

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

Sharnbrook Care Home Limited

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, LU5 5LD

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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

Management of medicines ✓ Met this standard

Staffing ✓ 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

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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 11 April 2013, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

What people told us and what we found

During our visit to the service on 11 April 2013 we spoke with two people who used the service, a relative of a person who used the service, a visitor to the home and three staff members.

We found staff promoted people's privacy and dignity. Care plans reflected people's wishes and preferences. People said they were provided with choices. One person said, "We are able to do anything we wish to do." Another person said, "Staff always maintain my privacy."

People were complimentary about the care provided. A visitor told us, "Sharnbrook Care Home is a good home. Staff understand the needs of residents. You never hear the bell ringing for long in here."

Medicines were managed safely. We found practices and records to be in good order.

We found there were sufficient staff on duty to meet people's needs. Staff had access to a training programme to maintain their skills and knowledge.

We found the provider had systems in place to regularly monitor the quality of service that people received. There was no written action plan in place from the relatives and service user survey that was carried out recently. Environmental audits did not always provide timescales when remedial work had been completed.

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

Our inspection of 06 June 2012 found people did not always experience appropriate care and support because the delivery of care did not promote people's welfare and well-being by taking into account their individual mental, social and emotional needs.

We visited the home on 11 April 2013 and observed the support provided to people in one of the lounges during the midday meal. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We observed positive engagements between staff and people.

Staff provided people with choices that enabled them to maintain their independence. For example, we saw staff provided people with clothes protector. This prevented clothing becoming stained from food spillages. We observed staff supported people to maintain their independence. People were enabled to eat independently and staff offered support by prompting and assistance only when required. This meant people's independence was promoted.

We saw staff provided people with choices for dessert. For example, people were asked if they wished to have banana and custard or yoghurt. Staff showed people the choices that were on offer and they chose what they wished to eat. We observed staff offered people cold drinks. One person requested a hot drink and their request was granted. This meant people's wishes were respected and met.

We observed staff addressed people by their preferred names. When helping people who needed assistance with hoisting, we saw this was carried out in a dignified manner to ensure people were not exposed. We heard staff explaining the activity to the person and what would happen next. This ensured people's dignity was maintained.

People's diversity, values and human rights were respected.

In the three care plan records we looked at there was information on people's religion, aids

they required for daily living and their preferred routines. People's likes and dislikes were also recorded. This information helped staff to provide care which was sensitive to people's needs and wishes.

The staff we spoke with were able to describe how people's views were listened to and acted upon. An example given was one person requested egg and bacon for lunch and their request was granted. Other upheld examples provided were, people's wishes on when they wished to rise and retire.

Two people who used the service said they were provided with choices. One person said, "We are able to do anything we wish to do." Another person said, "Staff always maintain my privacy. They make sure I am covered with a towel when washing me."

A family member of a person who used the service said that the staff involved them in their relative's care and support. The person said, "I think my... is treated with respect."

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

Our inspection of 06 June 2012 found people did not always experience appropriate care and support because the delivery of care did not promote people's welfare and well being by taking into account their individual mental, social and emotional needs.

We visited the home on 11 April 2013. People told us there were activities provided daily at the home. One person said, "I don't like getting involved in activities. I consider myself a loner and prefer to stay in my room. Staff respects my wishes." We saw people were engaged in a board game of scrabble during the afternoon. The hairdresser was present at the home and most people chose to have their hair done.

The registered manager told us that the activity programme had been reviewed to ensure activities were meaningfully and suited people's needs and interests. We saw the activity programme provided people with the opportunity to participate with gentle exercises daily. It also provided social interactions on a one to one basis and for people to be engaged in board games, word searches and puzzles. The registered manager told us that a facilitator was employed every other week to facilitate an armchair exercise class. This enabled people to maintain their mobility. We saw evidence that some people were engaged once a week in a fall prevention exercise programme facilitated by a chartered physiotherapist. This enabled people to maintain their posture and mobility. We saw evidence which confirmed two staff members had undertaken training to support them to develop the activity programme in the home. This meant measures had been taken to ensure the activities provided to people were meaningful and suited their needs.

We spoke with two people who lived at the home, a visiting family member and a visitor. People said they enjoyed the meals and were provided with plenty of food. They told us there were choices of food and they could request an alternative if required. A visitor to the service said, "The food served here is very nice. There are two choices on the food menu daily. I have eaten the food here and it is very nice."

