Drew Care Limited

Sharston House Nursing Home

Inspection report

Manor Park South
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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Requires Improvement**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This inspection was unannounced and took place on the 10 March 2016.

The service was previously inspected in November 2013 when it was found to be meeting all the regulatory requirements which were inspected at that time.

Sharston House Nursing Home provides personal care and accommodation for up to 48 people with nursing, residential and respite needs, and also offers dementia, convalescence and palliative care.

Sharston House Nursing Home is a detached two storey Victorian property situated one mile from the centre of Knutsford. The home has recently benefited from an extension to bring the total number of bedrooms to 48.

Forty-four people were being accommodated at Sharston House Nursing Home at the time of our inspection.

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 home was going through a period of change following initiatives put in place by the new provider who took ownership of the home late in 2015. At the time of the inspection there was no manager at Sharston House Nursing Home. We were informed by the operations manager that a new manager had recently been appointed and would commence their role on the 14 March 2016. After the inspection the regional director confirmed the new manager had started her role at the home.

The management of the home was being overseen by two operations managers. Both operations managers and the regional director were present during our inspection and engaged positively in the inspection process. The management team were observed to be friendly and approachable and operated an open door policy to people using the service, staff and visitors.

During this inspection visit we found seven breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, relating to recruitment processes, staffing levels, management of medicines, quality assurance and auditing systems, staff supervision and appraisal, treating people with dignity and respect, and meeting people's social needs. You can see what action we told the registered provider to take at the back of the full version of the report.

Medicines were ordered, stored, administered and disposed of safely. However we found the registered provider did not record homely remedies. Without any records in place for homely remedies this was open

to error and misuse.

Although people told us that staff were caring and kind to them, we saw that staff did not always deliver care to people well.
People's needs were assessed before they came to live in the home; however we found some assessments were not regularly updated. Care plans were based on the needs identified within the assessment. Some of these had not been reviewed regularly which meant that some of the care plans did not reflect the current needs of people. The care planning system used was in the process of being replaced to reflect a more personalised approach to care needs.

People's social needs were not being met. People told us they were bored and activities did not occur regularly.

The provider did not have an effective recruitment and selection procedure in place and did not carry out all the required checks when they employed staff.

Staff were provided with induction and regular on-going training. However we found gaps in supervisions and appraisals for staff.

The service lacked governance systems to assess, monitor and improve the quality of the service. For example, effective systems to seek feedback of the experience of service users were not in place and auditing systems were not robust. Record keeping was not always accurate and up to date, in relation to the treatment provided to people living at the home

Staffing levels were not structured to meet the needs of the people who used the service. A dependency tool to assess the required staffing levels to meet people's needs was due to be implemented. People and staff told us at times there were not enough staff on duty to meet their needs.

The registered provider had policies in place to safeguard people from abuse. Staff were aware of the whistleblowing policy and they told us they would use it if required. Staff told us they were able to speak with the manager if they had a concern.

Records showed that people had access to GPs, chiropodists and other health care professionals (subject to individual need).
We found that the home was properly maintained to ensure people's safety was not compromised.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

Recruitment systems were not robust enough to ensure the safety of people using the service.

The provider did not ensure that there were always enough staff to meet people's needs.

Staff could recognise signs of potential abuse. Staff reported any concerns regarding the safety of people to the manager.

The provider did not have appropriate arrangements in place to safely manage people's medicines.

Is the service effective?

Requires Improvement

The service was not consistently effective.

Staff received training and support from the provider, to enable them to develop their skills and knowledge. However we found there were gaps in food hygiene and dementia awareness training and staff had not received any one to one supervision in the previous year.

People were provided with sufficient food and drink. They were given choices about what they wanted to eat and drink.

People were able to see their GP and other healthcare professionals when they needed to.

Is the service caring?

Requires Improvement

The service was not consistently caring.

People were not always supported to maintain their privacy and dignity.

