

C Jootun

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?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 4 August 2017 and was unannounced. The previous inspection took place on 14 July 2015 and met the requirements of the regulations. The overall rating for this service was 'Good'.

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 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.

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 there was a complaints process in place it was not fully accessible to people living at the service.

Administration of medicines was difficult to understand as the dates on the printed administration sheets were different to actual dates written on by staff. We were unable to check stocks of one medicine due to insufficient information and there was one error in stocks against records. There were no records of medicines returned to the pharmacist since February 2017.

We saw staff were kind to people living at the service. Although people told us they felt safe, one person clearly found the agitated behaviour of another person difficult on occasion. People living at the service told us the registered manager was always available and relatives confirmed they could easily discuss any concerns they had with them.

Staff understood safeguarding and knew what to do if they had any concerns regarding people's safety. The registered manager told us all accident and incident forms were copied to the local authority although records could not always evidence this had always taken place.

The shed at the bottom of the garden was not safe for use although by the time of writing this report this had been safely fenced off.

People told us they enjoyed the food and staff knew what people liked to eat. The menu for evening meals was limited but following the inspection the service had expanded options for people's evening meals taking into account their preferences. Food was not always safely stored. Staff understood people's needs and preferences and there was continuity of staff at the service which was beneficial for people living there.

People's records showed they had access to health care as required, and a health and social care professional who has been working with the service over a long period of time noted that people's behaviours have improved significantly since living at Sharon House.

Staff told us they felt supported in their role and understood training in key areas, however as only the most recent supervision records were kept the registered manager could not evidence supervision took place regularly. Similarly only the latest staff meeting minutes were retained. There were minutes of meetings for people living at the service.

Staff understood issues of consent when providing care to people. We saw people were supported to have maximum choice and control of their lives in the main. However one person was subject to restrictions on cigarette intake without the necessary safeguards in place. We also noted one person should be assessed under the relevant legislation to review whether they could safely leave the service unaccompanied.

We found a breach of the regulations in relation to the governance of the service and proper and safe management of medicines.

We have made a recommendation in relation to complaints.

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?

The service was not always safe. It was not always possible to reconcile records with boxed medicines.

The shed at the bottom of the garden was not safe for use although it was not clear the people went to the end of the garden.

Food was not always safely stored.

Risk assessments were in place and included the majority of risks identified.

Recruitment was not checked at this inspection as there had not been any new staff recruited since the last inspection.

Requires Improvement ●

Is the service effective?

The service was not always effective. Although staff understood the principles of consent, one person required an assessment under DoLS and documentation was not in place to justify restricting one person's cigarettes.

Staff were trained in key areas and told us they were regularly supervised but records were not maintained by the registered manager to evidence this.

People told us they enjoyed the food and staff knew what people liked to eat. The menu for evening meals was limited but following the inspection this improved.

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

People were positive about the staff and staff had the knowledge and skills to provide support to people at the service.

Requires Improvement ●

Is the service caring?

The service was caring. Staff had worked with people over a long period so understood their preferences.

Good ●

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

People's rooms were personalised although in other areas of the service the décor was dated.

Is the service responsive?

The service was not always responsive. Although there was a complaints process in place it was not accessible to people living at the service in a meaningful way. We have made a recommendation in relation to complaints.

Care plans covered peoples' needs and had been regularly updated.

People were involved in a range of activities although changes in the provision of day services locally had impacted on the level of activities at the service.

Requires Improvement ●

Is the service well-led?

The service was not always well led. Historical records were not always held by the service so the registered manager could not evidence meetings and supervisions had taken place.

There were no audits in key areas such as cleanliness, managing people's money or medicines.

The registered manager was actively involved in the running of the service and was available to staff and people living at the service. Family members told us the registered manager was accessible and responsive.

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 4 August 2017. This inspection was carried out by one inspector.

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

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. On the day of the inspection we also spoke with a family member who was visiting the service.

We spoke with two care staff, the registered manager and a visiting relative on the day of the inspection. Following the inspection we made contact with several health and social care professionals who have regular contact with the people using the service, and received feedback from two professionals. One other family member responded to our request for feedback.

