQC.

During our inspection we spoke with 15 people who lived at the home and three visitors. We also spoke with the senior staff team which included the registered manager, deputy manager and three senior carers. In addition we spoke with six care support workers, the head of maintenance, the head of housekeeping, the chef and two activities coordinators. We looked at records which included five people's care records, ten medicines administration records (MAR), six staff files and other records relating to the management of the service.

We undertook general observations throughout our visit and used the short observational framework for inspection (SOFI) during lunchtime. SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Good

Is the service safe?

Our findings

People said they were safe at Sherwood Grange. One person said, "Yes I feel safe all the time. My things are safe here too and they look after everything." Another person told us, "Everything is fine. I'm safe and so is everything we have here." And another said, "I have no concerns at all. It is great here."

Staff were appropriately supported to protect people from abuse or harm. All staff had received training in safeguarding adults at risk. The provider encouraged staff to report any concerns they had about people and they had placed posters prominently in the home advising staff why and how they should do this. Staff told us the action they would take to protect people if they suspected they were being abused or harmed. This included following the provider's procedure for raising concerns and reporting these to an appropriate individual such as their line manager or to the local authority and/or police. Where safeguarding concerns had been raised about a person the registered manager had worked proactively with other agencies to ensure action was taken to sufficiently protect them.

Staff had access to up to date information and guidance on how to minimise identified risks to people's health, safety and welfare. Records showed risks posed to people by their specific health care conditions were assessed and plans were put in place which instructed staff on how to minimise or reduce these. For example, some people had been identified as at risk of falls due to their health conditions. They had falls prevention plans which advised staff on how to reduce the risk of people falling. These included measures such as ensuring people were supported to move and transfer safely with support from staff and keeping the environment clear of trip and slip hazards so that people could move safely and freely around.

Measures were in place to reduce risks posed to people by the premises and equipment. Environmental risks had been assessed and guidance on how to minimise these was followed. For example, people could be at risk of scalding from hot water and to minimise this risk, the provider had measures in place to regulate and monitor water temperatures from outlets to ensure these did not exceed permitted safe levels. Where these could not be easily regulated, such as in the sluice rooms or in the kitchen, these areas could only be accessed by staff using a key pad entry system. A maintenance and servicing programme was in place through which checks were undertaken of fire equipment, alarms, emergency lighting, call bells, hoists, the lifts, wheelchairs and the gas heating system. We observed the home was clean, tidy and free from malodours. Chemicals and substances hazardous to health were safely stored in locked cupboards when they were not in use. Toilets and bathrooms were clean and stocked with soap and hand towels to promote the practice of hygienic hand washing. Staff demonstrated good awareness of their role and responsibilities in relation to infection control and hygiene in the home.

All accidents and incidents involving people were recorded and then reviewed by the senior staff team on a monthly basis. This enabled them to analyse and identify any trends or issues with current systems and processes that could be improved to prevent reoccurrence. The registered manager told us following a recent review, training and support was provided to staff to improve their understanding and awareness of how they could help to reduce the risk of people falling at night.

There were enough staff to support people. People said staff responded quickly when they required their assistance. One person said, "I use the bell if I am in my room and they always come very quickly. I have the bell on my bed or next to it and I can always reach it. They come very quickly day and night." Another person told us, "I can always use the bell whenever I want and they come within a few minutes, if that, day and night." The registered manager reviewed staffing levels each month using a dependency tool to check there were enough staff to meet people's needs in the home and out in the community. We saw staff were visibly present and providing appropriate support and assistance when this was needed. They answered call bells promptly. The registered manager monitored call bell response times as part of their quality monitoring to check people were not waiting for long periods of time to receive support or assistance.

The provider had robust recruitment practices to ensure only suitable staff were employed to support people. They carried out checks on staff's suitability including, verifying and obtaining evidence of their identity, right to work in the UK, training and experience, character and previous work references and criminal records checks. Staff also completed health questionnaires so that the provider could assess their fitness to work.

