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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

About the service:

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

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence. The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

People's experience of using this service:

People told us they enjoyed living at the service. They felt safe and told us staff were kind and caring. Feedback from families and health professionals also confirmed this.

There was a person-centred culture at the service. The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion.

We found some areas in which the service required improvement as we did not always find documentation to evidence good practice at the service in the areas of fire drills, medicines management and accidents and incidents. Although we were confident people were not harmed as staff had appropriate knowledge and skills to care for them.

People were supported to access health services to help promote good health and wellbeing. Health and social care professionals and family members praised the service provided. However, we were concerned the registered manager had not ensured there was sufficient written information for staff to follow regarding one person's physical health condition that had recently been diagnosed.

People were encouraged to engage in activities within the community.

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 were safeguarded against the risks of abuse and harm by the systems and by the staff. Risks to people were assessed and mitigated. There were enough staff to meet people's needs and provide flexible, responsive care.

We found one breach of the regulations in relation to the governance of the service.

Please see the action we have told the provider to take at the end of this report.

The Secretary of State has asked the Care Quality Commission (CQC) to conduct a thematic review and to make recommendations about the use of restrictive interventions in settings that provide care for people with or who might have mental health problems, learning disabilities and/or autism. Thematic reviews look in-depth at specific issues concerning quality of care across the health and social care sectors. They expand our understanding of both good and poor practice and of the potential drivers of improvement.

As part of thematic review, we carried out a survey with the nominated individual at this inspection. The nominated individual is responsible for supervising the management of the service on behalf of the provider. This considered whether the service used any restrictive intervention practices (restraint, seclusion and segregation) when supporting people.

The service used some restrictive intervention practices as a last resort, in a person-centred way, in line with positive behaviour support principles.

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 10 January 2019). The service remains rated requires improvement. This service has been rated requires improvement for the last three consecutive inspections.

Why we inspected:

This was a planned inspection based on the previous rating.

Follow up:

We will meet with the provider to discuss how they intend to make sustained improvements. We will continue to monitor information we receive about the service until we 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?

The service was not always safe.

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our Well-led findings below.

Requires Improvement ●

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was carried out 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 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 registered with the Care Quality Commission. 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.

Notice of inspection:

This inspection was unannounced on day one. As the people living at the service were on holiday, the inspector returned announced on the second day of the inspection, following their return.

What we did before the inspection:

We reviewed information we had received about the service since the last inspection. The provider was not asked to complete a provider information return prior to this inspection due to the timing of the inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection:

We looked at care records for all four people living at the service. We reviewed building maintenance

records, minutes of meetings and supervision records. We looked at quality assurance records, accidents and incidents and complaints. We checked medicine administration records (MARs) for four people and checked stocks of boxed medicines against MARs for accuracy.

We spoke with two people who lived at the service, two family members and one health and social care professional responded to our request for information.

In addition to talking with people, we spent time observing the daily life in the home and we looked around the building to check the service was safe and clean.

After the inspection:

We requested additional training and supervision information, confirmation of documentation in relation to medicines management, risk assessments and end of life care.

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 remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

At our last inspection the provider could not evidence safe processes were always followed to ensure fit and proper persons were employed. This was a breach of regulation 19 (Fit and Proper Persons Employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the last inspection, the registered manager ensured all the appropriate criminal checks were in place to and documentation was in place to help ensure staff were of suitable character to work with vulnerable adults. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 19.

- Staff said that staffing levels were maintained at a good level and they had time to meet people's needs and people confirmed this. There were two staff on in the day and evening and a waking member of night staff.
- There was very little staff turnover so the service did not use agency staff which was positive for the people living there as staff understood their needs and routines.

Using medicines safely

- Medicines were obtained, disposed of and administered safely by staff. We found that insulin was stored in the kitchen fridge which mean that there was a risk that people could access the medicine. Although people were not harmed by this practice, the service had not risk assessed using the kitchen fridge. Following the inspection, the registered manager bought a separate medicines fridge for storing insulin so this was no longer an issue.
- Staff were taking and recording the reading of one person's blood sugar levels twice daily and were able to tell us the safe upper and lower limits and what they would do if readings were out of normal range. However, there was not documentation to advise staff of these limits. This was addressed immediately on the day of the inspection. This is discussed further in the Well-Led section of the report.
- Staff received training and had their competency regularly assessed by the registered manager.
- Stocks of medicines corresponded with MAR.
- PRN protocols were in place to prompt staff in when to give 'as needed' medicines although clarification was needed for the maximum dosage for one person's medicine in 24 hours. This was addressed following the inspection.

Preventing and controlling infection

- The care home was kept clean and there was an effective infection control system in place. Staff had

access to personal protective equipment (PPE) such as gloves.

- Food was stored and labelled safely.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of harm, abuse and discrimination. People told us "Yes I feel safe here" and their relatives confirmed they had no concerns regarding people's safety.
- Staff were able to tell us how they would respond if they had any concerns regarding abuse.
- We saw the service asked people each month at their resident's meeting if they felt safe at the service. This gave people an opportunity to discuss any safety issues.