We looked at two people's care records including risk assessments. We looked at three people's medicine administration records (MAR) and checked stocks against records. We spot checked one person's money held by the service including reconciling receipts with records.

We looked at other records held at the home including three staff members' supervision and training records, staff and resident meeting minutes, accident and incident forms as well as documents related to safety checks such as gas, electricity and fire equipment. We did not look at recruitment records as there had not been new care staff employed within the last five years.

Is the service safe?

Our findings

We asked people living at the service if they felt safe. One person told us, "I feel safe here." Another person told us, "Yes, but [another person] tells me to be quiet. I don't like it." We discussed with staff and the registered manager how they ensured people felt safe living at the service, particularly as we witnessed one person becoming very agitated on the day of the inspection and threatening to hit another person. We were told staff asked people if they felt safe at the monthly meeting for the people living at the service. When we looked at the minutes of records we found the written answers were exactly the same for each month. We asked about this, and staff told us they always got the same answers from people. The registered manager told us they would ask questions in a variety of ways to get people's views and they would liaise with the learning disability team for guidance using pictures and other symbols.

We could see staff understood people's needs very well and were able to tell us the steps they would take to protect people if they suspected them to be at risk of abuse and harm. Records also confirmed that staff had received training on these topics which was refreshed regularly.

Medicines were stored securely. The majority of tablets were dispensed in blister packs and these had been dispensed accurately. However, we noted that for one person the medicine administration record (MAR) for one medicine had not been completed accurately the previous day. We were told the person had received the medicine, but it had not been recorded on the MAR. As a result the stocks were one tablet short for this medicine. We also noted that the dates on the MAR did not tally with the actual dates used and so had been written over by the staff which made it difficult to understand. We discussed this with the registered manager and asked to see audits of medicines. However, the registered manager was not formally auditing medicines, rather he periodically looked at the MAR to check they were completed accurately. There were no records of these checks.

We noted that there was no guidance for staff for when to give one person an 'as needed' PRN medicine, although there was a generic PRN policy in place at the service. We could not confirm stocks against records for one person who received Diazepam as a PRN medicine as the MAR did not contain information on the number of tablets received.

Also, the registered manager was unable to provide evidence of stocks returned to the pharmacist on a monthly basis, as the pharmacist had not signed for received returns since February 2017. The registered manager told us they would provide guidance for staff as to when the person could be given the PRN medicine, and also ensure medicines returned were signed for by the pharmacist.

These concerns were a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at accident and incident logs at the service. The registered manager told us they looked at accidents and incidents periodically and sent a letter with a copy of all the incident forms to the local authority if it related to people living at the service. We asked to see evidence that specific incident forms

had been sent to the local authority, but whilst some had copy letters attached to the incident form, others did not. The registered manager told us they would develop a better system to evidence management oversight of accident and incident forms and to maintain records more effectively to show local authorities were notified as necessary. None of these incidents reached the threshold to require a notification to CQC.

Risk assessments were in place and covered a range of issues including how to manage a person's health condition and behaviour that at times could be challenging, included triggers so staff could tell if a person was becoming agitated. For one person who regularly became agitated the risk assessment gave clear guidance to staff on how to manage them in the period of agitation. This included distracting them with a cup of tea, ensuring any promises were fulfilled and giving them time to 'cool off'.

However, not all risks were identified. For example, we observed that there was a lack of toilet tissue in the downstairs toilet, and staff hid the toilet paper in a cupboard upstairs. We were told that this was due to a person using excessive amounts which blocked the toilet. However, this was not noted on this person's risk assessment. There was no evidence the service had sought advice on how to manage this issue from the local learning disability team. Following the inspection the registered manager showed us that he was in communication with the learning disability team regarding this issue.

On the day of the inspection the hot water was operating erratically. At the start of the inspection there was no hot water in people's bedrooms, the bathrooms or the kitchen. There was an electric shower which heated water separately which was unaffected. We checked the water at several points in the day and found it worked sporadically. This impacted on people's ability to wash their hands in comfort throughout the day and could impact on infection control.

