

Sherwood Grange Care Ltd

Sherwood Grange Care Centre

Inspection report

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06 May 2022

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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

Sherwood Grange Care Centre is a residential care home that supports people with their nursing and personal needs. At the time of the inspection 35 people were living in the care home, they are able to accommodate up to 45 people.

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

We had some concerns around risk management in relation to people's specific needs and the environment. Due to the staffing levels people did not always receive person centred support. People were supported by staff who knew how to protect people from abuse. People were supported with their medicines; however, we found some concerns around the management of medicines. We have made a recommendation about the management of medicines.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service did not always support this practice. We found some people did not have the relevant legal paperwork in place. People's needs had been assessed on admission, however some of these assessments lacked detail.

People were supported by staff who were trained to carry out their roles. People were supported with their eating and drinking needs, they were able to choose from a daily menu, however input into this menu was limited. People were able to express their wishes on how they preferred to have their bedrooms decorated and were able to access garden areas. People were supported to access healthcare services.

People's plans of care were not always detailed enough to guide staff on how to provide personalised care. People did have access to some activities and were able to maintain important relationships. People and their relatives did not have any concerns or complaints about the service.

The auditing and quality monitoring of the service had not been effective at picking up concerns we had identified. The registered manager was spoken highly of by staff and relatives.

People were supported by staff who treated them kindly and supported them to make choices. We made a recommendation around the use of certain language.

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

Rating at last inspection

This service was registered with us on 19 October 2020 and this is the first inspection. The last rating for the service under the previous provider was good, published on 20 August 2019.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Enforcement and Recommendations

We have identified breaches in relation to risk management, application of the Mental Capacity Act, care planning and quality monitoring of the service. We have also made recommendations in relation to medicines and use of language.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Sherwood Grange Care Centre

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

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

Inspection team

This inspection was carried out by two inspectors.

Service and service type

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

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

Inspection activity started on 21 April 2022 and ended on 06 May 2022. We visited the location's service on 21 April 2022.

What we did before the inspection

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

During the inspection

We spoke with three people about their experience of using the service and one relative who was visiting. We reviewed seven care plans and five medication records. We also reviewed five staff files in relation to recruitment practices. We spoke with nine members of staff including care staff, kitchen staff, maintenance staff, domestic staff, an administrator, the registered manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

Following the day onsite we requested and reviewed further documentation in relation to the governance of the service and staff training. We sought feedback from a further two relatives, nine members of staff and two healthcare professionals.



Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Risks relating to people's individual health and the environment were not always monitored or managed effectively.
- Guidance to ensure staff were able to safely manage risks were sometimes quite vague. For example, one assessment stated, "regular visual checks in place by staff to monitor [named person] day and night". Without any guidelines on how often these checks were to happen placed the person at increased risk of harm.
- Some care plans associated with people's specific health needs lacked detail. For example, a person's catheter care plan stated "check leg bag regularly" with no further guidance on what to check for, how often, what signs of infection may look like etc. This placed the person at increased risk of harm.
- Risks associated with fire safety were not managed effectively. The fire box did not contain everybody's personal emergency evacuation plan (PEEPS), this meant in the case of an emergency staff or emergency services would not have easy access to people's PEEPS placing them at increased risk of harm.

The provider failed to ensure they safely and effectively monitored and managed risks. Whilst we found no evidence people had been harmed these failings did place people at increased risk of harm. This was a breach of regulation 12(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Using medicines safely

- Medicines were being administered safely, however there were concerns over record keeping.
- Medicine administration records (MARs), which detail when someone has taken their medicines and therefore can be used to assist with managing stock levels, were not being completed accurately. Signatures for administered medicines were missing and stock counts were not being added to MARs. This meant management could not definitively know if medicines were administered accurately.
- Daily temperature checks for the room where medicines were stored were not always recorded. This posed a risk that medicines may not have always been kept at the optimum temperature.
- Protocols for medicines taken as and when required, known as PRN medicines, were not in place. This meant staff did not have guidance on when and how to administer these medicines.

We recommend the provider consider current guidance on safe management of medicines.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.

- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- The providers infection control policy did not reflect current guidance and we identified gaps in the cleaning schedules.

We have also signposted the provider to resources to develop their approach.

- Visiting arrangements were in place in line with current government guidance. People and their relatives were happy with the arrangements in place.

