Making Space

Sherdley Court

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

The inspection was unannounced and took place on 2 and 4 March 2016.

Sherdley Court is part of Making Space, a not for profit organisation operating a range of mental health services across Lancashire and Merseyside. Sherdley Court offers placements for people with a primary diagnosis of a functional mental illness and people who have additionally developed dementia. The premises comprises of a single story building, with accommodation grouped into three spacious family type units. It merges inconspicuously into a residential area on the edge of St. Helens, Merseyside. This domestic type property is close to shops, public transport and other local amenities within the area. Staff members are available twenty four hours a day. At the time of our visit there were 25 people living there.

Sherdley Court had a registered manager. 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.

CQC is required by law to monitor the operation of the Mental Capacity Act, 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS are in place to protect people where they do not have capacity to make decisions and where it is considered necessary to restrict their freedom in some way, usually to protect themselves. At the time of the inspection the registered manager had submitted DoLS applications for 12 people living in the home and all applications had been authorised by the local authority.

People were at the heart of the service. Staff understood what was important to the people who lived at Sherdley Court and worked closely with them and where appropriate their families to ensure each person had a meaningful and enjoyable life. People played an active part in the running and development of the home.

There was a warm and homely atmosphere and staff cared for people with kindness and genuine interest.

Innovative approaches such as 'interactive game/music machine" and "The public bar" enhanced people's quality of life and provided therapeutic benefit to people living with dementia or mental illness.

People were supported to retain an active presence in the local community and to maintain personal interest and hobbies.

The provider regularly assessed and monitored the quality of care to ensure national and local standards were met and maintained.

People were closely involved in planning and reviewing their care and staff showed knowledge and

understanding of the issues involved in supporting people who had lost capacity to make some decisions.

The registered manager demonstrated an open, reflective management style and provided strong values-based leadership to the staff team.

Staff received regular training that provided them with the knowledge and skills to meet people's needs in an effective and person centred way. The low turnover of staff indicated the sense of commitment and ownership that the home generates.

People and their representatives could voice their opinions and views and knew they would be listened to and acted upon as appropriate.

Staff were trained and knowledgeable in end of life care and support and provided a locally produced leaflet, coping with dying which offered valuable information and words of comfort for both people who use the service and their relatives.

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.

People felt safe and were supported in a way that minimised risks to their health safety and welfare.

Staff were able to recognise sings of potential abuse and knew how to report any concerns.

Medicines were managed safely.

Is the service effective?

Good

The service was effective.

Staff had the knowledge and skills required to meet people's individual needs and promote their health and well-being. People had prompt access to any specialist support they needed.

People were supported to make their own decisions wherever possible and staff had an understanding of how to support people who lacked capacity to make some decisions for themselves.

Is the service caring?

Good

The service was caring.

Staff understood people as individuals and supported them to have as much care and control of their lives as possible.

People were treated with dignity and respect to include their end of life care.

Is the service responsive?

Good

The service was responsive.

People received personalised care that was responsive to their changing needs.

People knew how to raise concerns or make a complaint if the needed.

Is the service well-led?

Good

The service was well-led.

The registered manager demonstrated an open, reflective management style and provided strong values-based leadership to the staff team. She managed by mutual consent.

People were supported to play an active role in the running of the service and to be part of the culture of continuous improvement to further enhance the service.

Sherdley Court

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.

The inspection was unannounced and took place on the 2 and 4 March 2016. The inspection was carried out by one adult social care inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form the provider completes to give some key information about the service, what the services does well and improvements they plan to make. The provider returned the PIR and we took this into account when we made the judgements in this report. We checked the information that we held about the service and the service provider. We looked at any notifications received and reviewed any other information we held prior to visiting the service.

During our inspection we observed how the people who lived in the home were provided with care to enable us to gain a better understanding of their experiences of the care they received. We spoke with 18 of the people living in the home and asked what it was like to live in Sherdley Court and what they thought of the staff members supporting them. We also spoke with the registered manager, three assistant managers, four support staff, two housekeepers and two agency workers. As part of the inspection process we also spoke with local healthcare professionals who had regular contact with the home and the local authority contracts and monitoring team.

