Sherwood Grange Ltd

Sherwood Grange Care Centre

Inspection report

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Date of inspection visit:
07 March 2018
09 March 2018

Date of publication:
16 April 2018

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?	**Good**
Is the service well-led?	**Good**

Summary of findings

Overall summary

This inspection took place on 7 and 9 March 2018 and was unannounced. Sherwood Grange is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Sherwood Grange accommodates 45 people who require nursing or personal care. On the day of our inspection 24 people were using the service.

At our last inspection in September 2017 the provider was in breach of a number of regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These related to safe care and treatment of people at the service and included the lack of appropriate risk assessments in place for people, resulting in staff's lack of knowledge of people's needs. There was a lack of staff training, lack of adequate numbers of staff to support people and staff recruitment processes were not always safe. The management of medicines was poor. The service had not adequately supported people who lacked mental capacity and required help to make decisions about their care. There was also a lack of oversight of the service and quality monitoring systems to measure standards were lacking. The service was rated as inadequate and was placed in special measures.

Following the last inspection, we met with the provider and asked them to complete an action plan to show what they would do to improve the issues identified above. This inspection was undertaken to check if the provider had made the necessary improvements to the service. We found the provider had made significant progress in addressing the issues we found previously. Although there were still further improvements to be made at the service and we needed to be sure these improvements would be sustained by the provider.

At the time of our inspection there was not a registered manager in place. However, the present manager was in the process of applying to the Care Quality Commission (CQC) to become the registered manager for the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The staff at the service understood their role in protecting people from abuse. They were able to recognise the different forms of abuse people could be exposed to and there were clear processes in place for staff to report any concerns. The manager worked with the relevant local authority teams to address any safeguarding concerns, and ensured there was learning from any safeguarding incidents at the service.

While there had been improvements in the management of risks to people's safety, we found a small number of risks had not been assessed to ensure safe care and one risk assessment tools used was not a nationally recognised tool. This was addressed by the manager. However, staff were able to discuss how they managed the different risks to people's safety. Staffing levels met the needs of people at the service and there were safe recruitment processes in place.

People's medicines were not always managed safely, there were a lack of protocols in place for medicines given on an 'as required' basis and we found some gaps on medicine administration records (MAR) for medicines given as required.

People were protected from the risks of infection as staff had the knowledge and equipment to manage any infection control issues.

People were supported by staff who received an induction, were well trained and received regular assessments of their work. People felt staff understood how to support them effectively.

People lived in an environment that met their needs. however signage at the service could be improved. People's health and nutritional needs were well managed and staff acted on advice given to them by health professionals.

People were not always supported to have maximum choice and control of their lives and staff did not always support them in the least restrictive way possible; the policies and systems in the service did not always support this practice The manager had worked to improve the way people who lacked capacity were supported to make decisions about their care. However further improvements were required for this aspect of care.

People were cared for by staff who showed kindness and consideration of their needs and had knowledge of their preferences and views on their care. They were supported with respect by staff who maintained their privacy and dignity whilst encouraging and supporting their independence.

People received individualised care from staff and majority of the information they required to provide that care was in people's care plans. People were supported to take part in a range of social activities and maintain relationships that were important to them. People were comfortable when raising concerns or complaints and felt issues raised were addressed to their satisfaction. People's wishes in relation to their end of life care were supported with care and empathy.

There had been improvements in the oversight of the service, and the manager was supported by the management consultant employed by the provider. The service undertook a robust auditing process to maintain the quality of the service. The manager worked with people, relatives, staff and external professionals to provide an open and transparent service for the people who lived there.

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

The Service was not always safe.

While majority of the risks to people's safety had been assessed, a small number of risks did not have risk assessment in place to ensure safe care. However, staff did have good knowledge of the risks to people's safety.

Medicines were not always managed safely.

People were protected from abuse as staff were aware of their responsibilities and there were processes in place to address any safeguarding concerns. The manager ensured there was learning from safeguarding issues.

