

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

Sherbourne Grange

18-20 Sherbourne Road, Acocks Green,
Birmingham, B27 6AE

Tel: 01217064411

Date of Inspection: 04 July 2013

Date of Publication: July 2013

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	Ferndale Care Services Limited
Registered Manager	Mrs. Caron Jordan
Overview of the service	Sherbourne Grange is a home for up to sixteen people, separated into two smaller units, who have a learning disability or autism. The home has been adapted for people who use wheelchairs.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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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 4 July 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with carers and / or family members and talked with staff.

What people told us and what we found

There were 14 people living at the home at the time of our inspection. We spoke with 3 people, three staff and the manager. We walked around the home and observed how people were being supported.

All of the people spoken with told us they liked living at the home. One person said "it is nice here, there is a relaxed atmosphere, and it is normal, I feel comfortable here". Another person told us, "I love it here, we choose how we spend our day, and the staff support us when we need them to."

People told us that staff respected their privacy and dignity and that they were given choices about their care. This meant people were involved in their care.

Staff spoken to were able to tell us about people's needs and records seen confirmed the that staff were knowledgeable about the people they cared for. We saw positive interactions between staff and people that lived at the home. This meant staff had the information to support people and meet their needs.

People told us they felt safe living at the home. We found that staff were clear about the action to take should they become aware of an allegation of abuse in the home.

Staff spoken with told us they felt supported by the manager, and have regular training opportunities.

There were systems in place to monitor how the home was run, to ensure people received a quality service.

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 and people's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

People expressed their views and were involved in making decisions about their care. We saw minutes of meetings that were held with the people living there. People talked with staff about the activities they would like to do and what they wanted to eat. Records sampled showed that where the person could not sign their relatives had signed their care plan to show they agreed with it. People told us and we saw that there were set times for meals. One person told us, "I cook my own food and staff help me." Staff told us that people can have snacks drinks when they want but times for main meals were set. This showed that people were encouraged to make choices during the day about what they wanted eat and drink. Staff told us that each person had their own individual menus. We saw that people's menus were made up of all their favourite foods. This showed that people were able to eat the food they enjoy every day.

Bedrooms seen included some personal items. One person showed us their bedroom that they had decorated with the help of their befriender and staff at the home. They told us, "I chose the colours and put up all my family pictures." Staff told us that they support people to in the way they prefer.

People were supported in promoting their independence. People told us and we observed that they did domestic tasks in the home, such as washing up and helping to keep the home clean. One person told us that they worked in the home doing domestic chores and helping in the garden. The manager told us that to encourage the person they were employed as an assistant cleaner and paid for the work they did each week. We saw one person going to the shop on their own to buy some personal items. This showed that people were supported to maintain their independence.

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

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

People's needs were assessed and care was planned and delivered in line with their individual care plan. Records sampled included an individual care plan that stated how staff were to support the person to meet their needs. All the staff spoken with knew people's individual needs and how to support them.

We looked at three people's records which showed that their physical health was monitored and referrals were made where needed to health professionals. Records showed that staff followed the advice of other professionals to ensure that people's health needs were met.

All of the people we spoke with made positive comments about the care and support they received. One person told us, "This is the best home; I am treated like a person." Another person said "I love it here, I have many friends here and I receive lots of support which makes me feel good." This meant that people received the care and support they wanted.

We saw and people told us that they took part in different activities inside and outside the home. Staff told us and we saw that each person had their own activities plan and were supported to do their planned activity. One staff told us, "We try to help people do their activity and they can choose who (staff) they want to do it with."

Throughout the day we saw people been supported around the home and because it was a sunny day several people spent the day outside with staff supporting them. In the morning we observed people playing bingo. We observed the activity and saw that five people took part in the game. We saw a very interactive session that people said they enjoyed. One person said, "It's great doing things outside when it's sunny." " One relative told us, "There are much more activities going on in the home."

We observed positive interactions in the way the staff encouraged and reassured people. Staff were respectful in the way they spoke and assisted people.

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

Our judgement

The provider was meeting this standard.

People who use 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

The provider responded appropriately to any allegation of abuse. We saw that the provider's safeguarding policy gave details of action to be taken in the event of suspected abuse. We spoke with three members of staff about their understanding of the process of safeguarding vulnerable people. They told us they had undertaken safeguarding training and were clear about what they needed to do if they saw a person who used services being abused. Training records showed staff had received suitable training in the protection of people. We were told that further training was currently being planned for the remainder of the staff. This meant staff had the knowledge and skills to recognise signs of concerns and take the appropriate actions.

All of the people we spoke with told us they felt safe living in this home. One person told us "I feel safe here, the staff are good." One relative told us, "I have full confidence in the care they provide and that X is safe there."

We looked at the training plan, which identified that most of the permanent staff that worked at this home had received this training.. This will ensure that people are safeguarded from harm.

Staff spoken with had an understanding of the Mental Capacity Act and Deprivation of Liberty Safeguards. This meant that staff understood how to protect people who were unable to make decisions for themselves or lack the capacity to do so.

We looked at records relating to monies the service held on behalf of people using the service. The money was used for people to purchase personal items such as toiletries and for social outings. We randomly sampled these records. There was a clear audit of the monies coming into the home and what the funds were spent on. There were receipts in place for all expenditures. This meant people could be confident that their finances were looked after appropriately on their behalf.

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

People using the service told us they were happy with the support provided to them by the staff team. One person said, "The staff are really good, they listen to me." A relative told us, "The staff are considerate and understanding, they help people when they get upset."

Staff spoken with told us they felt supported in their role, and that the managers were available to talk about things at any time. They told us that formal supervision was always provided on a regular basis. The records in place confirmed this. This meant that staff had support to do carry out their role.

All the staff spoken with told us that they received the training they needed to ensure that they knew how to safely support the people living at this home. Training records demonstrated that staff were provided with all areas of mandatory training and training that is specific to the needs of the people who live in the home.

All the staff told us they had regular meetings to discuss any issues affecting the service or the people who lived there. This meant staff were given an opportunity to raise any concerns they had and discuss any changes or areas for improvements.

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 and the provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others.

Reasons for our judgement

People who use the service and their representatives were asked for their views about their care and they were acted on. A questionnaire had been sent out to people in June of this year, and positive response was received. One relative told us, "We love Sherbourne Grange; we are very happy with the results we see."

The staff spoken with and the records showed that team meetings were held. The staff told us they are regularly held and organised in such a way that every member of staff can attend if they wish. This ensures the staff have an opportunity to raise any issues they have about the service.

We were told that a health and safety inspection would be taking place the next week by a professional organisation employed to carry out health and safety audits in the home. We saw the last report from the organisation and its recommendations to improve safety in the home. We saw that the improvement action plan had been completed by the home owners. This ensures the standards at this home are regularly monitored, and any improvements can be identified and addressed.

We saw that regular audits were completed by the manager and these included people's records, money, and medication. Regular checks are also undertaken to ensure that equipment in the service is tested and serviced to ensure it was safe to use. Staff received training in fire safety and health and safety so they had the skills and knowledge to ensure the safety of the people living in this home. This meant that there were systems to assess the quality of the service.

A complaints system was in place. We looked at the complaints file and saw that no complaints had been received about the service for this year. All previous complaints had been investigated and records completed of the action taken. This meant that systems were in place to ensure that improvements could be made in the home.

We spoke to people about making complaints. One person told us, "I would talk to the manager if I was not happy." A relative we spoke to said, "We have no concerns but if we

did we would go to the owners and we know they would listen and sort out our concerns."

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.

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