

We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

Sharnbrook Care Home Limited

17a Park Road North, Houghton Regis, Dunstable
, LU5 5LD

Tel: 01582866708

Date of Inspection: 08 May 2014

Date of Publication: June
2014

We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services ✓ Met this standard

Care and welfare of people who use services ✓ Met this standard

Safeguarding people who use services from abuse ✓ Met this standard

Supporting workers ✓ Met this standard

Assessing and monitoring the quality of service provision ✓ Met this standard

Details about this location

Registered Provider	Sharnbrook Care Home Limited
Registered Manager	Mrs Jean Flanagan
Overview of the service	Sharnbrook Care Home Ltd is a care home for up to 24 people who may have a range of care needs including dementia and physical disabilities.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

	Page
Summary of this inspection:	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
More information about the provider	5
Our judgements for each standard inspected:	
Respecting and involving people who use services	6
Care and welfare of people who use services	7
Safeguarding people who use services from abuse	8
Supporting workers	9
Assessing and monitoring the quality of service provision	10
About CQC Inspections	11
How we define our judgements	12
Glossary of terms we use in this report	14
Contact us	16

Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 8 May 2014, observed how people were being cared for and talked with people who use the service. We talked with staff.

What people told us and what we found

The detailed evidence that supports our findings can be read the full report. We considered our inspection findings to answer the five questions we always ask: Is the service safe? Is the service effective? Is the service caring? Is the service responsive? Is the service well led?

Is the service safe?

People were protected by effective staff recruitment systems. Records showed that staff had received Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) training. This meant that staff were provided with the information that they needed to ensure that people were safeguarded.

Is the service effective?

People were satisfied with the care and support they received. No one raised any concerns with us. This was consistent with the positive feedback received from people as reported in the provider's own quality assurance survey. All of the staff we spoke with were knowledgeable about individual people's care needs, and this knowledge was consistent with the care plans in place.

Is the service caring?

People were supported by kind and attentive staff. We saw that care workers showed patience and gave encouragement when supporting people. People commented, "I never feel rushed by the staff that help me, they don't do everything for me and help me to do things for myself". We spoke with four people who used the service. One person said to us, "I am very happy here. Everyone is very kind." Another person said, "The staff are very helpful and this is a beautiful place to live." We observed the care and attention people received from staff. All interactions we saw were appropriate, respectful and friendly and there was a relaxed atmosphere throughout the home.

Is the service responsive?

We saw that care plans and risk assessments were informative, up to date and regularly reviewed. The registered manager responded in an open, thorough and timely manner to

complaints. This meant that people could be assured that complaints were investigated and action was taken as necessary. Staff told us the manager was approachable and they would have no difficulty speaking to them if they had any concerns about the home.

Is the service well led?

Staff said that they felt well supported by the manager, there was a positive team ethic and they were able to do their jobs safely. The provider had a range of quality monitoring systems in place to ensure that care was being delivered appropriately by staff.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected.

Reasons for our judgement

We saw that there was good information available made available to people about Sharnbrook Care Home. Information that might be of interest to people considering their care options in areas such as information on dementia, safeguarding and the range of possible activities on offer was displayed in the main reception. People told us that staff treated them respectfully and offered them choices in their daily lives. One person told us, "The staff ask me about what I want and are always available to support me when I choose what I want to do each day."

We saw that care workers treated people in ways that respected their individuality and dignity. Care staff offered people choices and respected their wishes about what they did, what they ate and drank and where they wished to go. Staff provided people with choices that enabled them to maintain their independence. For example we observed people eating their lunch independently with staff offering assistance only when requested or required. This meant that people's independence was promoted.

We looked at care records which, coupled with our observations showed that staff understood people's needs and the things that were important to them. People were encouraged to express their views about their needs. We saw people or their families where appropriate had signed their agreement to their assessments and care plans. Care records showed that people had been involved in the monitoring and reviews of people's care needs.

We spoke with staff who were able to describe how people's views were listened to. We observed someone requesting a salad for lunch which was freshly prepared and delivered to the person in their room as requested. This means that effective systems had been put in place to obtain, and act in accordance with, the consent of people who used the service.

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

Care and support was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. One person who used the service told us "I am well looked after and the staff treat me well and are always helpful." We spoke with two care workers who told us the information recorded in the care plans helped them to provide support for people on an individual basis.

