

Sharnbrook Care Home Limited

# Sharnbrook Care Home Limited

## Inspection report

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

Sharnbrook Care Home Limited is a residential care home that was providing personal care to 22 adults and older people at the time of the inspection.

### People's experience of using this service

People were very happy living at Sharnbrook Care Home Limited because they felt safe and all their needs were met by kind and caring staff. Relatives were pleased with the service provided to their family members and staff enjoyed working at the home.

Everyone we spoke with praised the registered manager and agreed that she was approachable, knowledgeable, fair and did her job well. A staff team who worked well together supported the registered manager. The provider employed enough staff to make sure people's needs were met in a timely way. The provider had designed a recruitment process to make sure they only employed suitable staff.

The staff team was committed to providing a high-quality service and keeping people safe. They had undertaken training in a wide range of topics so that they were skilled and knowledgeable to effectively meet people's needs. Staff understood their responsibilities to report any concerns.

Staff encouraged people to be as independent as possible and respected people's privacy and dignity. All staff welcomed relatives and visitors warmly and treated them as part of 'the family'.

Staff knew people well. They followed the guidelines in each person's care plan so that they delivered care and support in the way each person wanted. Staff managed the risks to people's health and welfare well.

The home was clean, fresh and hygienic. Staff used effective infection control measures to protect people from the spread of infection. Equipment was available when needed to help staff support people in a safe way.

Staff organised a range of things for people to do, including trips out and entertainers visiting the home. The cook made nutritious homely meals and external healthcare professionals supported people to maintain their health.

The registered manager actively sought the views of people and their relatives about the running of the home and she dealt promptly with any concerns that people raised.

The provider had a thorough system in place to monitor and improve the quality and safety of the service provided.

More information is in the full report.

#### Rating at last inspection

At the last inspection we rated this service Good. The report was published on 16 May 2016.

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor this service.

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

We always ask the following five questions of services.

### **Is the service safe?**

The service was safe

Details are in our Safe findings below.

**Good** ●

### **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 well-led

Details are in our Well-Led findings below.

**Good** ●

# Sharnbrook Care Home Limited

## **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. We planned this inspection 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

One inspector carried out the inspection.

#### Service and service type

Sharnbrook Care Home Limited 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 we looked at both 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

We carried out the inspection visit on 14 November 2018. It was unannounced.

#### What we did

Before the inspection visit we looked at information we held about the home and used this information as part of our inspection planning. The information included notifications. Notifications are information on important events that happen in the home that the provider is required by law to let us know about. On 8 March 2018 the provider had sent us a completed provider information return (PIR). The PIR 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.

During our inspection we observed how the staff interacted with people who lived at Sharnbrook Care Home Limited. We spoke with three people who lived there and four people's relatives/friends. We spoke with five members of staff: two care workers; the cook; the housekeeper; and the registered manager. We also spoke with two healthcare professionals who were visiting the home.

We looked at two people's care records as well as other records relating to the management of the home.

We contacted the local authority contract monitoring team who commission a service from this home.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives felt people were safe at Sharnbrook Care Home Limited. One person said, "They come in every hour, on the hour – they can't do enough for you."
- Three relatives told us, "People are safe here. Staff are always checking they're alright", "The home is secure" and, "I sleep well knowing she's alright."
- The provider had systems in place to protect people from abuse and avoidable harm. Staff knew what to do and to whom to report if they had any concerns about people's safety. Two people told us that staff had never hurt them or been rude to them.
- The provider had displayed information on the notice boards about reporting any concerns.

Assessing risk, safety monitoring and management

- The registered manager assessed all potential risks to people and put guidance in place so that the risks were minimised. One person said, "I feel safe when they handle me."
- Maintenance staff undertook regular checks of all the equipment in the home to make sure it was safe for people and staff to use. The registered manager showed us that they had carried out almost all the improvements that the fire safety officer had recommended.
- Each person had a Personal Emergency Evacuation Plan in place so that staff and others such as the fire service would know how to help evacuate the person in an emergency. The registered manager showed us that all except one of the requirements made by the fire safety officer following their inspection in May 2018 had been completed. A fire risk assessment was in place and staff tested fire safety equipment regularly as required.

Staffing and recruitment

- The registered manager followed a recruitment policy so that they were as sure as possible that people were suitable to work at this service. She carried out checks, such as a Disclosure and Barring Service check and references. One member of staff confirmed, "All [checks] were back before I started."
- There were enough staff to meet people's needs and keep people safe. People, relatives and staff all said that generally there were enough staff. The registered manager explained that recruiting suitable staff was difficult but that recruitment was always going on. One relative stated, "Nothing's too much bother, even when they're short staffed."

