Adiemus Care 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

Overall summary

This inspection took place on 27 and 29 April 2015 and was an unannounced inspection.

At the last inspection carried out on 24 and 25 July 2014 we identified concerns with some aspects of the service and care provided to people. The service was found to be in breach of five of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. Following the inspection the provider sent an action plan to the Care Quality Commission (CQC) stating how and when improvements would be made. At this inspection we found that action had been taken to improve the service and meet all the compliance actions set at the previous inspection. However; we found further improvements were needed.

Sherford Manor can accommodate up to 105 people. There are four units within the home; Rose provides residential care to older people who do not have nursing care needs. Sutherland and Redwood provide nursing

Summary of findings

care to older people who are living with dementia and the Corner House unit specialises in providing end of life nursing care to older people. The home is purpose built and all bedrooms are for single occupancy.

There is a registered manager in post. 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.

Care plans contained risk assessments which helped to minimise risks to people. Examples included risks which related to assisting people to move or mobilise, reducing risks to people who were at high risk of malnutrition and pressure damage to their skin. However; risks had not always been considered for the use of bedrails or for a person who went out independently. This meant there was no information for staff about potential risks to the individual or how risks could be minimised.

People received their medicines when they needed them. One person we spoke with said "I have a lot of pain but the nurses always make sure I get my pain killers. They also rub a pain relief gel on my shoulder twice a day which helps." Another person told us "I always get my tablets on time. They are very good at that." Procedures for checking expiry dates on clinical items required improvements to make sure they remained safe to use.

Staff knew about the preferences of the people they supported. The care plans we looked at contained life histories and information about people's preferences. Staff had a good understanding about the assessed needs of people however; care plans had not always been updated to reflect people's needs when they had changed.

People were supported to have enough to eat and drink. The lunchtime experience for people varied depending on which unit they lived. The lunch time experience for people who lived on the dementia nursing units (Sutherland and Redwood) needed to be improved. People were not always supported to make an informed decision about what they wanted to eat and drink. Meals were plated by staff and people were not supported to be as independent as they could be. People on the Redwood unit were not provided with opportunities to enjoy a sociable mealtime experience.

Staff were very positive about the leadership in the home. One member of staff said "The deputy manager is really good. If he doesn't know something, he'll find out. He's the go to guy." Another member of staff told us "I like the manager. She always makes a point of seeing how you are."

People told us they felt safe at the home and with the staff who supported them. One person said "I do feel safe. Nobody has touched me. It's quite nice staying here and I am quite happy here." Another said "It's very good and I don't feel alone."

There were sufficient staff on duty to support people. There was a good staff presence and people did not wait long for assistance. Call bells were answered quickly. The people we spoke with did not raise any concerns about the availability of staff. One person told us "I had to use my call bell last night and a carer came straight away. They are very good. You never have to wait for long." Another person said "There's always someone about to help you. I have no concerns."

Staff spoke about people in a caring and compassionate manner. We saw affectionate embraces from people towards the staff and we heard staff chatting to people about their personal interests.

Staff sought people's consent before assisting them and we heard staff offering and respecting people's wishes. Staff knew about the procedures to follow where people lacked the mental capacity to make decisions about the care and treatment they received. This meant people's legal rights were protected.

People could see a doctor and other health care professionals when they needed to. Examples included speech and language therapists, dieticians, opticians and chiropodists.

The home had achieved the National Gold Standard Framework. This is a comprehensive quality assurance system which enables care homes to provide quality care to people nearing the end of their life

Summary of findings

The home offered a varied programme of activities for people. There were in-house activities, outside entertainers and regular trips out.

There were systems in place to monitor and improve the quality of the service provided. Whilst improvements had been made we have not revised the rating for this key question; to improve the rating to 'Good' would require a longer term track record of consistent practice.

We will review our rating for Well-led at the next comprehensive inspection.

The service was in breach of two of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

Some aspects of the service were not safe. Some risks to people were not always considered.

