Shenehom Housing Association Limited

Shenehom Housing Association

Inspection report

31-32 Ranelagh Avenue
Barnes
London
SW13 0BN

Tel: 02088762199
Website: www.shenehom.org.uk

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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

About the service
Shenehom Housing Association is a residential care home providing personal care for up to 13 people in one adapted building. The service provides support to those with a mental health diagnosis. At the time of our inspection there were 11 people using the service.

People's experience of using this service and what we found
The management team were well thought of amongst staff, people and relatives. Quality assurance systems were in place to support oversight of the running of the home.
However, we have made a recommendation that management ensure audits are addressed in more detail.
The provider worked with a range of professionals to meet people's presenting needs.

People felt safe living at the home and felt that staff treated them well. Risk management was clear in enabling staff to support people as safely as possible. Infection control processes were followed in line with government guidance. Medicines were managed safely

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Some staff training required updating, the service had a plan in place to ensure staff received refresher sessions. Staff were supported through regular supervision and appraisal. People were supported to eat and drink, as well as access healthcare professionals.

People felt well cared for, and that staff respected them. People were supported to be as independent as they could be. Where people had any religious or cultural needs these were accommodated, as well as the service celebrating a range of diverse events.

Care plans were clear and specific in guiding staff as to how they needed to meet people's individual needs. People were encouraged to engage in activities that felt personalised to them across the home and in the community. Complaints processes were clear and managed appropriately.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update
The last rating for this service was good (published 12 January 2018).

Why we inspected
This was an inspection based on the providers previous rating.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Shenehom Housing Association on our website at www.cqc.org.uk.

Follow up
We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-led findings below.

Shenehom Housing Association

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team
The inspection was carried out by two inspectors.

Service and service type
Shenehom Housing Association provides accommodation and support for up to 13 adults with mental health needs. At the time of our inspection there were 11 people living in the home.

Registered Manager
This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

Notice of inspection
This inspection was unannounced.

What we did before the inspection
We reviewed the information we held about the inspection, including information received from the local authority and other stakeholders. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection
We spoke with three people who used the service about their experience of the care provided. We spoke with six members of staff including care workers, two care managers, the ancillary staff and the registered manager. We reviewed a range of records. This included three people's care records and multiple medication records. A variety of records relating to the management of the service including, fire safety, quality assurance, safeguarding and complaints. We looked at three staff files in relation to recruitment and staff supervision. We spoke to three relatives. We also made contact with a professional that worked with the service.

Good

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. The rating for this key question has remained good.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse
- People continued to be protected against the risk of harm and abuse.
- People told us they felt safe living at the service, one person told us, "Mostly [feel safe]. People have been around, always there to help you."
- Staff had a clear understanding of the provider's safeguarding policy and their responsibilities in identifying, responding to and escalating suspected abuse.
- One staff member told us, "I would raise concerns with the [registered] manager above me. If it concerned them, I would raise it with the local authority safeguarding team. I would document everything. From documenting things, we can identify changes in people's behaviour and if there are any patterns."
- At the time of the inspection there were no safeguarding incidents being investigated.

Assessing risk, safety monitoring and management
- Risk assessments were clear in highlighting potential risks to people and the steps staff needed to take to reduce the likelihood of risk occurrence. Where one person could engage in behaviours that could put them at risk, their risk assessment clearly stated the phrases staff could use and the ways they could divert the person to engage in other behaviours.
- A staff member told us, "When people first arrive, we receive risk assessments about them. We talk to everyone involved in people's care and we then create new risk assessments. A risk assessment is there to put in place relevant strategies to reduce people coming to harm."
- Personal emergency evacuation plans were in place to support people to leave the premises in the event of a fire. At the time of inspection we noted these required updating, which the provider sent to us after the inspection.

Staffing and recruitment
- Staff were safely recruited, with suitable checks made prior to commencing their role. This included a full employment history and proof of references. Staff were also subject to regular Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Arrangements were in place to ensure there were enough staff to meet people's needs. One staff member said, "We are currently one staff member down and we are looking to recruit a new member. Once we have the full quota, we will then have enough to do what we are doing. When we are short staff, we then can use agency or permanent staff will cover."
- Relatives told us, "There are staff there when I do visit, and they do seem very nice and professional."

Using medicines safely

● People received their medicines at the appropriate times they needed them, with staff recording their administration.

● At the time of inspection, we saw that medication competency assessments for staff required updating. The provider took immediate action to remedy this and sent us evidence following the inspection. We were satisfied with their response.

● One staff member said, "I have had medicines training. If someone refused to take their medicines, we try to encourage them to take it, but it is their right to refuse. We will then let the [registered] manager know and use the [relevant] code in the medicines administration record."

Preventing and controlling infection

● We were assured that the provider was preventing visitors from catching and spreading infections.

● We were assured that the provider was meeting shielding and social distancing rules.

● We were assured that the provider was admitting people safely to the service.

● We were assured that the provider was using PPE effectively and safely.