We discussed this with the registered manager who told us that reducing the water temperature to avoid scalding people had impacted on the water temperature throughout the service. Following the inspection the registered manager showed us evidence that this had been fixed.

The service was adequately clean in the majority of the areas. We asked staff how they knew when to clean certain areas of the service. They told us they did not have a recorded system as they cleaned the service daily. However, we saw the fridge had not been cleaned for some time and there was one item of food in the fridge that was covered but not labelled. By the end of the day the fridge had been cleaned and food labelled.

We discussed with the registered manager how they ensured the service was clean. They told us they visually checked the service as they were at the service five days a week, but the staff didn't have a rota for cleaning, nor were there any audits of hygiene. The registered manager sent us an audit document he had drawn up following the inspection he intended to use to record and monitor cleaning.

There was a long garden at the service which had a paved area, a lawn, a vegetable patch and at the end, a shed. The shed was in a significant state of disrepair and had building and garden debris around the exterior which made it unsafe for people living at the service. The registered manager told us people did not go to the end of the garden. However, as people were able to be in the garden unsupervised they undertook to either get the shed repaired or replaced, or section off the garden so people could not go to the end where the shed was. Following the inspection the registered manager sent us a photo of a fence that had been built to cordon off the end of the garden.

Staffing levels were adequate to support people living at the service. There were two staff on shift throughout the day and evening and one staff member awake at night to monitor people's safety. Additional

staff were scheduled to work if there were additional appointments to attend. The service did not employ agency staff. This was positive as people had continuity of care provided by a longstanding staff team who knew them well.

We did not look at recruitment records as there had not been any new staff employed in the last five years. The previous inspection reviewed staff recruitment and found it was safe.

People had individual responsibility for their finances but were supported by the service to get money from the bank and staff held their balance of money in the office with their verbal permission. The balance tallied with records and receipts evidenced money had been spent as stated. We found one person had been charged for a staff member attending an outing as opposed to the cost being shared between the two people who had gone on the outing. When we showed this to the registered manager they were aware this was an error by a staff member and immediately rectified it. The registered manager undertook to spot check people's monies going forward.

Essential services at the building such as gas, electricity and fire safety equipment were regularly maintained. The service's décor was dated and in the downstairs bathroom there was evidence of mould around the shower. We discussed this with the registered manager who acknowledged certain areas of the building could benefit from being upgraded but they told us they were constrained by finances. Although the service was maintained the registered manager did not have a programme for cyclical decorating.

Is the service effective?

Our findings

We asked people if they thought staff were able to look after them. They told us, "Yes I think so." "Staff help me. [Staff member's name] is a good girl" and "People (staff) help me."

Relatives confirmed that staff had the necessary skills to care for their relative. One family member told us, "Yes, they are very good with [relative's name]. We tried somewhere else but it didn't work. She's got stability here." Another family member told us they felt staff could care effectively for their relative. Health and social care professionals confirmed staff had the skills and knowledge to care for people and meet their needs.

We could see that refresher training took place yearly in key areas including safeguarding, infection control, medicines management, moving and handling and first aid. We noted there were no records of training for staff in managing behaviour that challenges despite two people living at the service having behaviours that can be challenging. We had witnessed staff managing one person's behaviour well when they became agitated on the day of the inspection.

We spoke with the registered manager regarding the lack of challenging behaviour training and they undertook to arrange training for staff. They evidenced following the inspection all staff had undertaken this training. They also undertook to discuss training issues at staff meetings to ensure staff understood training they had completed.

Staff told us they received regular supervision and we could see that people had received supervision in the last three months, and there was an appraisal within the last 12 months, but the registered manager told us they only retained the previous supervision record and destroyed previous copies. We explained that it is their responsibility to evidence they supervise staff regularly and we would expect 12 months records to be retained. Training records were only retained for the last 12 months. The registered manager said they would retain staff supervision records for 12 months, and training documentation for longer.