Staff followed safe procedures when administering people's medicines however; procedures for checking expiry dates for some items needed to be improved.

Staff knew how to recognise and report signs of abuse. They were confident that action would be taken to make sure people were safe if they reported any concerns.

There were enough staff to help keep people safe. Thorough checks were carried out on new staff to make sure they were suitable to work with vulnerable people.

Is the service effective?

Requires Improvement

The service was effective however; the meal time experience for some people living with dementia could be improved.

People saw health and social care professionals when they needed to. They received prompt care and treatment.

Staff received supervision and on-going training to make sure they had the skills and knowledge to care for people.

Is the service caring?

Good

The service was caring. People were cared for by staff who were kind, caring and professional.

Staff treated people with respect and their right to privacy was respected.

People were supported to maintain relationships and to keep in touch with family and friends.

Care plans were in place to ensure people's wishes and preferences during their final days and following death were respected.

Is the service responsive?

Requires Improvement

Some aspects of this service were not responsive. Staff knew about people's assessed needs however; care plans were not always reflective of the care they received.

People chose how to spend their day. There were planned activities and trips out of the home.

There was a complaints procedure in place. People were confident that complaints would be taken seriously and investigated.

Summary of findings

Is the service well-led?

The service was well led. There were clear lines of accountability and responsibility within the management and staff team.

The views of people and those close to them were regularly sought and responded to.

Systems were in place to monitor and improve the quality of the service provided.

Whilst improvements had been made we have not revised the rating for this

key question; to improve the rating to 'Good' would require a longer term track record of consistent practice.

We will review our rating for Well-led at the next comprehensive inspection.

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.

The inspection took place on 27 and 29 April 2015 and was unannounced. The inspection team consisted of three adult social care inspectors and an expert by experience on the first day and one inspector on the second day. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

We looked at previous inspection reports and other information we held about the home before we visited. We looked at notifications sent in by the provider. A notification is information about an important event which the service is required to tell us about by law.

At the time of this inspection there were 70 people living at the home. During the inspection we spoke with 29 people, 11 members of staff, the registered manager, deputy manager and a provider operations manager. We also spoke with two visitors.

Not everyone living at the home was able to engage in conversations with us because of their communication difficulties. We spent time in lounges and dining rooms on each of the four units so that we could observe how staff interacted with people and could observe their experiences of life at the home.

We looked at a sample of records relating to the running of the home, staff recruitment and care of the people who lived there. These included the care records of 11 people who lived at the home. We also looked at records relating to the management and administration of people's medicines, health and safety and quality assurance.

Requires Improvement

Is the service safe?

Our findings

One person who lived at the home told us they regularly went into town without staff support. They used an electric wheelchair to mobilise and told us it was "really important" to them to "get out and about." This person's care plan contained information which showed they had the mental capacity to make decisions about the care they received however there was no risk assessment to demonstrate that risks associated with going out alone had been discussed and agreed by the person. There was no care plan to make sure risks to this person were minimised. It was unclear how staff monitored when the person went out or what the person would do if they got into difficulties when they were out. We looked at a care plan for an individual who had bedrails in place. A risk assessment for the safe use of bedrails was in the care plan; However this had not been completed. This meant this meant the potential risks to these people had not been assessed. However; there was no evidence that these people were receiving unsafe care. The person who went out independently was very able and had capacity. The person with a bedrail was immobile and could only move in bed when assisted by staff. Therefore risks of serious harm were reduced**. These were breaches of Regulation 12(2)(a) & (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**

Care plans contained risk assessments which related to assisting people to mobilise and reducing risks to people who were at high risk of malnutrition and pressure damage to their skin. Some people were very frail and were nursed in bed. A plan of care had been developed to minimise the risk of people developing sores to their skin and these were followed by staff. For example, some people required staff to assist them to regularly change position. Records showed that staff had assisted them at regular intervals. Where there was an assessed need, people had specialised mattresses on their bed and pressure relieving cushions on their chair.

