

House of Shan Ltd

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Inspection report

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Date of inspection visit:
23 June 2016

Date of publication:
22 July 2016

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

This unannounced inspection took place on 23 June 2016. We last inspected this service on 8 January 2014. The service met all the regulations inspected at that time.

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, two people were using the service and one person had moved on a week before our inspection.

The service has a registered manager. 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.

People were safe at the service. People's needs were assessed and support plans put in place to promote their safety and ensure they received the support they required. Staff managed risks to people's health and safety appropriately and had up to date risk assessments. Staff reviewed people's health needs regularly and made changes to support plans when their needs changed. Medicines were stored and administered safely to people as prescribed.

Staff knew how to protect people from abuse and the actions they would take to keep them safe. There were enough staff on duty to meet people's individual needs as required and to take people out as needed. The service had an effective recruitment system and staff were safely recruited.

People were supported by staff who had regular training, supervision and an annual appraisal. Staff had the appropriate knowledge and skills to support people with complex mental health needs. Staff felt well supported by the registered manager in their role. The service effectively worked in partnership with other healthcare professionals to learn about, develop and implement best practice to improve people's wellbeing. People received the support they needed to attend healthcare appointments and had their needs met.

Staff knew people well and had established positive relationships with them. Staff treated people with respect and upheld their right to privacy and dignity. People told us staff were kind and caring and showed an understanding of their health care needs. Staff supported people to make decisions about how they wished to spend their time and respected their choices. The service supported people to live as independently as possible.

People were supported to participate in menu planning and enjoyed the meals prepared at the service and chose what they liked to eat. Support plans reflected people's needs and were developed by involving people and their relatives. Staff had sufficient guidance to promote people's wellbeing and delivered their care as planned. The registered manager sought people's views about the service and acted on their

feedback. People knew how to make a complaint and felt confident their concerns would be taken seriously.

People and staff said the registered manager was easily available and ensured the service operated effectively. The registered manager undertook checks and audits on the quality of the service and made improvements when necessary.

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. Staff assessed and managed risks to people's health appropriately to promote their safety. Staff knew how to identify and act on any concerns about abuse or neglect.

People received their medicines safely as prescribed. There were enough staff on duty to meet people's needs. The service used safe recruitment procedures to ensure staff's suitability to support people.

Is the service effective?

Good ●

The service was effective. Staff received the support and training which enabled them to understand and meet people's needs.

Staff enabled people to be as healthy and independent as possible.

Staff obtained people's consent for their support and care. Staff understood and put into practice the requirements of the Mental Capacity Act (MCA) People had a choice of nutritious meals which they enjoyed. People had access to the healthcare services they needed to maintain their health.

Is the service caring?

Good ●

The service was caring. People told us staff were kind and caring and treated them with respect. Staff understood how to communicate with people about their choices and preferences. Staff knew people well and understood how they wished to receive their support.

Staff respected people's privacy and dignity. People were fully involved in and contributed to planning their care and staff respected their views.

Is the service responsive?

Good ●

The service was responsive. Staff assessed people's needs and preferences. People received their care as planned. Staff had support plans in place on how they should deliver people's care. People took part in activities of their choice.

People were asked about their views of the service. The registered manager responded and acted on their feedback. People knew how to make a complaint and were confident any concern would be fully investigated.

Is the service well-led?

Good ●

The service was well-led. People and staff told us the registered manager was supportive and approachable. The service carried out checks and audits to monitor the quality of the service and the support people received. The registered manager made improvements when necessary.

There was an effective partnership with healthcare professionals to promote people's well-being and their recovery.

House of Shan Ltd

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 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 by one inspector and took place on 23 June 2016. Before the inspection, we reviewed the information we held about the service and notifications we had received to plan this inspection. A notification is information about important events which the service is required to send us by law.

During the inspection, we spoke with two people using the service, two members of care staff, and the registered manager. We reviewed three care records and three medicines administration records (MAR) charts the third being for a person who had recently moved out of the service. We viewed four records relating to staff including their training, supervision, appraisal and duty rotas. We looked at monitoring reports on the quality of the service. We made general observations of the care and support people received at the service.

After the inspection, we spoke with a care coordinator and a relative of a person about their views of the service.

Is the service safe?

Our findings

People told us they felt safe at the service. One person told us, "I have no concerns at all here about my safety." Another person told us, "I like it here and feel safe".

The registered manager assessed the risks people presented to themselves and others. People had individual risk assessments carried out and staff had guidance on how to manage the risks appropriately. This included information on how to support people when they displayed behaviours that challenged the staff or others. People's care records contained up to date information about how staff supported them in different ways to ensure they maintained their independence as much as possible while ensuring their safety.

People were safe at the service as the provider had effective systems in place to minimise the risk of abuse and harm. Staff showed they understood their safeguarding policy and procedures in keeping people safe from abuse. Staff told us how they would identify and report abuse and their responsibility to take action to protect people. Staff were aware of the provider's whistleblowing policy and described how they would raise any concerns about the service to the registered manager, external authorities including the Care Quality Commission. They told us they felt confident the registered manager would listen to any concerns they raised if they suspected a person was at risk of abuse.