Communication and engagement between the people using the service and staff responsible for the delivery of care was at times

not effective.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

People's social needs were not being met.

The registered provider did not ensure that risk assessments relating to the health, safety and welfare of people using the service were appropriately updated to reflect people's needs.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

The provider had not sought feedback from the people using the service, relatives or staff.

Although auditing systems were in place, these had not fully identified or addressed shortfalls in how the service was operating.

There was no registered manager. A new manager had been identified and was due to start in the role.

Sharston House Nursing 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 checked whether the provider was 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 10 March 2016 and was unannounced. The inspection was undertaken by two adult social care inspectors.

It should be noted that the provider was not requested to complete a provider information return (PIR) prior to the inspection. A 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.

We looked at all of the information which the Care Quality Commission already held on the provider. This included previous inspections and any information the provider had to notify us about. Furthermore, we invited the local authority to provide us with any information they held about Sharston House Nursing Home. We took any information they provided into account.

As part of our inspection we spent time talking with people who lived at the home. Twenty - one people were able to share their views with us about the home.

We spoke with the regional director and two operations managers. Additionally, we spoke with seven other members of staff including two nurses, three care staff, one activity coordinator and one cook. We also spoke to three healthcare professionals, including a GP, mental health nurse and physiotherapist who all visited the home a regular basis.

We undertook a Short Observational Framework for Inspection (SOFI) observation during lunch time. 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 a range of records including: four care plans; four staff files; staff training; minutes of meetings; rotas; medication; maintenance and audit documents.

Requires Improvement

Is the service safe?

Our findings

We asked people who used the service if they found the service provided at Sharston House Nursing Home to be safe. People spoken with confirmed they felt safe and secure at Sharston House Nursing Home. Comments received from people included: "The carers work their socks off here, they are doing a good job, I cannot find fault with them" and "I know who the staff are, the new staff are always introduced first."

Through examination of records we found that recruitment and selection procedures did not meet the requirements of the current regulations.

We looked at a sample of four staff records for staff recently recruited. In two of the four files we found that there were gaps, such as: interview records; gaps in employment histories, and references that had expired. For example we found in one file there was no record that an interview had taken place, gaps in employment and a reference which had been provided for a previous job. In another staff file, we found that the person's reference had been obtained, but that this had been sent to the provider via an e-mail and we could not confirm who the person providing the reference was and again gaps in employment were not explored.

Disclosure and Barring Service (DBS) criminal records checks had been completed for newly recruited staff. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

This was a breach of regulation 19 (3) (a) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014). The registered provider had not ensured that recruitment procedures were established and operated effectively to ensure that fit and proper persons are employed.

At the time of our inspection Sharston House Nursing Home was providing accommodation for 44 people who required nursing or personal care with varying needs. Eight people were receiving convalescence care on the first floor. Convalescence care provides support and rehabilitation for people who are considered unsafe to remain in or return to their own homes but who have the potential to live at home if provided with suitable support and rehabilitation services.

People who used the service and staff told us at times there were not enough staff on duty to meet people's needs.

People's comments included "At times you can be waiting for long periods for staff to attend to you;" "The staff are doing their best, they are very busy and don't have time to spend with you" and "At times I have been waiting over two hours to go to the toilet, the staff are busy here."
One staff member said; "At times staff call in sick, we don't have time to arrange agency staff to cover."
Another person said; "We struggle some morning to be honest with you, if staff don't turn up we tend to just get on with it." "There is sometimes too much to do with little resources, I hope the staffing levels improve when the new manager starts." "It can be frustrating at times when some staff takes their breaks together

leaving us short."

We found there were a large number of people still in their beds when we walked around the home at 10.30am. From speaking to people in their rooms they informed us that this has always been the routine at the home, of having their breakfast in their bedrooms for a number of reasons. One person commented, "I don't mind really, it's more private in my room." Another person commented, "It's a shame the dining room doesn't get used as much as it should." In discussion with the management team they informed us that at the moment people living at Sharston House Nursing Home did not use the dining room facilities for their breakfast, they explained that people had previously not been encouraged to use the dining facilities, but this was something the managers were looking to address especially now the dining room has been refurbished.

