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# Sharon House

## Inspection report

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Tel: 020 8804 5739

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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 

### Overall summary

This inspection took place on 14 July 2015 and was unannounced. At our last inspection in May 2014 the service met all the standards we looked at.

Sharon House is a care home that provides accommodation and care to a maximum of five adults who have a learning disability. On the day of the inspection there were three people residing at the home.

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.

People and their relatives told us they felt the service was safe and had no concerns about how they were being supported at the home. They told us that staff were kind and respectful and there were enough staff to meet their needs properly.

The registered manager and staff at the home had identified and highlighted potential risks to people's safety and had thought about and recorded how these risks could be reduced.

# Summary of findings

Staff understood the principles of the Mental Capacity Act 2005 (MCA) and told us they would presume a person could make their own decisions about their care and treatment in the first instance. Staff told us it was not right to make choices for people when they could make choices for themselves.

People had good access to healthcare professionals such as doctors, dentists, chiropodists and opticians and any changes to people's needs were responded to appropriately and quickly.

People told us staff listened to them and respected their choices and decisions.

People using the service, their relatives and staff were positive about the registered manager. They confirmed that they were asked about the quality of the service and had made comments about this. Staff, relatives and people using the service felt the registered manager took their views into account in order to improve service delivery.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe. People told us they felt safe with the staff and we observed positive and kind interactions from staff. People told us there were enough staff to support them safely.

Risks to people's safety had been discussed with them where possible and action had been taken to minimise any identified risks.

There were systems in place to ensure medicines were handled and stored securely and administered to people safely and appropriately.

Good



### Is the service effective?

The service was effective. People were positive about the staff and staff had the knowledge and skills necessary to support people properly.

Staff understood the principles of the MCA 2005 and told us they would always presume a person could make their own decisions about their care and treatment.

People told us they enjoyed the food and staff knew about any special diets people required either as a result of a clinical need or a personal preference.

People had access to healthcare professionals such as doctors, dentists, chiropodists and opticians.

Good



### Is the service caring?

The service was caring. We observed staff treating people with respect and as individuals with different needs and preferences.

Staff understood that people's diversity was important and something that needed to be upheld and valued.

Staff gave us examples of how they maintained and respected people's privacy. These examples included keeping people's personal information secure as well as ensuring people's personal space was respected.

Good



### Is the service responsive?

The service was responsive. Care plans included up to date information about all aspects of people's care needs and people's needs were being reviewed.

Everyone at the home was able to make decisions and choices about their care and these decisions were recorded, respected and acted on.

People told us they were happy to raise any concerns they had with the staff and management of the home.

Good



### Is the service well-led?

The service was well-led. People confirmed that they were asked about the quality of the service and had made comments about this.

Staff had a clear understanding about the visions and values of the service.

Good



## Summary of findings

The registered manager listened to people's suggestions for improving the service and acted on these suggestions. Staff were also able to suggest improvements to the service.

# 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 14 July 2015.

Before our inspection we reviewed information we have about the provider, including notifications of any safeguarding concerns or incidents affecting the safety and well-being of people.

This inspection was carried out by one inspector. We met with all 3 people who use the service and we observed interactions between staff and people using the service as we wanted to see if the way that staff communicated and supported people had a positive effect on their well-being.

We spoke with three care staff, out of a total staff team of six, and the registered manager.

We looked at everyone's care plans and other documents relating to their care including risk assessments and medicines records. We looked at other records held at the home including all six staff files, staff meeting minutes as well as health and safety documents and quality audits and surveys.

After the inspection we spoke with two relatives over the phone to get their views about the home.

We also spoke with three health care and social care professionals who have regular contact with the people using the service.

# Is the service safe?

## Our findings

People and their relatives told us they felt the service was safe and had no concerns about how they were being supported at the home. One relative told us, “I’ve never had any problems.” One person who used the service said the staff were, “good”.

We observed staff interacting with people in a kind and supportive way. Staff had undertaken safeguarding adults training and up to date training certificates were seen in files we looked at. Staff could explain how they would recognise and report abuse and were aware that they could report any concerns to outside organisations such as the police or the local authority.

Care plans we looked at included relevant risk assessments. Where a risk had been identified the registered manager and staff had looked at ways to reduce the risk and recorded any required actions or suggestions. For example, risk assessments had been completed to ensure people could go out of the home safely. The staff had assessed whether each person had road safety awareness and if staff had to take into account people’s behaviours that might put them at risk.

People we spoke with were aware of the risks they faced and staff confirmed that potential risks to people’s safety were discussed and reviewed with them. We saw that changes had been made to people’s risk assessments where required.

Most staff had worked at the home for a number of years and some staff told us they had been working there for more than 15 years. Recruitment files contained the necessary documentation including references, proof of identity, criminal record checks and information about the experience and skills of the individual. The registered manager made sure that no staff were offered a post without first providing the required information to protect people from unsuitable staff being employed at the home.

Any gaps in employment were discussed at the person’s interview. Staff confirmed they had not been allowed to start working at the home until these checks had been made.

