

Mrs W Purcell

Sharmway Private & Residential Home

Inspection report

113 Handsworthwood Road
Handsworth
Birmingham
B20 2PH
Tel: 0121 554 6061

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Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Good



Is the service effective?

Requires improvement



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Requires improvement



Overall summary

This inspection took place on 3 November 2015 and was unannounced. At the last inspection on 20 January 2014, the provider was meeting the regulations we looked at.

Sharmway Private and Residential Home provides accommodation and personal care for up to 11 older adults who may have dementia and/or other health conditions. At the time of our inspection ten people lived at the home.

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.

The provider had not always recognised when the care being offered had put restrictions on people's ability to

Summary of findings

choose and move around freely. Restricting people's freedom to move around without the necessary authorisation meant that the provider was not meeting the requirements of the Mental Capacity Act and Deprivation of Liberty Safeguards; therefore people's human rights were not protected. You can see what action we told the provider to take at the back of the full version of the report.

The provider had management systems in place to assess and monitor the quality of the service provided to people. However, they were not always effective at identifying when people's liberty was being restricted.

People who lived at the home felt safe and secure. Not everyone who lived at the home could tell us about their experiences and expressed their feelings in different ways. Their relatives felt their family members were kept safe. Staff felt people were kept safe. The provider had processes and systems in place that kept people safe and protected them from the risk of harm.

People received their medicines as prescribed and appropriate records were kept when medicines were administered by trained staff.

Risks to people had been assessed appropriately and equipment was maintained and available for staff to use.

There was sufficient staff on duty to meet the support needs of people. The provider ensured staff were recruited and trained to meet the care needs of people.

People were supported to access health care professionals to ensure that their health care needs were met. Health care needs for people were assessed and regularly reviewed

People, relatives and health care professionals, felt staff were caring, friendly and treated people with kindness and respect.

People were involved in group or individual social activities to prevent them from being isolated.

People and relatives were confident that if they had any concerns or complaints, they would be listened to and the matters addressed quickly.

Summary of findings

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

People felt safe.

People were protected from the risk of harm because staff were aware of the processes they needed to follow.

People received their prescribed medicines as required.

Good



Is the service effective?

The service was not consistently effective

Key processes had not been fully followed to ensure all people's rights were protected to ensure people were not unlawfully restricted.

People's nutritional needs were assessed and monitored to identify any risks associated with nutrition and hydration.

People received effective support because staff worked closely with other healthcare professionals when necessary.

Requires improvement



Is the service caring?

The service was caring.

People were supported by staff that were kind and caring to them.

Staff were respectful and caring towards people and maintained people's dignity.

Staff knew the people they were caring for and supporting, including their personal preferences and personal likes and dislikes.

Good



Is the service responsive?

The service was responsive.

People were engaged in group or individual social activities to prevent isolation.

People received care when they needed it and care plans were updated when people's needs changed.

People were supported to maintain relationships with their friends and relatives.

Good



Is the service well-led?

The service was well led.

Requires improvement



Summary of findings

The management team had systems in place to assess and monitor the quality of the service. Although these had not always been effective at identifying when peoples' liberties were being restricted.

People and relatives said the registered manager was approachable and responsive to their requests.

Sharmway Private & Residential Home

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 unannounced inspection took place on 3 November 2015. The inspection was conducted by one inspector and two trainee inspectors.

When planning our inspection we looked at the information we held about the service. This included notifications received from the provider about deaths, accidents/incidents and safeguarding alerts which they are required to send us by law. 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 contacted the local authorities who purchased the care on behalf of people to ask them for information about the service and reviewed information that they sent us.

During our inspection, we spoke with six people who lived at the home, two relatives, four care staff, one health care professional, the deputy manager and the registered manager. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We reviewed the care records of three people, to see how their care was planned and looked at two people's medicine administration records. We looked at training records for staff. We also looked at records which supported the provider to monitor the quality and management of the service, including safeguarding and maintenance records.

Is the service safe?

Our findings

People we spoke with told us they felt safe and if they had any concerns they would speak to the staff or registered manager. One person said, “The staff keep me safe.” A relative told us, “I have no concerns about this home, I am very happy with the support [person’s name] receives, I know he will be kept safe here.” There were a number of people living at the home who were not able to tell us about their experience. One staff member said, “We can tell if somebody is upset by their body language or the expressions on their face, I would then tell the manager.” Throughout the inspection we saw that people looked relaxed and comfortable in the presence of staff. We saw that staff acted in an appropriate manner to keep people safe.