On the day of our inspection we found there were two Registered General Nurses (RGNs) and eight care assistants on duty. We were informed by the management team that one member of staff had phoned in unavailable for work. The operations manager informed the inspection team that they had attempted to get someone else in to cover the shift, however this person was also unavailable for work. In discussion with the operations manager he explained they allocated staff to different areas of the home to meet the needs of the people in each area. In discussion with staff they informed the inspection team they worked across the home, to provide assistance to their colleagues in the delivery of care. At times during the inspection we felt the service lacked organisation in regards to the management of staff.

We looked at staffing levels across the home. The operations manager told us staffing levels set by the provider for Sharston House Nursing Home were two RGNs on duty from 8:00am to 8:00pm, nine care assistants on duty from 8.00am to 8.00pm, additionally there was one activity coordinator on duty from 9:00am to 5:00pm. During the night it was recorded on the rota that there was one RGN and four care assistants on duty from 8:00pm to 8:00am. The operations managers confirmed that the new manager will be supernumerary and will work flexibly, subject to the needs of the service.

The management team explained during the inspection that Sharston House Nursing Home was currently working their way through a number of changes. The implementation of a staffing dependency tool was highlighted as one of the changes they were working towards. The purpose of a staffing dependency tool is to help calculate the required staffing levels in care homes, the dependency tool combines information on care homes, including care hours and residents.

This was a breach of Regulation 18(1) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 staffing. The provider did not ensure that there were always enough staff to meet people's needs.

We looked at the management of medicines at Sharston House Nursing Home with the RGN. We were informed that only the RGNs were responsible for administering medicines. All staff responsible for the management of medication had completed medication training. We noted that the competency of RGN staff to administer medication had not been assessed. The operations manager informed the inspection team that they would start to observe and record medication competencies for the RGNs who administered medicines to people at the home.

A list of staff responsible for administering medicines, together with sample signatures, was available for reference and photographs of the people using the service had been attached to medication administration records to help staff correctly identify people who required medication.

We checked that there were appropriate and up-to-date policies and procedures in place around the

administration of medicines and found that the provider had developed a suitable policy for staff to reference. The policy was available in the office adjacent to the medication storage room for staff to view. Sharston House Nursing Home used a blister pack system that was dispensed by a local pharmacist. Medication was stored in a medication trolley that was secured to a wall in a dedicated storage room. Separate storage was also available for homely remedies and for controlled drugs.
We checked the arrangements for the storage, recording and administration of medication and found that this was satisfactory. We saw that a record of administration was completed following the administration of any medication on the relevant medication administration record (MAR).

We found there was no record in place for homely remedies. Homely remedies are another name for a non-prescription medicine which can be used in a care home for the short term management of minor, self-limiting conditions. There was no guidance recorded individually for people who required homely remedies, and no authorisation from the person's GP. The quantity of the homely remedies medicines was not recorded. This meant it was not possible to check the quantity of the medicines or determine whether they had been administered appropriately. The RGN confirmed people had been administered homely remedies for headaches, minor pains and colds. This was recorded on the person's MAR chart. Without any records in place for homely remedies this was open to error and misuse.

This was a breach of regulation 12(1)&(2)(g) of the Health and Social Care Act 2008 (Regulated Activities) 2014 Regulations Safe care and treatment. A system to ensure the proper and safe management of medicines was not fully in place.