We looked at all areas of the home and found that they were well furnished, homely and had been adapted to meet the needs of the people living there. We also looked at six care files as well as other documents including policies and procedures, audit materials and information regarding the arrangements for managing complaints.

Good

Is the service safe?

Our findings

All the people we spoke with told us they felt safe and secure within Sherdley Court. Comments included "I was very vulnerable before I came to live here, people would be unkind to me and I never felt safe. It's so different now. I feel safe wherever I am"; "The staff make sure we are safe when we are in here and when we go out. They make sure we don't put ourselves in bad situations. When I go out they get me a taxi to make sure I am fine" and "We have the door entry and only the staff and the people who live here can get in. Everyone else has to ring the bell".

Staff told us how they safeguarded people from harm. We saw that the service had a safeguarding procedure in place. This was designed to ensure that any problems that arose were dealt with openly and people were protected from possible harm. The registered manager was aware of the relevant safeguarding process to follow and identified that she had alerted the relevant local authority and the Care Quality Commission (CQC) in the past when she had safeguarding concerns. Homes such as Sherdley Court are required to notify the CQC and the local authority of any safeguarding incidents that arise. There had been no safeguarding incidents requiring notification at the home since the previous inspection took place.

The staff members we spoke with during the inspection were aware of the relevant process to follow if a safeguarding incident occurred. They told us that they would report any concerns to the safeguarding lead in the home which was the registered manager. The staff members confirmed that they had received training in safeguarding and that this was updated on a regular basis. They were also familiar with the term 'whistle blowing' and they said that they would report any concerns regarding poor practice they had to senior staff or to external agencies if required. This indicated that they were aware of their roles and responsibilities regarding the protection of vulnerable adults and the need to accurately record and report potential incidents of abuse or poor practice.

We looked at six care files and saw that staff had completed a detailed pre-admission assessment with each person and their representative before they moved into the home. As part of this process a wide range of possible risks to each person's well-being had been considered and assessed, for example risks of falls or malnutrition. Each person's care record detailed the action taken to prevent any identified risks. For example we saw that some people had been assessed as being at risk of developing pressure sores. Specialist advice had been obtained and a programme had been put in place to ensure that each person was supported to change position every two hours to prevent the risk. We saw that a person who had restricted mobility was assisted by use of a hoist and a person who lacked awareness of their vulnerability in the community was always accompanied by staff. Other risk assessments included assessments for self-neglect, vulnerability to abuse and relapse of people's medical conditions.

Staff said that they were committed to maintaining people's independence whilst at the same time protecting them from harm. We saw that one person liked to spend time cleaning the dining room and tidying around the home. Staff had identified that it was important that this person had the opportunity to undertake these tasks, to help maintain their self -esteem and independence. Staff had completed a full risk assessment of the activity and the person was supported to safely undertake these tasks.

Staff told us, and records showed, that when accidents and incidents had occurred they had been analysed so that actions could be taken to help prevent them from happening again.

Personal emergency evacuation plans had been prepared for each person which detailed the support the person would require if they needed to be evacuated from the building.

We saw that there were two support staff on duty between 7.15am and 2.45pm and 2.45m until 10.15. One support staff 8.00am until 12 noon and one support staff 4.30pm until 8.30pm. An assistant manager was on duty 7.00am until 3.00pm and 2.45pm until 10.15pm with two waking night staff 10.15pm until 7.15am. The registered manager was rostered between the hours of 9.00am until 5.00pm each weekday. Throughout our inspection visit we saw that the staff had time to meet people's needs and to interact with them individually without rushing. For example we saw a member of staff had noticed a person was becoming agitated and upset. The staff member immediately went to sit with the person and chatted to them and assisted them to become calm and contented. Staff told us that there were generally enough staff on duty to meet the needs of the people who lived in the home. They said that the registered manager was hands on and was always very visible around the home and when needed provided 'another pair of hands'.

The registered manager told us that she reviewed staffing requirements regularly to take account of people's changing needs. One of the ways she did this was to check on both day and night shifts to check that staffing was sufficient to provide people with care appropriate to their needs. She told us that permeant staff had needed to take their leave before the end of March 2016 and as a consequence she had found it necessary to employ agency staff to cover. She told us that the home always used the same agency to ensure that any staff used were familiar with the home and services provided.