People said they received their prescribed medicines promptly. One person said, "They bring it at meal times and I know what they are for. I have them on time, every time, and they are nice when they give them to me." A relative told us, "They bring them and [family member] has them at mealtimes. They explain each time what they are for and they have chatted with me about them and asked if I am happy with it too." We looked at people's medicines administration records (MARs). These should be completed by staff each time medicines were given to people. We saw no gaps or omissions on the records we looked at which indicated people received their medicines as prescribed. Our checks of stocks and balances of people's medicines confirmed these had been given as indicated on people's individual MARs.

Medicines were administered by staff that had been suitably trained. Staff responsible for administering medicines wore red tabards so that others were aware they were not to be disturbed in order to reduce the risk of errors being made from unnecessary interruptions and distractions. Medicines were stored securely in the home. The temperatures of clinical rooms and fridges were checked daily to ensure these did not exceed levels which could impact on the effectiveness of people's medicines.

Good

Is the service effective?

Our findings

People told us staff had the knowledge and skills to provide the support they needed. One person said, "They seem very well trained and professional." A relative told us, "They are well trained. I feel happy with [family member] being here with them. They are lovely."

Staff received training to help them to meet people's needs. Staff had attended training in topics and areas which were relevant to their work, for example health and safety, fire training, food safety, moving and handling procedures and infection control. Specific training was also provided which was focussed on supporting people living with dementia. This included a dementia awareness course and the provider's more comprehensive in-house training programme, 'Fulfilling Lives'. This programme aimed to develop staff's understanding and awareness of what it might be like to live with dementia and how to provide effective care and support to people living with this.

New staff undertook a comprehensive induction through which their competency was assessed by senior staff. This included observations of their practice in areas such as providing personal care and moving and handling techniques. Senior staff monitored training so that refresher training could be arranged when required to ensure staff's knowledge and skills remained up to date.

Staff were well supported by the senior staff team. There was an established supervision (one to one meetings) and appraisal programme through which staff were supported to discuss their work performance, reflect on their working practice and identify opportunities or areas where they could further develop. Staff said the training and support they received helped them to provide care and support that people needed.

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA) and whether any conditions on authorisations to deprive a person of their liberty were being met. 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. 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 are called the Deprivation of Liberty Safeguards (DoLS).

As part of the planning and review of their care and support, staff routinely assessed people's understanding and ability to consent to the care and support they needed. The provider had a framework and procedure for all staff to follow when it was identified people may lack capacity to make specific decisions about their care and support needs. In these circumstances staff included people's family members, healthcare professionals and others involved in their care, so that decisions could be made that were in people's best interest. Staff had received training in the MCA and DoLS and understood their responsibilities in relation to the Act. Where restrictions were identified as being needed, applications made to deprive people of their liberty had been properly made and authorised by the appropriate body. Records we looked at showed the

provider was complying with the conditions applied to the authorisation.

People were encouraged to eat and drink enough to meet their needs. The provider actively sought people's views and opinions, through residents meetings and surveys, about the meals they ate. Staff used this feedback to review and plan menus that reflected as much as possible, people's preferences for what they wished to eat. The chef told us people were asked for their choices about the days meals each morning. They said if people asked for something that wasn't immediately available they would order this in for the following day. The chef demonstrated good awareness of people's individual dietary needs and their likes and dislikes. They knew which people had food allergies and those who required special diets due to their cultural, religious or health needs and this was catered for.

We observed the lunchtime service. Staff presented meals which appeared appealing, appetising and of good portion size. They encouraged people to eat as much as they could. Throughout the day people were offered drinks and snacks and we saw staff prompted people to drink plenty of fluids. In people's rooms we saw jugs of water, fruit and snacks all placed within easy reach of people's beds or armchairs. Staff monitored what people were eating and drinking and if they had concerns about people's food and drink intake they supported them to access specialist advice from healthcare professionals such as the GP or dietician to help them reduce risks that could arise from a poor diet and/or dehydration.

