

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

Shenehom Housing Association

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0BN

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Date of Inspection: 23 May 2014

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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
Safety and suitability of premises	✓	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	RCHT/Shenehom Housing Association
Registered Manager	Mrs Caroline Monaghan-Fox
Overview of the service	Shenehom Housing Association provides accommodation and support for up to 13 adults with mental health needs.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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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'.

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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 23 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

Our inspection team was made up of an inspector who answered our five questions; Is the service caring? Is the service responsive? Is the service safe? Is the service effective? Is the service well led?

If you want to see the evidence supporting our summary please read the full report.

Is the service safe?

During our visit we saw that the home safeguarding procedures were robust, staff were trained in how to use them and they were appropriately used. Staff understood how to safeguard people individually and as a group. Areas of concern including specific circumstances were recorded in the four support plans we looked at. People told us that they felt safe living at the home and we also saw that staff treated them with dignity and respect.

The home had systems that enabled the manager and staff to learn from events such as accidents, incidents, complaints, concerns, whistleblowing and investigations. These events were regularly reviewed and discussed during staff meetings, 1-2-1 supervision sessions and this reduced the risks to people and helped the home to improve.

There were policies and procedures that appropriate staff understood and used in relation to the Mental Capacity Act and Deprivation of Liberty Safeguards. Training was provided for relevant staff to understand when an application should be made and how to submit one. There were no current applications submitted. This meant that people were safeguarded.

We toured the home and saw it was safe, clean and hygienic with well maintained equipment that was regularly serviced. This meant people were not put at unnecessary risk.

The staff rotas took people's care needs into account when decisions were made regarding how many staff were required on duty, their qualifications, skills and experience.

This ensured that people's needs were met.

No staff were currently subject to disciplinary action and policies and procedures were in place to make sure that unsafe practice was identified and people were protected.

Is the service effective?

People had access to an advocacy service as required. This meant that people could access additional support.

The home assessed people's support needs with them and those that wished to contributed to their support plans. Any individual specialist input was identified in the support plans as required. Some of the four support plans we examined contained evidence that people had contributed to them and they confirmed this when we spoke with them. People told us "If I wanted something it would be provided" and "I'm interested in activities and like the bingo, quizzes and the music group".

The layout of the service enabled people to move around freely and safely.

The visiting policy and visitors' book demonstrated that people were able to see their visitors in private and that visiting times were flexible.

Is the service caring?

We saw that people were supported by professional, knowledgeable and attentive staff. The staff were patient and gave people encouragement when supporting them. One person said, "Staff are very supportive". People's preferences, interests, aspirations and diverse needs were recorded and care and support was provided in accordance with this information.

People using the service and staff completed an annual satisfaction survey and there was a suggestion box, although the manager said this was not utilised often. Where shortfalls or concerns were identified they were addressed by the home.

Is the service responsive?

People regularly completed a range of activities in the community and at home. During our visit people went out for coffee and there was a computer training session taking place. We were told that there were a range of group activities that people could attend if they wished. People's support plans identified that they were enabled to be involved in activities within their local community and further afield such as holidays.

People said they knew how to make a complaint if they were unhappy.

Is the service well-led?

We saw that the manager and staff listened to people's needs, opinions and acted upon them. The service worked well with other agencies and community based services to ensure people received their care and support in a seamless way. This was demonstrated by the relationship the home had with the local authority 'Community Mental Health' and other teams and community based health services.

Appropriate notifications to the Care Quality Commission were made.

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

People who use the service understood the care and treatment choices available to them.

We saw that no one new had moved in since the previous inspection and most people had been resident for a long period of time. There was an admissions procedure that required assessment information be provided by commissioning bodies such as local authorities and NHS hospitals. The home also took self-referrals. The referrals were discussed by the team and if appropriate the person was invited for an informal visit. Assessments and interviews took place onsite although some people were also visited in their current dwelling. People were invited to visit a number of times, for a meal and two night stay so they could decide if they wished to move in and the home could better identify if their needs could be met. This also gave people using the service the opportunity to decide if they thought the person would fit in.

There was a six week trial period during which a buddy person was identified to help people feel more at home.

A six week transition plan was part of the initial moving in process that included identifying a keyworker and on-going risk assessment. The plans were based on the initial assessment, other information from previous placements and information gathered as staff and the person became more familiar with each other.

People were provided with information packs that outlined what they could expect from the home and what the home's expectations of them and their conduct was.