Using medicines safely

- People were happy with the way staff gave them their medicines.
- Staff had undertaken training so that they could give people their medicines safely and as they had been prescribed.

- □ Staff managed medicines well. The provider had supplied appropriately secure storage, at the correct temperature, for medicines.

#### Preventing and controlling infection

- □ The provider had systems in place to make sure that infection was controlled and prevented as far as possible. One person told us, "Staff wear gloves and aprons – it's very hygienic."
- □ Staff had undertaken training and were fully aware of their responsibilities to take appropriate measures to protect people from the spread of infection. They followed good practice guidelines, including washing their hands thoroughly.

#### Learning lessons when things go wrong

- □ The registered manager had a system in place to monitor incidents and understood how to use them as learning opportunities to try and prevent future occurrences.
- □ The management team would review risk assessments and care plans following incidents to prevent re-occurrence.

# 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

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People and their relatives confirmed that the registered manager had assessed their needs before she offered them a place at the home. One relative said, "[Registered manager] came to assess [my family member's needs] and [my family member] moved in the next day."
- The registered manager considered protected characteristics under the Equality Act. For example, she asked people about any religious or cultural needs they had so that she could plan for those needs to be addressed.
- The registered manager told us that they kept up to date with good practice in a number of ways, including attending meetings and reading numerous publications. This ensured that staff delivered care in line with all relevant guidelines.

Staff skills, knowledge and experience

- Staff had undertaken training in a range of topics so that they could do their job well. Staff said that the registered manager reminded them when they needed to do their refresher training. The registered manager arranged further training that staff requested.
- A relative said, "[Staff] are more than trained, especially in handling [people]."
- All staff felt very well supported. They had supervisions and appraisals and told us "[registered manager]'s door is always open."
- New staff underwent a thorough induction, which included shadowing more experienced staff for two to three weeks. A member of staff told us that new staff had training before the registered manager allowed them to be "hands-on."

Supporting people to eat and drink enough with choice in a balanced diet

- Once a month, people met to decide which meals they would like on the menu. Each day, the cook asked each person what they wanted to eat, offering alternatives if the person did not want the meals on the menu.
- The cook prepared a range of nutritious, appetizing meals, which people enjoyed. One person told us, "[Extremely] good cook she is. The food's always good, always fresh veg." A relative said, "[My family member] eats more here than she did at home."
- Staff offered drinks to people throughout the day, to make sure they drank enough. One person said, "If I asked for coffee they'd get it [at any time]."
- The cook knew people's individual likes and dislikes as well as whether a person had any food allergies. They provided special diets for people, including reduced-sugar puddings and foods fortified with extra calories if people were at risk of losing weight.

Staff working with other agencies to provide consistent, effective, timely care

- □ Staff worked closely with other agencies such as the local hospitals to make sure that people's needs were met, for example if a person was admitted to hospital.

Supporting people to live healthier lives, access healthcare services and support

- □ A number of healthcare professionals visited the home to provide people with healthcare services. Staff contacted, for example, the GP, optician, dentist or chiropodist to support people to maintain their health.
- □ One person told us, "There's a doctor comes regular and you can see him if you want to."

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

- □ Sharnbrook Care Home Limited had been a care home for 23 years. The owners had extended and adapted the house to meet the changing needs of people who had come to live at the home.
- □ The provider worked hard to make sure that they decorated and furnished the home to meet people's needs. They involved people living at the home in decisions about changes to the environment.

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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. The registered manager told us that none of the authorisations included any conditions.
- □ Staff had undertaken training about the MCA and DoLS and were aware of how this legislation affected their work. Staff asked people for their consent before they provided any personal care and they offered people choices in all aspects of their lives. One member of staff said, "You give people choices even if they can't tell you."

# 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

Good:  People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- A team of staff who were kind, caring and compassionate cared for people and supported them. One person told us, "Staff are caring, enthusiastic, they understand my needs and they are good."
- A relative said, "[My family member]'s definitely happy here. It's a lovely place. [Staff] are really good. They go the extra mile to make sure she's comfortable and happy." Another relative told us, "The girls are angels – they look after everyone very well."
- A healthcare professional described staff as "friendly and helpful" and told us they had "no concerns whatsoever" about the care people received.
- Staff used aids, such as photographs of meals, to make sure they communicated with people who found it difficult to express themselves.

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

- The registered manager told us that everyone who lived at the home had families who were able to help them, if they needed help, with decisions about their care.
- Information about advocacy services was available to people if they wanted an independent person to help them with their affairs.
- Staff told us that most of the time they had time to sit and chat with people to make sure that each person had everything they needed.