We signposted the management team to review the NICE guidance on 'Managing Medicines in Care Homes' as this provides recommendations for good practice on the systems and processes for managing medicines in care homes.
An accident book was in place to record incidents, accidents and falls and to maintain an overview of them. The regional director informed the inspection team that a monthly summary report was produced. We viewed the monthly accident analysis form for January 2016. This record captured information, but did not provide any evidence of lessons learnt and actions taken to minimise the potential for reoccurrence. The regional director informed the inspection team they were in the process of inputting this information onto a live 'CareDocs' system, and once this was completed the management team would be in a better position to minimise the potential for reoccurrence. 'CareDocs' is a computer-based care planning and home management system for residential and nursing care homes.

A basic emergency plan had been developed by the registered provider to ensure an appropriate response in the event of an emergency. The plan contained contact details for various emergency evacuation places and contact numbers for staff and contractors in the event of a gas, electric, plumbing, nurse call or other emergencies.

Personal emergency evacuation plans (PEEPS) had been produced for people using the service. PEEPS provide a clear contingency plan to ensure people are kept safe in the event of a fire or other emergency.

People were safeguarded from the risk of abuse. The home had clear safeguarding policies and procedures in place for staff to refer to. Staff were able to explain how they would recognise and report abuse. They told us they would report concerns immediately to their manager or to the police if this was necessary. The service had a whistleblowing policy in place which gave staff clear steps to follow should they need to report poor practice.

The operations manager was aware of his responsibilities to manage and report any safeguarding concerns

via a first account report to the local authority. We attempted to check the safeguarding records at Sharston House Nursing Home, however we were informed by the operations manager that the safeguarding file could not be located. We noted from our records that Sharston House Nursing Home had notified us about two safeguarding concerns in the last 12 months. The operations manager was confident that there were no outstanding safeguarding concerns. The operations manager said they would look into this as a matter of urgency and set up a new tracking tool to provide an overview of incidents of safeguarding and care concerns.

Overall, areas viewed during the inspection appeared clean and well maintained. Staff had access to personal protective equipment and policies, procedures and audits for infection control were in place.

Requires Improvement

Is the service effective?

Our findings

We asked people who used the service or their relatives if they found the service provided by Sharston House Nursing Home to be effective. Feedback received from people we spoke with varied from positive to negative.

Comments received from people included: "The staff are a delight, I know I can trust them here;" "I don't mind it here, but sometimes I struggle to understand what the staff are saying, there can be communication barriers;" "The food is okay but it can be repetitive at times, but you do get a choice of meals."

We spoke to seven members of staff during the inspection who confirmed they had access to a range of induction, mandatory and other training relevant to their roles and responsibilities.

Examination of training records confirmed that staff had completed key training in subjects such as first aid; moving and handling; fire safety; safeguarding; medication; control of substances hazardous to health; infection control; and health and safety. However we noted that 48% of the staff team had not yet completed food hygiene training. The management team explained during the inspection that they have implemented a new training programme for the staff team to follow and assured the inspection team that staff will complete food hygiene training in the forthcoming months.

Additional training courses such as national vocational qualifications / diploma in health and social care had also been completed by the majority of staff.

A number of the people living at Sharston House Nursing Home were living with dementia. We found that there was no training in dementia awareness being provided to staff. Discussions with the management team confirmed this was the case, and the operations manager has subsequently informed the inspection team that forthcoming dementia awareness training has been arranged for staff in May 2016.

Staff had been enrolled on to the Care Certificate. The Care Certificate replaced the Common Induction Standards in April 2015. It is designed to help ensure care staff that are new to working in care have initial training that gives them an adequate understanding of good working practice within the care sector.

We noted that team meetings had been coordinated for staff to attend throughout the year. Since the change in ownership and management at the home, regular staff supervision had not been forthcoming. We noted that there was no evidence of supervisions being carried out during 2015. However, the provider had established a new staff supervision programme and confirmed that staff will have a minimum of four supervisions per year and an annual appraisal. We did find evidence that staff supervisions had been recorded from March 2016. Many of the staff we spoken with said they were awaiting a supervision with the new management, but felt confident they could approach the operations manager if they needed to discuss any part of their role.

