

Shooters Hill Residential Home

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Inspection report

156 Shooters Hill Road
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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

Shooters Hill Residential Home is a family run home providing care and support for adults with mental health needs. It can accommodate up to five people. At the time of the inspection the home was providing care and support to four people.

This inspection took place on 13 and 14 June 2016 and was unannounced. Shooters Hill Residential Home was registered with the Care Quality Commission on 7 January 2011. We last inspected this service in May 2014 where we found the provider was meeting all of the regulations in force at that time.

Shooters Hill Residential Home is a large house in the London Borough of Greenwich split over two levels with five bedrooms with communal bathrooms, kitchen, dining and living room areas. There is an outdoor area with grassed lawns.

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.

Not all of the people using the service could express if they felt safe and how staff treated them so we observed the support offered and spoke with relatives and staff. During the inspection we saw that people appeared happy and content and not at risk of harm. Where relevant, people had an independently appointed professional such as an advocate who could express their views and help them to ensure their voice was heard

Safeguarding adult's procedures were robust and staff understood how to safeguard the people they supported from abuse. Appropriate recruitment checks took place before staff started work. There was a whistle-blowing procedure available and staff said they would use it if they needed to. People were supported to have a healthy balanced diet. People's medicines were managed safely and they received their medicines as prescribed by health care professionals.

Staff had received training specific to the needs of people using the service, for example, mental health awareness and safeguarding adults. They received regular supervision and an annual appraisal of their work performance. The manager and staff demonstrated a clear understanding of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

People's relatives and health care professionals had been involved in planning for their care needs. Care plans and risk assessments provided clear information and guidance for staff on how to support people to meet their needs. Staff encouraged people to be as individual as possible and to do things they wanted to do. People's relatives were aware of the complaints procedure and were confident their complaints would

be fully investigated and action taken if necessary.

The managers recognised the importance of regularly monitoring the quality of the service provided to people. Staff said they enjoyed working at the home and they received good support from the managers.

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. There were safeguarding adult's procedures in place and staff had a clear understanding of these procedures. There was a whistle-blowing procedure available and staff said they would use it if they needed to.

Appropriate recruitment checks took place before staff started work. People using the service and staff told us there was always enough staff on shift and our observations and available documentation supported this.

People's medicines were managed appropriately and people received their medicines as prescribed by health care professionals.

Is the service effective?

Good ●

The service was effective. Staff had completed an induction when they started work and received training relevant to the needs of people using the service.

The managers and staff demonstrated a clear understanding of the Mental Capacity Act 2005 and acted according to this legislation.

People's care files included assessments relating to their dietary needs and preferences.

People had access to a GP and other health care professionals when needed.

Is the service caring?

Good ●

The service was caring. Staff were caring and spoke with people using the service in a respectful and dignified manner. People's privacy and dignity was respected.

People and health care professionals had been involved in planning for care needs.

Records including medicines records were held securely and confidentially.

Is the service responsive?

Good ●

The service was responsive. People's needs were assessed and care files included detailed information and guidance for staff about how their needs should be met.

There were a range of activities for people to partake.

People knew about the home's complaints procedure and said they were confident their complaints would be investigated and action taken if necessary.

The service referred matters to health care professionals appropriately.

Is the service well-led?

Good ●

The service was well-led.

People and their relatives reported that they felt the service was well-led and staff said that they felt supported.

The ethos and culture of the service was positive and open. There was a clear vision and set of values in place. There was good communication between staff and management.

The managers recognised the importance of regularly monitoring the quality of the service provided to people using the service.

Staff said they enjoyed working at the home and they received good support from the managers.

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 was planned to check whether the provider is 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 unannounced inspection was carried out on the 13 and 14 June 2016. The inspection team consisted of one inspector and an expert by experience. We spent time observing the care and support being provided. We looked at records, including four people's care records, staff recruitment and training records and records relating to the management of the service. We spoke with two relatives of people who used the service. We also spoke with two members of staff and the registered managers.

Before the inspection we looked at the information we held about the service including notifications they had sent to us. This included the Provider Information Return (PIR) which contains details about the running of the service submitted by the provider, and notifications about important events which the provider is required to send us by law. We contacted the local authority responsible for monitoring the service to request feedback. We used this information to help inform our inspection planning. We also received feedback from two health care professionals about the care provided to people using the service.

Is the service safe?

Our findings

Some of the people using the service could not tell us if they felt safe and whether staff treated them well but those that could said they were happy and settled in the home. Their relatives told us that they were happy with the home and that their relatives were safe. A relative of a person who lives at the home said, "They are really settled and I know they're safe."