People told us about the various activities they had chosen. They said "We've been out for a coffee and something to eat", "We're going to Malta for five days next week" and "I do some washing up". We saw people going out and coming home when they pleased and engaging in their chosen activities. A number of people were engaged in a computer session at home during our visit.

The home had a policy and procedure regarding dignity and respect that we saw staff

followed whilst offering options and supporting people to make decisions, throughout our visit.

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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 and treatment was planned and delivered in line with their individual care plan.

During our visit we saw that care and support needs were well met and people confirmed this. They said they enjoyed living at the home, the staff were supportive, treated them well and they were given opportunities to involve themselves in every day activities such as cooking, keeping their rooms tidy and doing their laundry if they wished. One person was at work during our visit and another was visiting relatives.

People were supported to access a variety of leisure activities and were actively encouraged to make their own decisions within the local community and at home. They made use of local amenities such as the local pub, Barnes Green Day Centre, shopping, cafes and the Hammersmith MacBeth College. One person also worked as a volunteer in an Oxfam shop.

People said they socialised together as they wished and there were a number of in-house group activities that included Yoga, photography, womans group, music appreciation and art. One person told us "I particularly enjoy the music group and have visited the Wetlands Centre".

We saw four support plans that were person centred and developed by staff and people who could input as much or as little as they wished. One person said "Staff are very helpful". The support plans were formalised and structured but also added to during conversations and activities. People agreed long and short term goals with their keyworkers that were reviewed monthly with a bi-monthly keyworker check list. Goals were replaced when met or if different needs were identified. The care plans were evaluated six monthly, regularly reviewed and updated risk assessments underpinned them. Initially care and support was reviewed after six weeks to see if the placement was working. Individual daily logs were kept that recorded what people had been doing on a daily basis and these fed into the support plans and their keyworker reviews.

Everyone was registered with GPs, dentists, had up to date health care plans, annual health checks and access to community based health care services.

Safety and suitability of premises

✓ Met this standard

People should be cared for in safe and accessible surroundings that support their health and welfare

Our judgement

The provider was meeting this standard.

People who use the service, staff and visitors were protected against the risks of unsafe or unsuitable premises.

Reasons for our judgement

The provider has taken steps to provide care in an environment that is suitably designed and adequately maintained.

People said they enjoyed living at the home, it met their needs and it was a nice place to live. They told us "I've been here twelve years and really like it" and "It is my home".

Generally the building was well maintained and there was a garden area for people to use. People's bedrooms were reasonably decorated and met their needs.

The decoration in communal areas such as hallways was basic, although functional whilst the kitchen, dining and lounge areas were well decorated.

There were service agreements in place and checks carried out regarding fire alarms, electrical goods and wheelchairs.

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

Staff received appropriate professional development.

During our visit people did not comment on the support staff received. They did say "Staff are pretty neat", "I get on well with staff and they are good cooks" and "Staff are very good".

Staff told us they received a thorough induction that included shadowing and had access to a rolling training programme that was focused on the needs and wishes of people who use the service. This was confirmed by documentation. Mandatory training included safeguarding, health and safety, fire, risk assessments, medication, infection control, the Mental Capacity Act and person centred care. Other training specific to the people using the service included advanced cognitive behavioural skills and therapy, problem focussed counselling and coaching, performance coaching, hearing voices and mindfulness.

Regular three weekly supervision took place with an annual appraisal. There was a handover at the end of each shift and regular staff meetings took place.

During our visit we saw that there were enough staff to meet people's needs and support them in the activities they had chosen to do at home and when they went out as a group or individually. This was also evidenced by the staff rota.

Staff had been Disclosure and Barring Service (DBS) checked.

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 in place to identify, assess and manage risks to the health, safety and welfare of people using the service and others.

Reasons for our judgement

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

There were community meetings weekly where any issues could be discussed regarding the home, living there and views and suggestions put forward. There was also a suggestion box, but the manager said this was under utilised. There were also annual review questionnaires for people using the service and staff.

There were person centred support plans that were underpinned by risk assessments, reviewed at a minimum of annually, monthly keyworker reviews, nine monthly medication reviews and annual placement reviews with psychiatric assessments.

Medication audits took place two weekly, health and safety audits monthly with daily checklists of the building, cleaning rotas, infection control checklists and people's files were audited bi-monthly. Policies and procedures were audited annually. Finance audits took place annually and the organisation's finance sub committee met six weekly. Trustees visited and had sit down sessions with people to discuss the service, drew up action plans and monitored them to ensure they were acted upon.

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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