Staff we spoke with knew what action to take to keep people safe from the risk of harm. One staff member told us, “We would assess the situation, make sure the person is safe and act in accordance with our processes.” Another staff member told us, “We try to make sure the home environment is safe for people.” We saw that staff had received safeguarding training and they were knowledgeable in recognising signs of potential abuse and how to follow the provider’s safeguarding procedures. Staff knew how to escalate concerns about people’s safety to the provider and other external agencies for example, the local authority and Care Quality Commission.

We saw that risks to people had been appropriately assessed, for example one person was at risk of seizures. There were detailed instructions within their risk assessment for staff to follow, should the person experience a seizure. We saw that safety checks of the premises and equipment had been completed and records were up to date. This ensured that risks presented by people’s environments were managed and reduced. Staff were able to explain the action they would take to keep people safe in the event of an emergency. We noted this was in line with the procedures the provider had in place to safeguard people in the event of an emergency.

Everyone spoken with felt there was sufficient staff on duty. One person told us, “There’s always someone about.” A

relative said, “I can only comment when I have come in and I think there has been enough staff.” A staff member said, “I think there is enough staff.” The registered manager told us they covered absences with existing staff in an emergency. During our inspection, we saw there were sufficient numbers of staff on duty to support people.

Staff told us they had completed a range of pre-employment checks before working unsupervised. We saw the provider had a recruitment policy in place and staff had been appropriately recruited.

Pre-employment checks, for example Disclosure and Barring checks (DBS), were carried out. DBS checks include criminal record and barring list checks for persons whose role is to provide any form of care.

People told us they received their prescribed medicine when they needed it and there had been no concerns. One relative said, “[Person’s name] is given his medicine regularly, I haven’t come across any problems.” There were people who required medicines ‘as and when’ on an ad-hoc basis. We saw there were procedures in place to help staff identify when to give these medicines to people. Medicines were stored appropriately in order to keep them secure and maintain their effectiveness. All medicines were safely disposed of when no longer in use.

We saw that staff updated people’s records when medicine was given. However, we found that on one person’s medicine record sheet, the amount of medicines in stock did not reflect what was recorded. The medicine was still present in the packaging they were stored in. We discussed this with the registered manager. They told us they conducted a weekly audit of medicines. We saw an audit had been completed three days earlier. The registered manager continued to explain that the error would have been identified on the next weekly audit. They told us the matter would be raised at the next staff meeting. The registered manager confirmed to us what their processes were in the event of any medicine errors. This included contacting the GP or their local pharmacist. We saw staff had received medicine training and saw staff giving some people their medicine during our visit. This was conducted safely.

Is the service effective?

Our findings

During our inspection, one person had told us they wanted to return to their home and could not understand why they were unable to leave. A staff member did try to reassure the person they were at home, but the person remained upset for a period of time during the day. We saw that some people were closely supervised and some people had been subjected to a restricted practice, in their best interest, to prevent injury to themselves or others. The Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) legislation sets out what must be done to protect the human rights of people who may lack mental capacity to consent or refuse care. DoLS requires providers to submit applications to a 'Supervisory Body' for permission to deprive someone of their liberty in order to keep them safe. We spoke with the registered manager. They had not recognised that restrictions were in place for some people. We looked at whether the service was applying DoLS appropriately. No mental capacity assessments had been completed and no applications had been made to the Supervisory Body for authorisation to restrict people in their best interests. Although staff spoken with told us that they had recently received training on the MCA and DoLS, this had not been effective to support the staff to identify when people's liberties were being restricted. The registered manager was unable to explain the process they would need to follow in the event of submitting a DoL application to the Supervisory Body. The registered manager had not updated her skills in current legislation to ensure effective systems were in place, to prevent people being unnecessarily deprived of their freedoms and liberties. It is the provider's responsibility to ensure applications are submitted to the appropriate authority, where restrictions on people's liberties may be in place. Measures in place did not make certain that steps had been taken to ensure the legislation was appropriately applied and people's rights upheld. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Staff we spoke with understood how they should ensure a person consented before they offered any care or support. One staff member told us, "We always ask people in a polite manner before we carry out any care." We saw staff did ask people before supporting them. We saw that some people that lived at the home may not have the mental capacity to make an informed choice about some

decisions in their lives. Another staff member said, "Although [person's name] can't always tell us they can nod their head if they agree." Throughout the inspection we saw staff cared for people in a way that involved them in making some choices and decisions about their care. For example, staff asked people what they wanted to eat and drink.

There was a relaxed atmosphere throughout the home and people could choose to eat in either of the rooms on the ground floor. People chose their meals in advance; however, a number of people had dementia and could not remember what they had ordered. There were no printed menus available for people to see what was for lunch, although staff did explain to people what was available for lunch and gave them a choice. We saw people had the option of three main meals and two puddings. However, people in the dining area were only offered two options of main meals. We ask the registered manager if there had been a reason for this. They explained there was not and it must have been an oversight of the staff. One person changed their mind and the staff replaced the meal. People were not rushed and staff assisted people who required support to eat at a pace that suited them.

