

Sanctuary Care Limited

Sherwood Forest Residential and Nursing Home

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

About the service

Sherwood Forest Residential and Nursing Home provides nursing and personal care for up to 75 people aged 18 years and over. It has two units. Sherwood Suite provides nursing, palliative and residential care for people and Forest Suite provides care and support for people living with dementia. At the time of our inspection there were 56 people using the service.

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

Systems and processes were in place to help people receive safe care and be protected from abuse and harm. Trained nurses administered medicines safely and checks were made to ensure people received their medicines as prescribed. Staff were safely recruited and screened to ensure they were suitable to work in care. Staffing levels were monitored, and staff rotas were planned to help ensure people received safe care. Staff received training on how to protect people from abuse and knew the procedure to follow to report concerns. Risks were assessed and actions to reduce identified risks were followed by staff. Infection prevention and control practices were followed to help prevent infection transmission, including those from COVID-19.

People's health and care needs were assessed, and care plans and risk assessments were kept under review. Staff completed training relevant to their job roles and new staff completed an induction programme. People were supported with their meals and drinks and their dietary preferences and choices were known and respected. Other health and social care professionals were involved in people's care when needed.

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 supported this practice.

People received care that respected their privacy and promoted their dignity and independence. Care staff understood how to make people feel comfortable and took account of people's different needs when providing care. People told us the staff were kind and friendly. People and their families were supported to be involved in their care and information on how to access advocacy services was available.

Staff understood the importance of supporting people to have as much choice and control as possible in their lives. People received personalised care that was responsive to their needs and they were supported to maintain relationships with family and friends. People's communication needs were assessed and understood. Complaints and feedback processes were in place, should people wish to make a complaint or offer their feedback.

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 06 October 2020 and this is the first rated inspection. The last rating for the service under the provider's previous registration was good, published on 19 January 2018.

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.

Follow up

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?

Good ●

The service was safe.
Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.
Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.
Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.
Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.
Details are in our well led findings below.

Sherwood Forest Residential and Nursing Home

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

The inspection was completed by one inspector.

Service and service type

Sherwood Forest Residential and Nursing Home 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. [Care home name] is a care home [with/without] 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.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about. We sought feedback from the local authority and professionals who work with the service. 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 spent time observing care and support in the communal areas of both units. We observed how staff interacted with people who used the service. We spoke with five people that were using the service and two relatives. We spent time with the registered manager and deputy manager during the inspection and spoke with two care staff, one of the activities coordinators and the cook. We looked at the care records for five people. We checked that the care they received matched the information in their records. We looked at a variety of records relating to the management of the service.

Is the service safe?

Our findings

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

At our last inspection under the provider's previous registration we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to protect people from abuse and staff were aware of their responsibility to report concerns to the management team.
- People and their representatives told us they felt safe with the staff at the home. One person said the staff were "friendly and kind." Another person said, "The staff are nice and if I wasn't happy, I would tell them." A relative told us, "The staff know my relative well and they look after them and keep them safe."
- Care staff received training in safeguarding and were knowledgeable on how to identify the signs of abuse and how to report concerns to the management team. Staff received training in whistleblowing and were able to explain what this meant. Whistleblowing policies protect staff from being treated unfairly by their employer if they have raised genuine concerns about a person's care.

Assessing risk, safety monitoring and management

- Systems were in place to identify, assess, monitor and manage risks both in relation to people's individual needs and potential environment risks.
- Staff followed people's care plans which provided detailed information on how to support them safely. For example, several people due to their dementia on occasion needed support when they became distressed. This was often when staff were supporting them with personal care tasks. Staff were guided on how to manage these risks and support the person safely.
- Staff were provided with mandatory training in areas which would be expected and condition specific learning such as physical conditions like diabetes, mental health schizophrenia, dementia, and Parkinson's disease. Nurses were supported with their continuing professional development and had access to the Royal College of Nursing online training.
- Fire and environmental risks were managed well; regular checks were carried out in all relevant areas. For example, water temperatures were regularly checked to avoid the risk of scalds and flushed to avoid the risk of water borne diseases such as legionella.

Staffing and recruitment

- The provider ensured there were enough staff to support people safely. During the inspection we saw people were supported when needed in a timely way
- People told us that staff were available to them when they needed them.
- Staff overall felt there were enough staff in the home to support people safely
- The provider used a dependency tool, which took into consideration people's individual needs, to calculate how many staff were required to support people on each shift.

- Staff were recruited safely; pre-employment checks had been carried out to ensure candidates suitability. These included Disclosure and Barring Service (DBS) checks. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- Medicines were managed safely. This included the storage, administration, recording and disposal of medicines.
- Staff administering medicines were fully trained to do so and had their competency checked regularly.
- Staff had clear guidance for people who had medicines on a 'as required' basis, such as for pain relief or medicines to help people sleep. Documentation showed these had been recorded clearly when administered and the outcomes was recorded, to ensure they were being used in line with the prescribed reason.

