# 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: 04 December 2013

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We inspected the following standards as part of a routine inspection. This is what we found:

| | |
|---|---|
| **Care and welfare of people who use services** | ✓ Met this standard |
| **Management of medicines** | ✓ Met this standard |
| **Safety and suitability of premises** | ✓ Met this standard |
| **Supporting workers** | ✓ Met this standard |
| **Complaints** | ✓ 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 4 December 2013, 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

During our visit we spoke with the manager, people who used the service and staff.

We saw that people were involved in the day to day running of the home, planning menus, cooking meals, doing their washing and choosing activities.

A person we spoke with said "I like the staff here; they are nice and help you".

We saw that the building was well maintained, some areas had been recently refurbished and people were able to personalise their own rooms. The communal areas were clean and provided enough room for people to do different activities including yoga, cooking, using a computer and watching television.

The staff we spoke with said they had received enough training for their role and felt supported by the senior staff.

People we spoke with said "I have been on five holidays this year", "I went shopping to Hammersmith with my keyworker" and "I like my room, I can have it how I like".

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

**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.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

### Reasons for our judgement

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan.

The manager explained that the care plans were updated every six months or whenever there were changes to the person's support needs. We saw that the care plans were signed and dated by the person using the service and their key worker.

We looked at five care plan folders during our visit. Each folder had a front sheet with information that included their date of birth, the contact details of their next of kin, General Practitioner (GP), dentist and social worker. The folders had sections which included medical appointment history, crisis management plan, psychiatric reviews, medication, finance and incident and accident reports.

We saw that the care plans were person centred and written from the perspective of the person using the service. There were long term outcomes identified relating to quality of life (activities, medical and rewards), change (budgeting, smoking and in-house activities) and the service processes (risk and end of life planning). Each long term outcome was broken down into short term outcomes which were reviewed regularly and amended when required.

The manager explained that they planned four holidays a year with the people using the service. Depending on funding people were able to go on all four holidays. The staff discussed with the people using the service where they would like to go and the type of holiday. The manager explained that risk assessments were carried out to ensure that suitable mental health and general medical support services were available if required. If a person was a smoker they would try and accommodate them by arranging suitable accommodation for example camping, caravan or a hotel with a smoking area.

We saw pictures displayed in the reception area from various holidays and events that had

been organised.

Each person had a weekly schedule showing their activities and tasks. There was an activities board in the reception area which showed the planned events for that week. These included the computer group, yoga and relaxation, women's group and bingo with prizes. People could choose the activities during the weekly community meeting.

People we spoke with said "I went shopping to Hammersmith with my keyworker" and "I get to go out whenever I want and the staff help me".

People could choose the weekly menu during the community meeting on a Monday and the staff would produce a typed menu. People were also involved in making their own breakfast and lunch as well as preparing and cooking main meals.

People were able to smoke in their rooms and in the garden. People were given support if they wanted to give up smoking.

People were able to gain financial rewards of up to £4.50 per week by attending the Monday and community meetings, completing specific household tasks such as washing up and attending two groups and an outing.

Daily records of each person's behaviour, activities, experiences and general health were recorded on a computer by their key worker and other staff during a shift. Staff would date and initial each entry into the daily record to identify who had added it.

**Management of medicines** ✓ Met this standard

**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

Medicines were kept safely.

During our visit we saw that the medication was stored in a locked cabinet and a fridge in the office. The fridge was labelled for medication use only and the temperature was monitored as part of the daily health and safety check. We saw copies of the daily health and safety checks from the previous 14 days and the fridge temperatures were all within a suitable range.

We saw the medication folder which had a separate section per person with a photograph, their date of birth, current medication, dosage, frequency and the date of the last medication review. There was also information on how the medication was taken for example if it was taken with food and if there were any underlying medical conditions.

During our visit we saw 13 medication administration record (MAR) charts which were up to date and completed clearly.

Some of the people using the service were able to self-medicate and staff carried out weekly spot checks to ensure they had taken their medication as prescribed. The spot checks were recorded in the medication folder with the date, time, which staff member carried out the check and if the medication had been taken or not. The checks happened at different times of the day. The provider may wish to note that there were different formats used when recording the spot checks and some forms did not have space for additional information.

Staff prepared dossett boxes for people who self-medicated on a Friday and these were double checked on a Sunday.

The manager explained that a medication audit was carried out each Monday by the same member of staff. The staff member would check and record the quantity of each medication in stock including the items in use and unopened packets. The MAR charts were also checked by the staff member. The manager explained the aim of the audit was to check current stock, to order any additional medication and to identify any discrepancy

between the stock and the MAR charts. The provider may wish to note that the name of the staff member who completed the audit was not recorded on the forms. Even though it was usually carried out by the same member of staff this may not always be the case and there was no method of checking who had completed it.