Staffing and recruitment

- The provider was struggling to recruit new staff which meant there were vacancies in the home, particularly for nursing positions. This meant the registered manager, who was also a registered nurse, picked up a number of shifts weekly to mitigate the impact on people.
- Some staff we spoke with felt at certain times of day, such as mealtimes, they were short staffed. This had been raised at a staff meeting and the registered manager was trying to address this with rolling recruitment. However, the most recent calculation for establishing staffing hours did not reflect the need for more staff.
- In order to meet people's needs safely the home was functioning in a task orientated way rather than people led. Staff said, "We have a good routine, we know what we are doing, we tick off who has had their meals" and "We are not left with enough time to push fluids or even bath and shower residents the majority of the time."
- Safe recruitment practices were followed, including relevant pre-employment checks such as Disclosure and Barring Service (DBS) checks. DBS provides information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

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

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse.
- Staff had training on how to recognise and report abuse and they knew how to apply it. The registered manager understood their duty to report safeguarding concerns to the local authority and local safeguarding teams should this be required.
- Where safeguarding concerns had been raised, the provider took action to mitigate against any future risk. For example, a new perimeter and gate had been installed to increase the safety of the home and the people who lived there. Where any learning could be taken from incidents the registered manager shared these with staff.

Is the service effective?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The service was not always working within the principles of the MCA.
- Whilst some people had the relevant legal paperwork in place, such as MCA assessments and documented best interest decisions, not everyone did. For some people there were no MCA related documentation. For example, a care plan stated it was in someone's best interest to only have bed baths however there was no assessment or documented best interest decision to support this. Therefore, the service was supporting them and acting in their best interests without the legal framework and assessments in place.

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

- Staff had received training in MCA and knew how to apply the principles in their day to day interactions with people. Staff explained, "The most important thing to do is always ask their consent before and if they say no then you should try them again after a short while or sometimes they might not want you to do it but they will give consent to someone else."
- The registered manager understood when to apply for DoLS and their duty to follow any conditions noted on approved DoLS.

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

- People had initial assessments in place, however some of these lacked details required to enable staff to

be able to meet their needs and choices without seeking further clarification. For example, information about people's specific health conditions.

- Nationally recognised tools, such as the Malnutrition Universal Screening Tool (MUST) to assess people's nutritional needs, were being used to assess people's needs.
- Staff we spoke with told us they were kept up to date with changes in guidance to ensure they were delivering care in line with current standards.

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

- People were supported with their eating and drinking requirements.
- Kitchen staff were informed about new admissions dietary needs in advance and they ensured they were able to meet these needs and manage any risks. Staff said, "I always make meals look appealing for the residents, if the resident requires food cutting up [I help with this], I also ensure they have their required eating aids like plate guards, high lipped plates or special cutlery."
- People were supported to have their meals in their room or in the dining area. Drinks were offered to people throughout the day.
- Whilst people were able to choose from a variety of options on a daily menu, there was no evidence on how people were involved in the creation of the menu or whether people were asked what they would like to eat.

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

- People were able to choose the decoration of their bedrooms and had access to plenty of outdoor space.
- Signage throughout the home was not always clear, for example a bathroom that was no longer in use still had a sign on the door implying that it was ok for people to use. There was a risk this may cause confusion to people living with dementia.
- The home and outside areas were, in places, in need of refurbishment. For example, there was some uneven paving in the garden area. We spoke with the registered manager about this and they said work was planned in to address this.

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

- People were supported to access healthcare services relevant to their needs. Referrals were being made to achieve positive outcomes and improve their wellbeing. For example, referrals to a dermatologist for skin conditions.
- People were supported to access dentistry services, however there were no oral healthcare assessments being carried out by the provider. There was a risk this may lead to inconsistent support for people around their oral health needs.
- We found that whilst some people had very detailed plans in place to support them with their specific health needs, other people did not have any. This posed a risk people may receive inconsistent support in relation to their health needs.

Staff support: induction, training, skills and experience

- Staff were supported in their role and provided with the training in order to carry it out effectively.
- New members of staff described a thorough induction process including training relevant to their role and how to use equipment safely.
- The registered manager told us they also encouraged staff to complete the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.

- Staff we spoke with said, "I feel I am supported well at work and had to do a lot of training before I started my role" and "I feel we have enough training so we can do our job to the highest standards."

Is the service caring?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People and their relatives all told us they felt the staff treated people kindly.
- A person told us, "They [staff] are excellent, really good, very nice people." A relative said, "Staff are really lovely and good here."
- We observed kind interactions between staff and people. Staff were aware of people's diverse needs and abilities and knew how to support them in a respectful way. For example, we observed staff kindly divert someone living with dementia who was trying make another person come with them when they didn't want to.
- Staff told us they treat people like family. Staff said, "I treat them like I would like one of my family members to be treated. I speak to them how I would like to be spoken to and just try to be kind and understanding."

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

- Staff supported people to be involved in making day to day choices.
- Staff explained, "We respect the residents decision if they want to wake up early or if they want to stay asleep longer", "We allow them[people] to make their own choice if they wish to join in or not" and "We always ask them what they would like to wear, at breakfast time we tell them what we have, we don't just assume, taste buds can be different."
- Relatives told us they felt their loved ones had lots of choice.