People were protected from the risks of an emergency at the service. Staff knew how to support people in case of an emergency. Staff told us they understood what action to take to ensure people's safety in the event of a fire. They were clear on the procedure of evacuating people safely. Staff minutes showed the registered manager regularly discussed with staff what action to take to enhance people's safety in the event of a fire or any emergency. The service carried out regular weekly fire drills and had kept up to date records of this. We saw staff discussed with people their response times and discussed possible situations they might meet when moving out of the service in case of an emergency. This was meant to ensure people understood how to leave the building safely in an emergency. People told us they used the designated smoking area to reduce risk of a fire at the service as indicated in the provider's smoking policy.

People were supported by staff who had demonstrated their suitability to support vulnerable adults in their care. The provider had a robust and safe recruitment procedure in place to check staff's suitability to work at the service. During our inspection, we saw there was a new member of staff whose recruitment checks were not complete but had commenced employment at the service. We found the member of staff had started to work at the service before their Disclosure and Barring System (DBS) checks were returned. We asked the registered manager about this. They told us the service had a copy of the member of staff's DBS from a previous employer and that a risk assessment had been done on them. The registered manager told us the member of staff was undergoing induction but did not have contact with people. The rotas confirmed the new member of staff was an extra member of staff and had not had any responsibility of providing support to people. The new member of staff had 'shadowed' the registered manager on two occasions for 18 hours. After our inspection, the registered manager provided us with an updated criminal records check of this new member of staff. Recruitment records of other members of staff contained satisfactory information on

completed job application forms, written references, evidence of the applicant's right to work in the UK and criminal record checks to make safer recruitment decisions. Staff files showed interview notes the registered manager had made to check staff's knowledge and experience of how to support people with their mental health needs.

There were sufficient staff on duty to meet people's needs safely. The rota was adequately covered for both planned and sickness absence which ensured people received safe care and support. The registered manager provided additional members of staff to support people when necessary and took into account people's health needs, any appointments or outings.

Staff managed people's medicines safely. Staff followed the provider's medicines policy and procedure and had the appropriate knowledge to administer people's medicines safely. Staff understood why people were prescribed specific medicines and the effects these had on their wellbeing. The registered manager carried out checks on medicines administration record (MAR) charts to ensure people had received their medicines in the correct dose and times. Medicine audits were carried out to minimise the risk of errors. Staff had fully and accurately completed the MAR charts. People had consistently received all their medicines they needed to maintain their wellbeing.

People had received the support they required and had their medicines safely as prescribed. Records showed staff had assessed the support people required with their medicines and had supported them appropriately. Records showed the service received input from the community mental health team (CMHT) professionals in reviewing people's medicines and the support they required. There was a system in place which enabled people who managed their own medicines to do so safely.

Is the service effective?

Our findings

People told us they were happy using the service. One person told us, "I like living here. Staff look after me well." Another person said, "The staff are just wonderful. This is a good place to live." A relative told us, "The staff are good and can't fault the service."

People received support from staff with appropriate skills and knowledge. A care coordinator described staff as experienced and told us they effectively engaged with the community health and social care professionals to ensure they met people's health needs. Staff had attended training about supporting people with mental health needs and told us they felt confident in doing their work. Staff told us the training had provided them with the knowledge to understand each person's individual needs and how to appropriately support with their complex behaviours. They told us the registered manager was available and provided them with the guidance to manage difficult situations which ensured people received the support and care they required.

Staff received regular training and support which enabled them to meet people's needs. The registered manager ensured all staff had received training on the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). Staff had attended training on medicines management, safeguarding adults and health and safety at work. Staff received 'refresher' training which ensured they had up to date skills and knowledge they needed to do their work effectively. This included courses such as dementia awareness and first aid. Training records showed staff were offered opportunities to gain national qualifications in health and care. A member of staff was nearing completion of a level five qualification and was being encouraged by the registered manager to develop their career with additional qualifications.

Staff had regular one to one supervision and appraisals which enabled them to undertake their role effectively. A member of staff told us, "We discuss ways on how to improve the way we support people." Records confirmed regular supervisions and showed staff discussed their training needs and how best to meet people's needs. The registered manager carried out annual appraisal on staff performance and skills and training needs. A member of staff told us the registered manager identified areas in which they need to improve on and the support they required to develop their skills and knowledge. This ensured staff received appropriate support to meet people's needs.

Staff upheld people's rights in line with the principles of MCA and legal requirements of DoLS. The registered manager knew when to involve the local authority for DoLS authorisation. The service worked with the community mental health team (CMHT) professionals who had assessed people's mental health needs and their mental capacity. People told us they were not restricted in their movement in and out of the service. One person told us, "I go out as I wish." Staff showed an understanding of MCA and DoLS and told us they needed authorisation to deprive people of their liberty when necessary. There was no DoLS authorisation in place at the time of our inspection and the provider's own assessments demonstrated that people were not being deprived of their liberty.

People gave consent to their care before they received support. Staff told us they understood the need to

always gain consent to care before they assisted people. People told us they gave consent to their day to day activities. We observed staff involve people in making decisions about their day to day care by asking them about the care they wanted to provide to them. For example, a member of staff asked a person, "Would you like any help with your breakfast?" The person had said "no" and the staff had left them to continue preparing their meal.

