Shooters Hill Residential Home

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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?	Requires Improvement

Summary of findings

Overall summary

This unannounced inspection took place on 6 November 2018. Shooters Hill Residential Home is a family run home providing care and support for adults with mental health needs. It can accommodate up to six people. People in care homes receive accommodation and personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. At the time of the inspection the home was providing care and support to five people. At our previous inspection in June 2016 the home received a rating of good in all of the key questions.

There were two registered managers in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.
At this inspection we found that improvements were required in that systems to monitor the quality and safety had not identified that fire risks assessments to minimise risk of fire had not been carried out or reviewed by an expert or a competent person.

Safeguarding adults procedures were in place to protect people from the risk of abuse. Staff confidently described the different types of abuse and knew to who contact to report their concerns. There was a whistle-blowing procedure available to staff and they said they would use it if they needed to. Risks to people were assessed and identified. Care plans and risk assessments provided clear information and guidance for staff on how to support people to meet their needs. People's medicines were managed safely and people received their medicines as prescribed by health care professionals. There was a system to manage accidents and incidents appropriately, and learning from this was disseminated to staff. People were protected from the risk of infection. Staff confidently described what they did to prevent the risk of infection. There were enough staff deployed to meet people's needs and the provider followed safe recruitment practices.

Staff completed an induction when they started work, as well a programme of regular training and supervision to enable them to effectively carry out their roles. People's needs were assessed before they moved into the home to ensure their needs could be met. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Staff asked for people's consent before offering support. People were supported to have enough to eat and drink. They had access to a range of healthcare professionals when required to maintain good health. Staff supported people when they moved between services through effective communication, to ensure their care and support needs were well co-ordinated. The home had been adapted to meet people's needs, this included bath and stair rails.

Staff were kind and caring. They respected people's privacy and dignity. People were involved in making choices and decisions about their daily care and support needs. People were encouraged and supported to

be independent wherever possible. People were provided with information about the service when they joined in the form of a 'service user guide' so they were aware of the services and facilities on offer.

People were involved in planning their care needs. People's diverse needs including religious beliefs were recorded in their care plans. The registered managers told us that people were supported to meet these individual needs when required. People were aware of the home's complaints procedure and knew how to make a complaint if necessary. People's end of life wishes were recorded in their care plans.

On the whole there was an effective system in place to monitor the quality and safety of the home. Regular resident and staff meetings were held, and feedback was sought from people about the home through annual surveys. Staff were complimentary about the registered manager. The provider worked in partnership with the local authority and other agencies to ensure people's needs were planned and met. The registered managers were knowledgeable about their responsibilities under the Health and Social Care Act 2014. Notifications were submitted to the CQC as required. We saw that the provider was aware of the need to display the current rating of service in the home and we saw the rating was on display as required.

There was a clear philosophy of helping people to maintain their independence and achieve their goals and aspirations in life. Staff said they enjoyed working at the service and they received good support from the registered managers. The registered managers worked in partnership with other agencies to help ensure people received good quality care and support. This included the local authority and mental health team.

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.

Safeguarding adults procedures were in place and staff had a clear understanding of these procedures.

Risks in relation to people's health were identified assessed and guidance put in place to ensure safe care and treatment.

Medicines were managed safely.

Accidents and incidents were appropriately managed. Lessons learnt were disseminated to staff.

People were protected from risk of infection.

There were enough staff deployed to meet people's needs in a timely manner.

The provider followed safe recruitment practices.

Is the service effective?

Good

The service was effective.

People's needs were assessed prior to moving into the home to ensure their needs could be met.

Staff completed an induction when they started work and were supported through appropriate training and supervision and appraisals.

Staff understood the principles of the Mental Capacity Act (2005) and supported people to make decisions appropriately. Staff asked for people's consent before offering support.

People were supported to have enough to eat and drink.

People had access to a GP and other healthcare professionals when required.

The premises had been appropriately adapted to meet people

needs.

Is the service caring?

Good

The service was caring.

People were involved in making decisions about their daily care and support needs.

Staff were kind and caring and respected people's privacy, dignity and promoted people's independence whenever possible.

People's diverse needs were recorded and supported.

People were provided with information about the service when they joined in the form of a 'service user guide' so they were aware of the services and facilities on offer.

Is the service responsive?

Good

The service was responsive.

Care plans were regular reviewed and updated.

People were involved in planning their care and support needs.

People knew how to make a complaint and were aware of the home's complaints procedures.

People had advanced care plans which documented their end of life care wishes, where they were happy to discuss this.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Fire risks assessments to minimise risk of fire had not been carried out or reviewed by an expert or a competent person.

There were two registered managers in post.