Staffing levels met the needs of people who lived at the service.

Staff understood their role in reducing the risks of infection to the people in their care.

Is the service effective?

Requires Improvement

The service was not always effective.

An assessment tool used to assess people's care needs was not a nationally recognised tool and we could not be sure this tool safely assessed the care needs of that aspect of care.

Whilst improvements had been made in the assessment of people's mental capacity, further improvement were required.

Staff received appropriate training for their roles.

People's nutritional and health needs were well managed and they lived in a well-maintained environment.

Is the service caring?

Good

The service was caring.

People were supported by staff who knew them well and were kind and caring.

People's views on their care were supported by the staff who cared for them.

People were treated with respect and dignity and their privacy and independence was maintained.

Is the service responsive?

Good

The service was responsive.

People received individualised care from staff who had a good knowledge of their needs.

People were supported with a wide range of social activities and encouraged to pursue their hobbies.

People felt comfortable in raising any complaints or concerns and the service had systems in place to ensure complaints would be addressed when raised.

Where appropriate, people's end of life care wishes were discussed and plans of care were in place.

Is the service well-led?

Good

The service was well led.

The service had a manager in place who was open and honest.

The quality of peoples' care was maintained through clear auditing process.

Peoples' views and opinions were listened to and acted upon.

The manager worked with external key stakeholders to make improvements to the service.

Sherwood Grange Care Centre

Detailed findings

Background to this inspection

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

This comprehensive inspection was planned to follow up on the breaches in regulation we found during our previous inspection on 13, 14 and 21 September 2017. This inspection took place on 7 and 9 March 2018 and was unannounced. The inspection team consisted of one inspector and an Expert-by-Experience. An Expert-by-Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

On this occasion we did not ask the provider to send us a Provider Information Return (PIR). This is a form that asks the provider information about the service, what the service does well and improvements they plan to make. However, we offered the provider the opportunity to share information they felt relevant with us. Prior to our inspection we reviewed information we held about the service. This included information received and statutory notifications. A notification is information about important events which the provider is required to send us by law. We sought feedback from health and social care professionals who have been involved with the service and commissioners who fund the care for some people who use the service. We used this information to assist us during our inspection.

During the visit we spoke with nine people who used the service, four relatives, a registered nurse, and the head of residential care, five care workers, the activities co-ordinator and the cook. We also spoke with the manager, deputy manager and management consultant. We also used the Short Observational Framework for inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We looked at all or part of the care records of four people who used the service, medicines records, six staff recruitment and training records, as well as a range of records relating to the

running of the service including maintenance records and quality audits carried out by staff at the service.

Requires Improvement

Is the service safe?

Our findings

At our previous inspection we found medicines were not always administered and recorded safely. As a result the provider was in breach of this aspect of Regulation 12 of the Health and Social Care Act 2008 (regulated activities) Regulations 2014. At this inspection while we found there had been improvements in the safe management of medicines and the provider was no longer in breach of this regulation, however further improvements were required.

We found that the Medicine Administration Record (MAR) for each person lacked information on how they were to receive their medicines. One person was being given their medicines covertly and we saw staff crush the tablets and administer them together. Whilst we saw the person's GP had been consulted about administering medicines covertly, and had undertaken a review of the person's medicines so they were only prescribed the most essential, there had been no discussion with the local pharmacist to establish if the tablets could be administered together as this can sometimes change the effectiveness of the medication. We raised this with the manager who told us they would discuss this with their pharmacist.

There was also a lack of protocols in place for medicines given on an 'as required' basis. This meant there was a lack of guidance for staff on when they should administer these medicines. We also found there were some gaps on MAR charts. We highlighted to the registered nurse and the manager that the relevant codes should be used to show that people had been offered these medicines, but either did not require them or had refused them.

