House of Shan Ltd

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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

About the service:
● House of Shan Ltd provides personal care, support and accommodation for up to three people with mental health needs. At the time of the inspection, there were two people using the service.

People's experience of using this service:

● People using the using the service told us they enjoyed living there and felt safe.
● People lived independent lives and were not restricted from leaving the service.
● People told us they went out and did their own shopping and to their health appointments. They told us that staff supported them to take their medicines on time and cooked nice food for them.
● Some staff files only contained one reference when the provider's requirements asked for more. We raised this with the registered manager who sent us copies the required references after the inspection.
● There were enough staff employed to meet people's needs. Staff were competent to carry out their duties and received training in areas that were relevant to supporting people with mental health.
● Risks to people were managed in a way that kept them as safe as possible.
● Care plans were individual to each person and considered ways in which people's independence could be promoted. They were outcome based and included small targets for people to aim for. They were reviewed on a regular basis and care workers completed regular reports documenting people's progression towards their goals.
● No formal complaints had been received from people. The provider explored any concerns through service user meetings.
● Feedback from people, staff and healthcare professionals was positive.
● Quality assurance checks were in place.
● The registered manager was aware of her responsibilities as a manager.
● The service met the characteristics for a rating of "Good" in all of the key questions we inspected. Therefore, our overall rating for the service after this inspection was "Good".
● More information is in our full report.

Rating at last inspection:
● At our last inspection, the service was rated "Good". Our last report was published on 22 July 2016. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns.

Why we inspected:
● This inspection was part of our scheduled plan of visiting services to check the safety and quality of care people received.

Follow up:

● We will continue to monitor the service to ensure that people receive safe, compassionate, high quality care. Further inspections will be planned for future dates a per our re-inspection plan.

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 not safe in all aspects.

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.

House of Shan Ltd

Detailed findings

Background to this inspection

The inspection:
● We carried out our inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. Our inspection checked whether the provider was 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.

Inspection team:
● Our inspection was completed by one inspector.

Service and service type:
● House of Shan Ltd is a care home. People in care homes receive accommodation and personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.
● The service had a manager registered with the Care Quality Commission. 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.

Notice of inspection:
● Our inspection was unannounced.

What we did:
● Before the inspection, we reviewed the information we held about the service. This included notifications sent to us by the provider and other information we held on our database about the service. Statutory notifications include information about important events which the provider is required to send us by law. We used this information to plan the inspection.
● We spoke with one person who used the service.
● We spoke with the registered manager and one care worker and two health and social care professionals.
● We reviewed two people's care records, three staff personnel files, audits and other records about the management of the service.
● We requested additional evidence to be sent to us after our inspection. This was received and the information was used as part of our inspection.

Good

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Staffing and recruitment:
● In the three staff files that we saw, two had one reference in them. In the third, the references were not on official company letter headed paper nor did they have the company stamp on them. The providers own recruitment policy stated that two references should be sought, with one being from the most recent employment. We raised this with the registered manager on the day of the inspection who told us she would seek the appropriate references for all the staff employed. After the inspection, the registered manager sent us copies of the appropriate references for those staff members.
● Staff files included completed application forms, proof of ID, address and a signed contract.
● All staff had completed a Disclosure and Barring service (DBS) disclosure form. A DBS is a criminal record check that employers undertake to make safer recruitment decisions.
● There were enough staff employed to meet people's needs. There were one or two workers on the rota during the day and one sleep-in care worker at night.

Using medicines safely:
● People were supported to take their medicines in a safe manner. Care workers were trained in medicines administration. There were risk assessments in place so that staff could support people to take their medicines in a safe way.
● Medicines were stored safely and were stock checked on a regular basis, including being counted on delivery.
● Care workers completed medicine administration record (MAR) charts when they supported people with medicines. This included where people had refused their medicines. A record of staff signatures were recorded to identify which staff had administered medicines.

Systems and processes to safeguard people from the risk of abuse:
● People using the service told us they felt safe.
● Care workers had received safeguarding training and were able to explain what steps they would take to ensure people were safe and how they would report any concerns.
● One health professional said, "It provides a safe and homely atmosphere, which should not be underestimated."
● There had been no safeguarding concerns raised against the service.