We found that robust recruitment procedures were in place. We looked at the recruitment records of three members of staff. We saw completed application forms, these included references to their previous health and social care experience and qualifications, their full employment history and explanations for any breaks in employment. Each file contained evidence that criminal record checks had been carried out, two employment references, health declarations and proof of identification.

One of the managers told us he was the safeguarding lead for the home. The home had a policy for safeguarding adults from abuse and a guide for staff to follow if they suspect abuse or other safeguarding concerns. The managers and staff demonstrated a clear understanding of the types of abuse that could occur and they had received training in safeguarding vulnerable adults and the process for reporting concerns. They told us the signs they would look for, the different potential types of abuse that could occur in a care setting and what they would do if they thought someone was at risk of abuse. The managers said all staff received training on safeguarding adults from abuse and this was reviewed annually. The training records we saw confirmed this. In addition, staff told us they were aware of the organisation's whistle-blowing procedure and how they would use it if they needed to.

We saw records relating to a recent incident outside of the home involving a person using the service who was potentially at risk. The records of the action and approach of staff demonstrated a good understanding of safeguarding procedures and how staff were aware of issues that could affect people in their care. One member of staff said, "I know the things to look for and if needs be would quickly escalate any concerns."

People using the service, the staff and managers told us there were always enough staff on shift. At the time of our inspection the home was providing care and support to four people. The managers told us that the residents had varying degrees of independence and required different levels of support. The amount of staff we saw at the time of the inspection confirmed that there was enough staff on duty to support people's needs. One person who uses the service said, "There is always a member of staff around and whatever I need help with, there is someone available to help." One manager said, "We have enough staff to meet people's needs. We are a family and if there's ever a problem because of sickness, additional people are brought in." The managers showed us a staffing rota and told us that staffing levels were arranged according to the needs of the people using the service. They said if extra support was needed for people to attend outside activities or health care appointments, additional cover was arranged.

We found assessments were undertaken to assess any risks to people using the service. The manager showed us the standard risk assessment documentation completed for each person using the service. These included risks to themselves and others, self-neglect, medication and mental health needs. The risk

assessments included information about action to be taken to minimise the chance of the risk occurring. People had individual emergency evacuation plans which highlighted the level of support they would need to evacuate the building safely. Staff said they knew what to do in the event of a fire and told us that regular fire drills were carried out. We saw a folder that included a fire risk assessment for the home and records of weekly fire alarm testing, servicing of the alarm system and reports from fire drills. Staff training records confirmed that all staff had completed training on fire safety. We noted that the Fire Service had conducted a routine inspection in July 2015 and concluded that the home was safe.

All the people using the service required help to take their medicine. A member of staff said, "I help and encourage residents to take their medicine. All residents are really good at taking their medicine and I always enter details in the records." Records showed that the managers carried out checks to make sure that people had taken their medicines and the supplying pharmacist completed two audits a year at the home. This meant that people were receiving their medication as prescribed by health care professionals.

Medicine was stored securely and locked in a secure cupboard. Medicines folders were clearly set out and easy to follow. They included individual medication administration records (MAR) for people using the service, their photographs, information about their health conditions and any allergies. They also included the names, signatures and initials of staff qualified to administer medicines. Records confirmed that all staff working at the home had completed training on the safe administration of medicines. We checked the balances of medicines stored in the cupboard against the MAR's for the four people using the service and found these records were up to date and accurate. The home had a policy on the disposal of medicines that had not been used and records we saw supported that these medicines were disposed of safely.

We saw that the home's policy on medicines that are 'required when needed' (PRN) had been approved by a local GP. Any requests for PRN medicine were recorded to ensure that dosages were kept within safe limits.

During the inspection we noted that the home was well decorated, clean and tidy. The managers and staff said that there was a staff cleaning rota that and we saw that there was a regular schedule in place to ensure that the home was clean. People were encouraged to clean their own rooms and we noted that individual rooms were well maintained and tidy.

Is the service effective?

Our findings

A health care professional who visited the home said, "Clients have freedom of choice and a range of options to choose from." Another said, "They are well supported and I have no concerns."

At the inspection we found that staff had received training relevant to people's needs. We looked at four members of staff's files which included their training records. These showed that all staff had completed an induction programme and training that the provider considered mandatory. This training included food hygiene, fire safety, medicines, safeguarding adults, health and safety, infection control and managing behaviour that challenges the service. They had completed other training relevant to the needs of people using the service, for example, break away techniques and mental health awareness. They had also completed training on the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS).