Respecting and promoting people's privacy, dignity and independence

- People had no concerns about the way staff treated them. Staff described ways they protected people's privacy and dignity, such as knocking on doors and covering people during personal care. Staff offered personal care to people very discreetly.
- Staff did not talk about people in front of others and they made sure that they stored any confidential information about people securely.
- Staff encouraged people to be as independent as they wanted to be. Care plans included what the person could do for themselves and guided staff to help the person retain their skills.
- The staff team always made visitors and relatives very welcome. One relative said, "[Staff] try and make me feel as much at home as [my family member]." Another relative told us, "[Staff] told me I was part of the family. They care for the relatives as well."

# Is the service responsive?

## Our findings

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

Good:  People's needs were met through good organisation and delivery.

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

- Each of the people living at Sharnbrook Care Home Limited had a care plan, which was personalised to make sure it met their individual needs. People were involved in planning their care and reviewing the plan regularly to make sure it still met their needs. A member of staff told us, "Care plans give us a good idea of what's going on."
- Care plans gave staff detailed guidance so that staff knew each person's individual likes and dislikes. One relative said, "Staff definitely know people and their individual needs. They know all their little quirks." Another relative told us, "They know [name] is scared of the dark so they pull her curtains as soon as it starts to get dark."
- Staff organised activities for people and tried to ensure that they supported each person to follow their interests and be as occupied as they wanted to be. Staff planned a wide range of things for people to do. A relative told us about a dog that visited the home and said, "If it makes a difference to people's lives, they'll allow anything."
- Technology in the form of an alarm call system and equipment such as air mattresses and pressure mats were in use to enhance people's care and safety.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and procedure, which they displayed on notice boards in the home. The registered manager had a log for complaints so that she could analyse any patterns.
- People and their relatives told us that they had never had to formally complain. One relative said, "I felt I could say anything and any niggles were always sorted."
- People and their relatives were comfortable raising any issues. They were confident that the registered manager would address and resolve these quickly.

End of life care and support

- The registered manager had given people the opportunity to discuss their end-of-life wishes and she had recorded these.
- Staff had attended training on end-of-life care and felt confident that they provided this care well, supported by GPs and community nurses.

# 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.

Good: □ The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- □ People, their relatives and staff all made very positive comments about the service and all said they would happily recommend the home. One relative said, "[My family member]'s really happy and so glad she came here. She said she's so happy she's floating."
- □ Staff were fully aware of their responsibility to provide a high-quality, person-centred service. A member of staff told us, "A lot of it's to do with the [registered] manager. She gets involved with us and we have a laugh and a joke but she's strict as well."
- □ Staff worked as a team and supported each other well. A relative told us, "Staff all get on well together – they bounce off each other." A member of staff said, "We're a nice little bunch – [all the staff] get on really well."
- □ The registered manager promoted transparency and honesty. They had a policy to openly discuss issues with relevant parties if anything went wrong.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- □ The registered manager provided very strong leadership and everyone we spoke with said they liked and respected her. A relative said, "[Name of registered manager] is absolutely fantastic. No matter how busy she is, she's always got time for you."
- □ Staff were happy, and proud to be working at Sharnbrook Care Home Limited. One member of staff told us, "[Name of registered manager] has been one of the best managers I've had. She's always there and is very approachable."
- □ The registered manager understood their legal duties and submitted notifications to CQC as required.
- □ The provider had a quality assurance system in place. This included an annual quality survey, carried out by an external company, which showed that the service had achieved 'very satisfactory' or 'satisfactory' in all areas. The provider made regular visits to the home to check that the service was providing high quality care. The management team and the provider carried out audits of various aspects of the service such as medicines, health and safety and care records. Any shortfalls were actioned.

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

- □ The provider and staff team encouraged people and their relatives to express their views about the running of the service. 'Residents' meetings' took place every month. The registered manager told us that relatives had decided they did not want meetings: they were happy to approach the manager at any time.

- □ Staff felt involved in the running of the service and had opportunities to have their say about how the service could improve. Staff attended regular staff meetings and one-to-one supervisions and there was an open door to the office. A member of staff said, "We can voice our opinions – I feel listened to."
- □ The provider sent surveys to people, relatives and staff each year. A recent relatives' survey showed that all relatives were all very satisfied with all aspects of the service that staff were providing to their family member.

#### Continuous learning and improving care

- □ The registered manager told us that the service was continually striving to improve. She discussed any issues with staff and put action plans in place to monitor and drive improvement.

#### Working in partnership with others

- □ Staff and the management team worked in partnership with other professionals and agencies, such as the GP and the local authority to ensure that people received joined-up care.