People told us they were well supported by staff with their healthcare needs. Staff carried out a range of checks to help them identify any underlying issues or concerns about people's health and wellbeing. They maintained daily records of the care and support provided to people which contained their observations and notes about people's general health and wellbeing. Each month people's weight, blood pressure, pulse and temperature were checked and compared to previous months to look for any changes that could indicate an underlying concern or issue with their health. Records showed when concerns had been identified about a person, staff took prompt action to ensure they received appropriate care and support from the relevant healthcare professional such as the GP. Staff ensured people's relatives were kept well informed about their family member's healthcare needs. A relative told us, "They are very good at giving us information and updating us. I like that I am kept informed and they will call to update you about illness, medication, events. It is nice."

Sherwood Grange was newly built and opened in 2016. The home was purpose built and designed to provide a comfortable and supportive environment for older people, who may be frail, may have reduced mobility and/or sensory impairment and may be living with dementia. To support people to move freely yet safely around, hand and grab rails had been located throughout the home. Corridors were well lit, wide and bright and along with communal areas and individual bedrooms were able to comfortably accommodate wheelchair users. Easy to read and understand plain language and pictorial signs were used throughout the environment to help people identify important rooms or areas, such as their bedroom, toilets and bathrooms, and communal areas such as the lounges, dining areas, the activity room, the hair salon, the cinema and the coffee shop.

Lighting and colour schemes were calming and used to help people distinguish between different areas. Memory boxes were positioned by people's bedroom doors which held objects of reference such as photographs and mementos that were important to people and which could help them to orientate. In people's bedrooms, wardrobes and drawers had clear Perspex panels to enable people to see the contents more clearly. The registered manager told us about one person, who needed to be prompted and reminded about what they had chosen to wear each day. Staff did this by placing the clothes in the part of the wardrobe that could be easily seen by the person, to aid them.

Good

Is the service caring?

Our findings

People spoke positively about Sherwood Grange and said staff were kind, caring and attentive to their needs. One person said, "They have welcomed me, introduced themselves and made me feel at home." A relative told us, "They are lovely. They do extra things like arrange personal visits to church, bring new activities in to the home and make it a happy place." One person said they appreciated the kindness and support they received from staff when they required pain relief. They told us, "They have written down the pain killers I need, if I need them, and they told me to ask right away if I am in pain." We saw staff were warm and welcoming to relatives, friends and visitors to the home. Relatives told us they were free to visit their family members when they wished and no restrictions were placed on them. A relative told us, "They remember you each time you visit and they know the residents' very well indeed. It is like an extended family."

People told us staff knew them well. One person said, "They have given me time to chat about my needs and they read your notes." Another person told us, "They know how I like things." Another person said, "They give you time to chat and explain things." And a relative told us, "They know [family member] and us well. They make time to do this." We observed a range of interactions between people and staff throughout the day of our inspection. People appeared at ease and comfortable asking for support or help from staff. We noted conversations between people and staff were friendly, chatty and people appeared to enjoy staff's company.

Staff were thoughtful and supported people in a patient and respectful way. For example, although the day's activities were clearly displayed in the home, the activities coordinators made sure at the start of the day they visited with each person and provided them with a helpful reminder of the events taking place and encouraged people to participate if they wished to. We saw staff encouraged people to make choices about what they wanted to do and given the time they needed to make decisions.

When people became anxious or upset staff acted appropriately to ease any distress caused to them and/or to others. For example, one person living with dementia became disorientated and confused about their surroundings on a regular basis. To help them to orientate and alleviate their anxiety, staff had developed a personalised newsletter all about the person, which gave them lots of useful information and pictures describing their life in the home and the people that were important to them. In another example we saw one person became quite challenging in their behaviour towards a staff member assisting them with their lunch. The member of staff did not react to this but instead moved the conversation on by asking the person about their day and what they had done. The change in conversation had a positive and calming effect on the person.