Our review of the use of controlled drugs given at the service showed the numbers of recorded medicines to be correct. Controlled drugs are medicines which require special storage and monitoring. However the overall recording and management of these medicines required some improvement. For example, we found two bottles of one type of medicines prescribed for one person opened and in use. The nurses recording of receipt of new stock and disposal of old stock was disorganised and led to confusion when auditing these medicines. This could lead to errors and impact on the safe management of these medicines.

People who lived at Sherwood Grange could be assured that the manager and their staff worked to keep them safe from abuse and harm. The manager undertook investigations into any safeguarding concerns and worked with the local authority to ensure correct actions were taken. Staff we spoke with were aware of their roles in keeping people safe. All the staff we spoke with told us they had up to date training in Safeguarding Adults, and would not hesitate to report concerns to the manager. Staff had confidence that the manager would act on concerns but they were also aware of the local safeguarding team's contact details should they need them.

People told us that they felt safe in the home and relatives told us that the home was a safe environment for their family members. One relative said, "I feel (family member) is safe, yes. They've always got these sides here (on bed) and if I lower them while I'm here they (staff) always make sure they go back up when I leave."

At our previous inspection, we found safeguarding issues had not always been reported to us at CQC and

effective action had not always been taken to implement recommendations resulting from safeguarding investigations. Prior to and during this inspection we saw the manager had kept us informed of any safeguarding issues through the statutory notifications they are required to send us by law.

The manager also worked with staff to ensure any safeguarding issues were discussed and measures were in place to prevent reoccurrence. They did this through staff meetings, handovers and individual discussions with staff.

When we last visited the service the risks to people's safety had not always been identified, known and managed by staff and this was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. During this inspection, we found there had been improvements in this area and the provider was no longer in breach of this regulation.

People we spoke with felt staff managed the risks to their safety well. One person said, "I was always falling at home, I was too weak, but I'm safe here, they help me from my bed and chair. They have to hoist me and they are gentle, tell me to do this and that. I do feel a bit anxious but they tell me I'm alright and I know I am." A relative told us, "I think (name) is safe, the way they move them and everything is fine. They've been here a long time and not had a (pressure) sore yet." Another relative told us that their family member had a fall when they tried to get out of bed, "They (staff) did everything, pressure mats, increased checks, everything they possibly could to make them safe."

There were risk assessments in place for the majority of the essential aspects of people's care and staff we spoke were aware of these assessments. One member of staff told us how they used the information in the risk assessment to help them reduce a person's risk of choking. However, we saw one person who required specialist nutritional equipment to support them did not have a risk assessment in place for this equipment. We discussed this with the manager who told us they would address the issue. Staff we spoke with were able to discuss the care and monitoring of the equipment and this assured us the person was receiving safe care for this aspect of their care.

During our previous inspection we found people's personal emergency evacuation profiles (PEEP) that are used to assist staff and external professionals in the event of an emergency evacuation of the service were either missing or lacked essential details. At this inspection we found every person at the service had a PEEP in place that gave clear up to date information on the support each person would require in the event of an emergency evacuation of the service.
These PEEPS were both in each person's care record and in a designated fire safety box in the entrance of the service enabling them to be accessed quickly in an emergency.

At our previous inspection staff we spoke with told us the staffing levels did not always meet the needs of the people they supported. At this inspection both people, relatives and staff told us this had improved. One relative told us, "The situation is far better now. I don't see any more staff but they don't seem so stressed now. I don't know what the new manager does differently. It's not often I need someone, but if I do there's always someone about." A person we spoke with said, "They don't seem rushed, they take their time with you."

A staff member told us, "(It's) okay now (staffing) it's been pretty good." Our observations supported these comments and most call bells we heard during the visit were responded to quickly by staff. Although we noted that one call bell was ringing for ten minutes before being answered by two members of staff. We discussed this with the manager who told us they regularly monitored the call bells to ensure people were not waiting for long periods. They told us there would always be times when staff were busy and there may

be a short delay. However they told us this was not accepted as normal and staff worked hard to attend to people quickly. People who spent time in their rooms told us they rarely had to wait for long periods for assistance.