Everyone we spoke with was complimentary about the food. One person said, "You are given a choice". Another person told us, "The food is good." Lunch looked appetising and was presented to people in an appealing way. The registered manager explained meals were freshly prepared and cooked every day and we saw people's dietary needs were catered for. People's weight, food and fluid intake was monitored and we saw where a person's weight had started to drop, the GP and SALT (Speech and Language Therapist) had been involved in discussing the person's care and support needs. People were offered snacks and drinks throughout the day.

Staff explained the training they had completed, this included food hygiene, safeguarding, medicine management and we saw that some staff were currently working towards their NVQ Level 3. One staff member told us, "We get a lot of training, it's good." Staff we spoke with told us they received supervision. One staff member said, "We have supervision every couple of months." Another staff member told us, "I can go to the manager at any time if I need to." Staff also told us they had received training to support them in their role. One staff member said "The training is good."

Is the service effective?

People and relatives were complimentary about the staff. People told us they thought staff knew them well and were knowledgeable and felt staff were trained to support them. One person said, "Staff are helpful." A relative told us, "[Person's name] medical and care needs are met so I would say the staff have the right skills." Discussions we had with the staff demonstrated to us, they had a good understanding of people's needs. A staff member told us, "I have been here a long time and know the residents very well." We saw there were some staff who had worked at the home for a number of years. This had helped people to build consistent and stable relationships. We saw that care plans were in place to support staff by providing them with guidance on what they would need to do in order to meet people's individual care needs.

One relative told us, "Since coming here [person's name] has put on weight which he needed to do, he just wasn't looking after himself at home." Another relative said, "The staff take good care of [person's name] and always call the doctor when needed." A health care professional told us they did not have any concerns about Sharmway and found the staff to be helpful and knowledgeable of people's needs. We saw from people's care plans they had access to health care professionals, as required, so that their health care needs were met.

Is the service caring?

Our findings

People and relatives told us the staff were kind, caring and respectful. One person told us, “Everyone here is lovely, they look after me very well.” A relative said, “I couldn’t be happier with the care [person’s name] gets, I can’t fault it.” Another relative told us, “As a family we are very happy with the care [person’s name] receives.” Staff were attentive and were actively engaged with people. We saw all interactions between staff and people were positive and indicated that staff had developed good relationships with people. We saw that staff were kind and compassionate in their approach with people and communicated in a sensitive manner. For example, staff provided verbal reassurances to people when they became worried or distressed.

A number of people told us their faith was very important to them. We saw that people were supported to practice their chosen faith and arrangements were in place for people to visit their local place of worship. One person told us, “I go to church every Sunday.”

All the people we spoke with told us that they felt staff listened to them. We saw staff sitting and talking with people. One person told us how staff had supported them since coming to the home. The person told us that they were ‘very happy.’ Another person said, “Staff ask me how I want things done.” Staff we spoke with told us about people’s likes and dislikes and how people preferred to be supported. Care plans that we looked at contained

information about people’s likes and interests. This provided staff with information they needed so they had an understanding of people’s needs and preferences, which helped provide personalised care.

One family member explained to us they sometimes found it difficult to speak with their relative at the home because there was a lack of space to talk in private. We saw the registered manager speaking with one person about a conversation they had with the person’s GP. The person had not objected and continued the conversation in the lounge area, where other people were present. When we discussed this with the registered manager, they acknowledged there was limited space available but explained that people, if they wanted to, could always go to their bedroom for privacy.

There was a calm atmosphere in the home. Some staff shared jokes with people and it was obvious people enjoyed this interaction. One person told us, “Staff are polite and kind to me.” We saw people’s dignity was promoted. All the staff we spoke with were able to give us a good account of how they promoted privacy and dignity in everyday practice and demonstrated an understanding of how important it was to do this, when carrying out their role. Staff explained how they tried to encourage people to be as independent as much as possible. One staff member said, “If they [residents] can, I try to encourage them to do some tasks for themselves like cleaning their face or combing their hair.” We saw people had been supported to dress in their own individual styles that were suited to their age and gender.

Is the service responsive?

Our findings

People's care plans reflected the care and support people received. One person said, "The staff are very good I have what I need." Another person said, "I am happy and they look after me." One relative told us, "I was involved with planning [person's name] care at the beginning and although I don't recall being asked about the care needs since, I do speak with the manager on a regular basis about [person's name] and how they are doing." Some people who lived at the home had different ways of expressing themselves. We asked staff how they ensured people were involved as much as possible when assessing the person's needs. Staff told us they would speak slowly to people and give them time to respond. One staff member said, "[Person's name] lets you know what they like by their smile or the way they look at you, when you have been here a while you do get to know people really well."

