Barnet Mencap

Sherrick House

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

The inspection took place on 20 September 2016. This was an unannounced inspection. We last inspected the provider on 31 July 2014 when we found the provider was meeting all the areas that we looked at.

Sherrick House is a respite care home run by Barnet Mencap. The service provides a respite care home service for adults with a learning disability or autistic spectrum disorder. Autism is a lifelong condition that affects how a person communicates with and relates to other people, and how they experience the world around them. At the time of our inspection, four people were staying at Sherrick House.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People using the service told us they enjoyed their stay at the service and that it felt like home. Their relatives said their family members liked staying at the service and got on very well with the staff team. People's relatives told us their family member's health and care needs were met, and staff treated people with dignity and respect. Staff were able to demonstrate the needs and preferences of the people they cared for by giving examples of how they supported people.

People's care plans were person-centred and recorded people's needs, abilities, likes and dislikes. Risk assessments were individualised and gave information on safe management of the risks. Care plans and risk assessments were regularly updated and reviewed. There were clear records of care delivery. The service managed people's medicines well and kept clear records of medicines administration.

Staff had a good understanding of the safeguarding procedure and were able to demonstrate their role in raising concerns and protecting people from harm and abuse.

The service followed safe recruitment practices and there was sufficient staffing to safely meet people's needs. The service had people's criminal record checks details and renewed them every three years. Staff told us they were supported well and we saw records of staff supervision and appraisal. Staff told us they attended induction training and additional training, and records confirmed this.

The service had efficient systems and procedures in place to assess, monitor and improve the quality and safety of the service delivery. There was evidence of regular monitoring checks of the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe. People using the service and their relatives told us they felt safe. Staff were able to identify abuse and knew the correct procedures to follow if they suspected any abuse or poor care.

The service had individualised risk assessments that detailed information on identified risks and their management.

The service followed appropriate methods for staff recruitment.

People received medicines on time from staff who were appropriately trained.

Is the service effective?

Good

The service was effective. Staff received regular supervision and appraisals.

Staff received suitable training and this helped ensure that people received effective care. Staff understood people's right to make choices about their care.

People's nutrition, hydration, and health and care needs were met.

Is the service caring?

Good

The service was caring. Relatives we spoke with told us they found staff caring and helpful. They told us staff respected their family members' privacy and treated them with dignity.

Staff were able identify the needs and preferences of the people they supported. People and their relatives were involved in planning and making decisions about their care.

People were given information in accessible formats.

Is the service responsive?

Good

The service was responsive. People's care plans were personalised. People were supported to access a range of

activities in the community.

People's care plans were followed.

The service maintained a complaints procedure and complaints and compliments logs. People and their relatives knew how to make a complaint.

Is the service well-led?

Good

The service was well-led. People and their relatives told us they found the registered manager friendly, caring and approachable.

The service maintained clear records of people's care delivery. There were records of audits and checks to monitor the quality of the service and improvements where needed.

Staff felt very well supported. The service worked with other organisations to improve the quality of their service.

Sherrick House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 20 September 2016 and was unannounced. The inspection team consisted of one adult social care inspector.

Prior to our inspection, we reviewed information we held about the service, including previous reports and notifications sent to us at the Care Quality Commission. A notification is information about important events which the service is required to send us by law. We looked at the information sent to us by the provider in the Provider Information Return. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also contacted local authority commissioners and the safeguarding team about their views of the quality of care delivered by the service.

During the inspection, we spoke with the registered manager, one deputy manager and one staff member. We spoke to two people receiving services, however, not all people were able to express their views due to limited communication skills, and we could not understand their ways of communication. We observed interactions between staff and people in communal areas across the home, and we looked around the building. Following our inspection, we spoke to three relatives and one staff by phone.

We looked at four care plans and medicines records, three staff files including recruitment, training, two months' staff rota, and supervision and appraisal records. We also reviewed the service's statement of purpose, selected policies and procedures, staff team meeting minutes, quality audits and feedback analysis, completed feedback questionnaires and care delivery records for people using the service.

Good

Is the service safe?

Our findings

People told us they felt safe at the service. One person said, "I feel safe here." Relatives we spoke with told us their family members were safe at the service.

