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Sharon House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	Requires Improvement 
Is the service effective?	Good 
Is the service caring?	Good 
Is the service responsive?	Good 
Is the service well-led?	Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 30 October 2018 and was unannounced. The previous inspection took place on 4 August 2017. We found two breaches of the regulations in relation to medicines management and the governance of the service, and the service was rated as 'Requires Improvement'. At this inspection the service was no longer in breach of the regulations in relation to medicines management and governance. However, improvement was still needed as we found staff recruitment was not always safe.

Sharon House is a 'care home'. People in care homes receive accommodation and personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Sharon House provides accommodation and care to a maximum of five adults who have a learning disability. On the day of the inspection there were four people living at the service.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At the last inspection there were insufficient audits in relation to medicines, cleanliness and managing people's money. This meant the registered manager did not establish systems to assess, monitor and improve the quality and safety of the services provided. Although we found at this inspection there were some audits taking place in relation to care records, cleanliness and people's money, there remained insufficient audits in relation to medicines.

At the last inspection we found there was a complaints process in place but it was not fully accessible to people living at the service. We made a recommendation in relation to the complaints process being accessible. At the time of this inspection visit there was no accessible complaints process at the service, at the time of writing this report the service now has an accessible complaints procedure.

Whilst the management of medicines had improved since the last inspection there remained some minor areas of concern.

Recruitment was not always safe as not all staff had a criminal check in place before working alone with people at the service.

People told us staff were kind and caring and we saw this was the case.

Care records were comprehensive, up to date and person centred. Risk assessments were in place to guide staff in supporting people and minimise harm.

People were involved in activities in the community and had recently enjoyed a holiday together.

The registered manager was well regarded by staff and service users. We could see that the registered manager learnt from accidents and incidents.

We have found one breach of the regulations in relation to recruitment.

You can see what action we told the provider to take at the back of the full version of the report.

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.

The service had not undertaken criminal record checks for all staff prior to them working with people which potentially put people at risk of harm.

There were minor issues of concern with medicines management.

Risk assessments were in place to guide staff in caring for people

The service had systems in place to manage the spread of infection.

Is the service effective?

Good 

The service was effective.

Staff were supervised regularly and had training in key areas

People told us staff had the skills to care for them

Staff understood the need for consent before providing care

People were supported to have good health and told us they enjoyed the food.

Is the service caring?

Good 

The service was caring.

People told us staff were kind and caring.

Staff understood people's preferences and routines

We saw staff were kind to people and treated them with respect.

People's rooms were personalised and the garden was a pleasant outside space to use.

Is the service responsive?

Good 

The service was responsive.

Care records were person centred, up to date and comprehensive.

People were involved in a range of activities in the community.

There was a complaints process in place.

Is the service well-led?

The service was not always well led.

Although some audits had been introduced they were not always effective.

The registered manager was well regarded by people using the service. After the inspection the registered manager sent us an updated audit programme to show how they would quality assure the service.

Requires Improvement ●

Sharon House

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.

We undertook this unannounced inspection of Sharon House on 30 October 2018. This inspection was carried out by 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.

Before the inspection we reviewed information we held about the service in our records. This included information sent to us by the provider through the Provider Information Return. We also reviewed safeguarding alerts and notifications of important events at the service.

We met with all four people who used the service and we observed interactions between staff and people using the service. One person did not communicate verbally so we could not gain their views.

We spoke with two care staff and the registered manager on the day of the inspection. We looked at two care records, medicine administration records and stocks for four people, staff supervision, training and meeting records. We also checked that building safety checks had taken place. We looked at how the registered manager quality audited the service.

There had only been one staff member recruited in the last 12 months. Recruitment records for a new member of staff were not available on the day of the inspection so these were sent to us after our visit. Additional quality assurance information was also sent to us.

Following the inspection one health and social care professional and three family members gave feedback to us about the service.

Is the service safe?