At our last inspection we found there were not always sufficient numbers of staff on duty to meet people's needs. The provider sent us an action plan which detailed the action they would take to address this shortfall.

Staffing levels had been reviewed and each unit now had a manager to oversee the running of the unit. Additional registered nurses had also been employed. We spent time on each of the four units. There was a good staff presence and people did not wait long for assistance. Call bells were answered quickly. The people we spoke with did not raise any concerns about the availability of staff. One told us "I had to use my call bell last night and a carer came straight away. They are very good. You never have to wait for long." Another person said "There's always someone about to help you. I have no concerns." None of the staff we spoke with raised any concerns about staffing levels. One member of staff said "Things have definitely improved. More staff have been recruited. People's needs are met. I think people get good care here." Another told us "It would be nice to be able to spend more time chatting to people but I feel the residents are safe and get the care and attention they need."

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. People told us they would raise concerns if they had any. Appropriate authorities had been informed where concerns had been identified. This was in accordance with Somerset's policy on safeguarding adults from abuse.

People told us they felt safe. One person said "I do feel safe. Nobody has touched me. It's quite nice staying here and I am quite happy here." Another said "It's very good and I don't feel alone." Some people were unable to hold a conversation with us. However, we saw people responded in a positive way when staff interacted with them. For example one person smiled when a member of staff spoke to them. Another kissed the hand of the staff member who was supporting them. A visitor told us "It was a difficult decision to move my [relative] here but I know my [relative] is safe and well cared for. The staff are lovely and very kind."

The provider's staff recruitment procedures minimised risks to people who lived at the home. Application forms contained information about the applicants' employment history and qualifications. Each staff file contained two written references one of which had been provided by the applicants' previous employer. We saw that the applicant had not been offered employment until satisfactory references had been received. This helped to make sure the applicant was suitable. We saw that staff did not commence employment until satisfactory checks had been

Requires Improvement

Is the service safe?

received from the Disclosure and Barring Service (DBS). This helped employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable people.

Regular checks on lifting equipment and the fire detection system were undertaken to make sure they remained safe. Hot water outlets were regularly checked to ensure temperatures remained within safe limits. There was an emergency plan in place to appropriately support people if the home needed to be evacuated.

People received their medicines when they needed them. There were procedures in place for the management and administration of people's medicines and we saw these were followed by staff. One person we spoke with said "I have a lot of pain but the nurses always make sure I get my pain killers. They also rub a pain relief gel on my shoulder twice a day which helps." Another person told us "I always get my tablets on time. They are very good at that."

We observed a registered nurse safely administering medicines to people. People's medicines were stored securely and they were administered by registered nurses on the nursing units and senior staff on the residential unit who had received appropriate training. Medicines entering the home from the pharmacy were recorded when received and when administered or refused. This gave a clear audit trail and enabled staff to know what medicines were on the premises. We checked a sample of stock balances for medicines which required additional secure storage and these corresponded with the records maintained.

Protocols were in place for the administration of 'as required' medicines. This meant people received appropriate medicines when needed and ensured people received a consistent approach from the staff who supported them. We found six infusion sets which had expired in January 2015. Infusion sets would be used when a person had a syringe driver in place. The registered nurse told us there was nobody at the home who had a syringe driver. The out of date items were immediately removed. The registered nurse told us there were no systems to check the expiry date on clinical items other than people's medicines. We discussed this with the registered manager at the time and they told us this would be included in their monthly audits of the management and administration of medicines with immediate effect. **We recommend the registered person finds appropriate guidelines relating to the management of stocks of clinical items.**

Requires Improvement

Is the service effective?

Our findings

The meal time experience for people needed some improvements. People living with dementia were not always able to make informed choices or have the opportunity socialise during meal times.

At our last inspection we found people were not protected against the risks of unsafe or unsuitable care because assessments of people's capacity to consent to their care and treatment and best interest documentation had not been completed. Staff had varying knowledge about the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). This meant people were at risk of receiving care and treatment which was not in their best interests. The provider sent us a report detailing the action they would take to address this by the end of January 2015.