Preventing and controlling infection

- Staff had been trained in infection prevention and control. They had been provided with regular updates on COVID-19 management and how to work safely, including the use of personal protective equipment (PPE).
- 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 staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- The provider was facilitating visits for people living in the home in accordance with the current guidance.
- The Government has changed the legal requirement for vaccination in care homes, but the service was meeting the requirement that was in place at the time of the inspection.

Visiting in care homes

People were supported to have visitors within the home, in line with current guidance. Visitors were encouraged by the provider to wear PPE and were also offered testing for COVID-19, however this was optional and not a requirement for visiting.

Learning lessons when things go wrong

- Incidents at the home were analysed to identify ways to mitigate the risk of reoccurrences. Measures, such as sensors to alert staff to when people were moving around, were in place. This included sensors in bedrooms of people who were cared for in bed. This was to alert the staff if another resident entered their bedroom.

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.

At our last inspection under the provider's previous registration we rated this key question good. The rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Systems were in place to assess and determine people's individual needs and preferences. When new people moved to the service, a pre-admission assessment was completed to ensure the service was suitable. Each person had a plan of care and these were reviewed regularly by senior staff.
- People's equality and diversity needs were identified within the care plan and staff received training in this area to ensure people's individual needs were met.

Staff support: induction, training, skills and experience

- Where new staff started working in the service, they were provided with the opportunity 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.
- Staff confirmed the training they received helped them to deliver good care. However, some staff felt they needed more training on how to support people when they became distressed or anxious. We fed this back to the registered manager who confirmed this would be reviewed.
- We reviewed the training records and saw training programmes were in place to provide staff with the knowledge and skills to support people safely and effectively.
- Competency checks were undertaken to ensure any training had been effective and staff received supervision on a regular basis to support them in their work.

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

- People told us they enjoyed the meals provided and we saw alternatives were available from the main choices if required.
- Staff knew about people's individual nutritional requirements and preferences, including their cultural dietary needs. This ensured cultural diversity was recognised and respected.
- The cook told us that they had a list of everyone's dietary requirements which enabled them to provide dishes to meet people's needs. This ensured people were supported in a safe way with their meals and drinks.

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

- Since the last inspection under the provider's previous registration, improvements to the physical environment of the home had been made. For example, bathrooms and shower rooms had been refurbished to a high standard.

- Communal areas had been decorated and refurbished and provided a bright and spacious environment. The communal rooms were large with enough room for people to move around and chairs for people to sit if they wished to.
- A local artist had painted a mural on the wall in the corridor of the Forest Suite and a themed retro café. This supported people living with dementia to reminisce.
- Bedrooms were decorated to a good standard and all included an en-suite bathroom.
- Other facilities included two hairdressing salons and a 'Namaste room'. This provided soft lighting and tactile furnishings to support people's well-being and enable them to relax.
- The garden area provided wheelchair friendly pathways making it accessible to everyone.
- There was equipment in bedrooms and bathrooms to support people as needed.

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

- Staff worked with GPs, district nurses and other health and social care professionals to ensure people had access to local services whenever necessary.
- One relative told us, "If there are any health concerns, the staff get in touch with the doctor's surgery and let me know."
- Throughout the COVID-19 pandemic the registered manager has liaised closely with the local authority; the health protection team and CQC. This ensured the registered manager kept up to date with all relevant guidance and good practice.

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. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. 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 and were satisfied that appropriate legal authority had been obtained or requested in situations where it was necessary to deprive people of their liberty.
- Staff used best interests decision-making processes to support people when they lacked capacity to make decisions for themselves. One member of staff told us, "I always give people choices. It might be that I have to show them the choices, such as at mealtimes or with activities. Most people can make basic decisions with a bit of help."

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.

At our last inspection under the provider's previous registration we rated this key question good. The rating for this key question has remained 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; Respecting and promoting people's privacy, dignity and independence

- People told us they were treated with kindness by the staff.
- We saw staff spoke to people in a respectful and caring way. When people became anxious or upset, the staff knew them well and knew what to say to them to support them to relax.
- People were recognised and valued as adults and the staff showed a commitment to enabling them. We heard staff laugh and chat with people and people appeared comfortable around staff.
- The staff knew people well, including their preferences and wishes and had a good understanding and knowledge of their life histories, the things that were important to them and how they wanted to be supported.
- The staff used their knowledge about people's specific communication preferences to share information with them in a way they could understand.
- People were supported to maintain their privacy and dignity. We saw staff knocked on bedroom doors before entering. When people were supported to use the bathroom, this was done in a discreet way.
- People's personal information was stored confidentially, in both electronic and paper formats.
- Staff supported people in a non-discriminatory way which reflected their cultural preferences.

