Inspection Report

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

Shenehom Housing Association

31-32 Ranelagh Avenue, Barnes, London, SW13 0BN

Tel: 02088762199

Date of Inspection: 12 December 2012

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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
Safeguarding people who use services from abuse	✓ Met this standard
Staffing	✓ 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

Contents

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

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 12 December 2012, talked with people who use the service and talked with staff.

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 we spoke with three people that used the service, three members of staff and the deputy manager. We observed that staff interacted in a positive and supportive manner with people. Staff encouraged them to participate in activities and tasks such as putting away the shopping and making their lunch.

One person we spoke with said "I like it here" and "the other residents are very nice". Another person we spoke with said "I go and buy the newspapers and I disinfect the door handles".

We saw the communal areas were clean and tidy and the two lounges were comfortable and inviting. People were encouraged to use the kitchen and be involved in the food preparation.

A member of staff said "I think there is enough staff to support residents" and another person said "This is probably the best place I have worked in".

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.

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 who use the service understood the care and treatment choices available to them. During our visit the deputy manager explained the process used when a person is referred to the service.

An initial application would be received through the mental health team and the person would be invited to come on an informal visit to the home. Information to support the application would be gathered from the person's family and from other health professionals involved in providing care.

Staff would visit the person where they currently live to carry out observations and the staff at the service would then review the information and the reports. The people who already use the service would then be asked their views on the new person to ensure they would fit into the existing environment.

Existing support plans would be used to develop the new care and support plans. The person that moved into the home would be matched with a person that currently uses the service who would act as their mentor and they would show them the local area and how the home works. A staff member would also be allocated as their key worker.

The home held a weekly residents meeting to discuss activities and forthcoming events, for example the residents and relatives Christmas Ball. A resident would chair the meeting and notes were taken by another person using the service.

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

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. An individual's existing care plan was reviewed and developed as soon as possible after the person moved into the home. This was done using observations from the project workers. During our visit we saw there were two tailored care plans developed for each person, there was a person centred plan and a general care plan.

The care plans included information on the person's physical and mental health, their preferences, family relationships and end of life plans. The person using the service and their relatives were involved in the development and review of the care plans with the keyworker.

The person using the service was matched to a key worker with characteristics, personality and religious beliefs taken into account.

The service had a training budget and an occupational therapy budget which funded people who use the service to be involved in external training including cookery, art and educational courses.

There was also funding for a reward scheme for people using the service. The deputy manager explained that individuals could be given up to £4.50 per week as a reward for taking part in activities and helping around the home including doing some shopping or checking the water temperatures.

Each person could choose 5 activities a week to take part in and these included music appreciation, yoga and computer sessions. During our visit we saw a yoga class was being held. A number of computers were set up in a lounge to enable people to contact their relatives and friends through Skype and using a webcam.

The people using the service were involved in choosing the weekly evening meal menu and were supported and encouraged to make their own lunch.

The people using the service had a choice of General Practitioners (GP) and the staff provided the GP, who provided care for 11 out of the 13 people who used the service, with

an update report on each person every two months. The person also had an annual health check and the manager had an annual meeting with the GP to update and synchronise medical records. District nurses visited the home when necessary to provide additional health care. People could also access the local chiropodist and dentist with the support of staff if required.

Safeguarding people who use services from abuse ✓ Met this standard

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

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. During our visit we saw the service safeguarding and whistle blowing policies.

All staff and volunteers were Criminal Record Bureau (CRB) checked and these were renewed every 3 years. The trustees of the charity were completing CRB checks even though they do not have unsupervised access with the people that use the service.

Staff completed an annual refresher course on safeguarding which was either online or face to face training.

At the weekly community meeting the issues of equality and diversity were discussed and people using the service were reminded of how to raise any concerns or complaints. The keyworker would also speak regularly with the person they are supporting to identify any issues.

The deputy manager explained that an advocate visits the service and had lunch with the people who use the service and talks with them about their experiences and if they had any issues or concerns.

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

There were enough qualified, skilled and experienced staff to meet people's needs. At the time of our visit there were six project workers employed with one vacancy which was being filled the following week.

The deputy manager explained that there were three members of staff working during the day, two in the evening and a member of staff slept on site over night.

New staff completed a two week induction programme which involved being shown around the home by a person that used the service and training sessions including first aid, medication, food hygiene, and fire safety. We saw that time was allocated in the induction programme for the new member of staff to read the policies and procedures and spend time getting to know the people who use the service.

There was a six month probationary period with a final assessment and the new staff member had a named supervisor.

The project workers completed a range of refresher courses each year including food hygiene, safeguarding, first aid and medication.

The deputy manager explained that staff had regular supervision, a minimum of once a month with an aim of a supervision session every two weeks, depending on the person's skills and any issues that needed to be discussed. The staff could ask to speak with their manager at any time.

During the first year of employment there were appraisals carried out at two, four and six months and all staff had an annual appraisal. A member of staff we spoke with felt their regular supervision was beneficial and they felt supported by staff and residents.

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.

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

During our visit we saw a copy of the monthly inspection report completed by the trustees of the charity. This assessment included a review of the medication records, cleanliness, health and safety, equipment and staff levels and was based on the Care Quality Commission outcomes.

Daily health and safety checks were carried out in the communal areas and monthly health and safety checks were completed in people's rooms.

The dispensed medication was checked daily and a weekly audit was carried out of the stock of medication kept on site. A handover file, with information about the home as well as individuals who used the service, was completed at the start of the day shift and at midday by staff.

People who use the service, their representatives and staff were asked for their views about their care and treatment and they were acted on. An annual survey was carried out with the people who use the service and included feedback on the choices they have, the environment they lived in and holidays. There was an annual staff survey. Information from these surveys supported the planning and delivery of the service.

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.

Contact us

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