Staff had received training in limited control and restraint techniques to support people whose behaviour may challenge the service. We spoke to staff about this and they told us that the service encouraged positive relationships with people and that whilst the service had been operating there had never been any need to use the techniques. The training and incident records we saw supported this and recorded that de-escalation methods had successfully averted the need for physical intervention.

We spoke with four members of staff. They told us they had completed an induction when they started work and they were up to date with their mandatory training. It was noted that staff were encouraged by the provider to participate in formal courses that would lead to a nationally approved qualification. Staff told us they received regular supervision and an annual appraisal of their work performance. They said this helped them in their care of people using the service. Staff files we looked at confirmed that all staff were receiving regular formal supervision and an annual appraisal. A member of staff said, "We have a close knit team of family members who are all conscientious and caring".

People using the service were not subject to any form of restriction of liberty, were living at the home on a voluntary basis and free to leave at any time. In addition, the manager told us that all of the people using the service had the capacity to make decisions about their own care and treatment. We saw that the service engaged with people, care professionals and, on occasions, people's relatives when there were concerns people may not have capacity to make decisions about their care. The manager told us that they always ensured that appropriate capacity assessments were undertaken and decisions about supporting a person through a process involving difficult or complex matters would be in their 'best interests' and in line with the MCA.

It was noted that people using the service had access to an independent professional that could help if a person has difficulty making particular decisions. It was seen that the home had included these views in the home's support of people to ensure that the least restrictive option had been considered. This was in line with the MCA Code of Practice.

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.

We saw four care plans and noted that the home worked with health care professionals to assess and plan people's care. These indicated their support needs for example with activities, eating and personal hygiene. One person using the service told us, "I have good communication with staff, I am up to date on everything that is going on with my care and appointments and get to eat things I like and that are good for me."

During the inspection we saw that people talked with staff to tell them what they wanted at meal times. Staff we spoke with were aware of the importance of offering people choices at mealtimes and were aware of the things people did not like to eat. People's support plans included details of their likes and dislikes and any allergies they had. The care plans included sections on their diet and nutritional needs. We saw that people were discouraged from eating high fat food and drinking sugary drinks and encouraged to eat and drink healthier options. There was fresh food in the kitchen and a well-stocked fridge and freezer. There was a varied weekly menu of main meals that was changed every week. A person who uses the service said, "I really like the food here. The meals are well prepared and there's a good variety."

Staff monitored people's mental and physical health and wellbeing on a daily basis and at staff meetings and where there were concerns people were referred to appropriate health professionals. The managers told us that all of the people using the service were registered with a local GP, had regular contact with the community care co-ordinators and had access to a range of other health care professionals such as dentists, opticians and chiropodists when required. Peoples care files included records of all appointments with health care professionals. A person who uses the service said, "I am reminded to attend appointments outside of the home and if I need support, a staff member will take me."

Is the service caring?

Our findings

One relative of a person who uses the service said, "My relative rings me regularly and is encouraged to do so by the staff." Another said, "My relative has improved dramatically at the home. He is happy and likes the people who look after him." A health care professional said, "All positive. People receive good care and support at this home."

People told us they had been consulted about their care and support needs. They were allocated named key workers to co-ordinate their care and people said they were happy with the support they received from staff. A health care professional told us they had been impressed by the quality of the care provided to their patient. A person who used the service said, "I was asked about my plan and am involved in any reviews."

During the inspection it was seen that staff were kind and caring and respected the privacy and dignity of people. They spoke to people in a respectful manner. It was seen that staff asked a person for permission before entering their room and people using the service responded well to the approach. Staff said that some of the people using the service required support with some elements of personal care but that on occasions people may just need prompting or reminding to change their clothing or to wash. Where prompts were made to people it was seen that these were respectful and unrushed and people responded to positively to staff and staff promoted independence.

During the inspection we saw that staff knew the people and their needs well. This was apparent when we observed people leaving the home to do their shopping and to train at a local gym. These were activities that we were told the people particularly enjoyed. A person who used the service said, "I can come and go as I please as long as I tell the staff where I am going and how long I'll be. There is trust and respect here that works both ways." Another said, "I trust the staff in the care and support they provide and am treated as part of their family."

Staff said they made sure information about people was kept locked away so that confidentiality was maintained at all times. We saw that all personal documentation including care plans and medicines records were locked away in the office and this meant that only authorised staff accessed people's records.

Is the service responsive?

Our findings

Staff were knowledgeable about the people they supported. They were aware of people's preferences and interests, as well as their health and support needs. One staff member said, "We are a really close unit and know the residents really well. All the training comes into play when you come across an issue and can be specific and support someone properly."