We carried out other observations during the lunchtime meal service. We saw staff explained to people what they were going to eat before serving their meal. They checked that people wanted to eat what was on offer and told people they could have an alternative if they wanted this. People that could eat independently were not rushed or hurried and left to eat at their own pace. Where people needed support from staff to eat, this was done in a dignified and respectful way. We saw staff sat next to people, maintained good eye

contact and made sure to interact with people throughout the meal. Some people chose to eat their lunch in their rooms which staff respected. Staff checked that people were enjoying their meal, offered drinks and brought in the next course when people were ready for this.

People said they were treated with dignity, respect and staff ensured they had privacy when this was needed. One person said, "They knock and they have given me time to find my feet and settle without pressure or rush. They showed me how to lock my door and windows, which makes you feel secure and safe and I feel it is all very dignified." Another person told us, "They ask me if they can come in and if they need to sit down they ask." Another person said, "They treat you very well. They asked me if I would like a female carer when the male member of staff is on but I said it was fine." And a relative told us, "They are very respectful and as a family they give you lots of privacy if you would like it during visiting. They are very good at that." We saw staff knocked on people's doors and waited for permission before entering their rooms. When providing personal care, people's doors were kept closed to ensure their privacy.

Staff we spoke with were energetic, enthusiastic and took pride in their work. They were able to give us examples of how through their roles they contributed to people experiencing good quality care. For example the head of housekeeping told us all housekeeping staff were encouraged to get to know people and chat and talk with them when carrying out their duties. People told us when staff were in their rooms they were chatty and asked people how they were and about their day.

People were supported to be as independent as they could and wanted to be. People's care plans prompted staff to encourage people to do as much as they wished to and could for themselves. For example people were supported to undertake as much of their personal care as possible and staff would only step in when people could not manage aspects of this themselves. People said staff gave them information daily about the different activities or events they could take part in and they had the freedom to choose which ones to do and how they spent their time during the day.

People that could, were encouraged to access the community independently, for example to visit the local shops or visit with friends in the local area. In the home there were communal kitchen areas on each floor of the home, where people could make light snacks such as toast or help themselves to juices, water or tea and coffee from the drinks station. To support people who had problems with their sight to read independently, in the ground floor lounge there was a low vision reading machine to magnify reading materials such as newspapers or books. Staff told us they supported people to live independently by allowing them to retain control of their lives. This included respecting people's choices and decisions about how they were supported and encouraging people to do as much for themselves as they wished. One person said, "They ask what we think we might need help with and they write it down. It is good that they do it that way because it keeps my independence which is what I wanted."

Good

Is the service responsive?

Our findings

People were satisfied with the care and support they received. They told us what they thought the service did well. One person said, "They are very good at organising and the move in was stress free and straight forward." Another person said, "It is homely and there is always a lot going on." And a relative told us, "Everyone seems so happy."

People said they knew how and who to make a complaint to if they were unhappy with any aspect of their care and support. They told us they felt their concerns or issues would be listened to and acted on. One person said, "I feel any member of staff would take a complaint very seriously and act appropriately." Another person told us, "They deal with concerns very quickly and they are very reassuring." And a relative said, "You can chat with [the registered manager] any time, day or night and they always have time to chat on the phone too. I've never needed to complain but I would if I had to." The provider had appropriate arrangements in place to deal with people's complaints. The complaints procedure was displayed in the home and explained what people should do if they wish to make a complaint or were unhappy about any aspect of the service and how this would be dealt with by the provider. People were assured their concerns would be fully investigated and a detailed response would be provided. This included offering people an appropriate apology if the provider found they had experienced poor care.