There were effective quality assurance systems in place to monitor the quality and safety of the service.

Regular staff meetings were held and regular feedback was sought from people about the service.

The provider worked in partnership with other agencies to meet

people needs effectively.

The service had a clear philosophy on providing good quality care and we observed staff working in accordance with it.

The provider worked in close partnership with the local authority and mental health team

Shooters Hill Residential Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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.

This inspection site visit took place on 6 November 2018 and was unannounced. The inspection team consisted of one inspector. Before the inspection we looked at the information we held about the home. This included statutory notifications that the provider had sent CQC. A notification is information about important events which the service is required to send us by law. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also asked the local authority commissioning the service for their views of the service and used this information to help inform our inspection planning.

We spoke with two people using the service, one member of care staff and the two registered managers. We reviewed records, including the care records of the five-people using the service, and the recruitment files and training records for three staff members. We also looked at records related to the management of the service such as quality audits, accident and incident records, and policies and procedures.

Good

Is the service safe?

Our findings

People told us that they felt safe living at the home. One person said, "I feel safe living here." Another person said, "Yes, I feel safe."

People were protected from the risk of abuse. There were appropriate safeguarding adults procedures in place which gave guidance to staff. Staff knew the types of abuse that could occur and who to report any concerns to. They were aware of the organisation's whistleblowing policy and told us they would not hesitate to use it if required. One staff member said, "I would report it to my manager, but I would go to CQC if need be." The registered managers followed safeguarding protocols and submitted safeguarding notifications when required to the local authority and CQC.

Risks to people were managed safely. Risk assessments were carried out in relation to self-neglect, medicines, fire, isolation and nutrition. Risk management plans were in place which contained detailed guidance for staff on how to manage and safely minimise these risks. For example, for people at risk of isolation, there was guidance in place for staff on how to minimise the risk which included encouraging people to participate in activities and having regular one to one meetings with their individual key workers. A key worker is a member of staff who has been assigned to a person to give them individual and focused support. Risks to people were regularly reviewed and risk management plans were updated when any changes took place to ensure they remained relevant to people's current needs and conditions.

Staff had guidance in people's care plans to help them identify if people's mental health needs were changing. This included information about any behaviours that staff should be aware of and the action they should take. For example, if people refused to take medicines or to attend to their personal hygiene, people were encouraged to speak to their keyworkers and referral made to health care professional if necessary.

Accidents and incidents were appropriately managed. The home had a system in place to record accidents and incidents, and acted on them in a timely manner. Records included details of the type of accident or incident, what had happened and what action was taken in response. For example, when a person became unwell, an ambulance was called. Actions to be taken included monitoring the person and arranging a follow up appointment with their GP. We saw that accidents and incidents were discussed at staff meetings where learning was shared with staff. For example, ensuring correct information, such as the person's name was given when speaking to the emergency services.

People were protected from the risk of infection. The provider had an up-to-date infection control policy in place and staff had received training in infection control. We observed staff wearing personal protective clothing (PPE) which included aprons when preparing meals. One staff member said, "I always wear a tabard and gloves when preparing food for people."

Medicines were managed safely. Medicines were securely stored. They were administered by staff who had been trained and assessed as being competent in medicines administration. Medicines were safely administered using a monitored dosage system supplied by a local pharmacist. Medicine Administration

Records (MAR) were completed accurately with no gaps and the room temperature was monitored daily to ensure medicines remained effective.

We observed that there were enough staff deployed to meet people's needs in a timely manner. One of the registered managers confirmed that staffing levels were determined based on the level of support people required. Staff rotas were planned so staff knew what shifts they were working. One person said, "Yes there are enough staff here for me."

The provider followed safe recruitment practices to ensure that only suitable staff could work with people. The provider carried out the necessary recruitment checks before staff started work. Staff files included completed application forms, details of their previous employment history and qualifications. References had been sought, proof of identity had been reviewed and criminal record checks had been undertaken for each staff member to help ensure their suitability. Checks were also carried out to ensure staff members were entitled to work in the UK.

Good

Is the service effective?

Our findings

People said that staff knew their jobs well and had the skills to provide the care and support they required. One person said, "Staff know when I need help." Another person said, "Yes, staff know me well, they know what I need." New staff members completed an induction when they joined the service and completed a programme of training to help them carry out their role. All new staff were required to complete an induction in line with the Care Certificate. The Care Certificate is the benchmark that has been set for the induction standard for new care workers.

Records showed that staff had completed a programme of mandatory training which included safeguarding, first-aid, medicines, communication, challenging behaviour, dementia, equality and diversity, moving and handling, and infection control. One staff member said, "Yes, the training is good, my training is up to date." Staff were supported by receiving regular supervision. Areas discussed included outcomes, training, communication books and people using the service. One staff member said, " I have supervisions with my manager; I find them useful."