At this inspection, there was evidence that action had been taken to ensure people's rights were protected. Staff had received training and had an understanding of the Mental Capacity Act 2005 (MCA). The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. Staff knew how to support people to make decisions and knew about the procedures to follow where an individual lacked the capacity to consent to their care and treatment. For example; best interest documentation had been completed for one person who required the use of bedrails at night. Another care plan contained best interest documentation relating to the assistance required to meet personal care needs. This made sure people's legal rights were protected.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). These safeguards provide a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely. The manager knew about how and when to make an application. They knew about the recent changes to this legislation which may require further applications to be made. DoLS applications had been completed for each person who lived at the home as the access to the home and each of the units is via a keypad system.

At our last inspection we found care staff did not access people's care plans and risk assessments and relied only on verbal handovers to understand people's needs. This meant there was a risk that key information may not be communicated to certain members of staff which could lead to people receiving inappropriate care. The provider was required to send us a plan of the action they would take to address this. Their action plan told us they would take appropriate action to address this shortfall by the end of February 2015. The care staff we spoke to at this inspection told us they could access people's care plans and were encouraged to look at these regularly. Staff were knowledgeable about the needs and preferences of the people they supported. They contributed to the completion of people's care records during their shift. Records included intake charts for food and drink, daily reports and information about how people were supported with their personal care needs.

Staff had received mandatory training such as moving and handling, safeguarding adults from abuse and fire safety however; at our last inspection we found training to meet people's complex needs had been sporadic. For example only 46% of the staff had received training in caring for people with dementia. We also found there were no effective systems in place to make sure staff received regular supervisions. The provider was required to tell us what they were going to do to address these shortfalls. They sent us an action plan which told us they would address this shortfall by the end of February 2015.

At this inspection, improvements were noted. Since our last inspection the provider had implemented an on-line training portal for staff. We were provided with a training matrix which showed the number of staff how had received training in the care of people with dementia had risen to 92%. The registered manager told us the only staff who had not yet completed the training were new starters and staff who were on long term leave. The staff we met with during our inspection told us training opportunities had improved. One member of staff told us "I did the dementia training and it was really good. It helped to give you a better understanding about the residents here." Another staff member told us "The training has really improved and there's lots more coming I think. I feel I get the training I need."

Systems had been put in place to monitor the skills and competency of all staff employed by the home. Staff told us

Is the service effective?

they received regular supervision sessions and observations of their practice. Staff supervision and appraisals had been planned by the registered manager. There was an overall plan for the year and staff files showed that regular supervisions were taking place. We also saw a new appraisal format had been introduced and completed for several of the staff members. Staff told us they received good levels of support. One told us "I get really good support. At my recent supervision I asked about some training in phlebotomy (taking bloods). This is being arranged."

Newly appointed staff received an induction programme. During this time they worked alongside more experienced staff and completed a range of training. This included; moving and handling, fire safety, safeguarding adults from abuse and caring for people with dementia. Staff told us they were never asked to undertake a task until they had received appropriate training and felt confident and competent. A recently appointed staff member told us "I had a really good induction. I shadowed a senior carer and they made sure I was alright with everything. I got the training I needed and I wasn't pressurised to do anything on my own until I felt ready."

People could see healthcare professionals when they needed to. The majority of the people who lived at the home were registered with a local GP who visited the home each week. The registered manager and staff told us they received good support from GP's and they would always visit if there was a concern about the health or well-being of people. People also had access to other healthcare professionals such as district nurses, speech and language therapists and opticians.

