Sharnbrook Care Home Limited

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Inspection report

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Tel: 01582866708

Date of inspection visit:
22 March 2016

Date of publication:
16 May 2016

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

Summary of findings

Overall summary

This inspection took place on 22 March 2016 and was unannounced. We last inspected this home in May 2014 and found that they were meeting the legal requirements in the areas we looked at.

Sharnbrook Lodge is a residential home that provides care and accommodation for up to 24 older people, some of whom may be living with dementia. At the time of our inspection there were 22 people living at the home.

The home had 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.

The provider had effective systems in place to ensure people's safety and to protect them from avoidable harm. Personalised care plans and risk assessments were in place for each individual who lived at the home. These gave staff guidance on how to support people in a consistent way and how to reduce any risk of possible harm. The provider had also put in place health and safety risk assessments connected to the safe running of the home.

Medicines were administered safely and people were supported to access the necessary healthcare services to maintain their well-being.

People had access to nutritious food and drink throughout the day and were involved in deciding what to eat and drink. Those who needed support during meal times were assisted with their meals.

People were supported to maintain their independence and encouraged to pursue hobbies that they were of interest to them. They were aware of the provider's complaints system and knew who to raise concerns with if they had any.

The provider had an effective system in place for recruiting new staff. There was enough trained and skilled staff to safely meet the needs of the people who lived at the home. Staff understood their job roles and responsibilities and were supported by way of regular supervisions.

The provider had an effective quality monitoring process in place to ensure they were meeting the required standards of care and identify improvements that needed to be made.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People were safeguarded from risk of avoidable harm.

There were enough suitably trained and qualified staff to safely support people.

People's medicines were administered and managed in a safe way.

Is the service effective?

Good

The service was effective.

The requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards were met.

There was an induction programme in place and staff were trained in areas relevant to their roles.

People's care needs had been identified and the appropriate level of support put in place.

People had a good choice of food and drink.

Is the service caring?

Good

The service was caring.

People were cared for by staff who were kind and compassionate.

People were treated with dignity and respect.

Is the service responsive?

Good

The service was responsive.

People had care plans in place which were reflective of their individual needs and choices.

People were supported to follow their interests and hobbies.

There was an effective complaints policy in place.

Is the service well-led?

Good

The service was well-led.

There was a registered manager in post. They were visible, approachable and supportive to people.

The provider had an effective system for monitoring the quality of the service they provided.

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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 was planned to check 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.

This inspection took place on 22 March 2016 and was unannounced. The inspection was carried out by one inspector from the Care Quality Commission (CQC).

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed information available to us about the home, such as the notifications that they had sent us. A notification is information about important events which the provider is required to send us by law.

During the inspection we spoke with three people who lived at the home, two of their relatives, two care staff, the cook and the registered manager. We observed interactions between staff and the people who lived at the home, and reviewed care records and risk assessments for four people.

We looked at people's medicines and medicines administration records and reviewed staff recruitment, training and supervision records. We also looked at information on how the quality of the service was monitored and managed.

Good

Is the service safe?

Our findings

People who lived at the home, their relatives and members of the staff team told us people were safe. One person said, "Yes I feel safe, the place is locked at night time and I have a key to my room, I can lock my door anytime I want to." One relative told us, "Yes, they are safe living here. There is always staff around to look after them." Staff told us that the home was a safe place for people who lived there. One member of staff said, "Absolutely, [people] are safe here because we are here. We know [people] and their needs. We have the correct equipment to safely care for them and we have received the training."

There were up to date policies around whistleblowing and safeguarding people in place. The safeguarding policy gave staff guidance on keeping people safe and detailed the actions that were to be taken if there were concerns around people's safety. The whistleblowing policy provided a way in which staff could report misconduct or concerns within the workplace without fear of the consequences of doing so. Staff demonstrated clear understanding of these policies by confidently talking us through them. One member of staff told us, "Yes I am aware of the whistleblowing policy. Haven't had the need to use it but I wouldn't hesitate in whistle blowing if I ever saw anything happen." Another member of staff said, "Yes, I will report any [safeguarding concerns] firstly to a senior member of staff, then to my manager, the safeguarding team and also to the CQC."