When we last visited the service we found safe practices were not always followed when recruiting staff to the service. This was a breach of regulation 19 of the Health and Social Care Act (regulated activities 2008) regulation 2014. During this inspection we saw the manager had addressed this issue. The staff records we viewed showed safe practices had been undertaken when new staff had been recruited. We saw references had been sought and the Disclosure and Barring Service (DBS) had been used to check for criminal records so staff employed were safe to work with the people at the service. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups, including children. It replaces the Criminal Records Bureau (CRB).

People told us that they felt the home was clean. One person said, "The cleanliness of this place is wonderful." Staff we spoke with showed a good understanding of their role in reducing the risks of infection for people. We saw they used personal protective equipment (PPE) when providing personal care and disposed of this correctly. We discussed staff's responsibilities in the event of an outbreak of infection and staff were able to explain the protocols that would be put in place and the equipment they would use to reduce the risk of further spread of infection. There were hand-washing posters around the service to promote good hand washing practices.

One area of concern we raised with the housekeeper and manager on the first day of our inspection was that some chemicals had been left unattended on the housekeeper's trolley when they went into people's rooms. This exposed people who suffered with confusion to the risk of ingesting harmful chemicals. When we returned on our second day, we saw the housekeeper had addressed this issue and had carried all chemicals with them when they went into people's rooms.

Requires Improvement

Is the service effective?

Our findings

At our previous inspection we found where people lacked the capacity to make a decision, the principles of the Mental Capacity Act 2005 (MCA) had not always been followed. Staff we spoke with were not always aware of the principles of the act or why it was in place. This meant the provider was in breach of regulation 11 of the Health and Social Care Act 2008 (regulated Activities) regulations 2014.

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

During this inspection we found there had been improvements in staff knowledge of the MCA and staff felt the training they received had helped with this. We also found there had been some improvements in the way the principles of the MCA had been applied however further improvements were required in relation to this. We viewed some people's mental capacity assessments and saw there were best interest meetings to establish less restrictive options to support people who lacked capacity to make their own decisions. However, we found documentation related to some people's mental capacity to show this was not properly assessed. There had not been relevant discussions with their relatives or health professionals to show the care provided was the least restrictive and in the peron's best interests. For example , one person's care record did not have all the relevant information to show how decisions had been reached. As the person had fluctuating capacity this information was necessary to inform staff on how they should support the person. The manager told us they would prioritise this assessment and ensure the relevant information was in the person's care plan to assist staff.

People can only be deprived of their liberty to receive treatment and care when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We saw a number of people had a DoLS in place and the conditions of the authorisations had been met.

People's needs and choices were assessed using evidence based guidance and staff caring for them had the necessary tools to provide good care. The majority of the assessment tools the service used to assess people's needs were nationally recognised tools that helped the provider to deliver consistent care for the people they supported. However, on the first day of our visit we discussed the assessment tool in place for the assessment of falls. The assessment was repetitive and it was unclear how the scoring system was established. This tool had been in place when the manager joined the service. We could not be sure it was a nationally recognised assessment tool as there was no indication on the paperwork to show where it had come from. We could not be sure this tool safely assessed the risk of falls The manager spent some time researching falls assessment tools and on the second day of our visit had identified a falls assessment recognised by the National Institute of Excellence (NICE). They told us they intended to trial this assessment

tool to establish if this met the needs of the people at the service.

When we last visited the service we found that a large number of staff required training up dates. During this visit we found the provider had employed their own suitably qualified trainer to support staff with their training needs. Staff we spoke with felt this had been beneficial to them as the trainer worked with them in small groups to offer face to face training in areas such as moving and handling, infection prevention and control, safeguarding, supporting people with dementia and the Mental Capacity Act. One member of staff said, "It's better because we can discuss things."