The service maintained effective operations to prevent abuse of people using the service. Staff told us they had received training in safeguarding adults and were aware of the safeguarding procedure. They were able to describe the types and signs of abuse and their role in identifying and reporting abuse and poor care. They told us they would report any concerns to the registered manager and if they were not available then to the deputy manager. The registered manager described their procedure of dealing with safeguarding concerns. There was a robust policy that enabled them and staff to raise safeguarding alerts and concerns efficiently. However, the service had not experienced any safeguarding matters in the last three years.

Staff told us they knew the whistleblowing procedure and were encouraged to raise concerns. Staff were provided with contact details for various external agencies should they wish to contact them. The registered manager told us they reminded staff of whistleblowing procedure during supervision sessions. Staff's supervision records confirmed this. People's relatives told us that if they did not feel the service was safe they would contact the registered manager.

The service maintained clear and accurate accident and incident records. However, the records did not have detailed action points to show that the risk of further incidents was minimised. The registered manager told us accidents and incidents were discussed at health and safety meetings including detailed action points; the reports were then signed off by the chief executive. However, these action points were not stored at the service. The registered manager told us they were going to review their accident and incident record form and include a section on action points. They further said they would ensure the accident and incident forms were stored in people's care folders once they were signed off at health and safety meetings. The registered manager told us following the health and safety meeting, they discussed incidents that had occurred with their staff team in the staff meetings. Staff meeting minutes confirmed this.

The service identified risks to people and measures to reduce identified risks were developed. The registered manager told us they would speak to people and their families, and visit them on receiving their referral to carry out initial assessment. These were then translated into detailed risk assessments that informed staff on how best to manage the risks.

People's risk assessments were individualised and included instructions for staff on how risks to people could be minimised or managed. For example, one person who has lack of understanding of the dangers of traffic and may cross the roads when it is not safe had a risk assessment in place for managing the risks which instructed staff on how they should support the person when out in the community. Risk assessments were for areas such as environment, medicines, falls, seizures, mobility and accessing community. There were detailed and personalised emergency fire evacuation plans. We saw risk assessments were reviewed every six months, and as and when people's needs changed. Staff we spoke with demonstrated a good understanding of people's health and care needs, and associated risks and their management involved in

their care delivery. Staff had to sign that they had read and understood people's risk assessments.

The service had sufficient numbers of staff on duty to meet people's needs. The staffing numbers were allocated as per people's level of needs and the activities people got involved in. Hence, the staffing numbers were different on different days. Generally, the service had two staff in the morning and two staff in the afternoon and one staff sleeping over at night. However, when the service had people staying over who had tendency to wake up early hours in the morning, the service had one waking staff. In addition to this the registered manager was available during some hours of the day for support. We looked at staff rotas and there were clear records of staff allocation. The registered manager managed staff emergencies and absences with bank staff that were specifically recruited for that purpose. The registered manager told us they did not use agency staff.

The service followed safe recruitment practices. The service's human resources manager checked staff were of a suitable character to work with people in their own homes. We looked at staff files; all had records of the application form, interview assessment notes, criminal record checks and reference checks. The staff files also had copies of identity documents to confirm people's right to work.

People's medicines were carefully stored and safely managed. Relatives we spoke with told us they were happy with the support their family members received with medicines. One relative commented, "Staff look after her very well and give medicines on time." People's care records had medicines pen plans that had people's photos, detailed lists of medicines, descriptions of the medicines, side effects, dates started and discontinued. This helped ensure people received their medicines safely and as prescribed.

Medicines were stored in a lockable cupboard with drawers labelled with people's names to minimise the risk of errors. The medicines cupboard temperature record sheets showed the temperature was maintained at the recommended level.

All the staff were trained to administer medicines and had to complete competency assessment tests which was signed off by either the deputy manager or the registered manager. The staff also had to complete annual medication work based observations. The staff administered medicines in pairs to reduce the risk of errors. Staff told us they had received training and felt equipped to administer medicines.

We looked at medicines administration record (MAR) charts; they were accurate and easy to follow. The MAR chart folder had staff signature specimens. All the MAR charts had people's allergy information clearly at the front of the files. Staff were able to explain how they maintained these. Staff carried out stock checks when people arrived for their stay and when they were leaving after their respite.

