

Mrs W Purcell

Sharmway Private & Residential Home

Inspection report

113 Handsworthwood Road
Handsworth
Birmingham
West Midlands
B20 2PH

Tel: 01215546061

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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?

Requires Improvement ●

Summary of findings

Overall summary

This unannounced inspection took place on 3 November 2016. At the last inspection on 3 November 2015, we found the provider had not always recognised when the care being offered had put restrictions on people's ability to 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 2005 and Deprivation of Liberty Safeguards; therefore people's human rights were not protected. After the inspection, we issued a requirement notice in relation to the breach of the Health and Social Care Act 2008 (Regulated Activities) 2014. The provider sent us an action plan stating that they had met the relevant legal requirement. During this inspection, we found there had been an improvement because the provider had sought authority to lawfully restrict some people living at the home, to receive care and support in their best interests.

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.

The provider was also the registered manager and was present during our visit. 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.

At our last inspection in November 2015, we found the quality management systems the provider had in place to assess and monitor the quality of the service provided to people required improvement. At this inspection, although there had been some improvement further improvement was required.

The provider reduced the risk of people being harmed and from potential abuse because the safety of people who used the service was taken seriously. Staff were aware of their responsibility to protect people's health and wellbeing. There were systems in place to ensure that risks to people's safety and wellbeing were identified and addressed. Staff understood the various types of abuse, what signs to look for and knew how and who to report any concerns to. Staff also knew what action they needed to take to minimise any potential risk of harm caused through an injury or accident to keep people safe. There were appropriate arrangements in place to ensure people's medicines were obtained and, where appropriate, people were supported to take their medicines safely.

People were supported by staff that had the skills and knowledge to meet people's individual needs. Suitable staff were recruited and employment checks were completed before they started to work for the service, although the provider did not always follow their recruitment policy. There were sufficient staff numbers on duty to meet the support needs of people living at the home. Staff received training and supervision and staff were happy with the quality of the training and were keen to learn and improve their

knowledge base in order to provide effective care.

People had been involved in decisions about their care and received support in line with their care plan. Relatives were also involved in how their family member's care was planned and delivered. People were encouraged to make choices in the support they received. Staff understood that people have the right to refuse care and that they should not be unlawfully restricted. The provider knew what appropriate action should be taken to protect people's legal rights.

Staff supported people with snacks and drinks throughout the day. People were offered a choice of meals that they enjoyed. Peoples' needs were being met because the service worked in partnership with health and social care professionals to meet those needs. People were supported by staff that was caring and treated people with dignity and respect. People's choices and independence was respected and promoted and staff responded to people's support needs. People were involved in group or individual social activities to prevent them from being isolated. People, relatives and staff felt they could speak with the provider about their worries or concerns and felt they would be listened to and were confident the provider would take appropriate action where required.

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 told us they felt safe. People were safeguarded from the risk of harm because staff was able to recognise abuse and knew the appropriate action to take.

Risks to people's health and safety had been identified and were known to the staff. This ensured people received safe care and support.

People were supported by sufficient numbers of staff that was suitably recruited.

People were supported by staff to take their medicines as prescribed by their GP.

Is the service effective?

Good ●

The service was effective

People were supported by staff that had the skills and knowledge to assist them.

People's consent was sought by staff before they received care and support.

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

People received additional medical support when it was required

Is the service caring?

Good ●

The service was caring.

People were supported by staff that was kind and respectful.

People's independence was promoted as much as possible and staff supported people to make choices about the care they received.

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

People's privacy and dignity was maintained

Is the service responsive?

Good ●

The service was responsive.

People received care and support that was individualised to their needs, because staff was aware of people's individual needs.

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

People knew how to raise concerns and were confident the provider would address the concerns in a timely way.

Is the service well-led?

Requires Improvement ●

The service was not consistently well led.

There were systems in place to assess and monitor the quality of the service. Although the provider had not always followed their own policies and processes.

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

People were happy with the care and support they received.

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.

The inspection took place on 3 November 2016 and was unannounced. One inspector carried out this inspection.

Before the inspection, we asked the provider to complete 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. The PIR was returned within the required timescale. As part of the inspection process we also looked at information we already had about the provider. Providers are required to notify the Care Quality Commission about specific events and incidents that occur including serious injuries to people receiving care and any incidences which put people at risk of harm. We refer to these as notifications. We reviewed the notifications that the provider had sent us and any other information we had about the service to plan the areas we wanted to focus our inspection on. We reviewed regular quality reports sent to us by the local authority to see what information they held about the service. These are reports that tell us if the local authority has concerns about the service they purchase on behalf of people.