People were supported to have enough to eat and drink. People told us they liked the food offered. One person said "I get plenty to eat. The food is very nice." Another person told us "I don't go hungry. I can't complain about the food at all." Each person had a nutritional assessment which detailed their needs, abilities, risks and preferences. Staff, including catering staff knew about people's preferences, risks and special requirements. The head chef told us they were informed about people's needs and preferences when they moved into the home. They also told us they were kept up to date regarding any changes in people's needs or preferences. People were provided with food and drink which met their assessed needs. Examples included soft diets, thickened fluids and enriched diets. People whose nutritional status was at risk were weighed at least monthly. We saw weight charts in each person's care records. All records were recorded accurately and were up to date. Staff had highlighted any concerns with regard to weight loss and they had sought the advice of appropriate health care professionals. An example included a person being referred to a dietician after they had lost weight. Their care plan showed staff had followed the recommendations made and the individual's weight had increased.

The lunch time experience for people varied depending on which part of the home they lived. On the residential unit (Rose) people were asked about their choice of meal before it was plated up by staff. People could help themselves to a choice of drink and salt and pepper were available on each table. Some people on Rose waited up to 15 minutes before they received their meal. The lunch time experience for people who lived on the dementia nursing units (Sutherland and Redwood) could be improved. On the first day of our inspection we observed lunch being served on the Sutherland Unit. The menu was not displayed and people we asked and staff did not know what was for lunch. Jugs of drinks and salt and pepper pots were not available for people to help themselves On the second day of our inspection, the menu for the day had been written on a large white board and salt and pepper pots had been made available.

We asked staff how people on Sutherland and Redwood units were supported to make a choice about their meals. Staff told us people were asked about their choices the day before. However; they told us the majority of people would not remember what they had chosen. Menus had not been produced in a format which would assist people with dementia to make an informed choice; such as the use of photographs. People's meals were plated up by staff from a hot trolley in a kitchenette. This meant people were not provided with an opportunity to express a view on portion size, whether they wanted both vegetables and whether they wanted gravy or not. Staff assisted people who required support to eat and drink and a kind, dignified and unhurried manner. We did however note that some people who lived on the Redwood unit were not provided with the opportunity to enjoy a sociable mealtime experience. People who were able to eat independently remained in their arm chair and had their meal on a small table in front of them. Four people enjoyed a chat with us and between themselves prior to lunch being served. We saw the only

Requires Improvement

Is the service effective?

people who ate at the dining tables were those who required the support of staff to eat and drink. **We recommend that the provider seeks appropriate guidelines regarding how people are supported to make meal choices and how people living with dementia are enabled to maintain their independence and are provided with opportunities to enjoy a sociable meal time experience.**

Good

Is the service caring?

Our findings

During the two days of our inspection we spent time on each of the four units. We observed staff were kind, caring and professional in their interactions with people. People and their visitors described the staff as being kind and caring. One person told us "They [the staff] are all very good to me." Another person said "I love it here." They went on to identify a member of staff saying "he's a nice young man. You don't have to wait long for anything. They are kind to me." A visitor told us "I must say; I am very happy with everything. A the staff are very pleasant and kind." A member of staff said "I look after everyone as if they were my own nan or granddad."

People were cared for by staff who knew them well. They spoke about people in a caring and compassionate manner. We saw affectionate embraces from people towards the staff and we heard staff chatting to people about their personal interests.

People said staff respected their privacy. One person told us "I have a room of my own and a key to lock it." Another person said "Sometimes I like to go to my room for a bit of peace and quiet. I can go there when I like. The staff respect that." All rooms at the home were used for single occupancy. Bedrooms were personalised with people's belongings, such as furniture, photographs and ornaments to help people to feel at home. Staff knocked on doors and waited for a response before entering. 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.

There were couples living in the home. Because of their varying degrees of their needs and level of dementia, they lived on separate units. We did however see they were supported to maintain their relationships. The staff we spoke knew how important this was to people and of the level of support people required. We met with one couple who told us "We like to have our lunch together so they [the staff] bring my [other person using the service] over to this unit. It means a lot that we can spend time together."