People were complimentary about the care provided. A family member said, "I am very happy with the care my...receives. If there are changes to the care plan we are made aware." A visitor told us, "Sharnbrook Care Home is a good home. Staff understand the

needs of residents. You never hear the bell ringing for long in here."

People's needs were assessed and care and treatment was planned and delivered in a way that ensured people's safety and welfare.

We looked at care records for three people living in the home. There was evidence people's needs were assessed prior to moving into the home. We saw evidence that the care plans had been developed with consultation and involvement with family members where necessary. Where risks had been identified to the person's health and welfare they were supported by action plans to promote people's safety. We saw the plans were evaluated on a regular basis. Staff spoken with said if there were changes to people's care needs family members would be consulted. Two of the care plans we looked at were signed by family members. This meant people were consulted, involved and in agreement with the contents of their care plans.

There were arrangements in place to deal with foreseeable emergencies.

The registered manager told us that the home had procedures in place to deal with emergencies which were likely expected to arise from time to time. Examples of possible emergencies occurring were the passenger lift breaking down, a gas leak or an electrical fault. We saw there were telephone numbers displayed in the office which were accessible to staff should they be required. Staff spoken with said they were aware of the procedures and telephone numbers should they be required in an emergency. This meant the service had appropriate arrangements in the event of an emergency occurring.

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

Appropriate arrangements were in place in relation to obtaining medicine and the recording of medicine. We saw medicines were stored securely conforming to the Royal Pharmaceutical Society guidance.

We examined a sample of medication administration record (MAR) sheets. The sheets were appropriately maintained. There were no gaps. The registered manager told us that there was no one currently living in the home on the day of our visit who had been prescribed controlled drugs. (Controlled drugs are prescribed medicines that are usually used to treat severe pain, induce anaesthesia or treat drug dependence and they have additional safety precautions and requirements.) This meant the home had a system in place to ensure people's medicines were administered appropriately.

The registered manager said that staff had been provided with training in the safe handling of medicines. The training record showed staff responsible for the administration of medicines had been provided with training.

People said they received their medicines at the right time. One person said, "Staff are very good, they make sure I receive my medication at the right time."

Staffing

✓ Met this standard

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

There were enough qualified skilled and experienced staff to meet people's needs.

Reasons for our judgement

Our inspection of 06 June 2012 found that some of the staff working in the home did not have the right skills and experience to meet the complex needs of the people living there. This placed people at risk of not having their welfare needs met.

We visited the home on 11 April 2013. There were enough qualified, skilled and experienced staff to meet people's needs. Rotas were being maintained with staff cover 24 hours a day. We saw there were sufficient staff to meet people's needs during our visit. We observed a staff member offering praise to a person. This was communicated in a kind, sensitive and respectful manner. This meant staff had the appropriate skills to interact with people in a sensitive manner.

Staff development needs were met through a programme of on going training courses. These included safeguarding, moving and handling, dementia awareness, food hygiene, health and safety, infection control, Mental Capacity Act 2005 and the Deprivation of Liberty Safeguarding (DOLS). At the time of this inspection three staff were undertaking qualification and credit framework (QCF) at level 3 in health and social care and eight had achieved the qualification. Seven staff had undertaken training in equality and diversity. This meant staff working at the home had acquired the appropriate skills to meet the diverse needs of the people living there.

The registered manager told us that she had reduced the frequency of staff supervision from six times yearly to quarterly. This was to ensure that all staff were provided with one to one supervision consistently. We looked at the staff supervision record. We saw some staff had been provided with one to one supervision during the first quarter of the year.

People spoken with during our inspection described staff as, "very good, caring and friendly."

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 received.

Reasons for our judgement

People who used the service, their representatives and staff were asked for their views about their care and treatment and they were acted on.

The registered manager told us that monitoring the quality and performance of the service was undertaken through a variety of methods such as, surveys, observing staff practice, reviewing individuals' care plans and risk assessments. Audits relating to health and safety, the environment, care plans and safe handling of medicines were also undertaken. We saw evidence that audits were carried out monthly or bi-monthly. The provider may wish to note that there was no analysis or written action plan in place from the relatives and service user survey that was carried out in February 2013. Also the provider may wish to note that action plans from the environmental audits did not always provide timescales when remedial action had been completed.

We saw evidence that regular staff meetings were held. Staff spoken with said that the registered manager was approachable and worked with them to provide hands on care. This meant staff were supported to undertake their responsibilities effectively.

We looked at the complaints folder and found that complaints had been investigated appropriately. This meant people could be assured that complaints made would be resolved where possible to their satisfaction.

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 dentists and other services at least once every two years. 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 but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

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. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. 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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