Care files contained information regarding people's health needs and records evidenced people had access to a wide range of health professionals including psychiatrists, GPs, dentists and opticians. Family members confirmed people were supported to attend appointments and were supported to have good health by the service. Health and social care professionals told us the registered manager was responsive to any changes in people's health needs and liaised well with local community services.

Care records contained 'Health Action Plans' and 'Hospital Passports' which had been updated in the last 12 months. These were useful documents as they highlighted what medical procedures people were happy to undergo and which were likely to cause anxiety. They also contained summarised up to date medical information.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty

Safeguards (DoLS). The service did not have any person who was subject to a DoLS authorisation as everyone was viewed to have capacity. We discussed this with the registered manager as there was one person who may require a DoLS assessment. Following the inspection the registered manager sent evidence they had requested an assessment for this person from the local authority.

Staff understood issues of consent when providing personal care, and supporting people with eating and drinking. However, one person had their cigarettes and lighter held by the staff to reduce their cigarette intake and for safety reasons. We asked the registered manager if they had written permission to hold this person's cigarettes. We were told this was a long standing arrangement which had been agreed with other health professionals although records did not evidence this.

The registered manager agreed to either gain authorisation from this person or to hold a best interest meeting with other professionals to determine the best solution if they could not gain written authorisation for cigarette management if this person was deemed not to have capacity. Following the inspection the registered manager evidenced they had been in contact with the local authority regarding this issue.

One person's care records contained their end of life wishes which had been signed by another person. However, this person did not have formal authority to make this decision, and was now deceased. We discussed this with the registered manager who agreed to have a discussion with the person and ask them if they had any preferences for end of life wishes.

People told us they liked the food at the service, and people's care records contained information regarding their preferred meals. The menu was discussed at monthly meetings for people living at the service but looking at five weeks menus, we noted for six out of every seven days people had sandwiches for tea. We talked with the senior care staff regarding this and they acknowledged it may be helpful to explore menu options more broadly at the next meeting. Following the inspection the registered manager sent us reviewed menus with a greater variety of evening meals. People regularly ate meals out.

Is the service caring?

Our findings

We saw good interactions between the staff and people living at the service. Staff spoke kindly with people and could chat with them in a comfortable and interested way. Staff had worked with people for many years and understood their likes and dislikes and understood their needs and preferred schedules. We asked people if staff are nice to you. One person told us, "Yes. Quite good. I like [staff member name] and [staff member name]." A health and social care professional familiar with the service over a long period confirmed that staff were kind and caring to people at the service.

People went on holiday last year to the seaside and there were plans to go away again this September. People seemed happy at the service and mostly got on well with each other. The registered manager knew people's needs and took two people individually to lunch after the food shop every week which they told us they enjoyed.

Relatives told us they were welcome at any time and the registered manager confirmed there was an open door policy at the service.

Care records highlighted what people could do independently as well as where they required assistance. One person routinely helped with the laundry, tidied their room and enjoyed supporting staff in domestic tasks. Other people helped with the shopping and other minor tasks. Staff were able to tell us how they promoted people's independence by not 'taking over' and by being patient. People's care records were written from the viewpoint of the person.

Staff were able to tell us how they provided dignity and respect to people, by ensuring their privacy; by asking people what they want to do and by giving choices in relation to activities; food, going out and choice of clothes. One person told us, "I decide what to wear."

There was a bath upstairs, but it was not clear if the bath was used by people at the service. There was no plug visible although the registered manager told us there was one available if required. The lack of easily accessible toilet paper for all the people living there was not conducive to showing people dignity and respect. However the registered manager could evidence following the inspection they were seeking advice on managing this behavioural issue.

In contrast, people's rooms were personalised with their belongings, and the remainder of the service had a homely feel to it. The garden provided a lovely space with a patio, lawn and vegetable patch. On the day of the inspection there was only one plastic chair used mainly by a person who smoked. However, following the inspection the registered manager purchased a table and additional chairs for people to use.

People's involvement in their care was evidenced by signatures on some of the care records. There were monthly meetings for people who lived at the service. Minutes of meetings for people living at the service were available, but records were not always accurately held as discussions relating to Christmas were still on the meeting minutes in the summer. This illustrated a lack of attention to detail and accuracy in

recording.