People told us they felt staff had the training to support them with their care. One person told us about their experience of staff supporting them to move. They said, "At first I hated being lifted but now I'm quite happy having them lift me. They know what they are doing, tell you what they are doing and ask if you are alright".

Our conversation with the trainer showed they had undertaken specific courses related to people's health needs, dignity and end of life care and was feeding this information back to staff to improve their knowledge. The trainer told us they had started undertaking spot checks on staff practice, this would be fed back to the senior staff to discuss during staff supervision.

When we previously visited the service we found some people's nutritional needs were not always well managed and the provider was in breach of this aspect of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014. At this inspection, we found evidence to show the provider was no longer in breach of this regulation as people's nutritional needs were well managed.

People and relatives we spoke with were happy with the way staff supported them to eat and drink. People told us they enjoyed the food. One person said, "The food is very good, excellent sometimes. We get sufficient and there is a good choice." Another person said, "The food is very good. You get a variety, it's different every day and I like all the meals." One relative told us they had been concerned about their loved one's weight as they had not been eating and was not tolerating prescribed supplements. They went on to say, "I was worried [name] would lose weight again but they (staff) explained everything, I'm confident in them." The relative told us when their family member was first admitted to the service they visited at mealtimes to make sure their relation got support. They told us they no longer felt the need to do this as they had confidence in the staff to support their relation.

During our inspection we saw care staff supporting people at different mealtimes. The support was consistent and appropriate for the individual being supported. Some people required full support while others needed encouragement and limited help. The staff were aware of this and worked to provide the right level of help. During our visit we spent time with the cook who was able to show us the information they had on people's dietary needs. They had a folder which they updated regularly so the information on people's choices and needs were correct.

People's hydration needs were also well managed. Hot drinks were available throughout the day and there were jugs of water and squash available for people in the communal areas as well as in their bedrooms.

People could be assured the staff at the service monitored their nutritional intake to ensure they maintained a healthy weight. People's weights were monitored each month and more frequently if required. One member of staff told us they had noted last month that everyone in the service was either gaining weight or maintaining a healthy weight, and they felt staff were managing people's weights effectively. The manager referred people to relevant health professionals to support them maintain both a healthy weight and ensure their diet was appropriate for their needs. For example, people who had been assessed as being at risk of

choking had been referred to and assessed by the Speech and Language Therapy (SALT) team. This team are experts in supporting people with the most appropriate diet to reduce the risk of choking.

At our last inspection our observations of people's records showed that people's health needs were not always well managed. Recommendations from some health professionals had not been carried out. During this inspection we found evidence to show that improvements had been made in managing people's health needs. For example, the manager had developed a grab sheet that was used to accompany people to hospital should the need arise. The sheet contained information with the person's basic details, their next of kin and their past medical history. There was also a blank section for staff to provide information on the person's present issues.

People also told us that they felt the home dealt with their health and well-being well. One person said "If you ever need a doctor there's one here straight away." Another person told us they had become acutely ill and staff had acted quickly to support them. They told us, "They (staff) got an ambulance straight away, they didn't bother with a doctor because they were concerned." A relative confirmed that staff were quick to get medical help when their relation had been ill. Other relatives felt staff did a good job in keeping their loved ones out of hospital through good management of their underlying medical conditions to prevent acute episodes of illness.

Care staff we spoke with told us the registered nurses were responsive when they raised concerns and the staff worked together to manage people's health needs. One member of care staff told us, "We encourage fluids, we keep the nurse informed of any issues and they make sure they get the GP out quickly."

People lived in an adapted building, which was going through a gradual refurbishment. There was a clear plan in place to address areas that needed up dating. People we spoke with were happy with the work that was going on to improve the service. The home had some adaptations to assist people with moving and orientation around the home. Corridors were wide and had handrails painted so that they stood out from the walls. People's room doors had large numbers and most had photos and the name of the occupant. However, there was a lack of appropriate visual signage to support people who had some confusion to direct them to rooms such as the bathroom or toilet.