This was a breach of regulation 18 (2) (a) of the Health and Social Care Act 2008 (Regulated Activities)

Regulations 2014) Staffing. The registered provider had not ensured staff received regular supervision and appraisal to enable them to carry out the duties they are employed to perform.

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 refuse care and treatment when this is in their best interests and legally authorised under MCA. The authorisation procedures for this in care homes are called Deprivation of Liberty Safeguards (DoLS).

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards (DoLS). We discussed the requirements of the Mental Capacity Act (MCA) 2005 and the associated DoLS with the operations manager. Discussion with the operations manager showed he had a clear understanding of the principles of the MCA and DoLS, and we saw that if it was considered that people were being deprived of their liberty, the correct authorisations had been applied for.

We saw that there were corporate policies in place relating to the MCA and DoLS. Information received from the operations manager confirmed that at the time of our visit to Sharston House Nursing Home there were ten people living at the home who were subject to a DoLS authorisation. Additional applications were also being considered by the local authority for authorisation.

The operations manager maintained a record of people subject to a DoLS, together with the type (standard or urgent) and expiry date. We also saw that the details of people with lasting power of attorney for health and welfare and property and / or financial affairs had also been obtained.

We found evidence that two standard DoLS applications had lapsed and the provider had not reapplied for further authorisations in a timely manner. We found one person's DoLS had expired on 23/10/2015 and had not been reapplied for until 17/03/2016. Another person's DoLS expired on 16/03/2016 and was reapplied for on 17/03/2016. Therefore these two people were unlawfully deprived of their liberty without the appropriate safeguards being in place. However, we found evidence of other DoLS applications which had been reapplied for in a timely manner.

We found that a large number of the staff had completed the Mental Capacity Act 2005 (MCA) e-learning training, but this did not cover the Safeguards (DoLS) training. The operations manager said all staff would complete this training in the near future.

Staff we spoke to confirmed they understood the meaning of the Mental Capacity Act and which people using the service were subject to a DoLS.

A four week rolling menu plan was in operation at Sharston House Nursing Home which offered people a choice of menu and was reviewed periodically. We noted that the daily menu was not on display in the dining area. We asked people living at the home for their opinion of the food; one person said, "The food is okay here but nothing spectacular,", another person said "You are given a choice here of different meals, and the food is okay."

The most recent local authority food hygiene inspection was in October 2015 and Sharston House Nursing Home had been awarded a rating of 3 stars. The provider was given actions they needed to address by the Food Standards Agency (FSA). During the inspection the chef at the home provided evidence that the

provider had been re-inspected and met the actions set by the FSA.

We observed the lunchtime meals in both the dining room and lounge area. We noted that there were only two people using the newly refurbished dining room, with the majority of people having their lunch in the lounge and others in their bedrooms. During lunch time four members of staff were in the lounge with six people. Throughout our observation there appeared to be a lack of direction in relation to 'who was doing what'. We observed three staff members in the lounge area discussing who needed assistance with their meals and which tasks were still outstanding. We observed one person sleeping in their chair while the food that had been served to them was going cold. We noted by the time a member of staff came to assist her; the meal on the table had gone cold. We witnessed this member of staff go to the kitchen to provide this lady with a new hot meal. We observed the member of staff supporting this lady with her meal in a caring and friendly manner.

The people nursed in bed had food and fluid charts. We looked at three of these. Records were kept regarding the amount that people ate and drank when they were at risk nutritionally and we found that they were completed consistently.

People were weighed monthly and appropriate action was taken if people lost weight, for example a referral to the dietician or an appointment with a general practitioner.

People using the service or their representatives told us that they had access to a range of health care professionals subject to individual need. Care plan records viewed provided evidence that people using the service had accessed a range of health care professionals including: GPs; district nurses; opticians and chiropodists.