People's cultural needs were met by the service. Staff told me they provided Halal meat for a person on respite and one person had previously been supported to attend church.

Is the service responsive?

Our findings

Care plans had been updated recently and outlined people's needs and how to meet them. Areas of need included communication, physical and mental health, dietary needs, personal care, transport needs and leisure activities. People's care was reviewed annually by the local authority and the care service and people and their relatives were invited as part of the process.

Care files contained a lot of historical data which meant it was not easy to find the latest version of documents. This was mitigated to some extent by the continuity of the staff team who understood people's needs.

Staff clearly understood people's needs and preferences and in this way the service was person centred. "[X] loves to go out for lunch every week." Staff were key worker to individual people and people's personal histories were known to staff.

Day centre provision locally had been reviewed recently and now only one person attended a formal day service three days a week. People had a range of activities they enjoyed and staff facilitated them doing these activities which included going to the cinema; going out for lunch, going shopping and going for a walk. People had been to the cinema the day before the inspection. Relatives confirmed that staff supported people to do activities of their choice.

We asked people living at the service if they knew how to make a complaint. Not everyone did. Whilst it was clear that people were asked whether there were any issues at the monthly meeting it was not evident that people understood they had a chance to make a formal complaint. We asked one person what they did when another person told them to be quiet. They told us they went to another member of staff who helped sort things out. In this way staff addressed day to day issues of complaint by people at the service. There were no visual aids to explain how to make a complaint and no posters up for people to see.

We asked a relative if they knew how to make a formal complaint. They did not but felt the registered manager was responsive and would deal with any issues they raised. There had been no complaints logged with the service in the last 12 months. We talked with the registered manager who could evidence there was a complaints process at the service, but they acknowledged it may not be accessible to both the people living at the service and their family and friends. It was not in a pictorial form and was not on display at the service.

We recommend the provider seeks advice on how to ensure the complaints process is fully accessible to people living at the service, family and friends and professionals.

Is the service well-led?

Our findings

There were ways in which the service was not well led. There was no process for systematically checking the quality of the service in a number of areas. For example, there was no evidence of audits taking place in relation to managing people's money, medicines or cleanliness of the home. As the building risk assessment had not covered the garden the dilapidated shed had not been identified as unsafe, although it clearly was, had people ventured to the bottom of the garden.

In addition, although staff and the registered manager told us monthly staff meetings took place, only the previous month's minutes were retained. Similarly, although staff told us supervision took place, we could not evidence this as only the previous supervision record notes were retained. Historical documents had been disposed of. This meant the registered manager could not evidence meetings had taken place or what was discussed.

We also noted there was no record obtained of medicines returned to the pharmacy since February 2017 which meant it was not possible to accurately reconcile stocks against records. Accident and incident records were not consistently stored safely so the registered manager could evidence the local authority had been made aware of all incidents that occurred.

Although the registered manager had developed a survey form, it had not been distributed so there was no formal system for gaining the views of relatives or professionals working at the service. The registered manager told us they obtained the views of relatives informally and from residents' meetings.

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

There were other ways in which the service was well led. For example, people told us they liked living at the service and family members also praised the service provided to their relatives.

Staff had worked at the service a long time and spoke well of the registered manager. They felt they could contribute to how the service was run at monthly staff meetings, and covered each other's shifts for leave so the service did not use agency staff which may have been difficult for some people. Staff told us supervisions took place regularly. The registered manager and staff knew the people at the service well and people were relaxed in their company. The service successfully managed people with quite complex behaviours.

There was a fire risk assessment in place and a building risk assessment, both of which had been completed in the last 12 months.

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 12 HSCA RA Regulations 2014 Safe care and treatment The provider could not evidence the proper and safe management of medicines. Regulation 12 (1)(2)(g)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider did not maintain records in relation to the management of the regulated activity. Regulation 17 (1)(2)(d) The provider did not establish systems to assess, monitor and improve the quality and safety of the services provided. Regulation 17 (1)(2)(a)