Our findings

We asked people if they felt safe living at the service. They told us yes, "because I like it here". "Yeah, yeah, I know the staff." We could see that there was a sporadic dispute that arose between two people who lived there. We also saw these two people being friendly and kind to each other. We also asked people if they felt scared of other people living there. Two people told us "I don't feel scared of anybody no. I'm quite alright." And "Not really no."

We asked the staff and registered manager about this relationship to check it was safe and they told us they had strategies to manage it, and that they had received input from the learning disability team for all the people with behaviours that can challenge.

Staff were able to tell us about safeguarding adults from abuse and what they would do if they had concerns. They also understood what whistleblowing was and how to alert other agencies if they had concerns.

At the last inspection there was a breach of the regulations as medicines were not always safely managed as MARs had not always been completed, there was a discrepancy between stocks versus the number shown as being available on MARs and there was no 'as required', PRN protocol for a person who periodically required a controlled drug.

At this inspection we found the provider was no longer in breach of the regulations. Medicines were safely managed, although there were minor issues identified at the inspection. Medicines were stored in a locked cupboard, with the temperature taken and within range. We noted that for several people the four week cycle dated blister packs were not being used in the correct order. Out of three stocks checked, we also found one error when checking stocks versus MAR. We also found one blister pack start date not aligned with the MAR which had the potential to confuse staff giving medicines. We discussed this with the registered manager who had been checking MARs and booking in and booking out medicines but had not checked stocks against records. They told us they would improve their audit to cover this. After the inspection visit the registered manager sent in a medicines audit form they had completed and told us they would use this each month.

At this inspection there was a PRN protocol in place for a person who was given a medicine on an 'as required' basis which set out the circumstances in which it was acceptable to give the medicine.

Staff recruitment was not always safe. We found that one staff member who had been working the night shift alone several nights a week since September 2018 had been employed without all the relevant checks in place as the provider was in the process of requesting a Disclosure and Barring Service (DBS) criminal check at the time of the inspection. This was of concern as people were potentially put at risk by being cared for someone who had not undergone the relevant checks prior to employment.

This concern demonstrated a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated

Activities) Regulations 2014.

At the time of writing this report the registered manager could show us they had a DBS in place for this person.

Staffing levels were adequate to meet people's needs. There were two staff on duty in the day, with additional staff employed as required. A trip to the cinema on a Wednesday meant an additional staff member was employed for four hours to support this. The registered manager and staff confirmed that additional staff were added to the rota to support people to appointments. There was one staff member who slept in at the service overnight. People told us "there's enough staff here yeah" and "Yes enough, I like the staff."

Risk assessments were in place, which covered a broad range of risks, and gave detailed advice on managing people's risks and they were personalised. For example, one outlined the triggers which could prompt behaviours that challenge and gave detailed advice on how to manage these behaviours should they occur.

The service held people's money and records were kept of transactions. The balance was checked at the end of each month and the registered manager checked and countersigned this for auditing purposes.

The service had systems in place to control the spread of infection. The service was clean; there was a log kept of cleaning undertaken and people told us "Yes, I think the house is clean and tidy" and "nice and clean yes absolutely."

We learnt from discussion with the registered manager, the service learnt from accidents and incidents that took place but the documentation did not capture this. This meant it was difficult to see if there were trends to the incidents. The registered manager told us they would review the accident and incident log paperwork and review trends.

Checks of gas and electricity had been completed at the property in the last 12 months as had fire safety equipment.

The building had been decorated in some areas since the last inspection. The kitchen cupboards were in need of repair and the registered manager told us the work would start in November 2018. Relatives noted there had been some improvement works carried out at the service and there remained other areas in need of upgrading.

Is the service effective?

Our findings

People told us "the staff look after me, I like it here." And when we asked if people got good care from staff in the way they wanted, two people told us "Yes, yes." The majority of staff had worked with people for many years so knew their needs well and understood how they liked care to be provided.