Sharston House Nursing Home had access to a GP who visited twice weekly to review the health needs of people living at the home. We met with the GP during our inspection. He spoke positively about the home and felt confident that the staff had good knowledge about the people they were caring for. We also met with a community mental health nurse and a physiotherapist who were visiting some people who received convalescence care. Both spoke positively about the home and felt staff were approachable and understood the needs of the people.
Sharston House Nursing Home has recently benefited from an extension to bring the total number of bedrooms to 48. The majority of rooms have en-suite facilities with many on the ground floor having patio door access to the garden. Communal space consists of two large lounge areas, two smaller lounge areas and a dining room which has recently been refurbished to a high standard. There are two passenger lifts in place and communal facilities for cooking, dining, personal care, relaxing and leisure.

Sharston House Nursing Home had been decorated to a high standard and was well maintained throughout. People's rooms had been personalised with memorabilia and personal possessions; they were homely and comfortable. People were also seen to have access to personal aids to help them mobilise independently and to ensure their comfort.

Requires Improvement

Is the service caring?

Our findings

We asked people using the service if they found the service provided at Sharston House Nursing Home to be caring. People had differing opinions of the care they received.

Comments received from people using the service included: "The staff are marvellous and very patient." "Some of the staff are excellent while others can be abrupt with you." And "I feel they could be more caring but they seem to always be in a rush."

One relative told us; "My father has not been living here long, but the staff in this short time have been fantastic and very caring towards him."
People told us staff respected their privacy and treated them with dignity and respect. One person said; "I always tell the staff how I want to be cared for, they do listen to you." Another person said "Staff will ask me how I am feeling; I think they do care about you here."

One staff member said, "I feel we provide good care to the people here, but at times we are rushing around and struggle to make time for people."
We asked staff how they would support someone's privacy and dignity. They told us about ensuring people's bedroom or bathroom doors were kept closed and we witnessed staff calling people by their preferred names. We were shown people's rooms which were all very different and reflected their individuality. One person supported the local football team and he had his room decorated in the team's memorabilia.

During the inspection we observed that staff supported people at various times and in various places throughout the home. We observed differing levels of practice from the staff at Sharston House Nursing Home. We found that some staff communicated with people in a kind and caring way, whilst other members of staff did not support people in a caring, patient or respectful manner. We observed one member of staff being affectionate and tactile with people and managed to reassure one person who became anxious and upset in the lounge area.

Through discussion and observation it was apparent clear and effective communication and engagement between the people using the service and staff responsible for the delivery of care was at times not effective.

We noted one person was constantly shouting out for staff, we intervened and went to find a staff member to inform them this person required assistance. When a member of staff returned to the lounge, the person who was shouting out for assistance wanted to go back to their room because they didn't know why they were in the lounge. We felt the lounge would have benefited from having a member of staff constantly available to provide people with reassurance.

People were not always supported to maintain their privacy and dignity. We observed one person sitting in the lounge who had not yet had assistance with their personal care and was still in their night wear. This person struggled at times to keep their dentures in their mouth and looked withdrawn; this person's dignity had not been maintained. We noted this person had communication difficulties and staff did not spend time

interacting with them during the morning. During lunch time we observed that one member of staff approached this person and put their meal down on the table and then walked away without any communication. We witnessed this person was capable of feeding themselves but struggled because they were slouched in the chair and their dentures were constantly causing problems. After 10 minutes another member of staff sat with this person and provided assistance. We noted this member of staff was affectionate and caring towards this person.

This was a breach of regulation 10 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014)Dignity and respect. The registered provider did not ensure people were treated with dignity and respect.

Personal information about people receiving care at Sharston House Nursing Home was kept securely to ensure confidentiality. Information about the service and of interest to people using the service was displayed on notice boards and in the reception area of the home for people to view.

Requires Improvement

Is the service responsive?

Our findings

We asked people who used the service and their relatives whether they found the service provided by Sharston House Nursing Home to be responsive to their needs. Feedback received from the people we spoke with was positive.