We saw the provider had safe recruitment processes in place. We looked at two staff personnel files and saw that references had been obtained. Disclosure and Baring Service (DBS) checks had also been carried out to ensure that the service had employed people who were suitable to work with the people living in the home.

We reviewed the arrangements for the storage administration and disposal of medicines and saw that they were in line with national guidance. Some people had been prescribed medicine that was to be taken 'as required'. We saw that on occasions some people had exercised their right not to take this medicine and saw that this decision had been accepted and recorded correctly by staff. We looked at recent audits of medicines management which had been conducted internally by staff of the service and saw that actions had been taken to address any issues raised.

We saw that a programme of maintenance was managed by the provider's head office. Staff told us they never had to wait long if they reported any repair was necessary.

We saw that a health and safety audit was completed each month. This included areas such as fire safety, electrical safety, control of substances hazardous to health (COSHH), and the general condition of the building and gardens. Where any improvements were required we saw these were noted and monitored until they were completed. A more in depth audit was completed each year.

We looked at the regular checks that were completed throughout the home. We saw evidence that fire extinguishers, fire alarms, emergency lighting and water temperature were regularly tested.

Good

Is the service effective?

Our findings

People told us that they felt their general health and wellbeing had improved since living at Sherdley Court. Comments included "I have got better since I have been here. I feel much more capable to manage my life" and "The staff understand me and help me to look after myself. They seem to know just what to do and when to do it".

Staff told us that they received first class training and support and records showed that staff retention was very high. One staff member told us "I was provided with a good induction and felt able to ask any questions without feeling embarrassed. I get fabulous support from all the staff here". We saw that the provider had embraced the new national Care Certificate which sets out common induction standards for social care staff. Records showed that newly appointed staff had been enrolled and were completing the programme. One of the assistant managers held responsibility for maintaining a detailed record of training requirements for all staff of the home and we saw that all mandatory training was up to date. We saw the provider worked with a wide range of specialist organisations to ensure staff were up to date with best practice in areas including dementia care, person centred care, mental health, epilepsy and diabetes. We saw that all front line staff had at least NVQ level three or four and these qualifications were supplemented by an active in-service training programme. We saw that the registered manager had undertaken training in Dementia Care Mapping and advanced care planning for people living with dementia. She displayed great understanding and insight into mental health issues and was passionate about ensuring her staff were trained, supervised and supported to provide effective care for the people who lived in Sherdley Court.

Records showed that staff supervision was held between every six to eight weeks. The staff members we spoke with told us that they received on-going support, supervision and appraisal. Supervision is a regular meeting between an employee and their line manager to discuss any issues that may affect the staff member; this may include a discussion of the training undertaken, whether it had been effective and if the staff member had any on-going training needs.

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 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 refuse care and treatment when this is in their best interests and legally authorised under MCA. The authorisation procedures for this in care homes are called Deprivation of Liberty Safeguards (DoLS).

The people who lived in Sherdley Court required some support to make decisions and records showed that 12 people had been referred to the local authority to be assessed as to their capacity to consent to their care and support. All 12 people had been assessed and were subject to a DoLS authorisation. Records showed that staff had received training in the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. The staff members we spoke with were clear about the rights afforded to people by this legislation. Throughout our inspection we saw examples of staff seeking to establish proper consent before providing any care or

support. One staff member said "I do my best to assist people to make every day decisions. Even if they lack capacity to make major decisions I try to encourage them to choose what to eat or drink and what clothes to wear and wherever possible be in control of their daily life".

We saw staff talking to people about the tasks they were undertaking with them, asking what they wanted, seeking their consent and constantly reassuring people if needed.

The registered manager was aware that when people needed support to make specific decisions, a 'best interest' meetings would be held which involved all the relevant people and representatives in the person's life.