Respecting and promoting people's privacy, dignity and independence

- Staff knew how to respect people's privacy and supported them with dignity during personal care.
- Staff explained, "I always knock and talk to them [people], I never discuss things with other residents. If I needed to speak to someone, I would speak to them privately."
- We observed staff knocking on doors before entering and kindly explaining what medicines were being administered.
- Staff encouraged people to retain aspects of their independence as far as possible. For example, by promoting personal choice.
- We did note some staff using outdated and undignified language, this was also raised by some healthcare professionals and staff. For example, language such as referring to people who require support at mealtime as "feeders".

We recommend the provider reviews current guidance around dignity in care, particularly around outdated

language.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People did not all have care plans in place which guided staff on how to support people in an individualised way. Inconsistencies in care planning and records posed a risk people may not receive personalised care to meet their needs.
- For some people who had been at the service for several years their care plans were very personalised including any religious needs, however we found some of these documents had not been reviewed regularly. For example, a person's section of the plan detailing their likes and dislikes had not been updated since 2017, over time people's preferences may change and documentation should be reviewed to check and update where required.
- For others, particularly newer admissions, there was a lack of documented information to enable staff to provide truly personalised care. For example, one care plan signposted staff to the person's life history to learn more about them, however this had not been completed. Staff did explain they were provided essential information in handover.
- Staff mentioned to us they did not feel there were enough activities for people living at the home, particularly for people living with dementia. A relative told us their loved one got bored. A lack of activities posed a risk people's social needs may not be met.

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

- Relatives felt staff knew their loved ones well and met their specific needs.
- People were able to partake in some activities; the provider employed an activities coordinator to manage activities, however they were not in every day.
- On the day of the inspection a 'music man' visited and played songs on a guitar for people sitting in the lounge.
- People were supported to maintain relationships important to them, for example, staff supported people to make video calls to their relatives.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get

information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The registered manager informed us they would be able to provide information in other formats if required.
- People had communication care plans; these were clear and personalised. For example, using hand signals or picture charts to enable communication.

Improving care quality in response to complaints or concerns

- The service received very few complaints and responded to the few received appropriately and in line with their policy.
- Relatives told us they had very little concerns and felt they would be listened to if they did. A relative said, "I have no concerns...no complaints with the place at all."

End of life care and support

- Some people had death, dying and spirituality plans in place that detailed their care wishes when it came to the end of their life.
- We saw the registered manager had contacted families to gain more information about people's end of life wishes.
- People, where relevant, had Respect forms and DNACPR's clearly placed in the front of their care plans. These forms detailed people's choices around being admitted to hospital and whether they would prefer for resuscitation to be attempted or not. Specifically, DNACPR stands for "do not attempt cardiopulmonary resuscitation."

Is the service well-led?

Our findings

Our findings - Is the service well-led? = Requires Improvement

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The registered manager understood their responsibilities. However, due to having to pick up regular nursing shifts they acknowledged they were behind on some of their duties such as quality monitoring, auditing and paperwork in relation to the running of the service.
- We found audits that were being completed were not picking up concerns we had found, such as issues with medicines, MCA, risk management and care plans.
- The lack of quality monitoring had resulted in inconsistent recording and therefore contemporaneous records were not always kept. For example, repositioning charts and daily checklists for people that had tubes in situ to enable them to take food, fluid and medicines did not reflect the care given as detailed in daily records.
- Although there was a system in place to review incidents, such as falls, inconsistencies in recording meant that opportunities to learn from incidents and prevent future risk may be missed.

The provider failed to ensure there was effective governance systems. We found no evidence this had resulted in harm to people. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People, their relatives and staff spoke positively about home and the registered manager.
- A relative told us, "It's a pleasant environment here, it's spot on. Can't fault it to be honest."
- Staff said, "I love it here, it is like a family, this home is not run like a normal care home, most staff have been here for a long time", "The management here are great, they will listen" and "[The registered manager] is approachable, we get supervisions and we have a staff meeting monthly."
- Staff were able to access equality and diversity training to enable them to recognise and not discriminate against people's protected characteristics.
- The registered manager worked with other agencies where appropriate to improve care outcomes.
- Resident meetings had not been restarted since the COVID-19 pandemic; people's feedback was sought quarterly in the form of surveys. The responses were analysed, and any required actions were taken.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their legal responsibilities in relation to acting in a clear and transparent way with people, relatives and other agencies.
- Relatives told us they were kept informed. One explained, "They will ring if any concerns, there is good communication." Another said, "We are fully informed if [name] has fallen or anything and told what the situation is."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations 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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care
Treatment of disease, disorder or injury	The provider failed to ensure person-centred assessments were in place covering all areas of a person's needs.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent
Treatment of disease, disorder or injury	The provider failed to ensure they were working within the principles of the MCA.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	The provider failed to ensure they safely and effectively monitored and managed risks.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	The provider failed to ensure there was enough management support to enable effective governance systems.