During our inspection, we spoke with five people who lived at the home, one relative, two care staff 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 looked at records that included three people's care records and the recruitment and training records for two staff. This was to check staff was suitably recruited, trained and supported to deliver care to meet each person's individual needs. We also looked at records relating to the management of the service and a selection of policies and procedures including complaints and audits carried out to monitor and improve

the service provided.

Is the service safe?

Our findings

Everyone we spoke with told us the home provided a safe environment for people to live in. One person said, "We are all kept safe and sound." Another person told us, "I feel very safe there is always staff around when you need them." A relative explained, "I know [person's name] is safe." There were a number of people living at the home who were not able to tell us about their experience. We saw that people looked relaxed and comfortable in the presence of staff and that staff acted in an appropriate manner to keep people safe. For example, supporting people to walk safely around the home. Staff were able to explain to us in detail what could constitute abuse and how they would recognise the signs of distress in people if they could not tell staff they were being harmed. For example, one staff member told us, "Everyone living here can tell us if someone was hurting them but if they couldn't we know people so well, we'd know by their actions or if their personality changed or they acted in a way that was not usual for them, then we'd know something was not right." The Provider Information Return (PIR) stated that staff had received training to ensure that all people living in the home were protected from risk of harm and abuse. We found that staff had received safeguarding training and 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.

Staff we spoke with knew what action to take to keep people safe from the risk of harm. We asked two staff members what they would do if a person started to choke. Both staff gave us a clear account of how they support somebody choking. For example, one staff member said, "I would check if I could remove the blockage but if I couldn't I would give five back slaps and if that didn't work, I would stand behind the person, put my arms around their lower body, lean them forward slightly and pull my arms in and up." The PIR stated that the provider had recently introduced 'new more detailed risk assessments'. From the records we looked at, we found that a number of risk assessments had been reviewed in the new format and people had been appropriately assessed. For example, there was one person at high risk of falls but they enjoyed walking around the home and garden environment. We saw the person had their walking aid close to hand and staff were close by to ensure the person walked safely around the home. This ensured that risks presented by people's environments were managed and reduced.

The provider had a fire safety risk assessment in place that detailed the procedures to follow in the event of an emergency evacuation. Tests of the fire safety equipment were carried out to make sure it was in working order and fire exits were sign posted. Regular checks and audits of the safety of the environment were routinely undertaken.

Everyone spoken with felt there was sufficient staff on duty. One person told us, "There is plenty of staff about." Another person said, "We don't have to wait when we ask for something." A relative said, "Every time I've come here, there has always been enough staff on duty." A staff member said, "I think we have 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.

The provider had recruitment processes in place. This included undertaking a Disclosure and Barring Service (DBS) check. A DBS check helps employers make safer recruiting decisions and minimises the risk of

unsuitable people being employed.

People told us they were happy with how staff supported them with their medicines. One person told us, "I know exactly what medicine I am on and what it does and the staff support me to take it." Another person said, "I am happy with staff giving me my medication." We reviewed how medicines were being managed within the home. Audit checks completed on medicine showed the amounts balanced with the remaining stock. 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 found guidance had been made available to staff about when and why 'as required' medicines should be provided to people who required it. Staff received training in relation to the safe administration of medicines. A staff member told us, "We have all had our medicine management training to make sure we are doing it safely and if we are unsure, the manager is always around to ask."

Is the service effective?

Our findings

At our last inspection we found the provider had not met the regulations and applied for the appropriate authorisation to deprive people, living at the home, of their liberty in order to keep them safe. The provider was issued with a Requirement Notice. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

At this inspection we checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. We found there had been an improvement and the conditions of the Requirement Notice had been met. Staff we spoke with demonstrated limited knowledge of DoLS, nonetheless they identified people who they felt could be put at risk if they were not restricted, for example, from leaving the home unsupervised. We saw that some people were closely supervised and had been subjected to a restricted practice, in their best interest, to prevent injury to themselves or others. We found applications had been submitted to the supervisory body by the registered manager. Therefore the provider had met the legal requirements under the legislation.

Staff we spoke with gave us examples of how they would obtain people's consent before supporting them. One staff member said, "We ask people, we know what they like and they can tell us by pointing or gestures." One person told us, "Oh yes, they [staff] always ask me first before they do anything for me." 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. We found assessments of a person's mental capacity were based on the person's ability to make a specific decision at the time it was needed and were person centred. We saw assessments were reviewed at regular intervals to ensure compliance with the MCA principles.

We saw that people could choose to eat at the dining table or use small tables in either of the lounges on the ground floor. People were reminded what their choice of meals were and everyone we spoke with was complimentary about the quality of the food. One person said, "You are given a choice". Another person told us, "The food is excellent." We saw there were choices for lunch that looked appetising and was presented to people in an appealing way. One person asked for sandwiches instead of a dinner and we saw they had their sandwiches. The Provider Information Return (PIR) stated the provider ensured people received 'well balanced nutritious meals'. The registered manager explained meals were freshly prepared and cooked every day and we saw people who had specific dietary requirements were catered for. We found people's weight, food and fluid intake was monitored and 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.

