

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 caring?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service:

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

The service applied the principles and values of Right Support, Right Care, Right Culture and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence. The outcomes for people using the service reflected the principles and values of Right Support, Right Care, Right Culture by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent. However, options for community integration had been limited due to COVID-19 in the last 12 months.

People's experience of using this service:

People told us they enjoyed living at the service. People and their relatives told us staff were kind and caring.

Since the last inspection we found improvements in the way the service was managed so they were no longer in breach of the regulations, although some areas of the service still required some improvements. Medicines were safely managed. However, we found one area in relation to the management of medicines where there were excessive stocks of 'as needed' medicines. Following the inspection, the registered manager returned excess medicines to the pharmacist and took action to reduce the likelihood of this re-occurring.

The provider had increased infection control procedures in line with government guidelines to minimise the risk of contracting COVID-19. The service was clean, and staff kept accurate records of the cleaning undertaken in all areas.

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

The service had an accident and incident review process, but there had not been any accidents or incidents since the last inspection.

The service had not employed any new staff since the last inspection, so we did not review recruitment records.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk.

Rating at last inspection:

The last rating for the service was requires improvement (published 30 October 2019). The service remains rated requires improvement. This service has been rated requires improvement for the last three consecutive inspections.

The provider completed an action plan after the last inspection to show what they would do and by when to improve.

Why we inspected:

This was a planned inspection based on the previous rating.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions, Safe, Caring and Well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those Key Questions were not looked at on this occasion but were used in calculating the overall rating. The overall rating for the service has remained Requires Improvement.

Follow up:

We will meet with the provider to discuss how they intend to make sustained improvements. We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our Safe findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our Well-Led findings below.

Requires Improvement ●

Sharon House

Detailed findings

Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was carried out by one inspector.

Service and service type:

Sharon House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

This inspection was announced. We gave a short period notice of the inspection as we were mindful of the impact and added pressures of the Covid-19 pandemic on the service. This meant we took account of the exceptional circumstances and requirements arising as a result of the COVID-19 pandemic.

What we did before the inspection:

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

During the inspection:

We looked at risk assessments, we reviewed building maintenance records, minutes of meetings, supervision and training records. We looked at quality assurance records, accidents and incidents and complaints. We checked medicine administration records (MARs) for three people and checked stocks of boxed medicines against MAR for accuracy.

We spoke with one person who lived at the service and two care staff as well as the registered manager. We looked around the building to check the service was safe and clean and was following good practice guidelines to manage the pandemic.

After the inspection:

We requested additional documentation in relation to training and medicines management; and management of one person's health condition. Two family members and one health and social care professional responded to our request for information.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- Medicines were stored and administered safely by staff. At the last inspection insulin was stored in the kitchen fridge, without risk assessing this was safe. Following the inspection, the registered manager bought a separate medicines fridge for storing insulin, and we could see this was in use, with temperatures being checked daily.
- Staff were taking and recording the reading of one person's blood sugar levels twice daily and were able to tell us the safe upper and lower limits and what they would do if readings were out of normal range. However, there was further clarification needed in relation to the management of this health condition. The registered manager agreed to contact the appropriate health worker and confirmed they had received additional guidance to manage this condition. This is discussed further in the Well-Led section of the report.
- Staff received training and had their competency regularly assessed by the registered manager.
- MARs were completed appropriately.
- We found two minor errors in tallying boxed medication. We could see that there had been some confusion when booking in new medicines. PRN protocols were in place to prompt staff in when to give 'as needed' medicines. We found excessive numbers of PRN medicines for people.
- Following the inspection, the registered manager could show us they had returned these to the pharmacist, and had amended the audit sheet to check the numbers of boxed medicine tablets against each MAR.

Staffing and recruitment

- Staff said that staffing levels were maintained at a good level and they had time to meet people's needs and people confirmed this. There were two staff on duty in the day and evening and a waking member of night staff. Relatives had no concerns regarding staffing levels.
- There was very little staff turnover, and no new staff had been employed since the last inspection. The service did not use agency staff. At the previous inspection we found recruitment had been safely managed.

Preventing and controlling infection

- We felt confident the service was taking seriously their responsibilities to minimise the spread of COVID-19.
- The care home was kept clean and there was an effective infection control system in place. Increased cleaning had taken place to prevent the spread of COVID-19. Records were kept of cleaning on each shift. Staff had received training in the management of COVID-19 and had access to personal protective equipment (PPE) such as gloves, masks and aprons.

- Visitors had their temperature taken on arrival and were asked to wear PPE and keep a social distance from people and staff.
- Staff and people living at the service were routinely tested.
- Food was stored and labelled safely.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of harm, abuse and discrimination. People told us they felt safe.
- Staff were able to tell us how they would respond if they had any concerns regarding abuse.
- Staff received training in safeguarding adults and understood the importance of whistleblowing.