People told us they were actively involved in planning and making decisions about their care and support needs. One person said, "We chatted about what I would like and need before I came in and then when I did arrive we updated that together as I had just had an operation. They have been very respectful so far and ask my permission to assist me each time." Another person told us, "They are very good at sitting with you and explaining what they think would be good and asking what you think. Very respectful." And a relative said, "Staff seem very good at explaining everything."

Records showed staff undertook detailed assessments with people before they started to use the service to establish the level of support they required. Where people were not able to state their choices and preferences for how their needs should be met, staff involved relatives and others such as healthcare professionals so that they could provide important information to staff about people's needs. Information from these assessments was then used to develop a care plan which set out how people's needs should be met by staff.

People's care plans were personalised and reflected their choices and decisions for how support was to be provided. For example, care plans contained information about people's day and night time routines. These reflected people's preferences for how and when care and support should be provided by staff at key moments, such as when people woke up, when they needed help getting washed and dressed for the day, when undertaking activities in the home and community and when they wished to go to bed at night. People's care plans contained information about their life history, their likes and dislikes and hobbies and interests. This included important information about their cultural and religious beliefs and how they wished to be supported with these for example to attend religious services that took place in the home and community. This information helped staff to develop a good understanding about the people they

supported in order to deliver support that was personalised and tailored to their individual needs.

People's care plans were reviewed monthly by staff. Staff discussed with people whether the support provided was meeting their needs and if any changes were required. When people's needs changed, their care plan was promptly updated so that staff had access to up to date information about the support people required.

People were supported to take part in a wide range of activities at the home and in the community to help them to pursue their interests and hobbies, keep active and develop positive social relationships with others. One person said, "I like to garden and do crafts and there are always things like that going on. I like music too. I like going to the garden centre." Another person told us, "There are lots of things going on all the time. I like to potter and there is always something. I like the movies in the cinema and we go in the minibus to the shops, parks and places like the pub." And a relative told us, "They visit the church regularly and they do fantastic trips. The housekeeping manager arranged outings and asked [family member] what [they] would like. [They] said the pub so they arranged it all for a group of them. They also do one to one things in their rooms like reading to them or cards and one to one trips. It's fantastic."

The service employed two full time activities coordinators who delivered a wide range of planned activities every day of the week. These ranged from exercise and fitness classes, games and puzzles, arts and crafts sessions, events in the ground floor coffee shop such as the 'sherry social' and discussions groups. The home had a 'cinema' which showed a different themed film each day. Activities were also undertaken by other staff in the home. The registered manager delivered a popular weekly keep fit cardio session for people. The head of housekeeping arranged visits out in the community to Richmond Park, the London Aquarium and to local restaurants and pubs utilising the home's minibus. External visitors also provided a range of activities such as musical entertainment, reflexology sessions and religious services. Activities and events were well advertised and a timetable for these was displayed in the home.

One to one activities were also undertaken with people to help them pursue their interests. An activities coordinator told us one person had asked if they could do some gardening and had provided a list of plants that they would like. The gardener had sourced these for them and on the day of our inspection, we saw the plants had been laid out ready to be planted by the person.

There was a dedicated activity room on the first floor of the home, which was decorated with people's artwork. There were games available for all abilities and in easy reach for people to select from. There were also arts, crafts and baking equipment if people wished to undertake these specific activities. The hallways had activity corners including a work bench and tools area, dolls and dressing up as well as pegs for hanging clothes. There was also a library equipped with large print books. The activity areas were well equipped and clearly well used to help stimulate and engage people in sharing stories and memories from their past. This was particularly important for people living with dementia as reminiscence enables people, who may not be able to talk about current events due to short term memory issues, to still actively participate in conversations by sharing their personal experiences from the past.