The PIR had not stated the number of staff who had received training. We spoke with staff and asked them

what training they had completed and reviewed training records. Staff confirmed the training they had completed, for example food hygiene, health and safety, safeguarding and medicine management. One staff member told us, "My training is up to date, I've completed NVQ 2 to 5 and we have all recently completed the Care Certificate." The Care Certificate is an identified set of standards to equip staff with the knowledge they need to provide safe and effective care. Another staff member said, "The training is excellent, I was shadowing for a week to see how the job was done and what the routine was." We saw that staff completed regular training that was monitored and updated throughout the year. Staff we spoke with told us they felt they had the necessary training and they were supported by the provider to carry out their role. One staff member said, "We have supervision every few months." Another staff member told us, "The manager is always here she is very approachable and will help you."

People and relatives we spoke with were complimentary about the staff. People told us they thought staff knew them well and felt staff were trained to support them. One person said, "They [staff] know exactly how I like things done." A relative told us, "I think 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.

People's health and well-being was supported by staff through regular monitoring and where required, referrals being made to health care professionals. One person told us, "We see the doctor when we're not well." A relative told us, "I know [person's name] has had an optician's appointment and the GP has been in." We found care plans we look at contained information for staff in relation to managing people's health conditions. Staff we spoke with understood people's health care needs and demonstrated they knew how to support the person should they become unwell. For example, unexplained weight loss and the increased need to drink fluids for one person had resulted in a referral to the GP to determine whether they were at risk of developing diabetes.

Is the service caring?

Our findings

The Provider Information Return (PIR) stated that the service 'was homely'. We found people were relaxed and we saw there were good humoured conversations amongst people living at the home and with staff. A relative told us, "It really is homely here." People we spoke with told us the staff were kind, caring and respectful. One person told us, "This is a wonderful home, we're very lucky to be living here." Another person said, "If [registered manager's name] left, we'd all follow her." A third person explained to us how staff had supported them since coming to the home but 'it was now time for them to return home.' The person told us they had enjoyed their stay at the home and that they were 'very happy' with the support they had received. A relative said, "Staff are always polite and helpful." The PIR stated 'we treat people with compassion, kindness, dignity and respect.' We found the staff were attentive and were actively engaged with people that demonstrated they were kind and compassionate in their approach with people. 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 get to go to mass every Sunday and every Holy day."

Many of the staff had worked at the home for several years which had enabled people who lived there to build caring relationships with the staff. One person said, "We've been here that long now all the staff know how we like things done." We saw people enjoyed staff company and staff told us, "We know people very well and support them as best we can." Staff we spoke with told us about people's likes and dislikes and how people preferred to be supported.

People were encouraged to express their views and be involved as much as possible in making decisions about their support needs. All the people we spoke with told us that staff listened to them. One person told us, "They [staff] don't need to ask me what to do, they know (laughing)." Another person said, "Yes, they [staff] have talked to me about my support." A relative explained, "I have been involved in all reviews with [person's name] care." We saw people being supported to make a variety of decisions about a number of aspects of daily living, for example what people wanted to eat and what activities they wanted to get involved in.

The PIR stated the provider was in the process of updating people's care plans to be 'more person centred.' We found from the care plans we looked at they contained information about people's likes and interests and they were in the early stages of compiling people's life histories. This provided staff with information they needed so they had an understanding of people's needs and preferences, which helped provide personalised care.

People told us staff spoke to them respectfully and supported them in a dignified manner. One person told us, "They [staff] are always polite and respectful". Staff were clear about the importance of providing respectful, dignified care. One staff member told us, "We make sure doors are closed and people are covered when providing personal care." Staff gave us examples how they supported people to maintain

their independence. For example, we saw one person helped staff in the kitchen. One staff member said, "We encourage people to be independent as much as we can. It could be combing their hair, washing their face, choosing their clothes. We offer them choices."

People had been supported to maintain relationships with family members and friends they said were important to them. One person said, "I have visits from my daughters." Another person told us, "My son comes to visit me." A relative told us "I can come pretty much anytime, they do ask not to try and come at lunch time and I can understand that, there's never been a problem with visiting as far as I am aware." Although there was limited space in the two lounges for privacy, relatives told us they would often go to their family member's room and were 'quite happy' with that arrangement.

Is the service responsive?