As part of the inspection we looked at the kitchen area. Suitable procedures were in place to minimise the spread of infection. There were different chopping boards for specific foods to minimise the risk of cross contamination, and there was a guide on the wall to prompt staff as to usage. We saw food, fridge and freezer temperature records were well maintained

Staff told us the temperature they washed clothes and bed linen at so as to ensure they were following the disinfection requirements. People's clothes, kitchen towels and bed linen were washed separately. The laundry room was locked all the time to keep people safe, and only staff had keys to the room.

We looked at fire drill records, cleaning schedules and records, water tests and maintenance and equipment testing records. They were all up-to-date.

Good

Is the service effective?

Our findings

People using the service and their relatives told us staff understood their individual health and care needs and were able to provide the right support. People were supported by trained, skilled and knowledgeable staff. Staff had a good understanding of people's health needs and the impact that it had on people's abilities, behaviour and lives. One relative commented, "The care service at Sherrick House is excellent." and "We are very happy with the care [my relative] receives and [his] health and care needs are met." People and their relatives told us staff gave them choices and asked permission before supporting them.

Staff told us they were well supported by the registered manager. They further said in the absence of the registered manager they were well supported by the deputy manager. Staff supervision and appraisal records showed staff were receiving appropriate and regular support to enable them to do their job effectively. The registered manager told us they arranged both planned and responsive supervisions to ensure staff were fully supported.

The registered manager told us staff received an induction to the job when they started work. The induction included areas such as the service's policies and procedures, communication, care plans and risk assessments. Staff had to shadow an experienced member of staff before they were signed off by the registered manager to work on their own with people. The induction also included training on mandatory areas such as safeguarding, health and safety and first aid. The staff induction training programme and completed records confirmed this.

Staff told us they received mandatory and additional training. They gave examples of the training they had completed. For example, risk assessment, epilepsy, learning disabilities, autism awareness and computer skills. They said the training was very helpful and delivered at the right pace. We saw the staff training matrix that clearly detailed staff names and training courses staff were booked on.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Adults can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The registered manager understood their responsibility under the MCA. Staff understood people's right to make choices about their care. Staff told us they received training in MCA and DoLS. There were signed consent forms for people using the service including sharing of personal information. There were clear records in the care plans on people's ability and capacity to make decisions and how staff should support people to make decisions. We saw completed DoLS application forms and authorisation certificates. The registered manager regularly consulted the local authority's DoLS officer for advice on people's abilities and

situations.

People using the service and their relatives told us that they were happy with the food and they were given choices. People's comments included, "I like the food here" and "Food is very nice here and we have dinner at 6pm." One relative told us, "[She] likes the food here."

There was no set time for breakfast and dinner. Some people woke up at 6am and preferred having early breakfast. Staff told us, "On weekends some people chose to eat their breakfast in their bedrooms." There was no standardised group dinner menu which meant people could have their choice of dinner and at the time they wished. For example, one person liked having dinner as soon as they returned back from the day service. However, another person did not like eating until 8pm. Staff supported people to cook their meals at the time of their choice.

The service created a food menu after consulting people. The food menu had detailed information on people's food preferences, allergies and specific diet information including religious and cultural. We saw a list of packed lunches that detailed people's preferred packed lunch to take to the day services. The service also maintained guidance on low-fat diet in the kitchen so that it was easily available whilst supporting people who were on low-fat diet.

Relatives told us their family members' specific needs around food and drinks were met, such as people on low fat and low sugar diet and vegetarian diet. One relative commented, "He eats only vegetarian food and they [staff] makes sure he eats only vegetarian food." Staff were able to describe the way they supported and encouraged people to maintain a healthy lifestyle and balanced diet. There was guidance on risks associated with diabetes such as hypoglycaemia and hyperglycaemia and signs of when people's blood sugar levels dropped or went high.

People's care delivery records were detailed, clear and easy to follow. They included, along with the general information, information on people's nutritional and hydration intake, the activities people got involved in, and discussions on future activities. There were records of professional's visits and advice such as from doctors and occupational therapists.