Whistleblowing is a term used when a worker passes on information regarding wrongdoing. In this context it relates to the work environment.

Assessing risk, safety monitoring and management

- Risks to people's health and safety were assessed and mitigated. Risk assessments were detailed and covered a wide range of risks including mobility, eating and drinking, mental health and behaviours that can challenge.
- Safety checks of the building and equipment, including fire safety equipment took place regularly. At the last inspection records of fire drills were not kept. However, we saw records of these at this inspection. People had individual personal evacuation plans in place to guide staff in the event of a fire.

Learning lessons when things go wrong

- At the last inspection we noted learning was not evidenced from accident and incident logs. At this inspection, although there had been no incidents, we saw the documentation had been updated.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and their relatives told us staff were very kind and caring. "Yes, they are kind" and "Yes, they are kind to [relative]."
- Staff had worked at the service for many years and had developed strong and supportive relationships with people. We saw warm interactions between people and staff.
- Care records noted people's religious or cultural needs, and staff knew how people liked to be supported.
- Relatives told us contact with family members had been facilitated during the pandemic through a mixture of phone calls and meetings through the windows, in line with government guidance. The service was planning to open up more to visits as the lockdown eased.

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

- The service cared about and valued the views of people who used the service. Meetings for people who lived at the service took place most months, so they could give their views.
- Family members told us they were informed of significant changes in the health and well-being of their relatives, and that relationships with the staff and management were positive.

Respecting and promoting people's privacy, dignity and independence

- Staff were able to tell us how they supported people with dignity and respect and promoted independence, by encouraging them to do as much for themselves as they could.
- The COVID-19 pandemic had limited people's independence and opportunities to go out in the community, as people had been required to isolate in line with government guidance. However, people we spoke with understood the reasons behind these limitations and people told us "We know we have to stay in, to keep us safe."
- The service ensured people's care records were kept securely. Information was protected in line with General Data Protection Regulations.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

At the last inspection we found a breach of regulation 17, in relation to the management of the service as there were gaps in documentation to evidence best practice.

At this inspection we found improvements had been made and the service was no longer in breach of the regulation.

- However, there were still areas in which the management of the service required improvement.
- For example, issues we found with medicines had not been detected during the management audits. PRN medicines had not been returned to the pharmacy since 2019, and this had not been noticed by the registered manager. This did not impact on people, however, it indicated the audit tool which the registered manager set out and reviewed had not provided sufficient information for robust scrutiny of medicines.
- We also noted that whilst information had been improved regarding one person's medical conditions, there remained some confusion as to the point at which staff should call an ambulance. This has now been clarified.
- These examples evidenced that the registered manager did not manage all areas of the service consistently to a high standard.
- In other ways the service was well-led. The staff understood their role and were supported by the registered manager to carry it out.
- The team worked well to manage the COVID-19 pandemic by covering each other's shifts and working effectively as a team.
- Relatives told us the registered manager was open and transparent in their interactions with them.
- We had no concerns regarding duty of candour. We found the registered manager was open and transparent.

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

- The COVID-19 pandemic had provided challenges to the service in the last 12 months. Lockdown had limited people's opportunities to go out. Whilst the registered manager and staff team were committed to providing person-centred care to people at home, outcomes for people had been compromised, as socialising with other people outside the home and eating out was an important aspect of their social lives.
- People and family members told us "Staff are kind and caring" and they had no complaints regarding the

service.

- But as far as possible, people's wishes were respected, staff understood people's needs well and care was arranged around people's preferences and requirements.
- A health and social care professional told us they had no concerns regarding the way the service was managed, but due to the pandemic had not visited the service in the last 12 months.
- People were supported to maintain good health.

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

- The service gained the views of the people they supported by talking with them regularly regarding their menu choices and the activities they wanted to do.
- Families told us staff were open with them, and facilitated communication with people at the service via telephone calls, visits through an open window and virtual technology.
- The registered manager kept family members up to date with plans for managing COVID-19, but both family members told us they were the initiators of contact. Despite this, they were happy with the service and told us "The service is well-led" and "They have managed the pandemic effectively."
- Family members were looking forward to increased opportunities to see their family members at the service in the near future.
- Staff told us their views were valued and they could influence the way the service was run. Communication was via a communication book, handover and staff team meetings.

Continuous learning and improving care

- The service had addressed the majority of areas of concern raised at the last inspection. However, inspections have repeatedly highlighted areas of improvement that we would expect to be highlighted by internal audits which indicates overall management of the service lacks effective scrutiny.
- Following the inspection, the registered manager addressed areas raised at this inspection.
- The registered manager could show us how they had kept up to date with best practice guidance regarding the pandemic.