Information that gave staff guidance on supporting people to stay safe was also displayed in communal areas within the home. Staff also received training from the provider to further develop their understanding of how to keep people safe. One member of staff told us, "We have all been trained on safeguarding. I know the signs to look out for if one of the service users was [unsafe] and I know who to report it to, all the numbers are on the notice board in the hallway."

Personalised risk assessments were in place to safely manage risks associated with people's care. These formed part of people's care plans and provided guidance to staff on ways to keep people safe from avoidable harm. They were reviewed and updated monthly or earlier if needed. Staff told us they kept up to date with identified risks to people and the ways these were managed by reading these risk assessments. One member of staff said, "Yes everyone has a risk assessment in place. I will speak to the manager if I see anything change and the risk assessments will be adjusted."

The provider had also put into place health and safety risk assessments that identified risks posed to people by the environment and detailed how these were managed. These included assessments of fire safety, infection control, medicines and slips, trips and falls.

There was an emergency plan that detailed the steps the provider would take to ensure people's safety in an event that stopped the home running the way it should. This was in addition to a fire evacuation plan which was displayed in the home's communal areas. Staff told us they were aware of all these plans and understood what was required of them in an emergency. One member of staff told us, "We know what to do in an emergency, we have regular drills."

People and their relatives told us there were enough staff to safely meet the care and support needs of those who lived at the home. One person said, "There is enough staff yes, there is always someone here to help you." One relative told us, "Yes there is enough staff, there is always someone around." A review of the staff rota confirmed the home was fully staffed and that all shifts had been covered for the 4 weeks period we looked at.

The provider had robust recruitment and selection processes in place and had taken steps to ensure that the staff who worked at the home were suitable for their roles. We looked at the personnel files of three members of staff and found that appropriate checks had been carried out prior to them starting work at the home. These checks included Disclosure and Baring Service Checks (DBS), written references, and evidence of their identity. New staff had completed health checks that determined if the applicant was fit to carry out the role they had applied for ensured staff were suitable to care for people safely.

Medicines were administered as prescribed and stored safely within a locked trolley in the home's medicines room. We looked at the medicine administration records (MAR) for four people and found that these had been completed correctly. Protocols were put in place for people to receive medicines that had been prescribed on an 'as and when needed' basis (PRN). We carried out a reconciliation of the stock of medicines held for four people against the records and found this to be correct. People's medicines were audited regularly by the provider. Staff had received training to support people safely with the administration of their medicines.

Good

Is the service effective?

Our findings

People and their relatives told us that care and support was provided by staff who were skilled, experienced and knowledgeable. One person said, "Staff are good, they look after me well. They know what I like and don't like." A relative told us, "I have no complaints at all. The staff know what they are doing and they are well trained. They have really looked after [person] since being here."

Staff had received a full induction at the start of their employment. One member of staff told us, "Yes we do our induction before we start working with the service users. We complete the induction booklet and spend one week [shadowing experienced staff]. We also do training during our induction." The home's induction programme gave new staff the opportunity to meet the people who lived at the home and familiarise themselves with people's care needs by reading care plans and risk assessments. Staff also had the chance to get to know their job role and responsibilities and the facilities available to them.

Staff had received training in areas considered to be mandatory by the provider. This enabled the staff to carry out their job roles effectively. One member of staff told us, "The training very good. It made me understand my job more." The service's training records showed that staff had completed training on dementia care, fire safety, safeguarding people, medicines administration, first aid, moving and handling and food hygiene. New members of the staff team were given the opportunity to complete the care certificate.

