

Mrs W Purcell

# Sharmway Private & Residential Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Inadequate** ●

# Summary of findings

## Overall summary

### About the service

Sharmway is a small residential care home providing personal care to 11 older people aged 65 and over at the time of the inspection. The service is registered to support up to 11 people.

Sharmway accommodates people in one large, traditional detached house over three floors. Each floor is accessible by stairs only with no lift available. People living at the home share communal bathroom facilities and there are shared bedrooms.

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

People were not consistently safe from the risk of cross infection because the systems and procedures at Sharmway Private & Residential Home were ineffective in identifying improvements needed in maintaining a clean home environment.

People remained at risk of developing contractible illnesses because infection prevention and control practices were not maintained.

The provider's quality monitoring procedures were ineffective in identifying the improvements needed to sustain a clean and safe environment.

### Rating at last inspection and update

The last rating for this service was requires improvement (published 02 October 2019) and there were multiple breaches of regulation. We issued a warning notice to the provider to make the necessary improvements. At this inspection we found although there had been improvements made to safeguard the premises against the risk of fire; there were several issues identified around infection control, therefore the provider had remained in breach of regulations.

### Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection. As a result, we undertook this targeted inspection to check whether the Warning Notice we previously served in relation to Regulations 12 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 had been met. The overall rating for the service has not changed following this targeted inspection and remains requires improvement.

CQC have introduced targeted inspections to follow up on Warning Notices or to check specific concerns. They do not look at an entire key question, only the part of the key question we are specifically concerned about. Targeted inspections do not change the rating from the previous inspection. This is because they do not assess all areas of a key question.

We have found evidence that the provider needs to make improvements. Please see the safe and well led

sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Sharmway Private and Residential Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Enforcement

We have identified continued breaches in relation to infection control and how the service is managed at this inspection. In normal circumstances, positive conditions to drive improvement would have been applied to the provider's registration. However, due to the unprecedented circumstances created by the Covid 19 virus and Government guidelines to CQC, it has been agreed, on this occasion only, we will request updates and evidence from the provider to assure us they have completed the necessary repairs and implemented improvements to maintain the standards of quality and safety. We will work alongside the provider and local authority to monitor their progress.

#### Follow up

We will return to visit as per our re-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?

**Requires Improvement** ●

The service was not always safe.

Details are in our safe findings below.

### Is the service well-led?

**Inadequate** ●

The service was not always well-led

Details are in our safe findings below.

# Sharmway Private & Residential Home

## **Detailed findings**

### Background to this inspection

#### The inspection

This was a targeted inspection to check whether the provider had met the requirements of the Warning Notice in relation to Regulation 12 Safe care and treatment and 17 Governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

#### Inspection team

The inspection team comprised of two inspectors.

#### Service and service type

Sharmway Private and Residential Home 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.

The service had a manager, who is also the provider, registered with the Care Quality Commission. This means, as a provider, they are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because of the unprecedented circumstances created by Covid 19 virus and we wanted to be sure it was safe to visit the service.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. 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. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information

helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

This was a targeted inspection to check the provider had met the warning notice. Due to the Covid 19 virus and the potential risk of infection to people living at the home, a decision was taken to limit contact. The inspection team restricted themselves away from people living at the home and the staff to concentrate on the safety of the home environment and infection control. We spoke with the provider and a member of staff responsible for general maintenance of the building.

We reviewed a range of records. This included five people's care records. A variety of records relating to the management of the service, primarily infection control policies and procedures were reviewed.

#### After the inspection

We asked the provider to take actions to address immediate concerns. Prior to this report being finalised the provider submitted photographic evidence of work completed. We will review compliance of the regulations at the next inspection.



# 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. We have not changed the rating of this key question, as we have only looked at the part of the key question we had specific concerns about. The purpose of this inspection was to check if the provider had met the requirements of the warning notice we previously served. We will assess all the key questions at the next comprehensive inspection of the service.

### Preventing and controlling infection

At the last inspection the provider's infection prevention and control procedures were ineffective putting people at risk of communicable illnesses. This was a breach of regulation 12, Safe care and treatment. We issued a warning notice. At this inspection we found there had been some improvements made, however they were not enough to meet the warning notice and the provider remains in breach of regulation 12.

- Three toilet seat raisers were found to have unexplained stains around the connections securing them to the toilets. Two toilet frames were pitted and marked, one with rust, making effective cleaning difficult.
- Bathroom equipment such as a bath chair's waterproof covering contained unexplained stains that suggested ineffective cleaning. The provider told us the equipment was not used and people did not use that bathroom. However, we found evidence one person had recently used the bathroom and left a sponge with unexplained brown stains on it, positioned on top of the radiator cover that did not promote good infection and prevention. The provider told us, "Sometimes [person] does come in here and leaves things."
- There were areas within the communal bathrooms and toilets with missing toilet roll holders. This meant people did not have easy and close access to the toilet paper to promote good hygiene.
- A second communal bathroom contained a walk-in shower with plastic curtain. The provider told us "Everyone has a shower." The shower mat contained mould in between the suction cups. The shower head was stained, the shower cubicle had missing wall tiles, water resistant sealant and plaster which meant the shower area could not be effectively cleaned to reduce the risk of cross infection.
- We saw one toilet cleaned in the morning had not been cleaned effectively.
- The flooring around a downstairs toilet was ripped and raised from the floor. There was plaster missing around exposed water pipes and the toilet brush required replacing meaning the cleaning of these surfaces would be ineffective.
- Visitors were requested to wash their hands in a small basin in the service's kitchen. There was no fixed hand paper towel dispenser, although a kitchen roll was available to dry your hands. However, this meant any visitors to the service were accessing a working kitchen which increased the risk of cross infection.