Assessments of people's needs were carried out before they moved into the home. One of the registered managers told us these assessments were necessary to ensure the service would be able to meet people's care and support needs. The assessments were then used to produce individual care plans and so that staff had the appropriate information and guidance to meet people's individual needs effectively.

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 and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

One of the registered managers told us that all of the people using the service had capacity to make decisions about their own care and treatment and therefore nobody was subject to a DoLS authorisation. They explained that if they had any concerns regarding a person's ability to make a decision, they would work with the person using the service and any relevant health care professionals to ensure appropriate capacity assessments were undertaken. If the person did not have the capacity to make decisions about their care, their family members and health and social care professionals would be involved in making decisions for them in their 'best interests' in line with the MCA.

Staff were knowledgeable of the MCA and understood the importance of obtaining consent from people prior to providing care or assistance. We observed staff obtaining consent prior to offering support. One staff member said, "I encourage people to try and do things that they can. Like make themselves a drink."

People were supported to eat and drink. Staff encouraged people to eat a balanced diet and supported them to plan their own meals according to their likes, dislikes, choices and preferences. Staff also encouraged people to be involved with meal preparation. People's care files included assessments of their dietary needs and preferences. One person said, "I can make a cup of tea."

People had access to a variety of healthcare professionals when necessary. We saw that people's healthcare appointment letters were kept in their care files. If there were any concerns, staff referred people to health and social care professionals such as dentists, opticians, GP, community mental health teams and care coordinators when needed. People had their own rooms which they could decorate with their own personal belongings such as photos and ornaments. The home had been adapted to meet people's needs, this included bath and stair rails. The home had a light and airy living room for people to relax and watch television.

Good

Is the service caring?

Our findings

People told us that staff caring and considerate, and supported them to meet their needs. One person said, "Staff are kind and they care about me. They do anything I ask." Another person said, "A person told us, "I like going for a walk and staff come with me, I'm well looked after."

We saw staff interacting with people in a patient, respectful and calm manner. They addressed people by their preferred names. Staff were knowledgeable about people's individual likes, dislikes and preferences, such as their hobbies and what they liked to talk about. One staff member said, "[One person] loves liver and pasta."

People were involved in decisions about their daily care such as what time they liked to get up and go to bed, or when and what they liked to eat. People's individual needs were identified and respected. One person said, "I can get up when I want and I come and go as I please." A staff member said, "[One person] likes to get up late, so has brunch instead of breakfast."

People's privacy and dignity were respected. Staff told us they knocked on people's doors and obtained permission before entering their rooms. We observed staff asking for people's consent and explaining what they were doing before assisting them. Staff told us they closed doors and curtains if people required support with personal care. One person said, "Yes, staff are very good; they always knock and close my door. One staff member said, "When I need to help people with personal care, I always close their door and shut curtains to maintain their privacy and dignity." People's information was stored securely in locked cabinets which only authorised staff had access to.

Staff told us that they promoted people's independence whenever possible by encouraging them to carry out aspects of their personal care, or maintaining their mobility by taking walks or going out on the community to attend college, shop or eat out to prevent social isolation. One staff member said, "I always encourage people to make their own drinks or a sandwich, but they do not always want to do this, which I respect."

People were given information in the form of a 'service user guide' before they moved into the home. This guide detailed the standard of care they could expect and the services provided. The service user guide also included the complaints policy, so people had access to the complaints procedure should they wish to make a complaint.

Good

Is the service responsive?

Our findings

People told us that the home met their care and support needs. One person said, "I like it here, I have everything I need." Care plans were reviewed regularly. They included information about the support people required in areas including nutrition, medicines, personal care and mental health. This included clear guidance for staff on how people's care needs should be met, as well as details of their life histories and preferred individual routines.

Care plans contained information about people's desired outcomes from using the service, such as maintaining their independence and participating in social activities to prevent social isolation. Support plans included information about people's life histories, hobbies, choices and preferences as well as information about the things that were important to them. For example, their families and celebrating special occasions. One person said, "My wife is involved in planning my care needs, we make decisions together." Another person said, "Yes, I am involved, I have regular meetings."

Daily progress notes were maintained to record the care and support staff delivered to people. We saw people's mental health needs were supported. Care plans included guidance on what to do if people became agitated or anxious. Staff we spoke to knew people well and were able to confidently describe the actions they would take. For example, one person's care plan identified the different types of de-escalation techniques staff should use if they became anxious, which including talking to them calmly and offering a meeting with their keyworker.