● We were assured that the provider was accessing testing for people using the service and staff.

● We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.

● We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.

● We were assured that the provider's infection prevention and control policy was up to date.

The provider followed current government guidelines to ensure visitors to the home followed infection control procedures. In addition to this, people often spent time with their relatives in the community.

Learning lessons when things go wrong

● Where incident or accidents occurred the provider took appropriate action to ensure these were promptly recorded and investigated.

● Incident records included a review of the incident and an action plan to reduce the likelihood of reoccurrence.

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question good. The rating for this key question has remained good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience
- The provider had identified that some staff required updated training, this had been delayed due to the impact of the pandemic. They sent us an action plan as to their expectations around staff refresher sessions. We will check on their progress at our next inspection.
- Staff spoke positively about the training provided and confirmed they could request additional training should they require it.
- One staff member said, "There has been a lot of training, but it was suspended during the pandemic. We have statutory training online. I have asked for specific training to enhance my development, the provider does pay for this and the information I get during the training is then [implemented in the care I provide]."
- Newly employed staff received a comprehensive induction package that covered their roles and responsibilities. Staff told us they shadowed experienced staff members for two weeks to familiarise themselves with people and the service, however this could be extended if needed.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
- People's care needs were fully assessed prior to them moving into the home, and to ensure the home was able to meet their specific needs,
- Care records included an assessment of need, including any care requirements identified by the local authority.

Supporting people to eat and drink enough to maintain a balanced diet
- People continued to be supported to access food and drink that met their dietary needs and preferences.
- Where people had specific dietary requirements based on their health or cultural and faith needs, these were catered for.
- One person told us, "We have a menu that we fill in during a community meeting on a Monday." Comments about the meal were positive.
- People were encouraged to prepare their own meals where safe to do so. People planned their meals for the coming week, however there was flexibility should people change their minds.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
- People continued to be supported to live healthy lives and had access to a wide range of healthcare services to monitor and maintain their health.
- A professional that worked alongside the service told us, "I feel that over the years there have been less

hospital admissions than other homes with similar residents" and "I visit Shenehom regularly and the feedback from residents towards the home is positive."
● A staff member told us, "There is a recovery team attached to the local hospital and we have contact with them, but do not need them to come in at the moment as people seem to be settled. We have an occupational therapist and a mental health nurse who also visit."
● Records confirmed people had access to the G.P, psychiatrist, district nurses and the mental health team.

Adapting service, design, decoration to meet people's needs
● People were supported in a service that had been designed and adapted to promote their independence where safe to do so. This included two rooms allocated to those who could live semi-independently.
● At the time of the inspection the service was in the process of being renovated to update the décor. Some areas of the service were dated and required adaption. The registered manager told us this was being addressed on a room by room basis; the plans delayed due to the impact of the pandemic.
● In addition to this the home faced some difficulties in managing pest control within the building. We raised this with the registered manager who arranged a meeting with the landlord to further address how to rectify this issue.

Ensuring consent to care and treatment in line with law and guidance
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 MCA 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.

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.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.
● People's consent to care and treatment was sought prior to being delivered.
● At the time of our inspection no one living at the home was subject to a DoLS, with people being free to leave the premises should they choose to do so.
● Staff had a clear understanding of their responsibilities in line with legislation. One staff member told us, "[The MCA] is to see if someone has the capacity to make their own choices in a specific situation. They may have capacity to make decisions in one area and not another, the psychiatrist will then carry out an assessment."

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question good. The rating for this key question has remained good.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity
- People told us staff treated them with respect and kindness. They described staff as, "Efficient, considerate, helpful" and "Friendly, dependable and helpful."
- Staff knew the people they supported well and had developed positive relationships with them. Staff spoke about the people they supported with compassion and dignity.
- People were encouraged and supported to follow their faith and people were supported to attend places of worship whenever they chose.
- Throughout the inspection we observed staff being attentive to people's needs and on one occasion staff gave reassurance to one person who was presenting as anxious.

Supporting people to express their views and be involved in making decisions about their care
- The service encouraged people to express their views and make decisions about the care and support they received.
- Regular one-to-one keyworker sessions and house meetings gave people the opportunities to express themselves and raise any concerns or complaints.
- A staff member told us, "We offer people choices and we have a Monday community meeting where we talk about their meal choices for the next seven days, activities they would like to do and what they would like on a day to day basis. We give people options so they can make choices."

Respecting and promoting people's privacy, dignity and independence
- People were supported by staff that promoted their independence and treated them with dignity. One person told us, "I go shopping or attend groups. Sometimes I make appointments on my own"
- The service placed importance on enhancing people's independence. Care plans detailed people's goals and ambitions both long and short term and how staff would support them to meet their goals.
- One staff member told us, "One person I support didn't want to do any cooking, but we have encouraged them to do some cooking, first it was to chop the vegetables once a week and now they will help with the cooking five days a week. We support people to get jobs and some of the people who live here do now have jobs."

Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question good. The rating for this key question has remained good.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care was planned in line with their needs and preferences. Care provided was person-centred and tailored to the individual. Records confirmed care plans were regularly updated to reflect people's changing needs.
- One person told us, "I read my care plan every few days. They did the care plan and I spoke to [keyworker] just to review things." Another person said, "I talk to my keyworker about my care plan."
- Where possible, people were encouraged to participate in the development of their care plan. A relative said, "I'm asked for my views on the care plan once a year and I can say if there are anything's I think should training."
- Care plans were comprehensive, clear and concise and gave staff guidance on how to accurately meet people's needs. Care plans covered, for example, medical, health, life history, mobility, medicines, communication and interests.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Where people presented with a sensory impairment this was reflected within their care records. This recorded how this impacted on people's day to day lives and whether any additional support was required from staff.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were protected against social isolation and were encouraged and supported to access the community on a daily basis. This included in house groups as well as community outings; with some people working voluntarily in the local area.
- People told us, "I go to [charity shop] 2 days a week to work." I work in [borough] two days a week" and "I attend the in house groups. Art, history, music group."
- A staff member said, "We did have someone who due to health reasons was not socialising very much. We had a meeting with the keywork, and we decided to do activities in their room." Another staff member said, "Recently we had a Jewish celebration evening where we had Jewish music and food. People here do

voluntary work, one person works in a charity shop twice a week. People go for walks, meals, shopping, attend medical appointments.

Improving care quality in response to complaints or concerns

- People told us they knew how to raise any concerns and complaints and that they would be acted on.
- One person told us, "There's a box in the kitchen [for complaints forms]. You can speak with staff."
- People were encouraged to share their concerns at regular opportunities, whether by one-to-one sessions, a comments box, house meetings or in general discussions.
- At the time of the inspection there had been no complaints received in the last 12 months.

End of life care and support

- People's end of life care preferences were documented and updated as and when required.
- Staff had a clear understanding of people's end of life wishes and preferences. One staff member told us, "Everyone here has their end of life preferences recorded. All the information you need is recorded in the care plan, any religious affiliations, what kind of service they would like. We have had one person who passed away, their plan was very personalised and specific in line with their preferences, it followed the Muslim faith and traditions. Everything he had requested was followed; it was really impressive."

Good

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. The rating for this key question has remained good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

● The registered manager was clear on their responsibilities and carried out regular quality assurance checks. At the time of inspection, we did identify that medicines competency assessments and personal emergency evacuation plans required updating. We raised this with the registered manager who took timely action to update these records appropriately.

We recommend the provider ensure quality assurance systems are regularly reviewed to ensure documentation is continually maintained and up to date.

● The registered manager was clear on the important events they needed to inform the Care Quality Commission about.

● Staff spoke positively about the registered manager. comments included, "He is approachable, and I can call him to discuss anything. The registered manager is a very caring person and he is hands on, this means he knows what's going on with people and is on the front line" and, "He [registered manager] has a lot of energy and some great ideas. He has the best interest of the service at heart, sometimes he could delegate a little more and not take so much on himself. The residents do think very highly of him. You do feel he is concerned about your welfare and will support you in the way you need."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

● Staff told us they enjoyed working at the service. Comments included, "It's a good place to work. I think we work well as a team, it makes the job much easier", "I really enjoy it here" and "To be fair – everyone works well together."

● We received positive feedback about the registered manager and other managers within the service. Staff said, "The managers are easy to talk to", "[Registered managers name] door is always open, a few weeks ago, I approached her in the corridor about and issue and she listened" and "I feel supported – I know if my care manager is not in I can approach someone else."

● People and relatives were equally positive about how management and how the home was run. Comments included, "Very nice, the nicest out of all the managers we've had", "He always sympathetic if anything's bugging you. He's helpful" and "Seems like a really nice guy."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

● The registered manager understood the importance of being transparent and admitting when mistakes were made. They knew they needed to apologise and take ownership if they were at fault.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

● The provider sought feedback on the service to drive improvements.

● The service sent questionnaires to people, their relative's and stakeholders to share their views. We reviewed the completed questionnaires form the 2021 survey and identified people were satisfied with the care and support provided. Comments included, "[People] are treated with dignity and respect within a safe and supportive environment whilst providing individuals with skills for development and independent progress where possible."

● Staff confirmed the provider sought their views and took this into account. One staff member told us, "We do an annual review where we get the opportunity to express ourselves and the trusties do hear our feedback. We can contribute to the service and how we can improve the service, the registered manager is receptive to our feedback."

Continuous learning and improving care; Working in partnership with others

● The provider worked alongside a range of other agencies and professionals to ensure continuity of care for the people they were supporting.

● This included diabetic nurses and district nurses and the local clozapine clinic. This is a regular clinic for the monitoring of clozapine therapy [a psychiatric medication] for those presenting with mental health issues.

● The home worked with local theatre companies to provide activities across the home as well as the use of befriending and advocacy services.