There was a large, secure garden with grassed and paved areas and people told us they enjoyed using this during the good weather.

Good

Is the service caring?

Our findings

People were cared for in a kind environment and were happy with the care staff provided. One person said, "They (staff) are very good, very kind. They bend over backwards for you." Another person said, "I love it here because people are so kind to me and they understand me. I'm a bit mixed up and they (staff) take time to listen to me, most people don't." A relative told us, "I do trust them (staff), I'm pleased with them. Because I've got to know them I am aware of their caring attitude."

Staff we spoke with told us they enjoyed coming to work and felt their colleagues had a kind and caring attitude towards the people they supported. Staff told us they had good relationships with relatives who visited the service. A relative we spoke with confirmed this. They said, "I can come in when I want. They (staff) make you welcome and they'll make you a drink, but you can make drinks in the little kitchen." Another relative told us, "I can come any time I want and they (staff) make me welcome."

Our observations of staff practices supported these remarks. For example, we saw one person appeared confused and distressed. A care staff member knelt down besides this person, calmed, and reassured them. They did this in a gentle, kindly and patient manner, hugging the person, stroking their shoulders and holding their hand.

All interactions we saw between staff and people were positive, social interactions where staff took time to engage fully with people. Even when the interaction was of necessity and task orientated, for example serving meals, staff took the time to interact with people. There was a lot of physical contact from staff with people with appropriate physical reassurance, hugging and handholding.

When we last visited the service we did not find any evidence to show people or relative's views had been incorporated into their care plans. During this visit we saw there was evidence in people's care plans to show this had been addressed. A relative told us, "Every so often they (staff) go through the care plan with me. They don't do anything different to that without talking to me first." Other people we spoke with told us they were not always aware of their care plan but felt their views on their care were taken into account when staff were planning this.
One person told us they had not seen the care plan but said, "We can always talk to the staff about it, (their care) we have had meetings about it." A relative we spoke with said, "I haven't seen the care plan. I could, I expect, if I asked to."

The manager told us they had started reviewing people's care plans every three months with either the person or where appropriate, their relative. They told us if people's needs changed within this time then they would work with people to ensure their care plans reflected their needs and incorporated their views.

The manager had ensured there was information for people on advocacy services available to them should they require it. This was displayed in the entrance of the service. Two people were using the services of an independent mental capacity advocate (IMCA). IMCA's were introduced as part of the Mental Capacity Act 2005. These advocates give people who have an impairment, injury or a disability which results in them

being unable to make a specific decision for themselves, the right to receive independent support and representation.

People told us their choices were respected and staff spoke with them in a respectful way. One person told us they needed assistance getting up, washing and dressing they told us "I can get up when I want, I have a buzzer in my room and I push it and they come straight away."

People's privacy and dignity was also well managed. One person we spoke with said, "When they are washing me they keep me covered up, make sure I'm ok. They (staff) say do you need any help, they let you do as much as you can do for yourself." Another person said, "They (staff) don't really knock as the door is always open, but they do ask if they can come in, and if there is someone here with me they say they will come back."

Good

Is the service responsive?

Our findings

When we last visited the service we found the care plans lacked information for a large number of aspects of people's care. There was also conflicting information in some plans, this was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this visit we saw there had been significant improvement in the information in the care plans.

We saw the manager and deputy manager had made improvements to a number of aspects of the care plans and the majority of information about people's care was consistent. However, there were still further minor improvements to be made. For example, one person's care record did not show they were a diabetic in their food preferences sheet. While the information for another person who had specific needs in relation to their nutrition was in their care plan, it was not noted in the personal details and clinical information found at the front of the plan. This meant that staff new to the service or agency staff would not be able to quickly access this essential information about this aspect of the person's care. We raised this with the manager who told us they would address this immediately. Staff we spoke with about the person were able to explain about their care and showed a good knowledge of how they supported the person with their nutritional needs.