We saw that a checklist was completed for each medication audit which included if the MAR charts were completed correctly and signed, when the dossett boxes were prepared, had the staff member signed the record form and were there any discrepancies between the MAR charts and stock records.

An order reminder form was completed with the details of all the medications that required a repeat prescription requested. The form had a column for the details of the medication that needed to be ordered and it was ticked to show it had been ordered but the name of the member of staff who had completed the order was not recorded.

We saw that the sharps bins that were currently being used were stored on the floor under the desk in the office. We explained to the manager that this was not appropriate as they could be easily knocked over and the manager arranged for them to be moved.

The manager explained that new staff received medication training depending on their previous experience and all staff regularly completed refresher training.

**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.

During our visit we saw that the building was clean, tidy and well maintained. People were able to personalise their rooms with their belongings. The communal areas had comfortable sofas and armchairs and were easily accessible. There were televisions in the main lounge, the relaxation room and quiet room.

We saw there were three computers in the relaxation and activities room which people could use to Skype their friends and relatives.

The smoking room had recently been refurbished and had been changed into a library/quiet room.

During our visit new ovens and induction hobs were being installed in the main kitchen. The manager explained that the induction hobs were safer for people to use.

There was a laundry room on the ground floor which had recently been refurnished. There was a washing machine that could be used by people using the service and one was marked for staff to use for sluice items.

We saw that two bedrooms were allocated to people who lived semi-independently. There was a small shared kitchen area with an oven microwave and fridge so people could prepare their own meals but they could also access the main kitchen.

The manager explained that they were applying for funding to convert one of the bathrooms into a shower room so it was more accessible for a person with reducing mobility.

The garden had been refurbished with artificial grass to provide all year round access. There was a wooden summer house which had an electricity supply and the manager explained that they were planning to use this area as a relaxation room.

**Supporting workers** ✓ Met this standard

**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.

The manager explained that new staff completed a two week induction programme. We saw a copy of the induction programme for a new member of staff who had started earlier in the year. The programme included sessions on administrative procedures, mental health assessments, accident procedures and health and safety. The new staff member would attend the residents' community meetings and would observe medication checks. There were named staff on the induction programme who were responsible for providing specific training or for the new staff member to shadow and observe their work. New staff had to complete the mandatory training within the first six months.

A staff member we spoke with said "The induction was very thorough and I felt ready to start work at the end of the two weeks."

Staff completed a range of mandatory training courses which included first aid, food hygiene, fire safety and safeguarding vulnerable adults. The mandatory training courses were completed either every two or three years depending on the subject. A refresher course for safeguarding was completed annually.

The manager explained that some training was provided at team sessions and they had recently completed a whole day of medication training.

The staff we spoke with said they had received enough training for their role and felt supported by the senior staff.

Staff had supervision sessions with their manager every three to four weeks. We saw notes from these sessions in the staff records and the staff we spoke with confirmed that they had regular meetings.

The manager explained that staff had annual appraisals. The staff member and their manager wrote reports to identify any areas for improvement, additional training and any good practice. This would be discussed in the appraisal meeting.

During their six month probationary period new staff had bi-monthly appraisals with the manager to assess their progress in relation to the person specification and identify any additional support needed. At the end of the six month probation another appraisal was completed and they would be confirmed in post if assessed as satisfactory.

**Complaints** ✓ Met this standard

**People should have their complaints listened to and acted on properly**

## Our judgement

The provider was meeting this standard.

There was an effective complaints system available.

## Reasons for our judgement

People were made aware of the complaints system. This was provided in a format that met their needs.

During our visit we saw the complaints policy and procedures used by the service. The manager explained that people using the service were given a copy of the complaints policy when they moved into the service; there was a copy in their room and information in the resident's handbook.

Guidance on the complaints and safeguarding policies and procedures were also displayed on a noticeboard in a communal area.

The manager explained that the service had not received any formal complaints during 2013 and the last safeguarding alert was in August 2012. We saw records that confirmed this information.

A leaflet was available with information on the complaints procedure for Richmond upon Thames Churches Housing Trust. Shenehom Housing Association manages the service on behalf of Richmond Churches Housing Trust. The people we spoke with were aware of how to make a complaint but said they would not want to complain.

We also saw a copy of the abuse and whistleblowing policy and procedure. This policy included information on protection from abuse, violence and aggression and the procedure for whistleblowing.

## 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.<br>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.<br>We monitor the implementation of action plans in these reports and, if necessary, take further action.<br>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:

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|---|
| 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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|---|---|
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