The registered manager was building good links within the community with the local primary school and church to widen the range of activities and events that people could take part in and enjoy. On the day of our inspection, children from a local primary school attended the home to share their learning with people about World War 2. People were encouraged to get involved by asking questions, sharing their stories and memories of the war and singing songs with the children. Staff leading the event wore period dress and ensured people were stimulated and involved throughout the event. A visiting teacher said, "It is so nice that Sherwood is a part of the community and the school and Sherwood have done a few things together

recently. It's a great place."

Good

Is the service well-led?

Our findings

People clearly knew the registered manager well and spoke positively about their leadership of the service. One person said, "Yes he is good. He has an open door approach." Another person told us, "I feel I can ask him any questions, yes, and he asked for feedback during the whole booking in process. He was relaxed but very professional and informative." And a relative said, "You can ask him anything and he says he welcomes feedback and tells us to write it down if we want to."

There was an open and inclusive culture within the service in which people and staff were encouraged to share their views and give their feedback about any aspect of the service. People and relatives completed satisfaction surveys and were invited to attend regular meetings to share their views. One person said, "They tell you and remind you and they have a big noticeboard. We have meetings and they listen to our views and suggestions." A relative told us, "They have meetings and teas and events for relatives and residents and they send you the dates and minutes of meetings and we discuss things like outings, events, food and they do listen and write everything down and then they tell you how they are acting upon this. Relative meetings are every two months and residents' are monthly."

The results from the most recent survey indicated a high level of satisfaction from people with the overall quality of the service. Where people had made suggestions for improvements, the provider had displayed in the main entrance on a noticeboard the actions taken in response. Minutes from 'residents and relatives' meetings showed the registered manager took on board people's feedback on how aspects of the service could be improved. Some examples of improvements that had been made included new additions to the menus to accommodate people's particular preferences and adaptions around the environment to improve safety. For example a mirror had been placed in the rear car park to make it easier and safer for cars to enter and exit. We asked people if there were any aspects of the service that could be improved. One person said, "Nothing as yet." Another told us, "It is all very good." And a relative said, "I'm finding it hard to think of anything."

Staff were supported to give their feedback and views about how the service could be improved at staff team meetings. Staff said the registered manager was approachable and took on board their concerns or suggestions about how the service could be improved. The registered manager ensured all staff were set objectives that were focussed on people experiencing good quality care and staff were given opportunities to talk about how they achieved this through their individual supervisions.

The senior staff team carried out a wide range of checks and audits to monitor the quality of service people experienced. There was a quality assurance programme which focussed on a different aspect of the service each month for review and included areas such as health and safety in the home, the management of medicines, care records and documents, infection control, compliance with the MCA and DoLS and people's experiences. We saw when areas for improvement were identified through these checks, senior staff took prompt action to ensure improvements were made including providing support and training to staff to help them learn from errors and improve on their existing knowledge and skills.

There was oversight and scrutiny of the service at provider level. Senior manager from the provider's organisation audited the service and provided the registered manager with feedback and an action plan was put in place to make any improvements where these were felt necessary. These were then checked at the next audit to ensure action had been taken and the expected outcomes from these had been achieved. For example following a recent audit, it was identified that staff attendance on training the provider considered mandatory needed to be improved to bring this up to required standards. The registered manager took immediate action to address this and by the time of this inspection all staff had attended and successfully completed the required training.

Records and information about people, staff and the service, were stored securely and well maintained. The majority of people's care records were held electronically and could only be accessed by authorised staff. Paper records were kept in locked cupboards or drawers when not in use, so that confidential and sensitive information could not be accessed by unauthorised individuals. This included information related to staff. The records we looked at were current and up to date. For example care records reflected people's current care and support needs and it was clear these were regularly reviewed. During the inspection the registered manager was able to promptly locate any information we asked for as these were stored in a central place so that they were easily available when needed.

The registered manager had a good understanding and awareness of their role and responsibilities particularly with regard CQC registration requirements and their legal obligation to submit notifications of events or incidents at the service. This was important as we need to check that the provider had taken appropriate action to ensure people's safety and welfare in these instances.