People using the service, their relatives and staff we spoke with didn’t have any concerns about staffing levels. We saw that staff had time to be with people and to sit and chat together with them. We saw that staffing levels were adjusted to meet the current dependency needs of people and extra staff were deployed if people needed to attend healthcare appointments or recreational activities. We saw that the level of help and support people needed to keep safe had been recorded in their care plan and this was being regularly reviewed.

Risk assessments and checks regarding the safety and security of the premises were up to date and being reviewed. This included fire risk assessments for the home and the provider had made plans for foreseeable emergencies including fire evacuation plans. Fire drills took place on a regular basis and records showed that everyone evacuated the home in good time. Staff were also aware that these fire drills caused some anxiety for people and made sure people were reassured during these drills, for example, by holding their hand.

People told us they were happy with the way their medicines were dealt with at the home. We saw satisfactory and accurate records in relation to the management of medicines at the home. Staff told us they had attended training in the safe management of medicines and felt confident in this area of their work.

The deputy manager told us that medicines were checked and audited each month and yearly by the pharmacist and we saw evidence of these audits.

People’s medicine records included information about any known allergies, as and when needed (PRN) protocols and any possible side effects of medicines people were taking. No one at the service currently took any controlled medicines, however a suitable, secure storage cupboard was in place if needed. People’s medicines were reviewed on a regular basis by appropriate healthcare professionals.

# Is the service effective?

## Our findings

People who used the service and their relatives were positive about the staff and told us they had confidence in their abilities. One person commented, “The staff are nice, don’t worry.”

Staff were positive about the support they received in relation to supervision and training. One staff member commented, “I’m happy with the training.”

Staff told us that they were provided with a very good level of training in the areas they needed in order to support people effectively. Staff told us about recent training they had undertaken including safeguarding adults, medicines, mental capacity awareness and infection control. Most training was on-line with a competency test that staff had to pass before being issued with a certificate.

The deputy manager told us that the service was presently trying to access equality and diversity training for all staff. Staff also told us they had completed national vocational qualifications.

We saw training certificates in staff files which confirmed the service had a mandatory training programme and staff told us they attended refresher training as required. Staff told us that they would discuss learning from any training course at staff meetings and any training needs were discussed in their supervision.

Staff confirmed they received regular supervision from the registered manager. They told us supervision was a positive experience for them and they could discuss what was going well and look at any improvements they could make. They said the registered manager was open and approachable and they felt able to be open with him. Staff also told us they would always talk to the registered manager when they needed to and that they would not wait until their supervision or a staff meeting. One member of staff commented, “If we need anything he will sort it out. He always tries to make everything OK.”

Staff understood the principles of the MCA 2005 and told us they would always presume a person could make their own decisions about their care and treatment. They told us that if the person could not make certain decisions then they would have to think about what was in that person’s “best interests” which would involve asking people close to the person as well as other professionals.

Staff told us it was not right to make choices for people when they could make choices for themselves. One staff member told us, “We don’t make choices for them. This is about their dignity.”

Staff told us how they communicated information to people, in the form of pictures with some people who could not speak, and gave us examples of how they understood individual’s responses, for example, through people’s facial expression and body language.

The registered manager told us he had taken professional advice in relation to the Deprivation of Liberty Safeguards (DoLS). These safeguards are put in place to protect people’s liberty where the service may need to restrict people’s movement both in and out of the home. For example, if someone left the home unaccompanied and this would be unsafe for them, the home would have to provide a member of staff to take them out. The registered manager told us that no one at the home required a DoLS as they were not being restricted as they did not want to leave the home without staff support. People we spoke with did not raise any concerns about restrictions on their movements. They confirmed that they had discussed this with staff and that they knew it would be too risky to go out of the home by themselves and that staff would always go with them so they felt safer.

We observed staff asking people for permission before carrying out any required tasks for them. We noted staff waited for the person’s consent before they went ahead. People told us that the staff did not do anything they didn’t want them to do.

People told us they liked the food provided at the home. We saw that choices of menu were available to everyone and the menu was regularly discussed with people. The staff shopped for food each week and this was dependent on what people wanted to eat. Staff told us that sometimes people would be involved in making their sandwiches for their day centre lunch. One person we spoke with told us, “Sometimes we go for meals out.”

On the day of the inspection one person went out with the registered manager to do some shopping and have a meal. We saw that this was a regular activity for that person and they told us they enjoyed going out with the registered manager.

People’s weight was being monitored and discussed with the registered manager and staff and action taken if any

## Is the service effective?

concerns were identified. We saw records that showed people had been referred to appropriate healthcare professionals such as GPs and dietitians. We saw that care plans included information and treatment advice from these healthcare professionals.

People's records contained information from health professionals on how to support them safely, such as advice from speech and language therapists regarding healthy eating and advice on potential swallowing problems.

People were appropriately supported to access health and other services when they needed to. Each person's personal records contained documentation of health appointments, letters from specialists and records of visits. One person told us, "I see the nurse. She syringes my ears."

We spoke with a healthcare professional who told us the staff worked well with them and followed advice and communicated well for the benefit of people using the service.