Assessing risk, safety monitoring and management

- Risks to people's health and safety were assessed and mitigated for most risks identified. Risk assessments were detailed and covered a wide range of risks including mobility, eating and drinking, mental health and behaviours that can challenge.
- We found a detailed risk assessment was not in place for a person who had been recently diagnosed with a potentially serious health condition. Staff were able to tell us what they would do if they had concerns regarding this condition. Following the inspection this risk assessment was completed. This is discussed further in the Well-Led section of the report.
- Safety checks of the building and equipment, including fire safety equipment took place regularly.
- Fire drills were regularly held although records kept were not detailed enough to show if they took place in the day or evening or if there was any learning for the team. This is discussed further in the Well-Led section of the report. The registered manager amended the document to record fire drills following the inspection to capture this information. People had individual personal evacuation plans in place to guide staff in the event of a fire.

Learning lessons when things go wrong

- Accident and incident logs were kept and the registered manager could tell us lessons learnt from events. However, evidence of learning was not captured in a written format. The form was altered to capture this information following the inspection. This was raised at the last inspection and the registered manager had said they would alter the form to capture learning, but this had not been done. This is discussed further in the Well-Led section of the report.

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 guidance standards and the law

- The registered manager thoroughly assessed potential new referrals to ensure people's health and care needs could be met by the service. The registered manager included the person, family and professionals who were familiar with the care needs of the person.
- The registered manager was working to deliver care in line with guidance standards and the law.

Supporting people to live healthier lives, access healthcare services and support; staff providing consistent, effective, timely care within and across organisations:

- The service was effective in supporting people to access healthcare services to promote their health and well-being. Care records contained details of appointments with GP's, dentists, psychiatrists and other physical and mental health professionals.
- Feedback from health and social care professionals was positive and confirmed that the service worked in partnership with them to maintain people's mental health.
- The majority of people could brush their teeth by themselves with support and this was documented within existing personal care plans. The service was in the process of setting out care plans specifically for people's oral health. We saw that people accessed the dentist on a regular basis.

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

- People told us they liked the food and they could choose what they ate. We saw meals were cooked from fresh ingredients.
- People's care plans contained information about their dietary likes and dislikes, "[Person] likes toast and peanut butter and rice pops" and how to support people to have enough to eat and drink.
- The menus were discussed at each monthly meeting for the people who lived at the service.

Staff support: induction, training, skills and experience

- People told us staff were able to look after them and family members told us they were happy with the staff who had skills to care for their relatives. Feedback included "[Staff name] is excellent" and "Staff know [person] very well."
- A professional told us staff, "are very experienced and skilled in looking after people with mental health needs and learning disabilities".
- Staff received an induction which involved shadowing experienced staff and training in key areas including moving and handling, safeguarding and infection control.
- Refresher training took place in key areas. The service was arranging training in diabetes and oral health at

the time of the inspection.

- Staff told us the registered manager was supportive and support was always available. A staff member told us, "We talk with [registered manager] he's easy to talk with; he never gets angry and he has suggestions for us to work as a team."
- Staff supervision took place every three months and yearly appraisals took place.

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

- The home was suitable to meet the needs of people in the home.
- There was a well-kept garden which people could access.

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 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 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.

- People's rights were protected. There was a DoLS application in place for one person at the service and a system to prompt renewals.
- Staff understood the importance of consent and three out of the four people living there were vocal in their views and able to say how they wanted to be supported.
- Care records highlighted people's ability to make decisions for themselves.
- Staff had completed training in the MCA.

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

- Staff understood people's routines and preferences well. People told us staff were kind and caring to them. "Staff are kind to me" and "Yes, [staff member] looks after me." Family members confirmed staff were kind and caring.
- People's care records set out their background, personal history and who was, or had been, important to them in their life. Staff were able to tell us about people and spoke in a caring way. Some of the people living at the service did not have family or friends and the staff told us they had worked with them for so long they felt they were "like family".
- Care documentation outlined people's cultural, religious and spiritual needs and staff understood the importance of supporting people with these needs.
- People and staff told us that religious and cultural festivals were celebrated, and the care home had a homely atmosphere.

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

- The majority of people at the service could communicate verbally and so express their views about their care. For one person who did not communicate verbally, their care plan highlighted the range of ways in which they communicated.
- Some care plans were signed by people living at the service. The registered manager told us they had involved people in updating their care plans and would ensure people were either signing care plans or the reason stated why they had not.
- We saw that meetings were held for people who lived at the service to give their views on the menu, activities and people were asked monthly if there were any other issues they wanted to discuss.
- People's bedrooms were personalised.

Respecting and promoting people's privacy, dignity and independence

- Staff were able to tell us how they supported people with dignity and respect. Feedback included, "Making sure the bathroom door is closed, making sure people are in their night clothes and covered up when they are downstairs together. We treat people with respect."
- People told us the things they could do for themselves and care plans highlighted these, for example, putting away their own clothes, or helping with cooking or making snacks.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people's needs were met through good organisation and delivery.

