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Sharon House

Inspection report

24 Sharon Road
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11 May 2022

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Sharon House is a residential care home providing personal care and accommodation to up to five people with a learning disability. On the day of our inspection there were three people living in the care home.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

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

Right Support;

Staff supported people to have the maximum possible choice, control and independence over their lives. People were supported by staff to pursue their interests in the local community. The service provided people with care and support in a safe, clean and homely environment which met their physical and sensory needs. Staff enabled people to access specialist health and social care and support in the community. Staff supported people with their medicines safely to achieve the best possible health outcomes.

Right Care:

People received kind and compassionate care. Staff protected and respected people's privacy and dignity. They understood and responded to their individual needs. Staff understood people's cultural needs and provided culturally appropriate care. Relatives spoke positively about the staff team. People could communicate with staff and understand information given to them because staff supported them consistently and understood their individual communication needs. People could pursue interests that were important to them.

Right culture;

People were supported by staff who understood best practice in relation to the wide range of strengths, impairments and sensitivities people with a learning disability or autism may have. Staff had worked in the service for many years and knew and understood people well. They were responsive and supported people's wishes to live a quality life of their choosing. People and their relatives were involved with planning their care.

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.

Areas in which the service required improvement at the last inspection around medicines management and oversight had now been addressed.

Risks to people were assessed and regularly reviewed. Staff understood the actions needed to minimise the risk of avoidable harm including the prevention of avoidable infection. Staff had completed safeguarding training and understood their role in identifying and reporting any concerns of potential abuse or poor practice.

Staff praised the registered manager of the service and agreed that they were approachable, knowledgeable, fair and did their job well. The staff worked well together and supported the registered manager.

Staff were committed to providing a quality service. They had undertaken training so that they were skilled and knowledgeable to effectively meet people's needs.

The provider had informal systems in place to monitor and improve the quality and safety of the service provided.

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.

Why we inspected

This inspection was prompted by a review of the information we held about this service. We undertook a focused inspection to review the key questions of safe, effective and well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from requires improvement to good based on the findings of this inspection.

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

Rating at last inspection

The last rating for the service was requires improvement (published 18 May 2021)

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our inspection programme. If we receive any concerning information, we may inspect sooner.

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 well-led?

Good ●

The service was well-led

Details are in our well-led findings below.

Sharon House

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

Inspection team

The inspection was undertaken by one inspector.

Service and service type

Sharon house is a 'care home'. People in care homes receive accommodation and nursing or 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.

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

We carried out the inspection visit on 11 May 2022. It was unannounced.

What we did before the inspection

We reviewed the information we held about the home which included statutory notifications and safeguarding alerts the service was not asked to complete the Provider Information Return (PIR). The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection

We went to the care home and spoke with the registered manager, two support workers and two people who used the service. We looked at two care records and three staff records; we also looked at various documents relating to the management of the service. After the inspection visit, we also spoke with two relatives to get their feedback.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has changed to good.

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse; Assessing risk, safety monitoring and management.

- The service had systems in place to protect people from abuse and avoidable harm. Staff knew what to do and to whom to report if they had any concerns about people's safety.
- Staff had training on how to recognise and report abuse and they knew how to apply it.
- People and relatives we spoke with, told us they felt safe using the service. Comments included "[My relative] is definitely safe with the staff and he knows them well", and "I feel it's a safe environment."
- Staff told us, "We make sure everything is safe and protect our residents, we treat them like family, we know people well, so we know when something is wrong," and "We check for any marks or bruises when people have a wash and ensure environment is always safe."
- The staff assessed all potential risks to people and put guidance in place so that the risks were minimised. Risk assessments were developed that maximised people's independence and ability to remain in control of their life
- Risk assessments were personalised and included risk of falls, using the kitchen, being out in the community, smoking and anxiety.
- Regular checks of the building and equipment took place, including fire safety equipment.
- Fire drills were regularly held, and people had individual personal evacuation plans in place to guide staff in the event of a fire.

Staffing and recruitment

- There had not been any new staff recruited since our last inspection.
- There was very little staff turnover. Most staff had worked at the service for many years which provided consistency and continuity for people living in the service.
- People were supported by enough staff to meet their needs.