Staff we spoke with knew people's needs and how people preferred to be supported. For example, it had been identified that one person liked a particular type of blanket and could become upset without it. The staff ensured the person always had the blanket to hand which gave the person comfort. One staff member told us, "Each person is assessed by the manager when they first come to the home and we speak with their relatives." We saw that people's changing needs were kept under review. Care plans we looked at showed that when people's care needs changed, staff recognised and responded to them. We saw that staff responded to people that required support in a timely way

and sought their consent before assisting them. One staff member told us, "We discuss the person's likes and dislikes to make sure our care is person centred, we work to the resident's preferences and choices."

During our inspection, we saw one person was playing a card game and people, who wanted to, were encouraged to join in group activities that staff had organised. Some people chose not to be involved and this was accepted as their choice. One person confirmed, "I don't want to do any activities." Another person told us, "We go to the club on a Wednesday which is nice" and a staff member explained that they frequently took people shopping. Another person told us they were looking forward to going to the shops later.

People were supported to maintain contact with friends and family. One relative told us, "I visit every week." Relatives said they were able to visit at times convenient to them and staff always made them welcomed.

People knew how to raise complaints and concerns. We saw information was available in public areas for visitors and the people who lived in the home. One person told us, "The staff will listen if you are worried." A relative told us, "I have always found the manager quick to come back to me if they are not available and I've left a message, she is very good." We saw that there had been one complaint since the last inspection which had been investigated, responded to and resolved in a timely manner. We saw that meetings with people who used the service, relatives and staff were held to gain their views about the service. This enabled people to express concerns about the service and gave the provider the opportunity to learn from people's experiences.

Is the service well-led?

Our findings

The provider's quality assurance and management systems were established. The registered manager monitored different aspects of the service through audit and analysis. These included safeguarding concerns, accidents, incidents and complaints. The analysis identified the types of incidents and accidents occurring and helped to identify any further training needs or trends. Action plans, where required, were put in place and monitored to ensure that the service improved. Although the provider had procedures in place to monitor the effectiveness and quality of the service; they had not been successful at identifying when people's liberties were being restricted. The registered manager had not kept herself up to date with current legislation which led to a breach in the regulations. However, following our inspection visit, urgent applications were subsequently submitted to the Supervisory Body for authorisation.

All the people, relatives and staff spoken with told us they were happy with the care provided, and we saw that the atmosphere in the home was open, friendly and welcoming. One person told us "The manager is always around, you will never be stuck". All the staff spoken with said there was an open door policy and the registered manager was supportive, listened to concerns or suggestions about improvements and addressed them. The service had a consistent management structure; the registered manager had been in post since 1990 and lived on site. They were aware of day to day occurrences within the service and regularly worked with staff 'on the floor' providing support to people who lived there. We saw the registered manager assisted people with drinks and talked to people about their health and social care needs. One staff member told us "The manager is very approachable and very experienced; she's been doing the job for years... we all help each other out."

Staff told us regular staff meetings were held and that they had an opportunity to express their views in these meetings and they felt listened to. We saw evidence of quality assurance measures which sought the views and opinions of people who used and visited the home; however action plans for how these would inform improvements were unavailable at the time of inspection. Other quality assurance systems were in place to record compliments and complaints as well as accidents and incidents. We saw evidence during the inspection that the service was driving improvements. A new falls audit tool, new risk assessment template and a revised annual appraisal form were in the process of being updated and were due to be implemented shortly.

There was a registered manager in post who had provided continuity and leadership in the home. We saw that the registered manager was available to provide supervision and guidance to staff so that practices were monitored and improved. One staff member told us, "I think the manager is fantastic, she's like a mum." Staff told us that the management style was 'open and honest' and staff felt encouraged to raise any concerns or suggestions for improvement. Another staff member told us, "We often make suggestions, I feel listened to and they (management) respond quickly." A healthcare professional told us they were very happy with the care and support their patient received and they had no complaints.

The management structure was clear and staff knew who to go to with any issues. The provider had a whistleblowing policy that provided the contact details for the relevant external organisations. Staff told us they were aware of the provider's policy and would have no concerns about raising issues with the registered manager and if necessary, external agencies. The registered manager notified us of accidents, incidents and safeguarding concerns as required by law therefore fulfilling their legal responsibilities.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment

People who use services and others must not be deprived of their liberty for the purpose of receiving care or treatment without lawful authority. Regulation 13 (5)