People were supported to access a range of religious organisations. One person told us "You can go to church if you like and they come here as well." Another person told us how important their faith was to them. They told us this was respected and understood by staff. They told us they were able to visit their place of worship as often as they wanted. The registered manager explained how they were supporting one person who expressed a wish to convert to another faith.

Care plans were in place to ensure people's wishes and preferences during their final days and following death were respected. The home had achieved the National Gold Standard Framework two years ago. This is a comprehensive quality assurance system which enables care homes to provide quality care to people nearing the end of their life. Reaccreditation for this award is carried out every four years. Care plans contained information about people's wishes and preferences during their final days and following death.

The registered manager told us people's relatives could stay with them during their final days. They told us relatives could have their meals at the home and could stay with the person in their bedroom if they wished. They told us relatives could also use any available empty bedrooms if they preferred.

A quiet room had been created to provide a comfortable area for people's visitors. The registered manager told us this was used by visitors whose loved one had passed away or were nearing the end of their life. A range of religious literature was available for people if they wanted it. One person passed away while we were at the home. This was managed in a very caring and sensitive way. The registered manager and staff immediately made themselves available to support the person's relative. There was a memorial table in the reception area of the home and we saw a candle had been lit to remember the person who had passed away.

Requires Improvement

Is the service responsive?

Our findings

Two of the care plans we looked at had not been updated to reflect people's needs when they had changed. In one care plan we saw a mobility and dexterity assessment dated 21/4/15 which noted the person was fully independent, The mobility assessment stated the person was able to walk independently and transfer between the bed and a chair independently, however two members of staff told us this person was bed-bound. The mobility care plan had not been updated since 29/11/14 and the monthly statements said "No changes, care plan effective." Another care plan stated staff would prompt the person to walk and regularly change position to relieve pressure areas. The care plan had been reviewed and the last evaluation stated "care plan remains effective." However; we saw this person was confined to bed and staff confirmed they were unable to walk or change position when in bed. Staff were knowledgeable about people's assessed needs however; care plans were not updated to make sure they were fully reflective of people's current needs. We looked at another care plan for an individual who was often resistive to assistance with their personal care needs. Staff explained the individual was often physically aggressive during this time. The staff we spoke with were consistent when explaining the approaches they took to manage these behaviours. Staff recorded details about any incidents however; there was no care plan to manage these behaviours. This meant there was a risk the person may receive care and support which was inconsistent and did not meet their needs if they were cared for by staff who did not know them well. **This was a breach of Regulation 17(2)(c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**

At our last inspection we found people's care plans were not personalised to reflect people's likes, dislikes or preferences. This meant there was a risk people may not receive personalised care which was responsive to their needs or wishes. The provider was required to tell us what they were going to do to address this shortfall. The provider sent us a report which stated they would take appropriate action to rectify this within an agreed timescale.

Staff knew about the preferences of the people they supported. The care plans we looked at contained life histories and information about people's preferences. These included preferences relating to eating drinking and daily routines. This meant staff had appropriate information which would assist them to provide care and support in accordance with people's preferences.

At our last inspection we found care plans did not contain evidence that people and/or their representatives had been involved in planning or reviewing the care they received. At this inspection we saw the home had taken steps to address this. Some of the care plans we looked at related to people who had moved to the home since our last inspection. These contained evidence that people, wherever possible, had been consulted and involved in planning their care. One of the care plans had been signed by the person who lived at the home. Another had been signed by the person's relative. A visitor told us they had been asked about their relative's daily routines and preferences before they moved to the home.

People were assessed before they moved to the home. This helped to determine whether the home was able to meet people's needs and expectations. People and their representatives were encouraged to visit the home before making a decision to move there. A visitor told us "I visited several times before making a decision to move my [relative] here. [The unit manager] came to our home and assessed my [relative]. It was hard to let go but I am very happy with everything. They have got to know my [relative] really well."