We saw that assistance from medical professionals was sought quickly when people's needs changed. People and their relatives confirmed they had good access to health and social care professionals. One person told us, "I saw the doctor last Monday." Relatives told us they were satisfied with the way the home dealt with GP and hospital appointments. On the day of the inspection staff accompanied one person to a healthcare appointment.



# Is the service caring?

## Our findings

People and their relatives told us they liked the staff who supported them and that they were well treated. One relative commented, “I’ve got a good relationship with the staff. They are doing well with [my relative].”

We observed staff interactions with people throughout the day. We saw that people were very relaxed with staff and it was clear that positive and supportive relationships had developed between everyone at the home over the many years they had been together.

Staff told us that the registered manager always explained the ethos of the home and that they were to treat people as they would their family.

We saw that people had commented on and had input in the assessment of their care needs, how these were to be met and any subsequent risks to their safety. Staff told us about regular key worker sessions they had with people and how they looked at what the person wanted to do and how they followed the person’s needs and wishes.

Staff felt that these one to one sessions enabled people to be more independent and to make their own decisions and choices about their care. These one to one sessions had replaced house meetings as staff told us this was a more productive way to get people’s views.

Staff had discussed people’s cultural and spiritual needs with them and recorded their wishes and preferences in their care plans. For example, staff were aware of particular dietary needs people had as a result of their cultural background and beliefs. We saw that people were supported to maintain relationships with their family and friends as well as make new friendships.

Staff understood that racism and sexism were forms of abuse and told us they made sure people at the home were not disadvantaged because of their disabilities.

People told us that staff respected their privacy and staff gave us examples of how they maintained and respected people’s privacy. These examples included keeping people’s personal information secure as well as ensuring people’s personal space was respected.

# Is the service responsive?

## Our findings

People and their relatives told us that the service was responsive to their needs and preferences. As the staff knew the people they supported very well they were able to identify any changes in someone's health quickly and respond accordingly.

The deputy manager gave us an example of someone who had started to show signs of an age related health problem. We saw that this person had seen their doctor and had been given preventative medicines and had regular blood tests to monitor their condition.

We saw that, following an assessment by the speech and language therapist, a person's care plan had been updated to reflect the advice given as a result of this assessment. Staff told us that the registered manager kept them updated about any changes in the needs of the people using the service. Staff were able to demonstrate a good understanding of the current needs and preferences of people at the home as described in their care plan.

The registered manager confirmed that everyone had been assessed before moving into the home to ensure only people whose needs could be met were accepted. We looked at three people's care plans in detail. These plans covered all aspects of the person's personal, social and health care needs and reflected the care given. The registered manager had made sure people's care plans clearly described what the person could do for themselves and where they needed help in order to maintain their independence as far as possible.

Each person had a detailed health action plan which was sent in with them if they needed to go to hospital. This gave hospital staff information about the person's needs as well as important information about any health matters or concerns. The healthcare professional we spoke with confirmed that these health actions plans had been developed with their input and were being regularly reviewed.

We saw that people could take part in recreational activities both inside and outside the home as well as take part in ordinary community activities.

Two people attended day centres on a regular basis throughout the week. Staff at these day centres confirmed that staff at the home communicated well with them and updated them when required.

The home's complaints procedure was easy to understand and also included pictures. People and their relatives told us they had no complaints about the service but felt able to talk to staff or the registered manager if they did. A relative commented, "I've got no problems with the home."

We saw, from one to one meetings with people using the service, that any potential concerns and complaints were discussed and everyone was reminded about how they could make a complaint. Records showed that no complaints had been received since our last inspection of this service.

# Is the service well-led?

## Our findings

People and their relatives confirmed that they were asked about the quality of the service and had made comments about this. One relative commented, “We talk every week. They ask if I’m happy with things.” They felt the registered manager took their views into account in order to improve service delivery. Another relative told us, “I speak to him all the time.”

Staff were very positive about the registered manager and the support and advice they received from him. They told us that there was an open culture at the home and they did not worry about raising any concerns or making any suggestions for improvements. One member of staff told us, “He tells you everything that’s going on.” Another commented, “He’s a good manager. We can always talk about things.”

Staff gave us a number of examples of suggestions they had made and how the registered manager had taken action to improve the service. For example, by making improvements to the décor at the home and refurbishing the kitchen.

The registered manager had developed a number of quality monitoring systems. The survey for people who used the service was in a pictorial format and we saw the results from the last survey in February 2015 included very positive views about the home. We saw that any issues and suggestions had been taken on board by the registered manager and action taken to address any of these issues and suggestions.

We asked staff how the home’s visions and values were shared with them. Staff told us this was discussed in meetings and during supervisions. Staff understood the ethos of the home which they told us looked at everyone as a unique individual with different care, social and cultural needs and preferences.

The registered manager had implemented systems to audit various aspects of health and safety monitoring within the home. For example, we saw that fire safety and medicines were audited on a regular basis and environmental risk assessments were reviewed as part of this audit and changed where required.