People had access to accessible information to support them make the decisions and choices they wanted about their daily life. We saw information in pople's care plans on how they should be supported if they had particular communication needs and staff were aware of how to assist them. For example, staff discussed one person who at times struggled to verbalise their needs. Staff told us they recognised the person's frustration at times and discussed how they would sit at eye level and give the person time to tell them what they wanted. Staff also assisted the person to text on their phone to keep in touch with their family.

Staff told us they were now more aware of how important completing paperwork was, such as fluid charts and daily records. One member of staff said, "If you miss something, other staff will tell you, help you. I think this is improving."

During our last inspection staff told us the communication about the changes in people's needs could be improved. At this inspection staff told us they felt the communications about people's care had improved. Staff told us the information at handovers was clear and they were able to check back on the daily handover sheets for information. Staff also felt the information in the care plans had been improved. They told us information in the care plans was easier to find and they had opportunities to read people's care plans.

People and their relatives felt they received individual and personalised care. People were able to give examples of how staff achieved this. One person told us, "We get up when we like, if we want to stay in bed, say if you didn't have a very good night, they'd leave you or get you a cup of tea. You'll still get your breakfast, your porridge, if you get up later. I just say to them can I go to bed and they'll help me, you don't have to ask permission."

People told us that there had been a period over the last 12 months when there were few social activities in the home due to the long-term sickness of the Activity Co-ordinator. This had impacted on people, as they felt bored and at times isolated. However people told us there were now two Activity Co-ordinators in place and that a full programme of activities was provided.

One person said, "We play pass ball, there's a couple of ladies do it with us, I enjoy that." Another person who told us they chose to spend most of their time in their room said, "I don't feel neglected up here, I've got everything up here I need. I know if I want something I can just buzz." They added that the Activity Co-ordinator sometimes went up to have a cup of tea and a chat with them and said, "I go downstairs if there's a singer. They always fetch me down if anything is on, last week a man and woman came in with a guitar and we had a good sing-song."

A relative said, "They had an Activity person who went off sick and there was a time when the activities were almost nil. But that has changed dramatically, they have two ladies now who are very active, they do a lot, it's been a big change." Another relative told us "They have always got activities going on, they have people in from outside, they sing, play bingo. The only thing I wish they could do more of is take them out. They've no transport that's the only thing they lack they have a lovely gardens here and the residents do use them, the carers take them out there too, sit with them".

No one we spoke with told us they had made, or had the need to make, any formal complaints but all said they felt they could, and indeed would, if the need arose. We saw the complaints procedure was displayed in the entrance of the service along with two sealed boxes for complaints and suggestions with forms available for people and visitors to use. One relative told us the present manager was quick to deal with issues raised to them. They told us they had in the past complained about a specific issue a number of times. They told us once they raised it with the new manager they had dealt with the issue to the relative's satisfaction, they said, "I have no grumbles at all." Another relative told us "I've had a few minor issues when (family member) first came in but perhaps because we were apprehensive, anxious. They (staff) sorted them alright, reassured us".

Where appropriate, people's end of life wishes had been discussed with them or their relatives. Some care plans we viewed showed a do not attempt resuscitation (DNAR) order had been discussed with people and their relative so their wishes were known and recorded. One person's care plan showed they wished to stay at Sherwood Grange at the end of their life and what spiritual support they required. It also had their wishes in relation to their funeral arrangements noted.

Good

Is the service well-led?

Our findings

The manager was new in post and had taken on the role of manager in January 2018. They were in the process of applying to become registered manager with the CQC. We will continue to monitor the progress of their application for this role.