Assessing risk, safety monitoring and management:
● The provider took appropriate steps to identify and manage risks to people using the service.
● Individual risk assessments were completed for people which included steps to how to reduce the risk of harm occurring.

● Care workers received training in and were familiar with how to manage risks to people, including what steps to take if people behaved in a way that was challenging.
● There were clear 'missing person' protocols in place for staff to refer to if people went missing.
● Risks to the environment were managed appropriately. Current test certificates for electrical appliances, electrical safety, gas safety were seen.
● Fire alarms were tested weekly and fire evacuation procedures took place monthly. Fire extinguishers were available throughout the home and had been tested.

Preventing and controlling infection:
● Care workers had received training in infection control.
● One person said that staff helped them to "Clean and tidy my room."
● There was a record of staff cleaning checks which indicated that the service was cleaned regularly. A current Legionella test certificate was seen.
● Hazardous cleaning materials were kept locked.

Learning lessons when things go wrong:
● Incidents and accidents that had occurred were documented on incident reports which included details of the action taken.

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.

Good: People's outcomes were good, and people's feedback confirmed this.

Staff induction, training, skills and experience:
- Care workers said they felt supported and received regular training. One care worker said, "We get regular training, [registered manager] always encourages us to attend."
- One health and social care professional said, "Staff are experienced and knowledgeable regarding managing challenging behaviour and mental health problems."
- Newly employed care workers received induction training that was based around the modules of the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. They also received an induction to the service, working practice and expectations.
- Training records seen in individual staff files showed that staff received regular ongoing training in a number of areas that reflected the needs of people using the service including awareness of mental health level 2 and anxiety. The registered manager also maintained a training matrix that that reflected the current training for all the staff.□□□□□□□
- Care workers received monthly staff supervision where they were given an opportunity to discuss issues related to their work, training needs and people using the service.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law:
- The registered manager completed an assessment of people's support needs before they moved in. This gave them an opportunity to make a decision whether they were able to support people.
- The assessment included people's communication needs, an assessment of their daily living skills, mobility, personal care, meals preparations and leisure.
- The registered manager was a qualified Occupational Therapist and therefore qualified to assess people's level of independence in relation to daily activities.

Supporting people to eat and drink enough to maintain a balanced diet:
- Care workers were aware of people's preferences in relation to what they liked to eat and drink. They supported people to eat culturally appropriate food to their liking.
- We observed people preparing breakfast for themselves and care workers preparing lunch for them. One person said, "I make my own breakfast" and "That lady is a reasonable cook, she goes out of her way to make sure it tastes good."
- Dietary requirements were included in care plans.
- The kitchen was adequately stocked with food.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live

healthier lives, access healthcare services and support:
● Health and social care professionals said they had a good working relationship with the registered manager and the service. Comments included, "I am kept in touch by staff if there are any significant problems [person] is having."
● We saw correspondence with health and social care professionals which demonstrated the provider was open to working with other agencies to provide effective care to people.
● Care records included details of GP's and other health professionals involved in people's care.
● Care records included details of relevant medical history and mental health diagnosis. Care workers were aware of this information and what it meant for people.
● Care records showed that people were supported to attend regular health appointments including regular Care Programme Approach (CPA) meetings. The CPA is a package of care that is used to plan people's mental health care. CPA reports indicated that people were being care for appropriately, comments included "His mental health is controlled to a degree that is appropriate for his current living situation" and "His mental state is stable."

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 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.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. 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.
● People using the service were not under any restrictions, either through a DoLS or a Community Treatment Order (CTO) and were free to leave the service as they pleased. A CTO is a legal order made by the Mental Health Review Tribunal or by a Magistrate. It sets out the terms under which a person must accept medication and therapy, counselling, management, rehabilitation and other services while living in the community.
● People using the service were able to consent to their care and we saw they exercised their rights when agreeing to care plans.