Using medicines safely

- The service had improved medicines management. There were suitable arrangements for ordering, receiving, storing and disposal of medicines. Storage temperatures were monitored to make sure medicines would be safe and effective.
- Medicines were clearly recorded within people's medication administration records. Staff kept and regularly updated a log of medicines people were prescribed. Protocols for 'when required' medicines were in place to guide staff in supporting people with their medicines.
- Staff were unable to administer medicines unless they were trained to do so. This included regular training

and competency checks to ensure they had the suitable skills to carry out the task safely. This was confirmed by staff we spoke with

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff
- We were assured that the provider was 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.

Learning lessons when things go wrong

- The service had a system in place to monitor incidents and understood how to use them as learning opportunities to try and prevent future occurrences.
- The registered manager explained that following any incident or accident, a review would be undertaken so that any learning or improvements could be considered to prevent any future re-occurrences.

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 the last inspection this key question was rated as good. At this inspection this key question remained the same. 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

- People's preferences and care needs had been recorded and those who used the service and their families were given the opportunity to be involved in the care planning process.
- A relative told us, "They involve us in all the assessments."
- The registered manager considered protected characteristics under the Equality Act 2000. For example, they asked people about any religious or cultural needs they had so that they could plan for those needs to be addressed. Staff were aware of equality and diversity issues.

Staff skills, knowledge and experience

- Staff had undertaken training in a range of topics so that they could do their job well.
- A relative told us "I think they are well trained; they understand my relative well."
- Supervisions were happening to allow staff the time to express their views and reflect on their practice.
- Staff felt very well supported. One staff told us "We are supported in our jobs, the manager is always available to us, even out of hours."

Supporting people to eat and drink enough with choice of a balanced diet

- People were encouraged to get involved in decisions about what they wanted to eat and drink.
- Staff demonstrated a good understanding of how to ensure people had adequate nutrition and dietary preferences were set out in people's care plans.
- The menus were discussed at each monthly meeting for the people who lived at the service
- A person told us "The food is lovely; my favourite is spaghetti bolognese."

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

- The service documented people's health conditions in their care plan.
- People's care plan had details of their GP and any other health professional's involvement.
- People were supported to attend annual health checks, screenings and primary care services.
- People had access to health professionals as required. If staff were concerned about a person's health and wellbeing, they would relay these concerns to the provider and registered manager for escalation and action.
- Information available showed people experienced positive outcomes regarding their health and wellbeing.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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 whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff empowered people to make their own decisions about their care wherever possible.
- Staff knew about people's capacity to make decisions and were able to communicate with people well in a variety of ways to support this.
- Staff demonstrated best practice around assessing mental capacity, supporting decision making and best interest decision making.
- Staff confirmed that they had undertaken training in relation to the MCA.

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 the last inspection this key question was rated as requires improvement. At this inspection this key question has changed to 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;

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 had made improvements since our last inspection and had addressed the shortfalls in relation to medicines management and fire safety.
- The registered manager understood the importance of their role and responsibilities. They demonstrated a strong commitment to providing good care for people using the service, providing support to staff employed within the service and ensuring compliance with regulatory requirements was achieved.
- The registered manager had a very good understanding of people's needs and maintained a good oversight of the service.
- Staff were positive about working at the service and told us they were supported by the registered manager. Comments from staff included "I really enjoy working here, that's why I've stayed for so many years" and "We are a good team which makes life easier."
- People using the service, relatives and staff were complimentary regarding the registered manager and said the service was well managed.
- A relative told us "If there are any issues, they always correspond with me and sort them out."
- We had no concerns regarding duty of candour. We found the registered manager was open and transparent throughout the inspection.
- The quality assurance arrangements ensured the experience of people being supported was regularly monitored and risks to people using the service and the quality of the service were managed. This information was used to help the registered manager drive improvement, including the monitoring potential trends and lessons learned.

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

- Effective arrangements were in place for gathering people's views of the service they received and those of people acting on their behalf.
- Staff meetings were held to give the management team and staff the opportunity to express their views and opinions on the day-to-day running of the service

Continuous learning and improving care

- The provider kept up to date with national policy to inform improvements to the service.
- Relatives confirmed that when needed the service reached out for advice and support from external health professionals.
- The registered manager attended forums run by the local authority to stay up to date with best practice.

Working in partnership with others

- Information showed the service worked closely with others, for example, the Local Authority and healthcare professionals and services to support the delivery of care provision.