We observed people access their bedrooms, garden, kitchen and dining areas with ease. The service had changed the ground floor layout to accommodate a second bedroom. This change was made for people visiting the service who were unable to climb stairs to the first floor bedrooms. The service was clean and there was no malodour. Staff told us some areas of the house needed updating including kitchen and bathrooms. The registered manager told us that the premises were owned by a housing association and as per their lease contract they were not allowed to make any big renovation changes including kitchen and bathroom. However, they were allowed to change the carpets and paint the walls and we saw changes in those areas were made recently.

Good

Is the service caring?

Our findings

People using the service and their relatives told us staff were caring and friendly. People's comments included, "I like it here" and "They are very nice staff." A relative said, "The staff are caring and very friendly."

During the inspection, we observed positive interactions between staff and people. For example, one person was going home and was anxious the bus would not arrive on time. We saw a staff member reassuring the person that they were going home and that the bus was on its way. The staff member tried to distract the person by talking about activities they had done and were planning to do. We saw the registered manager helping one person to play their CD player by encouraging them and giving them clear instructions to follow. The service had a relaxed and happy atmosphere where people were seen chatting with other people and staff. People watched television in the lounge area and some were listening to music in their bedroom. Staff were patient and considerate with people and listened to their requests.

Relatives told us their family members and they were involved in planning their family members' care. This included food, activities and holidays. The relatives met with the registered manager for reviews of their family members' care needs. One relative told us, "I attended my daughter's care review meeting last week and the registered manager was very supportive." The registered manager told us at the time of the initial referral they engaged with people and their relatives to identify people's needs, wishes and preferences. The registered manager told us the same process was followed twice a year whilst reviewing people's care plans.

People's relatives told us staff treated them with dignity and respect. Staff gave examples of how they provided dignity in care and respected people's privacy when providing care to people. For example, staff told us they always knocked on people's doors and waited to be invited in the room before entering, and closed bathroom and bedroom doors when assisting with personal care.

People were encouraged to be as independent as they were able to be. One relative told us, "He is independent and makes his own cup of tea. Staff support him if necessary." People were encouraged to voice their wishes and preferences and remain independent. For example, people were encouraged, supported and supervised with laundry and tidying of their bedrooms.

Staff recognised people's individual needs in regards to race, religion, sexual orientation and gender. One staff member told us they supported one person to visit church on Sundays when they stayed at the service. Another staff member said most people went home for their religious festivals. The registered manager told us, people were being supported with their culturally specific needs, such as, ensuring people's culturally specific diet needs were met. For example, some people maintained a vegetarian diet.

People had access to the service's information in accessible formats, and the information was available at people's request. For example, information was provided in an 'easy read' format using large print and pictures to make them accessible to people. This enabled people to express their views, opinions, and likes and dislikes and so to maintain their involvement and independence.

People brought their personal belongings when they stayed at the service. One relative told us, "She likes taking her cereal bowl with her to the respite service and brings it back when she returns." We saw people's personal information was stored securely which meant that their information was kept confidentially. Staff were able to describe the importance of maintaining people's confidentiality.

Good

Is the service responsive?

Our findings

Staff were responsive to people's individual health and care needs. Staff understood people's preferences and supported people in meeting their person-centred needs. One relative commented, "She is very happy there and gets on well with all the staff there" and "She enjoys her stay there."

People's care plans had detailed information to help staff provide individualised care. These were drawn up by the registered manager after the initial assessment was carried out to determine people's needs and abilities. The care plans included people's personal details, diet and allergies, social and medical history, communication and behavioural needs, information about their background, religious and cultural needs, and wishes and preferences. The registered manager told us the care plans were reviewed every six months and as and when people's needs changed. Staff told us they referred any changes to people's care to the registered manager, and plans were reviewed and updated so they had the required information to continue to meet people's individual needs. Staff knew people's individual health and care needs, abilities and preferences. They told us they found the care plans helpful.

People and their relatives were included in the care review meetings, and were supported and encouraged to express their views and wishes regarding their care.