At our last inspection we found the home responded to complaints in accordance with their complaints procedure however; the complaints procedure was not visible in the home. At this inspection we saw the procedure was visible in each unit and the main reception area. The registered manager told us this could be produced in different formats, such as large print or picture format, if required. People and their visitors told us they would feel confident in reporting any concerns if they had any. Records showed that complaints had been fully investigated and responded to within agreed timescales.

Activities were organised by the home to help people feel involved in their community. For example recent trips had been organised to garden centres, shops and a local church open day. There was an activities plan which included at least two activities every day, some days there were three activities planned. On the day of the inspection there was a visiting singer and we saw that several of the people living in the home were enjoying this experience. Information in

Requires Improvement

Is the service responsive?

care files about people's social interests, hobbies, religious and cultural needs were inconsistent. Some care files had minimal information and others had a good level of information. A member of staff said "We need the history of people; it gives us something to talk about." We did however see these shortfalls had already been identified and were in the process of being addressed.

Requires Improvement

Is the service well-led?

Our findings

Whilst improvements had been made we have not revised the rating for this key question; to improve the rating to 'Good' would require a longer term track record of consistent practice. We also identified two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and identified two further areas which needed to improve.

We will review our rating for Well-led at the next comprehensive inspection.

At our last inspection we found the service's quality assurance procedures were not fully effective and improvements were needed. We found where internal audits had identified shortfalls and areas for improvement, action had not been taken to address these within agreed timescales.

At this inspection improvements were noted. We looked at a report following an audit on 23 March 2015.The report included medication audits, care file audits, premises checks, accidents and incidents, implementation of the Mental Capacity Act including applications for Deprivation of Liberties Safeguards (DoLS) and a residents' survey. An action plan had been prepared by the manager to address all the issues raised. We looked at the previous action plan following an audit in January 2015. These showed areas for improvement had been completed within the allocated timescales. In addition each of the four units within Sherford Manor had developed their own action plan in respect of issues specifically identified as their responsibility. For example Corner House, where people had nursing needs, had addressed issues of mattress replacement, addition of a pressure cushion for one person, and a weight loss action plan for another person.

Systems were in place to seek the views of people who lived at the home and their representatives on the quality of the service provided. The results of a recent survey carried out in January 2015 indicated a good level of satisfaction. Some people commented that they would like more activities. The action plan developed by the registered manager showed further discussions had taken place to ensure people who had made the comments were listened to and additional activities to suit their interests were provided.

The registered manager told us they, along with the deputy manager, visited each unit on a daily basis. They told us this not only provided an opportunity to chat with staff and people who lived at the home, it enabled them to establish whether staffing levels were appropriate to people's needs and to check whether any additional support was required.

Staff were very positive about the leadership in the home. One member of staff said "The deputy manager is really good. If he doesn't know something, he'll find out. He's the go to guy." Another member of staff told us "I like the manager. She always makes a point of seeing how you are."

There was a staffing structure which gave clear lines of accountability and responsibility. In addition to the registered manager there was a deputy manager and each unit had a unit manager who was responsible for overseeing the smooth running of their allocated unit. There was a team of registered nurses, senior care workers and care workers. Staff were clear about their role and the responsibilities which came with that. One member of staff told us "Things have definitely improved. We now have more nurses and things feel more settled." Another told us "The support is really good. I haven't worked here that long but there are always more experienced staff on duty if you have any problems." Activity, catering, administrative and domestic staff were also employed. Staff were also employed to ensure the home and gardens were well maintained.

The registered manager told us they kept themselves up to date with relevant legislation and guidance. They told us information was shared with staff during meetings, training, supervisions and appraisals. The home was part of the local Registered Care Providers Association (RCPA) which offers guidance and information to registered care providers. They also organise care conferences which the registered manager told us they had attended.

The home has notified the Care Quality Commission of all significant events which have occurred in line with their legal responsibilities.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment People who use services were not always protected against risks to their health and safety because some risks had not been considered or recorded. Regulation 12(2)(a) and (b).

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance People's care plans did not always reflect the care they received. Regulation 17(2)(c).