Staff told us that they felt supported in their roles by the management team and the provider as a whole. They told us received regular supervision sessions with one member of staff saying, "Yes we have supervision with the manager. We talk about how everything really, the service users, training, and safeguarding." A review of the home's supervision records indicated that four supervision sessions were carried out each year for staff but the manager had started work to increase this number to six sessions every year.

The requirements of the Mental Capacity Act 2005 (MCA) were met. The 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Staff had received training on MCA and DoLS and had clear understanding of the principles of the Act and how it worked in practice. The provider had made applications to the local supervisory body to deprive some people who lived at the home of their liberty (DoLS), under the Mental Capacity Act 2005, in order to fully meet their care needs. However, we found that the provider had determined that some people lacked the capacity to make decisions about their care and welfare and had engaged their relatives in decision making without completing a mental capacity assessment in that particular area. This was discussed with the registered manager who told us work was going to be done with support from the provider to address

this issue.

People and their relatives told us that consent was sought before care and support was given to people by staff. One person said, "Yes, they always ask my permission, they are good like that." Another person told us, "They always knock on the door and ask if they can come in." A relative we spoke with said, "They always ask [person's] permission before doing anything and yes, they knock on the door before coming in." At the time of this inspection we observed staff asking people's permission before they provided care and support.

People's preferences around food and drinks and their dietary needs had identified and taken into account by the home. These were noted in the care records as well as in records held by the kitchen staff. The cook told us that menu was always done with people's involvement and took into consideration preferences and dietary needs. People told us that they had a good variety of nutritious food and drink. One person said, "The food is very good, there is a good selection every day." Another person told us, "I enjoy the food. I like that I don't have to go shopping for it." We observed the lunch time experience for people who lived at the home. We saw that food was nicely presented to people after they had been asked what meal they preferred out of a choice of two. People who needed support with at meal time were supported by staff in a patient and supportive way and as directed in their care plans. Gentle classical music was also played in the dining rooms to help people relax and enjoy their meals.

People's healthcare records showed that they were actively supported to maintain their health and well-being. They had access to healthcare services when required and their known health conditions were detailed in their care records. The service routinely monitored people's weight and health needs and supported them to access the relevant health care services when required.

Good

Is the service caring?

Our findings

People and their relatives told us staff were kind, caring and compassionate. One person said, "They are very good, very kind. Never heard a harsh word from them." A relative we spoke with told us, "They are wonderful, they really care." Another relative said, "It's an amazing place, the staff are lovely. It is one of the best places I've been." A member of staff we spoke with told us, "This is a nice home. I would live here myself. For me it is a home away from home."

Staff demonstrated a caring and compassionate attitude towards the people who lived at the home. They were patient and supportive in their interactions with people and people appeared relaxed and at home in their company. They clearly knew people's histories, preferences and were respectful of these. They communicated with people appropriately and took time to listen to them.

People and their relatives told us staff treated them with dignity and respect. One person said, "They always knock on the door and ask before they come in my room." Another person said, "If I said I don't want to do something they don't push it. They are good like that." A relative we spoke with told us, "They go the extra mile in treating [person] with dignity. They listen to [them] and they always ask [their] permission." During this inspection we observed that staff asked people's permission before providing them with care and support and they spoke with people in ways that promoted people's dignity and showed them respect. They knocked on people's doors before entering. If people were out and prior consent wasn't given, they did not go into people's bedrooms.

People's bedrooms were personalised with pictures and items that were of importance to them. They were supported to maintain relationships with their families and other loved ones. One person told us, "My son lives close by. He can visit me anytime." One relative of a person who lived at the home said, "I am always welcomed here. Yes, I can visit anytime."

Information leaflets that contained details about the home, the services offered and the staffing structure were made available to people. These also included information regarding safeguarding, complaints, fire evacuation instructions and details about local advocacy services that offered support to people if required.

Good

Is the service responsive?