People told us they enjoyed the food and that they were able to discuss the menus and make changes if they wished. We saw that the home provided a four week menu and people said they were offered choices for every meal. Comments included "Food is good it's just like it was at home", and "Tasty food, plenty of it, we can get more if we want". We saw that the meals were prepared from a main kitchen area of the home and was taken to each unit in a heated trolley. People said they liked eating in their own units but said that if they wished to eat with a friend from another unit then this could happen. We saw that drinks and snacks were available on request and staff told us they dealt with people's hydration needs through observation. They told us they used the 'Red Jug' system which is a jug of fluids available continuously in people's bedrooms for those people identified as being at risk of dehydration. Staff said that this ensured drinks were provided as an ongoing process. Staff told us that although food choices were provided they encouraged healthy eating and encouraged people to choose heathy alternatives to high sugar drinks, snacks and fast food. People's likes and dislikes were requested on admission as well as any allergies or special dietary needs. This information was held on the care files and in the kitchen.

We saw that care plans held information about how to support people with their dietary needs. This included a malnutrition universal screening tool (MUST). This is an assessment which identifies risks to individuals in respect of their nutritional needs and intake. We saw that if people needed support with swallowing staff contacted the Speech and Language team and they carried out an assessment of their swallowing reflex.

People were supported to maintain their health and had access to health services as needed. Care plans held clear information about people's health needs. There was evidence of the involvement of healthcare professionals such as doctors and dentists as well as intervention from the district nursing service. One person told us "If I was unwell a nurse would look after me or staff would call a doctor".

The home had 25 bedrooms, none of which had en-suite facilities. The communal bathrooms and toilets had been adapted to meet the varying needs of the people who lived there. The home environment was clean and welcoming and presented as most hygienic and sweet smelling at the time of our visits.

Good

Is the service caring?

Our findings

People living in the home said the staff were kind and caring. Comments included "I don't know what I would do without them, they are like family to me", "I just love being here the staff have become my friends", "They (staff) are helping me to get an outfit to wear at a wedding. They are all excited for me and make me feel special" and "I love living at Sherdley Court. I have all my friends here who are residents and staff. I know I am in the best place to be well cared for by people who love me and know me well"

Throughout our inspection we saw staff interact with people in a kind and considerate manner. We observed friendly banter between them with lots of jokes and laughter.

We saw that staff spoke gently with people, smiled, encouraged and provided reassurance when needed. Staff consistently supported people throughout the day to be as independent as possible in a calming, friendly and reassuring way. People were provided with information and staff also spoke with them to ensure they were able to make choices about how they spent their time.

Staff told us that their general approach was to stay in the background and provide support when required. They said they tried to act as enablers with a view to maximising people's involvement in their activities of daily life.

Staff said they used respectful language to promote dignity in relation to interactions, communication and record keeping. Notes from team meetings showed respect, dignity and person centred support was frequently discussed.

Relationships between staff and people were friendly and supportive. People told us they were treated with kindness and were supported to maintain their independence. We observed that staff assisted people in a kind and positive way and offered reassurance. We noted that one person became a little agitated and a member of staff was talking to them, continually offering support and encouragement by asking: "Are you ok? Would you like a drink?" They then engaged the person in meaningful conversation about how they felt and gave reassurances that staff were around to make sure everything was alright.

People's privacy was respected. People had freedom to move around the home and spend time in their rooms. Some people chose to spend quiet time alone. Bedrooms were personalised with people's belongings, such as photographs and other small personal effects to assist people to feel at home. Staff told us that most of the people who lived at Sherdley Court were able to attend to their own personal care needs but staff were always mindful of the need for privacy in respect of all areas relating to personal care.

Staff spoke with people about their personal interests and took time to ask questions about their hobbies. People responded positively and were relaxed during conversations with staff. Staff listened to people in a friendly and relaxed way. We noted that the rapport was good and staff understood people's care preferences and treated people accordingly.

Records showed that residents meetings were held on a regular basis. People living in the home said that open discussion was encouraged at any time and they could speak with staff about anything at any time they wished.

Records showed that verbal and written staff handovers happened at the end of each shift and staff told us this assisted to ensure continuity of care.

Feedback from visiting health care professionals was positive about the caring attitude of the staff of Sherdley Court. Comments received provided evidence that people living in the home were treated with respect and staff acted very positively to ensure that people's wellbeing was maintained. We were told that feedback to healthcare professionals from people who lived in the home was also very positive about how they felt very much cared for and supported.

People told us they were aware of local advocacy services and knew how to access them if required. We saw that information and telephone numbers of advocacy services were recorded on posters adjacent to the resident's communal telephone area.