People using the service were receiving care, treatment and support that met their needs. We looked at the care files of the four people living at the home. These were well organised and easy to follow. They contained pre-admission information from the referring local authority. Assessments were undertaken before people moved into the home and we saw evidence of assessments for nutrition, physical and mental health and details of health care professionals involved in people's treatment. The care files included care and health needs and specific medical conditions such as asthma and mental health conditions. In addition, they included care plans, risk assessments and detailed information and guidance for staff about how people's needs should be met. The files also included evidence that people, their care coordinators and appropriate healthcare professionals had been involved in the care planning process. Information in these care files had been reviewed by the managers and staff on a monthly basis and it was seen that there was input from health care professionals where appropriate.

People were encouraged to participate in activities run at the home and we saw people watching television, playing cards with staff and supported to go the gym. There was a music player, books and magazines available. One person who used the service told us that he had just been out shopping and was going to get changed to go to the gym. Another said, "I really enjoy the seaside and going out for pub lunches with the staff and other residents." Another said, "I enjoy time on my own in my own room and know that I can participate in activities if I want to."

It was noted that the people who use the service had regular holidays and had been to a nearby seaside resort and plans were under way for another break to the seaside. One of the managers said, "Because of people's needs we can't go really far but we all know the importance of breaks away. It's all worthwhile, the residents really enjoy it and particularly like trips out to the seaside."

The managers said that the home had taken steps to integrate people into the community and had associations with local centres, colleges and groups and encouraged people to participate. We spoke with people in the home about this and they agreed about the amount of support available to participation in activities outside of the home should they want to. A carer said, "Some people's needs are complex and suitable activities outside of the home have been found. Some progress has been made with participation but there is still some way to go." We did see that staff supported some people to attend meetings and another was supported to attend a local community centre groups.

We saw that copies of the home's complaints procedure was located in individual care files. People told us that if they had any concerns about the service they knew who to speak to and were confident that their concerns would be listened to and acted upon if appropriate. The managers told us they had not received a

complaint within the past two years but said that if one was made, it would be noted, the matter would be looked into and the complainant kept informed of progress of the enquiry.

It was seen that the home worked with other agencies to improve the physical and mental health of people. A health care professional said, "The home is responsive to people's needs and work well with us in helping to improve people's lives."

Is the service well-led?

Our findings

People using the service said that they had positive relationships with the managers and staff and were happy with the way the home was run. One person said, "I get on with the managers and staff and can talk to them about anything."

All of the staff and managers were related to each other and during the inspection we saw good interaction between staff and management. We also saw good contact with people using the service and examples of mutual respect and understanding. A member of staff said, "I feel that I can say things when I need to. In fact I think that I am in good position to do this because of the relationships we have in the home. We are all very open and this approach is encouraged." Another member of staff said, "We have regular meetings with the managers and we feel that we are listened to."

Throughout the course of this inspection it was clear from people, the managers and staff we spoke with that the ethos of the home was to improve people's lives, for them to remain safe, allow access to things that people wanted to do and progress to independent living if that was something people wanted to do. One person said, "I am supported to do what I want and hope to progress to be able to live on my own. The staff and management of the home help with all of this." One of the managers said, "I support staff with education, supervision and experience to try to get the best outcomes for the people we care for. When people move on we are all really proud that we have done our bit to help them improve their lives."

The service undertook a range of checks and audits which covered areas including support planning, medication, health and safety, cleaning, staffing and the management of people's finances. It was noted that issues found in these checks were acted upon and action plans had been put in place to address the problem. We saw minutes from staff meetings where some issues in relation to bad language used by a person using the service had been identified and how this was upsetting residents and some staff. This issue had been progressed to discussion in a group setting with residents where a clear explanation of the importance of compliance of the home's rules and respect and dignity had been reinforced. This meant that the management regularly checked that systems were in place and that staff were aware of the need to work on identified issues to improve the lives of people who used the service.

People told us that they attended monthly resident meetings to discuss aspects of the service and how improvements could be made to the running of the home. Minutes from the May 2016 meeting showed areas discussed included support for laundry, food preparation and different ways to support people to participate in activities.

The registered managers had a good understanding of their role and responsibilities in relation to making a notification about important events such as serious injuries, safeguarding concerns and if they were going to be absent from their role for longer than 28 days. This meant that the service was aware of the need for external scrutiny of events that may be significant and that could affect the well-being of people.

People were encouraged to provide feedback about the service by completing annual surveys. The

manager told us that all residents participated in the last survey of February 2016 and we saw that the response about the quality of the service was positive. One person said, "I am well looked after and am happy with the activities. Nothing needs changing."