People told us the manager was a visible presence at the service. Both relatives and people at the service felt the manager was approachable and responsive when they discussed issues with them. One relative told us the manager's door was always open and they were quick to respond to people's queries and concerns. Another relative said, "The manager is great, you can talk to them and when they say they'll do something they do it." They went on to say the manager and deputy Manager made a good team, and this made the staff "less stressed."

Staff members supported these comments. One member of staff told us the manager had a positive impact on the service. They told us the new management team worked well together, this included the management consultant, deputy manager and the head of residential care. They told us all the management team were approachable. Care staff told us they were aware of who was in charge when the manager was not on duty. Another member of staff told us the manager did work weekends when required, but they were also aware they could contact the manager for advice at any time if they were not on duty. They said, "Yes, really pleased the manager is here, we are working more as a team."

Staff told us they felt supported by the manager and the support they received through supervision had improved. One member of staff told us they had received supervision from the manager they said it had been worthwhile. Our discussions with the manager showed they had tried to have a supervision session with all the staff. This was to ensure staff felt supported and were able to raise issues to the manager and the manager could ensure staff were aware of the standards of behaviour and practice they expected from them.

During our visit we saw staff worked well together. A member of staff told us that since the change of management there was, "a better atmosphere in the home," They said there was more team work, the residents and staff seemed happier, more relaxed. They went on to say. "We seem to have more time with residents. It's the management, (Manager) seems to work with us, we are much more of a team".

When we last visited the service the provider was in breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the provider had failed to maintain an effective oversight of the service and there was a lack of quality audits to monitor the standards of care at the service. At this inspection, we found evidence to show there had been improvements in the auditing processes and the provider had engaged a management consultant to support the manager and have an oversight of quality monitoring at the service. The manager, deputy manager and management consultant worked together to undertake regular auditing of areas such as, the environment, health and safety, infection prevention and control, medicines, care plans, and falls. Where audits had highlighted areas for improvement we saw action plans in place to address this, with time span for completion, and name of

person taking responsibility for the actions. During our visit we noted visible improvements in the environment showing the actions highlighted from audits had been addressed.

The manager was aware of their responsibilities in relation to their role including the legal requirements to notify the CQC of events at the service, and our records evidenced this. As part of their registration requirements, the provider was displaying the last CQC rating both at the service and on their website.

The manager was working to keep themselves updated with current practices and attended the local authority managers forums. They had also attended accredited courses relevant to their role, as both a home manager and registered nurse, such as infection prevention and control, and end of life care. This was to assist them to further support their staff.

At the last inspection we found there were no regular staff meetings. At this inspection staff told us there had been a number of meetings over the preceding months and the manager planned to continue with monthly staff meetings going forward. The minutes from the meetings showed the manager held two meetings each month one during the day for staff and one for staff who were working nights. They told us they wanted to capture as many staff as possible each month. Staff told us the meetings were beneficial, and they were able to contribute at the meetings. We saw there was feedback to staff on current events at the service, how improvements were being made and any safeguarding concerns were discussed.

People were able to express their views on the service and felt there had been improvements made. Over the last few months the management team had undertaken a survey to gain people's views of the service. We saw that the results of the survey and recent resident and relative meetings displayed in the entrance of the service. Both positive and negative points were shown and actions against issues raised such as information on the refurbishment of the outside of the property.

People told us that the home now held meetings for residents and relatives and there was a plan in place to conduct these meetings on a regular basis. One relative said, "They had a meeting for relatives not long ago." Another relative said of meetings, "They didn't use to (have meetings) but they are starting to now." People we spoke with felt the new management team listened to them. A further relative said, "I notice now they have suggestion boxes, complaints' boxes. Little things like people's doors now have names and photo's in nice frames, something relevant to their past, a nice touch."

The manager was working to develop the staff group through supporting them to achieve nationally recognised qualifications to improve their practice. They had only been in post two month but had already started to consider having different staff in lead roles to promote aspects of care. For example in infection prevention and control, and dignity. They hoped this would engage staff, improve their knowledge and strengthen staff practices.