For example, three people reported: "I feel the home is responsive to my needs. They always have the doctor visiting me to check on how I am doing health wise." "The staff are very accommodating, they never have any issues when my family visit me." "I was nervous moving in here, but the staff put me at ease and I get on great with them all."

People's needs were assessed before they came to live in the home. We looked at four care files during our inspection. All Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) forms we viewed were original and stored in the front of the folders. The purpose of a DNACPR decision is to provide immediate guidance to those present (mostly healthcare professionals) on the best action to take (or not take) should the person suffer cardiac arrest or die suddenly. All the forms we viewed were original, signed by a doctor and dated. This meant they were valid.

We found that care plans had not always been completed in sufficient detail, in particular for the people who had recently moved to Sharston House Nursing Home. There were gaps in records, for example moving and handling assessments, and continence assessments. Some risk assessments were vague and lacked person centred information on the actions required to minimise / control actual and potential risks. This had the potential to place the health and welfare of people using the service at risk.

The management team explained during the inspection that they were currently in the process of implementing the 'Caredoc' system for the care planning at the home; they believed that this would provide a more personalised approach to care needs.

The registered provider had developed a 'Compliments, comments and concerns policy' to provide guidance to staff and people using the service and / or their representatives on how to raise a concern or complaint.

A complaints policy was available and included timescales for investigation and providing a response. Contact details for the service provider and the Commission were also included within the document.

During the inspection we reviewed the complaints file. We noted the complaints file recorded care concerns and not complaints.
We reviewed our records at CQC and noted one complaint was recorded in February 2016. This complaint was in regards to low staffing levels and poor quality of care delivered to a person residing at the home. At the time of this complaint we liaised with the regional director who investigated the complaint in a timely manner. This confirmed that the service had received a complaint in the last 12 months.

People's social needs were not being met.
During the inspection we did not observe any pre-arranged activities for people taking place. We observed only one activity that involved one person and the activities coordinator playing a board game. We noted that there was no activities information on display to notify people about the week's forthcoming activities. There were no other activities in place to stimulate people and staff were busily engaged in care tasks and had little time to positively interact with people. After the inspection an activities timetable was forwarded to the inspection team, which included the activities planned from April 2016 to the end of the year. We noted there was no activities planner in place for the previous 12 months. The operations manager assured the inspection team that activities had taken place, but this was only recorded in people's daily notes. During the inspection we observed that the activity co-ordinator provided assistance to people with their eating and drinking, it was clear that the activity co-ordinator also engaged in the delivery of care to people living at the home along with her role as an activity co-ordinator.

We observed people in bed throughout the day with no interaction or stimulation. We walked around the corridors at various times during the day and saw no sign of activities or interactions for the people nursed in bed. This could lead to social isolation. We spoke with one person nursed in bed who told us there was not much to do at the home, stating "I get fed up at times, my television keeps me occupied. I can go to the lounge if I want, but I don't think much is happening in there."

We asked the people living at Sharston House Nursing Home what they thought about the daily activities. One person said "There isn't much going on here, it would be nice to have some music from time to time." Another person said "The staff don't have time to provide entertainment, there could be activities going on here, but nobody has told me."

This was a breach of regulation 9 (1)(a-c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. People's social needs were not being met.

Requires Improvement

Is the service well-led?

Our findings

We asked people who used the service whether they found the service provided at Sharston House Nursing Home to be well led. People spoken with confirmed they were happy with the way the service was managed.

Comments from people included: "There has been a number of changes with the manager of late but to be fair they will keep you informed." "You can always speak to the manager or staff if you have any issues and they will deal with them."

One staff member said, "We have had a number of changes lately, but the new management team have had regular meetings with us and they have been approachable." Another member of staff said, "I have found the new management at the home approachable and they want to improve all aspects of the home."