Adapting service, design, decoration to meet people's needs:
● The environment was fit for purpose, if a little basic.
● People lived in individual bedrooms which were well maintained and furnished to their liking. There was a small communal lounge for people to socialise in if they wished.
● There was outside space that was pleasant and where the staff office was in an out- building away from the main house.
● There were fire resistant doors and appropriate fire exit signs on display.

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

Good: 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 said they liked living at the service and considered it their home. One person said, "I get on with [care worker], she's nice. She helps to clean my room and makes me food."
- A health and social care professional said, "Staff are very supporting and caring towards my client."
- Staff received training in equality, diversity and inclusion. They spoke how they supported people's right to life their life how they wanted.
- Care workers demonstrated a caring and pleasant attitude when speaking with people.

Supporting people to express their views and be involved in making decisions about their care:
- Care records considered people's views and preferences and those of their relatives. This helped to ensure that care was delivered in a way that met the needs of people using the service.
- Care workers cared for people in a manner that reflected their preferences. For example, preparing meals that were culturally appropriate and to the liking of people using the service.
- Regular service user meetings to place where people were able to express their views.
- People were not restricted from leaving the service and although there were 'house rules' and 'expectations of service users', people agreed to these conditions as equal members of the home.

Respecting and promoting people's privacy, dignity and independence:
- People's privacy and dignity was respected. Care workers were careful to knock before entering bedrooms and got the OK from people when supporting them with meals and other areas of support.
- People's lived independent lives and staff supported them to do so. Staff encouraged people to make their own meals or helped them to prepare them, encouraged them to do their own laundry and clean their rooms. One person said, "I do my own washing. I am a clean person, I wash my own clothes."
- Care plans included ways in which people's independence could be managed and promoted.

Good

Is the service responsive?

Our findings

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

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:
● People had individual support plans which reflected their current needs. Individual support plans that were 'outcome' based included people's goals and aspirations and how staff could support people to become more independent. For example, one person's aspirations were to minimise the risk of relapse, to develop basic life skills as a step towards independent living and to utilise local community facilities in a beneficial way to improve/maintain good social skills. Each aspiration/goal was broken down into smaller, achievable targets. These were reviewed on a regular basis.
● Care workers completed monthly summaries about how people had been supported during that period. We spoke with the registered manager about aligning these more closely with people's goals and aspirations so that their progress to achieving these goals could be monitored and adapted on an ongoing basis.
● Care workers completed daily notes with details of how people spent their days. We spoke with the registered manager about ways in which the quality of these notes could be improved to evidence staff and community engagement more clearly.
● People had 'weekly intervention records', which contained details of how they spent their week including any household and community tasks and activities they did. They included details of how staff could support people to do these. Comments from people included, "I go to the supermarket once a week by myself, I do my own shopping."

Improving care quality in response to complaints or concerns:
● There had been no complaints received from people or relatives.
● People were given information on how to raise concerns or complaints through a notice that was on display.
● People's concerns or gripes were explored during meetings.

End of life care and support:
● The service was not supporting people who were on palliative or end of life care.

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.

Good: 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; Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility:

- People were happy with the way the service was run and knew the registered manager by name. Care workers told us the registered manager was always available to speak to if they had any concerns and they had the opportunity to speak with her during formal supervision meetings.
- The registered manager demonstrated a good understanding of the regulatory requirements with respect to submitting notifications to the CQC and her responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent and it sets out specific guidelines providers must follow if things go wrong with care and treatment.
- The CQC rating was on display for people, relatives and professionals to refer to.

Engaging and involving people using the service, the public and staff:

- Although the service was small, feedback surveys had been completed to gather the views of people. These were positive.
- Feedback was also sought from visiting healthcare professionals via a formal questionnaire. Again, the feedback seen was positive.
- Staff had the opportunities to express their views through regular staff meetings.

Continuous learning and improving care:

- Quality assurance audits that were appropriate for the size of the service were in place. These included health and safety audits, medicines audits and regular monitoring by the registered manager of the care and support plans.
- The registered manager also spoke with people on a regular basis and documented these conversations and followed up with any actions for staff if necessary.

Working in partnership with others:

- There was evidence that the provider worked with external professionals such as care co-ordinators, mental health nurses and consultants and community clinical psychology teams.