We saw that keyworker meetings were documented to highlight any changes in the support people needed. One of the registered managers told us that people knew they were able to speak to their keyworkers and meet them whenever the wished, so they could talk to them about anything that was worrying them. People we spoke to confirmed this.

People were protected from the risk of social isolation. People had individual, person-centred weekly activity planners. Activities outside of the service included attending college, going to the cinema, eating out, shopping and trips to the seaside. Activities within the service included board games, arts and crafts, gardening and watching television. One person told us, "I go into the garden every day to feed the squirrels." Another person said, "I like listening to the tv and radio."

From April 2016 all publicly funded organisations that provide adult social care are legally required to follow the Accessible Information Standard (AIS). The standard aims to make sure that people who have a disability, impairment or sensory loss are provided with information that they can easily read or understand, so that they can communicate effectively. The registered manager told us that everyone at the home could communicate without the need for information to be provided in different formats, but these would be made available if needed. This included pictorial menus and information published in large font or different languages that people spoke.

People's cultural, sexual and spiritual needs were documented in their care plans. This also included, for

example their preferred choice of language. Staff supported people who wished to attend a place of worship to practise their faith where needed. One staff member said, "We used to support [one person] to attend a place of worship, but they now choose to practise their faith at home."

The service had a system in place to log, investigate and learn from complaints. There was a complaints policy in place which included information on how to make a complaint. This included details of the timescale in which people could expect to receive an initial response and how complaints could be escalated if they were unhappy with the outcome of the provider's investigation. People knew how to raise a complaint if they needed to. The home had received complaints since our last inspection which had all been logged, investigated in a timely manner, and resolved satisfactorily. Learning from complaints was shared with staff at staff meetings. One person said, "I have nothing to complain about." Another person said, "I don't have any complaints."

People's end of life wishes were recorded in their support files where they were happy to discuss them. One of the registered managers told us that they had one person who required an advance support plan to document their end of life care wishes. They were in the process of arranging a meeting with the person, their relatives and the palliative care team to establish the person's preferences and identify what was important to them so that they could be supported accordingly at the end of their life.

Requires Improvement

Is the service well-led?

Our findings

At this inspection we found that improvements were needed as risk assessments to minimise risk of fire were not carried out or reviewed by an expert or a competent person. Guidance from the London Fire Brigade states that there should be a 'comprehensive fire risk assessment that details the fire safety provisions that are in the property. This is usually carried out by a professional fire risk assessor and might identify additional measures that should be carried out as appropriate. There needs to be a written record of the assessment and if the provider does not have the expertise to do the fire risk assessment, then a specialist should be appointed.' The home had never had a fire risk assessment carried out by a professional fire risk assessor, subsequently, one of the registered mangers had been reviewing the fire risk assessment on an annual basis. They were not an expert in fire safety and had not received any additional training in relation to reviewing fire risk assessments.

We brought this to the two registered managers attention who agreed that they did not have the necessary skills to carry out a fire risk assessment. During the inspection, they commissioned a professional fire risk assessor to carry out a new fire risk assessment in November 2018 to confirm optimum fire safety. We will check this at our next inspection.

There were effective systems in place to monitor the quality and safety of the service. The registered managers recognised the importance of quality monitoring. They carried out regular audits to identify any shortfalls. These included audits covering health and safety, the environment and food safety. We looked at the audits that had been carried out for September 2018 and found that there were no issues that had been identified. One of the registered managers told us that if any issues were identified these would be used to drive improvements.

The service had two registered managers in post. The registered managers were knowledgeable about the requirements of a registered manager and their responsibilities about the Health and Social Care Act 2014. Notifications were submitted to the CQC as required. The provider was aware of the need to display the current rating of service in the home and we saw the rating was on display as required.

People's feedback was sought throughout the year by way of annual surveys. Not all people had responded, but the feedback which had been received was all positive. One person commented, "I like meals times." Another person said, "The home is excellent." One of the registered managers told us they would act on any negative feedback they received to drive improvements.

People said they were happy with the registered managers and the service they received. One person said, "I get on very well with the registered managers." Another person said, "The registered managers are good, I've have no complaints.

One of the registered managers told us that, as the staff team was small, they held staff meetings daily to discuss the running of the service and to ensure staff were aware of the responsibilities of their roles. We saw the minutes of the last meeting held the day before the inspection which covered areas such as people using

the service, staffing, infection control and medical appointments. One staff member said, "We are a small but good team."

We observed the philosophy of the home in practice in helping people to maintain their independence and achieve their goals and aspirations in life. The registered managers told us the home was committed to working in partnership with other agencies to help ensure people received good quality care and support. This included the local authority and mental health team.