People had a personalised programme of activities including individual and group activities. For example, some people went to day services. People's relatives told us their family member's support needs had been discussed and agreed with them including activities they wanted to undertake. People told us they were supported to go out in their local community. Staff encouraged and supported people to follow their interests and take part in social activities. Activities included going to restaurants, the cinema, visiting the park and shopping. The registered manager told us they had devised weekend outdoor activities for the whole year, this included, visiting galleries and museums, sea side trip, watching plays at the theatre, market visits and lunches. We saw photos of people getting involved in the activities such as vegetable and strawberry picking. The service also organised holidays in the country and out of the country. One relative told us, "[Name] is very excited to go to Spain on a holiday and is looking forward to it."

The registered manager told us they held monthly visitors' meetings where people using the service were encouraged to say how they felt about it, and if they had any concerns or specific wishes. These meetings were conducted in the dining areas and if the weather was good outside in the garden to encourage people to participate. Notes of these meetings demonstrated people's views, comments and concerns. Staff told us due to people's diverse communication needs, they used various ways of communication including pictures and objects of reference. The feedback from visitors' meeting was then discussed at staff meetings. We saw records of discussion and action points in staff meeting minutes.

The registered manager told us they gave information on how to make a complaint to people using the service and their relatives. They encouraged people and their relatives to raise complaints.

The service maintained a complaints book but did not always log when the complaint was resolved and the

outcome. The registered manager told us they would update the complaints log, which would enable them to log the date of the resolution and the outcome. We saw records of compliments. The service's complaints procedure was easily accessible. The policy detailed guidance on how to complain, and specific timescales within which people should expect to receive a response. There were clear processes in place to effectively respond to complaints. People's relatives told us they knew who to contact if they had concerns or wanted to make a complaint. One relative said, "I had complained to the registered manager and the chief executive when I was not happy about the food. They listened to me and made changes straight away. I was happy with the way they dealt with my complaint."

Good

Is the service well-led?

Our findings

People using the service and their relatives told us they were happy with the staff and the management team. One relative said that the registered manager "is very good, she is approachable and improved the way staff communicated with my son." People's relatives told us they were able to speak to the registered manager, and their messages and calls were always returned on time. They added that if the registered manager was not available the deputy manager always returned the calls and was very helpful.

Staff told us they were well supported by the registered manager. Staff's comments included, "She is very approachable, she stands by me when I have problems. She is a good line manager." However, one staff member expressed their concerns regarding the availability of the registered manager due to them managing the provider's other services. We spoke to the registered manager about this and they told us they were recruiting for a new post that would provide additional support with managing the service which would help divide the workload better. This would mean the registered manager would be able to spend more time in the office.

We saw the staff meeting minutes that recorded discussions around health and safety, changes in people's health and care needs, communication, staffing issues and care reviews. Staff told us they found the staff meetings useful, that they were listened to and their suggestions were taken on board and felt valued. For example, one staff member told us they had suggested changing the kitchen's curtains and dinner plates, and the registered manager after consulting their management team had made the changes. Staff told us they were consulted by the registered manager on matters related to people they were supporting and the service delivery.

The service had efficient systems and processes to assess, monitor and improve the quality and safety of the care service delivery. The registered manager maintained monthly quality monitoring audits for various aspects of the service delivery where they recorded targets for improvements, achievement, evidence of the achievement and dates when they were completed. The registered manager worked some evening shifts to observe the service delivery. Any issues around service delivery were discussed in the staff meetings and staff's supervision. We saw records of the staff meetings and supervision that confirmed this. For example, on one of registered manager's unannounced visit, staff had left the internal alarmed door ajar and turned off the door's security alarm. The registered manager reiterated importance of the internal security door and that it is health and safety risk if left open. Since then no records of similar incident had been noted.

The service gathered feedback from the people using the service and their relatives. We saw records of completed feedback survey forms and their analysis. The registered manager implemented systems to learn from feedback. The registered manager secured feedback from staff formally via one-to-one supervision sessions. They sought staff feedback on an on-going basis informally over the phone and when staff visited the office.

People's relatives told us they were asked for informal feedback on a regular basis and formal feedback via questionnaires once a year. We saw completed questionnaires for the year 2015. The questionnaire was

designed in an accessible format with photos and signs such as thumbs up and down. The overall feedback was positive. We saw an action plan following the results of the questionnaire that was implemented.

The registered manager told us they worked with various local and national organisations including Barnet integrated quality care team and National Mencap. We saw records of correspondence and joined up work.