Staff showed great knowledge and understanding of end of life care. The home used the Gold Standard Framework (GSF) a system of staff training and accreditation operating across health and social care, with a specialised programme of workshops, distance learning and other teaching and good practice aids focused on residential care and nursing homes. Staff told us that their success in end of life care has been enhanced by GSF. However they told us that they have also produced a leaflet, 'Coping with Dying' which we saw offered valuable information and words of comfort for people who lived in the home and their relatives. We noted that it also included practical advice on for example the diminished need for food and drink, changes in breathing and a well expressed final section on "Withdrawal from the World". The home also used a form called 'Preferred Priorities for Care' which had been endorsed by the NHS End of Life Care programme. People living in the home told us that it invited anyone facing death to confront questions the answers to which defined their preferences and priorities. We saw that advanced care planning was discussed at residents meetings and a staff member told us "talking about death doesn't make death any closer it just assists people to make their wishes known". Feedback from relatives of people who had lived in the home where positive about end of life care for their loved ones. They said that their ability to discuss dying with their relative assisted them to cope with their loss.

One person living in the home told us they had completed their end of life plan and had started a memory box which was to be given to their family "at the appropriate time".

Good

Is the service responsive?

Our findings

People told us that they were provided with the appropriate level of care required and staff were always responsive to their needs. Comments included "The staff spoke with me before I came here and we decided what help I needed. They make sure I am OK but don't fuss around me as I would hate that" and "I sometimes need more care and they (staff) will provide it. Generally though I can do most things for myself".

Before people moved into Sherdley Court they participated in a detailed assessment of their needs to ensure that the home was suitable for them and that staff could meet their assessed needs. Records showed that people were asked if they wanted to visit the home, stay for lunch or stay for the day or overnight to enable them to decide if the home was the right place for them

Once a person had decided to move in, staff prepared a full care plan and staff told us the aim of which was "To enable each person to live the life they wanted to live". We saw that plans were written in the first person and captured each person's needs and preferences to a high level of detail. For example, we saw that one person liked to have a whiskey before retiring for the night. For another person it was important that any personal care was provided by a female. Whilst for another person it was essential that they were provided with domestic leave as part of retaining their independence and self-esteem.

Everyone living in the home was provided with a keyworker who had a particular responsibility to get to know the person. The registered manager told us she took great care with the matching process, to ensure each person had the right keyworker for them.

Each person's care plan was reviewed monthly and involved the person and their family wherever possible. People told us that this made them feel in control of their lives.

People told us that they were assisted to make future plans about their care. We saw that people who lived in Sherdley Court were asked if they wished to complete a 'My Advance Care Plan' which is a process of discussion between a person and those who provide care such as doctors, nurses, care home staff or family members about preferences and wishes about future care. Issues such as how people may want any religious or spiritual beliefs to be reflected in their care and choice of where people would like to be cared for. Staff explained to people that this was an entirely voluntary process and they had choices about its completion. We saw that 18 people living in the home had currently completed an advanced care plan. One person told us "I have an advance care plan in which I have recorded my wishes to be cared for at Sherdley Court when I become ill and also my wishes for my funeral".

Staff demonstrated a good understanding of the people they supported in relation to their changing behaviours and changing needs. Records and discussions with staff demonstrated that people who used the service had access to a variety of health services such as local GPs; dieticians, community mental health workers, speech and language therapists (SALT teams) opticians, social workers, hospital consultants and clinical specialists.

Staff told us that most of the people who lived at Sherdley Court were able to enjoy community activities such as local clubs, shopping, walks in the park etc. They told us that people were in control of how they spent their time and most of them went out during the day. However, staff told us that they had lots of interaction with the people who lived in the home and enjoyed playing board games, watching television or just chatting.

We saw that the home provided a varied and stimulating programme of daily activities which included live entertainment, reminiscent sessions, music sessions, art and craft, aromatherapy, keep fit, bingo, quizzes, hairdressing and beauty sessions. We saw there was an entertainment room with a bar and interactive activity machine and people told us 'it was a wonderful place to relax'. Care plans identified people's hobbies and interests and staff told us that they developed individual activity programmes from these plans. People told us they were supported to do individual activities of their choice such as helping tidying the home, going to the bookmakers, being pampered and visiting family and friends in the community.