Relatives told us they thought staff had the appropriate skills to care for people. A health and social care professional told us they thought the staff communicated well with one person who was non-verbal. They also told us staff had been effective in minimising instances of behaviours that challenge through appropriate interventions. On the day of the inspection we saw staff manage people well when they displayed behaviours that could challenge.

We could see from records that staff received regular supervision which they told us was helpful, and a yearly appraisal. They also had received refresher training in key areas such as safeguarding, moving and handling, person centred planning, fire training and first aid. We noted that staff were not competency checked for giving medicines. The registered manager told us they would begin to competency check staff monthly and keep records of these checks.

People told us they liked the food. "I like the food I get to choose. I have loads of different things" And "Yes I like the food. I choose and the staff choose." We saw that at each meeting with people who lived at the service food was discussed and people made suggestions for the menu.

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 receive care and treatment with appropriate legal authority. 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 whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met. One person was restricted under DoLS, the other people living at the service were free to leave the building if they chose but wanted staff to go out with them.

At the last inspection we found the service were holding a person's cigarettes and lighter without any signed agreement. At this inspection we found the person had given authorisation to the service to hold their cigarettes.

We asked if staff asked before they helped people. We were told "yes they ask first" and "if I need any help

the staff ask me. I ask the staff as well." Staff told us "We would never force them" to receive care.

We could see from care records that multidisciplinary work took place at the service with people supported with their physical and mental health. People told us, "touch wood I've never got ill but the staff sort out all my appointments." People had hospital passports in place which provided key information should they need to go to hospital.

The building is an end of terrace house, on two floors, and is not wheelchair accessible but met the needs of the people living there.

At the last inspection we found one person's end of life wishes stated on their care record had been set out by their relative, who was since deceased. At this inspection we saw the registered manager had held a discussion with the person regarding their end of life wishes despite it being a difficult subject to broach.

Is the service caring?

Our findings

At this inspection we saw staff were caring and kind to people. People were unanimous in their praise of the staff, they told us, "Yes, yes, the staff are kind." And "yes, they are kind, they look after me, feed me, you know." Everyone told us staff were nice and that they treated them with respect and dignity. This was confirmed by relatives and a health and social care professional.

Staff could tell us how they supported people with their dignity, covering them whilst supporting them with personal care, how they left people to use the toilet privately.

Staff understood people's needs, preferences and routines. They could tell us who preferred to get up at what time, how they liked their shower and how they liked to be supported. Staff spoke of the people who lived there like family members; many of the staff had worked there for more than ten years so had developed close links with people. It was clear that the registered manager was very familiar with people and they were comfortable around the manager and routinely went into the office to chat with them.

People had been on holiday recently for five days which they all enjoyed. They went to the seaside supported by staff. The registered manager had taken them to Kent and visited them mid-week to ensure everything was running smoothly. They had enjoyed visits to the seaside as well as other sights.

Some care records were signed by people, others were not. There were mixed responses to our question as to whether people were involved in their care planning, "I don't know what that is, no" And "Yes, it's got information about my care and how to look after me. My mother help put it together." However, people told us they made decisions about how they spent their time and how they were supported.

People were supported to keep connections with family and friends "Yes, I get to visit my mum" and "I have two sisters they visit." People's cultural and religious needs were acknowledged in the care records and people were supported to their place of worship if they chose to. Staff also told us they cooked Mediterranean food for one person to meet their cultural needs.

Records showed people were involved in monthly meetings about how the service was run and were asked their views.

People's rooms were personalised with their belongings and the service operated in a 'homely' way. The garden was well kept and people told us they spent lots of time there in the summer.

Is the service responsive?

Our findings

Care records were in place, these were detailed and comprehensive in scope. They covered areas such as people's physical and mental health care needs, dietary requirements, communication, cultural and leisure requirements.