We looked at the care records relating to four people who lived at the home. These showed that people's individual needs had been assessed, documented and reviewed. They provided staff with clear guidance about the care, support and treatment that people needed in a way that ensured their health and safety. This included detail about people's, dietary requirements and mobility needs together with their mental and physical health needs.

We were told by the registered manager that an activities programme had been developed and recently reviewed to ensure activities suited people's needs and interests. People told us they liked the opportunities provided by the activities coordinators and the range of facilities available at the home. These included arts and crafts activities, poetry board games, and exercise sessions together with the use of a hairdressing salon.

During our inspection we saw that people had regular access to relevant health care professionals where necessary and appropriate including dentists, chiropodists and GPs. We spoke with the care staff who told us the people who use the service were helped to manage their own health, welfare and safety in a 'health plan'. We looked at three of these plans, each contained doctors, dentist, opticians and other professional contact details and a diary of appointment schedules.

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who used the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

People who used the service told us if they had any concerns they would report them to the manager or senior person on duty. One person told us "I like the staff and they make me feel safe, I can always talk to the staff if I have any concerns."

The registered manager told us that as part of the staff induction, they received training which covered safeguarding of vulnerable adults from abuse, understanding dementia, and first aid. And we looked at training records and the providers training matrix which confirmed this.

The provider had policies and procedures in place for safeguarding vulnerable adults and staff were trained and supported to essential information to support them to understand the different types of abuse and ways to support vulnerable adults. We spoke with two care workers who both confirmed that they had recently attended these training sessions. Staff were able to demonstrate a clear understanding of their safeguarding responsibilities, and how to follow the providers safeguarding and whistle blowing procedures. Staff told us that the training had helped them to identify indicators of abuse and know what action to take as a result. In addition staff told us they had received training on The Mental Capacity Act (MCA) 2005 and The Deprivation of Liberty Safeguards (DoLS). We looked at training records that confirmed this.

We looked at three staff files; each contained the appropriate previous employer references and dates of current Disclosure and Barring (DBS) checks. This showed us that the provider had effective recruitment and selection systems in place. This meant that the provider had taken steps to ensure that people were protected from potential abuse.

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

When we visited the home there was enough, qualified, skilled and experienced staff to meet people's needs. We observed staff communicating with people in a respectful and sensitive way and delivering support appropriate to meet individual needs. We looked at the service training plan which highlighted all mandatory and specialist training for care staff and the date's individual staff were allocated time to attend refresher training to renew their certifications. One care worker we spoke with told us that over the last year they had completed training in food hygiene, fire safety and medication administration and that the training they had attended was of a good standard and supported the development of their practice. We looked at staff training files, certificates and attendance sheets which supported this. We were therefore assured that staff received appropriate training relevant to their roles.

The registered manager told us staff supervision meetings took place on a regular basis. We looked at two supervision files and we saw that there was a record of discussions that had taken place.

This showed us that the provider had an effective training and monitoring process in place to support staff to support the care needs of people who used the service.

Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

During our inspection on 08 May 2014 we found that effective systems had been put in place to assess and monitor the quality of services provided and to identify, assess and manage risks posed to the health, welfare and safety of people who lived at the home.

We saw that regular audits had been carried out by both the provider and senior manager. These audits assessed performance and monitored risks in a wide range of key areas at the home. These included adverse incidents and accidents, infection control, safety and maintenance of the premises, medicines, care records and nutrition. We saw that both the provider and manager had used the audits to identify problems and areas for improvement and had put action plans in place to address them where necessary and appropriate.

From a range of the provider's documentation we were able to see that regular staff meetings took place. From the minutes of these meetings we established meetings had been used as a positive and supportive environment for staff to raise care or welfare issues concerning people who used the service.

The provider had an effective complaints and compliments system in place. We looked at the complaints record which showed that issues and concerns raised by people who lived at the home and others had been properly documented and investigated. Everyone we spoke with during our inspection told us that they were aware of the process and knew how to make a complaint if the need arose.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ Met this standard This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ Enforcement action taken If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

Phone: 03000 616161

Email: enquiries@ccq.org.uk

Write to us
at: Care Quality Commission
Citygate
Gallowgate
Newcastle upon Tyne
NE1 4PA

Website: www.cqc.org.uk

Copyright Copyright © (2011) Care Quality Commission (CQC). This publication may be reproduced in whole or in part, free of charge, in any format or medium provided that it is not used for commercial gain. This consent is subject to the material being reproduced accurately and on proviso that it is not used in a derogatory manner or misleading context. The material should be acknowledged as CQC copyright, with the title and date of publication of the document specified.