The regional director and operations manager were both present throughout our inspection and were observed to be helpful and responsive to requests for information and support from the inspection team. During the inspection it was clear that the home lacked leadership and direction in regards to the tasks that needed to be delegated. For example we observed staff going on breaks together leaving areas of the home unsupervised; other members of staff appeared to be unsure of tasks that needed to be completed, resulting in an air of disorganisation.

Since the inspection the provider has recruited a new manager who is currently in the process of becoming the registered manager.

During our inspection we observed that people felt able to approach the operations managers directly and they communicated with them in a friendly and caring way.

The registered provider had developed a policy on 'quality assurance'.
The number of shortfalls that we found during this inspection indicated quality assurance and auditing processes had not been effective, particularly in areas such as care planning and health and safety. We found these checks had not been completed on a regular basis. For example we found that there were no audits for health and safety or care planning. We found gaps in the auditing of infection control, medication and the home manager's monthly audit. The management team acknowledged the above gaps to the inspection team and explained this had been due to the changes in ownership / managers. The management team went on to say they were in the process of implementing new audit systems at Sharston House Nursing Home such as a care plan audit; infection control audit; and environmental risk assessment audit.

We found evidence that the regional director had begun to carry out a monthly review of the home. His latest report for February 2016 highlighted the concerns we have raised in the report for care planning and the medication protocols for homely remedies. The management team had devised a robust action plan regarding how they proposed to address some of the shortfalls at the home.

Sharston House Nursing Home did not have systems in place to seek feedback from people using the service, their relatives and stakeholders. The management team provided evidence that surveys were due be distributed the following day for people using the service, their relatives and staff.
Record keeping was not always accurate and up to date, in relation to the treatment provided to people living at the home. For example; we noted in one person's care file they were supported with pressure ulcer care. Pressure ulcers are an injury that breaks down the skin and underlying tissue. They are caused when an area of skin is placed under pressure. The care plan stated this person was to have their wound dressing changed three times a week. We found gaps in the recording of this person's wound care, for example one date was recorded on the 16/02/2016 and the next date for the dressing to be changed was on the 25/02/2016; the dates recorded did not meet the requirements of this person's pressure ulcer care plan. We discussed this with the RGN who told us that the person's dressing would have been changed but staff had forgotten to update the care plan records. We noted this person was provided with an air-flow mattress and received regular input from a tissue viability nurse (TVN) to aid their recovery.

Although some auditing systems were in place, it was evident that there were gaps in the home's care planning system and significant scope for improvement.

This was a breach of Regulation 17(1)&(2)(a-e) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Good governance. The registered provider had not ensured effective systems were in place to monitor and improve the quality of service provided.

We checked a number of test and / or maintenance records relating to: the fire alarm; fire extinguishers; gas installation; electrical wiring; portable appliance tests; water quality checks and hoisting equipment. All records were found to be in satisfactory order.

There were procedures in place for reporting any adverse events to the Care Quality Commission (CQC) and other organisations such as the local authority safeguarding and deprivation of liberty teams. Our records showed that the provider had appropriately submitted notifications to CQC about incidents that affected people who used services.

Information about Sharston House Nursing Home had been produced in the form of a statement of purpose to provide people using the service and their representatives with key information about the service. A copy of this document was provided to people / representatives once their care commenced. Information about the aims and objectives of the service, philosophy and strategic vision had been detailed within the documents.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations 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	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 9 HSCA RA Regulations 2014 Person-centred care People's social needs were not being met.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 10 HSCA RA Regulations 2014 Dignity and respect The registered provider did not ensure people were treated with dignity and respect.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment A system to ensure the proper and safe management of medicines was not fully in place.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance The registered provider has not ensured effective systems were in place to monitor and improve the quality of service provided.

Regulated activity	Regulation

Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The registered provider had not ensured that recruitment procedures were established and operated effectively.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 18 HSCA RA Regulations 2014 Staffing The provider did not ensure that there were always enough staff to meet people's needs. And The registered provider had not ensured staff received regular supervision and appraisal to enable them to carry out the duties they are employed to perform.