The service was tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care. The values that underpin Registering the Right Support were seen in practice at this service. There was clear evidence that the core values of choice, promotion of independence and community inclusion were at the centre of people's day to day support.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People's care records gave personalised information on their family and social background, their interests, needs and preferences including areas of risk which staff used to familiarise themselves with people.
- Care records covered a wide range of needs including how to support people's personal care needs, eating and drinking, mobility, mental and physical health. They had been updated within the last six months and were supplemented by a person-centred plan which gave information on people's routines such as when they liked to get up, go to bed and what foods they liked to eat.
- The service was small and the majority of staff had worked with people for many years. These relationships meant the service was personalised.

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

- People went out for lunch, for a walk or to the shops. They had recently been on holiday together which they told us they enjoyed. Feedback included "I loved the holiday" and "It was great."
- The service had games people could play and held a movie night weekly for people living at the service.
- Access to external day care facilities were limited and one family member noted their family member would benefit from greater community activity. The registered manager told us they were working with local community groups to improve access to volunteering opportunities for people. Another relative told us they were aware their family member was reluctant to be involved in any activities although they enjoyed occasionally going out.
- Where people had family members; they were involved in their lives and made welcome at the service.

Improving care quality in response to complaints or concerns

- There was a complaints policy in place. People told us they knew what to do if they were not happy. A person told us, "I would talk with [key worker name]." At the monthly meeting for residents, people were asked if they had any issues they wanted to discuss.
- Relatives told us that any issues raised were dealt with quickly, but they had not felt the need to make a complaint.
- A health and social care professional told us the registered manager and staff were responsive to any issues raised.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Three out of four people could communicate verbally so were able to make their views known to staff. One person did not communicate verbally. Staff understood this person's preferences and could tell from their body language if they were happy with the support being offered. Their care plan gave information on how to communicate most effectively with them and the staff used pictures to get their views on menu choices.

End of life care and support

- There was no one receiving end of life care at the time of our inspection. Two people's care records contained information regarding their end of life care wishes. The registered manager told us relatives were actively involved with two people at the service and would take responsibility for decisions related to their family member's end of life wishes.

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 remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- We found that there were some areas in which the registered manager was not fully working in line with best practice in identifying and addressing areas of risk. For example, the lack of a risk assessment related to the use of a kitchen fridge for insulin and clearly specifying what was a normal range for a person's blood sugar level. Although a risk assessment stated a person had diabetes, there was not detailed information for staff about symptoms of this condition and what to do should the person appear to be unwell.
- There were areas in which the registered manager did not keep sufficient records to evidence best practice. For example, fire drills were simply recorded as taking place on a specific date and which staff were on shift. They did not record if the drill was successful or whether they took place at different times to confirm effectiveness of the plan.
- It was not clear from records what was learnt by the team from accident and incident logs or incidents logged on behaviour charts. The senior support worker and registered manager could tell us what they learnt from incidents.
- The service was small and there were limited visitors to the service, however, the filing cupboard containing people's care records did not have a working lock.

These concerns were a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following the inspection, the registered manager updated all the paperwork including the fire drill documentation, risk assessment and accident and incident documentation. They also purchased a new filing cabinet and medicines fridge.
- The registered manager understood quality assurance. The provider and registered manager carried out regular quality audits and took remedial action when they identified gaps in good quality care. These included medicines, care planning, finances and health and safety.
- We had no concerns regarding duty of candour. We found the registered manager was open and transparent throughout the inspection.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Working in partnership with others;

- The registered manager and staff team demonstrated a commitment to providing person-centred care to people. People's wishes were respected, staff understood people's needs well and care was arranged around people's preferences and requirements.
- Health and social care professionals spoke positively about the service. They told us the registered responded to any requests made and they told us in their view the service was well-led.
- People were supported to have good health outcomes.

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

- The service gained the views of the people they supported, families and health and social care professionals they worked with in a number of ways. For example, through residents' meetings, annual care reviews and by talking informally with allied professionals. The registered manager told us as a small service they found this informal route most effective.
- Staff told us their views were valued and they could influence the way the service was run. Communication was via a communication book, handover and staff team meetings.
- Relatives told us they thought the service was well-led and the registered manager and staff welcomed their views on the service and the care provided.

Continuous learning and improving care

- The service had addressed most of areas of concern raised at the last inspection.
- Following this inspection the registered manager addressed areas raised at this inspection.
- The registered manager told us they attended forums run by the local authority to stay up to date with best practice.

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 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider did not have effective systems in place to assess, monitor and mitigate the risks related to the health, safety and welfare of people using the service. The provider did not maintain securely such other records as are necessary to be kept in relation to the management of the regulated activity.</p> <p>Regulation 17 (1)(2)(a)(b)(d)</p>