The registered manager told us that by reflecting on research from her training in dementia care mapping and other relevant training she had made changes to the way some activities in the home were organised, to reflect best practice in the care of people living with dementia. She told us that the activities room and electronic games/music machine enabled people to maintain their hobbies and interests in an innovative way. We looked at this system and noted that music, films, games and information from the past, or into the future, could be easily accessed. People told us it was good for them to be able to choose what they wanted to watch or listen to without it affecting others.

Arrangements were in place to encourage feedback from people using the service. Formal and Informal meetings were held with people on a regular basis. Records showed that issues discussed included the food and activities. People told us they were encouraged to make any suggestions which may improve the home.

We saw that the home's complaints policy was on the notice board in the foyer of the home and placed near the communal telephone area. People told us they knew all about how to complain. However the people we spoke with told us that they had never needed to complain as the home was a good place to be. Records identified that the home had received two formal complaints since the last inspection, both relating to disagreements between two residents. Staff told us that they had daily open discussion with the people who lived at Sherdley Court to check that everything was okay.

Good

Is the service well-led?

Our findings

Throughout our inspection we saw there was an open and welcoming atmosphere within the home. Everyone we spoke with said the home was well run and the manager was most helpful and approachable.

Staff told us that the registered manager was excellent in her role. They said she was passionate about providing quality care and support for the people living in the home and worked hard to make sure that staff had the knowledge and skills to provide this. Staff said that people living in the home were truly at the heart of the service and they were constantly provided with opportunities to 'have their say'.

We saw minutes of monthly meetings held with staff and the people who lived in the home to enable them to share their views of the services provided and make suggestions for improvements.

The provider conducted an annual customer satisfaction survey to ask people and their relatives to provide feedback on the service they received. This was also circulated to staff and to local healthcare professionals who had regular contact with the home. There was a comments book in the entrance to the home and we saw a post box had recently been installed to enable people to post comments, concerns or compliments.

Throughout our inspection the registered manager demonstrated an open management style and strong values-led leadership based on persons centred care and continuous service improvement. Her aims and values had clearly been absorbed and were put into action by staff. Staff told us the registered manager was highly respected by her staff. They said that she continually looked for innovative ways to improve the service and champion the rights for people who experienced mental health or where living with dementia. An example of this involved pets playing a part the improvement of the service. Jacqueline the much loved house cat came to the home with a resident but by common consent stayed on when her owner died. At a residents meeting discussing advanced care planning, the registered manager turned the conversation as to what Jacqueline needed. This was to be cuddled, to be fed, to be kept warm and not to be fussed over by strangers. Records show that the topic shifted to the possibility of Jacqueline losing the capacity to take decisions for herself. Staff told us that It was clear that for many residents working through a cats needs provided a gentle introduction to thinking seriously about what they wanted for themselves as death approached. Staff said they were trained from the outset to think of Sherdley Court as a home from home for the people living there and to empower them to enhance their daily life.

We saw that staff worked together effectively and were well supported by the registered manager and service provider. Comments from staff included "We have a very low staff turnover, that speaks for itself", "I could not work anywhere else. The home is so well managed and we all feel so supported" and "We are never afraid to speak our minds. We have regular staff meetings and we all speak up if we have anything on our minds. We are encouraged to give our ideas and comments about how the service could improve".

Staff demonstrated a clear understanding of their roles and responsibilities within the team and also knew who to contact for advice outside of the service. Staff knew about the providers whistle blowing procedure and said they would not hesitate to use it if they had any concerns about the running of the home.

The registered manager maintained logs of any untoward incidents or events within the service that had been notified to CQC or other agencies.

The provider had well managed systems in place to monitor the quality of the services provided. A range of audits were completed regularly in areas such as medicines management, food and fluid intake, care planning and activities. We saw that actions had been taken to address any issues highlighted in these audits. We saw that the provider had implemented an audit tool in line with CQC fundamental standards. Records showed that monthly visits were made to the home by senior staff of Making Space who used this new system to monitor and review the staff and services provided at Sherdley Court.

Feedback from health and social care professionals who visited the home was most positive about the high quality of the staff and services provided.