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

- The staff team were diverse and could speak a range of different languages. Staff were able to support people's communication by buddying people with key staff members and the home also engaged with translators or advocates from people's communities where needed.
- Staff confirmed and we saw that people were supported throughout the day to make choices about how they spent their time and what they wanted to eat and drink.
- The registered manager was aware of local lay advocacy services and told us they would help people obtain this type of support when necessary. Lay advocacy services are independent of the provider and the local authority and can support people to make and communicate their wishes.

Is the service responsive?

Our findings

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

At our last inspection under the provider's previous registration we rated this key question good. The rating for this key question has remained good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People and their representatives were involved with the assessment process to ensure that staff knew about their preferences, interests and aspirations. One person's relative told us, "We discussed everything with the manager before [Name] came here, so the staff knew what [Name] liked and didn't like and what they could do for themselves." The assessment information was used to develop their care plan and provided staff with guidance on how to support them in the best way.
- Nurses regularly reviewed and updated each person's care plan, taking account of changes in their support needs.

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.

- Each person was assessed prior to admission in order to understand their communication needs to enable this to be tailored to their specific communication care plan. Easy read communication was available and in use on notice board.
 - A range of pictorial support was available, for example medication pictorial support. The staff team also had access to additional easy read information from the NHS portal.
- 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.
- An activity board planner and menu planner also contained pictures to help people identify the options available. Mealtimes included show plates to help people with choice.
 - People were provided with opportunities to take part in activities that they enjoyed. Throughout the pandemic, the home adopted different ways of working to ensure people were supported to maintain communication with their loved ones. Methods included phone calls, face time, WhatsApp and other social media platforms.
 - Five activities coordinators were employed that provided activities seven days a week. We saw a variety of activities were provided such as gentle exercise classes, quizzes and trips out to the local pub. One of the

activities coordinators confirmed external entertainers were booked for August 2022.

- People also enjoyed virtual tours, using a headset, enabling them to be transported to the Amazon, in a hot air balloon and numerous other places to give them some escapism. People were supported to use a magic table; this is an interactive mobile touch screen activity table that enables people to engage in different technological activities.
- People were supported to remain in close contact with their families and enjoy regular visits. One visitor told us, "We are always made to feel very welcome by the staff."

Improving care quality in response to complaints or concerns

- The service had a complaints procedure, and relatives we spoke with were aware of it and told us they knew how to raise issues and concerns. People told us if they had any concerns they would speak to their relative or a member of staff.
- The registered manager responded positively to complaints and provided feedback to the complainant. Where applicable learning from complaint was shared with the staff team to ensure improvements were made.

End of life care and support

- Care plans demonstrated that the staff team worked with people and their families to determine their end-of-life care wishes.
- Training was provided to staff and end of life care pathways were followed by staff, for people nearing the end of their lives.

Is the service well-led?

Our findings

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.

At our last inspection under the provider's previous registration we rated this key question good. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The service had a happy atmosphere. Staff were attentive to people and relatives spoke highly of the staff working at the home. One told us, 'The staff are lovely, friendly and helpful.'
- People's well-being was at the heart of the service. The registered manager and staff team had a genuine interest in the people they supported.

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 investigated accidents and incidents and kept people, relatives, and other stakeholders informed of outcomes.
- The registered manager submitted statutory notifications to CQC when significant changes, events or incidents happened at the service.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Working in partnership with others

- A registered manager was in post and staff, people using the service and their relatives spoke highly of her. Comments about the manager included, "Very approachable and easy to talk to." And, "Supportive and friendly."
- The management team were trained nurses and had a strong, visible presence and clinical oversight across the home. Daily meetings were held with heads of departments and the homes electronic care plan system enabled the management team to identify and address any areas of concern.
- The management team carried out regular audits to quality assure all aspects of the service on an ongoing basis.
- The registered manager and staff team were supported by a community matron on a weekly ward basis and an advanced nurse practitioner from the GP practice. People were referred to other agencies when needed, these included speech and language therapists, dieticians, specialist nursing teams and the falls team.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The staff team attend equality and diversity training to support their understanding of people's diverse

needs and the providers expectations around conduct and working relationships. Events around black history and LGBTQIA+ were in place to support the workforce, alongside people using the service, promoting respect for equality.

- The management team were in close contact with people's relatives and were available online, by telephone, and in person if relatives wanted to meet with them. Relatives we spoke with confirmed this.
- Staff told us they felt supported by the registered manager and felt able to raise any concerns.
- The home had been chosen as a home of choice by the local GP practice to revamp the gardens to benefit the people using the service. A local business was one of the sponsors for this project.

Continuous learning and improving care

- The registered manager confirmed they were proactive in seeking out lessons learned to enhance people's quality of life. For example, communication over recent years had developed, as technology such as face time, window visits, phone calls and sending letters and newsletters were introduced. This relieved people's anxiety and reassured their families and was integral in promoting people's mental health wellbeing.