Care records had been updated recently and gave a holistic view of people's personal history, routines and preferences. Staff were able to provide a person centred service through a mixture of information from person centred plans, and knowledge of the people individually. We asked people if they could get up and go to bed when they wanted. One person told us "Oh yes I go to bed when I want to" and another said, "whenever I want."

People were involved in community activities. One person went to the day centre three days a week, which they valued, other people went out with family. There was a regular trip to the cinema and the registered manager took people to get the weekly food shopping and then out for lunch which they enjoyed. Staff took people for a walk to the local shops and to cafes to eat out. Relatives told us they appreciated their family members being taken out by staff and welcomed additional opportunities being explored for outings in the community.

People told us "I do shopping, walking, get on a bus ride, go to restaurants to eat." And, "Yes, I am supported safely. I go to the centre, I go to the movies, and sometimes I even go to Chingford, I go for walks and shopping."

The service had a complaints policy in place but there had not been any complaints in the last 12 months. At the last inspection we recommended the provider sought advice on how to ensure the complaints process was fully accessible to people living at the service, family and friends and professionals.

We discussed the lack of an accessible complaints policy at the service and suggested the registered manager sought advice from the local learning disability team.

On the day of the inspection we saw from records that people were asked their view of the service at the residents' monthly meeting. We asked people if they knew how to make a complaint. We were told "I tell the staff" and "Yes" they knew how to make a complaint. One person told us "No I don't know how to make a complaint, no." However, all three people told us the staff listened to them.

Relatives told us they knew how to make a complaint and told us they found the registered manager listened and responded to any concerns they raised. After the inspection the registered manager sent us an accessible complaints policy which they would share with the people living at the service.

Is the service well-led?

Our findings

At the last inspection there was a breach of Regulation 17, governance of the service, due to lack of audits at the service and insufficient records of management activity, for example supervision records and staff meeting minutes.

At this inspection we found there were some improvements in the number of audits and the quality of recording keeping at the service. For example, the registered manager ensured that care records were reviewed by a member of staff regularly and we found these were accurate and up to date. We also found people's money was being checked on a monthly basis. The registered manager could show us they booked medicines in and out of the service, and supervision records were now retained as were staff and residents' meeting records.

However, medicine audits were not robust enough as the registered manager did not tally stocks versus records periodically, and so had not noticed the stock error. Also, they had not noticed that blister packs were not being used in the date order they were supposed to be. The governance and quality assurance systems had not identified that a person had been employed and was working alone with vulnerable people without the necessary criminal checks in place.

The provider did not have a quality assurance policy which set out how they would check quality and the regularity of these checks. There was a quality and management checklist in place but this was not used. We found a building risk assessment which had been updated for 2018 but did not accurately show areas which the registered manager told us, and we could see required improvement, for example the kitchen cupboards.

We discussed these issues with the registered manager who told us they would implement a quality audit procedure and after the inspection they sent us a list of what would be quality checked and the regularity of the checks. They also sent in a completed medicines audit form.

There are other ways in which the service was well-led. For example, the registered manager knew people who lived at the service well, and people spoke well of the registered manager. There remained a vacancy at the service as the registered manager was keen to get the right person to move in, who would fit in with the other people living there. This was evidence the registered manager prioritised cohesiveness of people living at the service.

The staff told us the registered manager "was easy to work for" and "[registered manager name] is fair". They also said "you can speak to him as a manager". There were regular staff meetings at which best practice issues were discussed and staff were able to give their views as to what worked well for people and what did not. This meant the staff team worked well together with the registered manager to provide a service to people and as there was little staff turnover, there was continuity of care for the people living at the service.

We saw that the registered manager had asked people who lived at the service their views but not other

stakeholders. There were no plans by the provider to gain the views of stakeholders. However, family members told us they thought the service was well led. A health and social care professional told us they found the registered manager to be responsive to any issues raised and were of the view the service was well led.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The provider could not evidence fit and proper persons were employed. Regulation 19 (1) (2) (3)