Our findings

The Provider's Information Return (PIR) explained how people received personalised care and support. For example 'A needs assessment, comprehensive care planning and risk assessing of all people have contributed to their care planning.' We found the new care plans reflected the care and support people received. One person said, "Everything I need is right here." Another person said, "We are all very happy." A relative told us, "[Registered manager's name] completed the initial assessment; we were all involved including [person's name]." 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, "We know people very well and most of them can tell us what they want even if it's a smile or a nod of their head."

People we spoke with told us staff would speak with them on a regular basis to check they were happy with the support provided. The PIR stated that monthly meetings were held with individual people. We found that care plans were regularly updated and staff we spoke with knew people's needs and how people preferred to be supported. One person told us, "Staff are always asking us how we are and can they do anything else for us." A staff member we spoke with told us, "For me, I really enjoy working with older people, one day it could be me or my mum that's why it is important we get the care right." 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 people's consent before assisting them.

The PIR stated people living at the home were encouraged to follow their interests and were given opportunities to participate in social activities if they wished. We saw people enjoyed reading, drawing, chatting with each other and relaxing in the garden. One person we spoke with told us how they had planted flowers in the garden and maintained the lawn during their stay. The provider had engaged the services of a volunteer who visited the home on a regular basis and encouraged people to participate in stretching exercises. Some people chose not to be involved and this was accepted as their choice.

We saw staff sitting and talking with people. Although, we found that in the rear lounge the radio and television were on at the same time. We saw staff had to repeat themselves and had to speak loudly over the noise to be heard. A number of people had hearing impairments and we saw they had some difficulty in hearing what staff said to them above the loudness of the background noise. We heard one person tell staff on a number of occasions that they could not hear them. We mentioned the noise to one staff member and they turned the radio down, however both appliances remained playing throughout the day. However, people we spoke with were not upset by the noise and told us they were 'very happy' living at the home.

People knew how to raise complaints and concerns. We saw information was available in hallway for visitors and the people who lived in the home. One person told us, "I don't have any complaints but if I didn't like something I'd tell them [staff]." A relative told us, "We haven't had to raise any complaints since [person's name] has been here but I'm confident if I had to that [registered manager's name] would deal with it quickly." The PIR stated there had been no complaints since the last inspection and records we looked at

confirmed this to be an accurate reflection. 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

At our last inspection in November 2015, we found that improvement was required in the quality assurance systems that monitored the delivery of the service. At this inspection we found there had been some improvement. Although the provider had procedures in place to monitor the effectiveness and quality of the service, they had not followed their own recruitment and medication management processes and policies.

We found an application form contained discrepancies when corroborated against the staff member's employment checks. These discrepancies had not been identified by the provider when carrying out own their recruitment checks. We explained to the provider this was not in accordance with their own recruitment policy and that their recruitment processes when completing checks for new staff members required improvement.

We looked at three medicine administration records (MAR) in depth and found one unused medicine was in stock but not recorded on the person's MAR sheet. The registered manager explained that the medicine was no longer required by the person and was unsure why a box of the medicine had been recently delivered and told us 'it must have been an error'. The registered manager agreed the cessation of the medicine had not been effectively recorded. The provider's medicine stock control and audit processes required improvement because they had not identified that the medicine had remained on the repeat prescription. This had led to medicine, no longer required by the person, being ordered and dispensed by the pharmacy and stored at the service.

All the people, relatives and staff spoken with told us they were happy with the care provided. The provider was present throughout our visit, people and staff approached her for guidance and support. The atmosphere in the home was open, friendly and welcoming. One person told us "She's [the provider] a lovely woman, you couldn't ask for more, she will do anything for you." Staff told us, "[Provider's name] is very caring, she knows the people living here, she is always involved with people, I can't describe just how lovely it is to work here."

Staff told us staff meetings were held and they had an opportunity to express their views in these meetings and they felt listened to. One staff member told us, "We can speak with the manager at any time, we don't have to wait until meetings, she [the provider] is always around." We saw evidence the provider sought the views and opinions of relatives who visited the home. The provider explained people who lived at the home had not completed any satisfaction surveys since our last inspection. However conversations we had demonstrated people were regularly asked by the provider if there was anything they required and if they were happy with the support they received.

The management structure was clear and staff knew who to go to with any issues. The Provider's Information Return (PIR) stated there were a number of policies in place including a whistleblowing policy that provided the contact details for the relevant external organisations. Whistleblowing is the term used when an employee passes on information concerning poor practice. Staff told us they were aware of the provider's policy and would have no concerns about raising issues with the registered manager/provider

and if necessary, external agencies for example the Care Quality Commission (CQC). It is a legal requirement to notify the CQC of any significant incidents or accidents that happen as this helps us to monitor and identify trends and, if required, to take appropriate action. We had been notified about significant events by the provider.