Our findings

People and their relatives told us they knew people had care plans in place and that they were involved in devising them. A person who lived at the home said to us, "Yes, I have seen my plan." One relative we spoke with told us, "Yes, they involve us in all of that [care planning]." People's care plans followed a standard template used across the home and were personalised to them. They detailed information about people's personal history, their individual preferences, hobbies and interests. They also gave staff guidance on how best to support people in meeting their care needs. These care plans were reviewed on a monthly basis to incorporate details of any changes that were required.

People's care plans were created following an initial assessment of people's care needs. These were carried out by the provider for each person who lived at the home before they moved in. Information from people, their relatives and health care professionals also helped the provider to determine the level of support people needed and if they could meet their needs safely.

People's care needs were also reviewed annually with involvement from their relatives, key workers and people who were important to those who lived at the home. A review of people's records showed that annual life reviews looked at people's healthcare needs, their choices, preferences, history and relationships with families and loved ones, and determined whether these were being met as planned. People were supported to arrange these review meetings by their keyworkers. Keyworkers were members of the staff team who took the lead role in monitoring whether a particular person's needs were being met by the home. Each person was assigned a keyworker and people told us they knew who their keyworkers were. One person told us the name of their keyworker and said, "Yes, she is very nice."

People were supported to take part in activities that were of interest to them. We saw that people took part in activities that included weekly dancing sessions which they called 'dance mobility', seeds planting, games of bingo, cribs and dominos, colouring for adults and music sessions. The home had an activities co-ordinator who took the lead role in arranging activities for people. Activities that people took part in were recorded in the home's activities folder which the registered manager showed us during our inspection. This folder contained photographs of people taking part in the recorded activities.

The provider had a robust system in place for handling complaints. People and their relatives told us they knew how to make complaints if they were dissatisfied with any aspect of the service they received. One person said, "I will talk to [the manager] if I have anything worrying me." A relative told us, "I have no complaints at all. Yes, I will just speak to [the manager] and [the provider] if I had any and they listen." We reviewed the home's complaints folder and found that where a complaint had been received, the provider had taken steps to resolve this, and feedback was provided to the complainant within the time period specified in their policy.

Good

Is the service well-led?

Our findings

The home had a registered manager in post. People who lived at the home, their relatives and members of staff told us the manager was visible, approachable and effective in their job role. One person said, "Yes I know [manager]. She is nice. She comes round to say hello." A relative told us, "We can always talk to [the manager] and have a joke and a laugh with her. She is approachable, yes." Staff told us the management team was supportive of them. One member of staff said, "Yes, you can talk to [Manager] about anything, she is very good."

We observed the interactions between the manager and the people who lived at the home, their relatives and staff and found these to be positive. The registered manager had worked in the home for twelve years and was knowledgeable about their role. People appeared to be at ease in the presence of the manager and the home had a relaxed atmosphere.

Staff told us team meetings were held regularly. One member of staff said, "Yes, we have team meetings every month." The minutes of the January 2016's meeting showed that areas of discussion included people and their care needs, people's daily records, safeguarding people and staff training. These meetings were a way of staff being involved in the development of the service.

People and their relatives were also encouraged to take part in the development of the service. This was done by way of satisfaction surveys carried out annually. We saw that the latest survey was completed in April 2015 and was mainly positive. The registered manager told us that feedback from these surveys was used to further improve the service.

An effective quality assurance system was put in place by the provider with quality audits completed regularly by the provider and the registered manager. We saw that the provider was responsible for audits around the home's fire safety, staff training, safety and suitability of the premises and accidents and incidents records. The registered manager's audits focused on care plans, medicines and equipment. These processes measured the quality of the service that was delivered and identified improvements that needed to be made.

Compliments were paid to the home and its staff team by people who lived at the home and their relatives. In a thank you note to the home, one person said, "Thank you for being so caring and looking after me. Lots of love." A relative wrote, "Many thanks for all the fantastic care and support you gave to [Relative]. We really appreciated it."