These issues constitute a continued breach of Regulation 12: Safe Care and Treatment, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We asked the provider to take actions to address immediate concerns. Prior to this report being finalised the provider submitted photographic evidence of work completed. We will review compliance of this regulation at the next comprehensive inspection.

- The provider had introduced measures to mitigate the risk of Covid 19 virus. This included introducing risk assessments for people who may display symptoms of the virus. There was a plentiful supply of personal protective equipment, hand wash and anti-bacterial hand gel for staff and visitors to use. There were clear notices outside explaining the measures put in place to protect people as much as possible from contracting the virus.
- In one bathroom we saw gaps between the bath and the tiles and torn lino had all been repaired and replaced. However, the tarnished door handles remained reducing effective infection prevention and control procedures.
- At the last inspection the provider could not locate their most recent Legionnaires' risk assessment and any subsequent action plan. At this inspection, a full risk assessment had taken place.

#### Assessing risk, safety monitoring and management

At the last inspection there were some aspects of the service not always safe. This included the building's general fire safety and emergency evacuation, risk management processes to identify risk and minimise the potential for harm and the general maintenance of the home environment, for example uncovered hot water pipes. This was a breach of regulation 12, Safe care and treatment. We issued a warning notice and the fire service issued a fire safety order. At this inspection we found there had been some improvements and the section of the warning notice referring to fire safety had been met.

- The provider had installed the requested fire equipment to mitigate the risk of fire spreading throughout the building. The provider was in the process of completing all the identified repairs. The fire order had been complied with.
- Work was ongoing to cover all exposed hot water and radiator pipes. All radiator covers had been fixed to the walls and were correctly fitted around the radiators.
- Ripped carpets had been replaced and the floors in one communal bathroom and toilet had been replaced.
- A handrail on the second floor was loose and beginning to come away from the wall.

#### Systems and processes to safeguard people from the risk of abuse

- We did not inspect against this question.

#### Staffing and recruitment

- We did not inspect against this question.

#### Using medicines safely

- We did not inspect against this question.

#### Learning lessons when things go wrong

- We did not inspect against this question.



# 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 inadequate. We have not changed the rating of this key question, as we have only looked at the part of the key question we had specific concerns about. The purpose of this inspection was to check if the provider had met the requirements of the warning notice we previously served. We will assess all the key questions at the next comprehensive inspection of the service.

Continuous learning and improving care and Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At the last inspection we found there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care. This was a breach of regulation 17 Good governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and we issued the provider with a warning notice. At this inspection there had been no improvement with the provider's governance processes, the warning notice relating to this regulation had not been met and the provider has remained in breach of regulations.

- The provider's infection prevention and control procedures were ineffective putting people at risk of communicable illnesses. There were no audits available for us to check the work undertaken to make repairs, review and monitor the environmental checks for health and safety purposes. There were limited cleaning schedules available to us and those that were available for us to see were basic and 'tick box' exercises.
- It was not known, at the time of the inspection, where the fire safety record of checks was kept and the staff member responsible for those checks was on annual leave. This person had also taken the key, for fire alarms tests, off site meaning there had not been a fire test for two weeks. Post inspection, the key had been returned and the weekly fire alarm checks, prior the staff member's annual leave had been completed.
- The provider's infection control policy and audit checks were not tailored to the home and audit scores had been given on areas of service the provider does not deliver. For example, tasks related to nursing care. The provider is not registered or provides nursing care to people.
- The last infection prevention and control audit, completed on 15 March 2020 by Sharmway Private & Residential Home, awarded themselves a score of 96.5% compliant with no requirement for any actions or improvements. It failed to identify, amongst other things, the ripped floor in the ground toilet, stained and marked toilet raisers, damaged handrails, pitted and discoloured equipment, marked bath chair, dirty shower head, missing shower tiles and plaster and mouldy shower mat.
- The provider had failed to ensure the person completing the infection prevention and control checks was suitably skilled to complete the task. The provider has since said they will arrange the necessary training for the person.

These issues constitute a continued breach of Regulation 17: Good governance, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- We did not inspect against this question.

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

- We did not inspect against this question.

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

- We did not inspect against this question.

Working in partnership with others

- We did not inspect against this question.

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider's infection prevention and control procedures required improvement because they put people at risk of communicable illnesses.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider's governance processes are inadequate. Audits are not maintained for environmental checks and the checks made around infection control had not ensured people were consistently protected from the risk of communicable illnesses.</p>