People told us they enjoyed the food provided at the service. One person told us, they had a choice in the foods offered at the service which they liked. People's nutritional needs were assessed before they began using the service. This was kept under regular review by the registered manager and staff. Records contained people's food likes and dislikes and any cultural preferences which staff had obtained by speaking with each person. Staff supported a person develop their cooking skills and encouraged them to be as independent as possible with regard to meal preparation. One person told us, "I enjoy preparing my favourite meals which I do at least once a week." During the inspection, we observed people had access to the kitchen and could prepare their own meals and drinks if they wished.

People received the support they required with their health needs. People told us how important it was for them to access the healthcare services they needed for them to maintain their wellbeing. People said they received the support they required to attend mental health and hospital appointments and had their healthcare needs met. Records showed staff kept a diary of people's health and social care appointments and supported them to attend. A care coordinator told us and records confirmed people attended annual meetings to discuss and review their mental health and the support they may need.

Staff followed guidance provided by healthcare professionals to support people with their health needs. Care plans contained information about people's healthcare needs and how to meet them. Records showed meetings people held with their care coordinators, community mental health nurses and GP's. Staff knew how to recognise if a person's mental health was deteriorating and understood what action to take to ensure they supported the person appropriately. The service liaised with the CMHT and received guidance on how to meet a person's complex mental health needs. Records showed staff had updated the person's care and support plans and had acted on the guidance provided on how to appropriately manage changes to the person's mental health.

Is the service caring?

Our findings

People told us staff were kind and caring. One person told us, "Staff are friendly." Another person told us, "I am very happy here. Staff are very supportive". A care coordinator told us staff showed kindness to people and were committed to their recovery and wellbeing.

People enjoyed positive relationships with staff at the service. One person told us, "The staff know me very well. They understand how I want to be supported." Another member said, "We work with people and have built a rapport." During our inspection, we observed that staff interacted with people in a friendly and polite way. We saw staff engage with a person in a one to one activity with staff. Staff promptly responded to people's requests for support in a patient and unhurried manner.

People were involved in the planning of their care and support and to make day to day decisions about their lives. One person told us, "Staff check with on a daily basis my plans for the day. They respect my wishes and support me with my decisions." A member of staff told us they always checked with people what they preferred doing and took into account their likes and dislikes when they supported them with care. Records showed staff supported people in line with their individual needs and preferences and took into account their mental health and supported them appropriately. We observed people made choices about how staff supported them with their care and staff supported them as requested.

People told us staff respected their privacy and dignity. One person told us, "Staff knock at my door and wait to be invited in." Staff understood how to respect people's privacy. Staff asked people if they were happy to speak with us and if they agreed and if they agreed people were asked which room they would like to meet us in. People told us the service welcomed their visitors and allowed them space to have a conversation in private if they wished.

People maintained the relationships that were important to them. People told us staff supported them to arrange outings to meet people who were important in their lives. One person told us they invited their friends to the service and also went out to visit them. The registered manager ensured there were sufficient staff at the service to enable people going out to visit their friends and family. Records showed staff supported a person to keep in touch with their friends and assisted them in planning the visits when needed.

The service respected people's views and upheld their rights. The registered manager ensured people were able to access independent advocacy when necessary. A person told us they knew about the advocacy services and that they were made aware of it by the registered manager. Staff told us they would refer a person for independent advocacy when required to support them to express their views, wishes and their interests. This meant that people could get support to make their choices and concerns known.

People's records were kept secure and confidential information about them was shared on a need to know basis. We saw staff had handover sessions away from people. Staff kept people's personal records including support plans and medicine administration records stored securely to maintain confidentiality. We

observed only staff had access to the records. A member of staff told us they followed the provider's confidentiality procedure and did not divulge people's information without authorisation from the registered manager and the people they supported.

Staff communicated effectively with people. Records contained information on people's communication needs and detailed how staff should use this knowledge to fully involve people in planning for their care. Staff told us they understood people's communication needs and used this knowledge to provide appropriate support to people. One person said staff did not rush them through conversations and were happy to go over things if they were not clear. During the inspection, we observed staff were patient when they spoke with people and gave them information that concerned them and when explaining their care and support. People communicated easily with staff about what they wished to do. For example, a person told staff as they prepared to go out to meet a friend. Records showed staff supported people to express their views when they met with health professionals from the community mental health team (CMHT).

Is the service responsive?

Our findings

Staff knew people well and understood their needs and the support they required. One person told us, "Staff know me well. I have been around. They know how they can help me get better." A relative told us, "Staff know what keeps [person's name] going. They have been great."

People and their relatives told us they were fully involved in planning people's care and support to meet their individual needs. People received support which met their individual needs. Staff undertook assessments prior and after people started using the service. People told us staff had met with them and their relatives for the assessment of their needs. The service received input from the community mental health professionals who had worked with people. Care plans were detailed and provided clear information about people's background, healthcare needs and the support they needed. Staff obtained information about people's specific individual needs and preferences. This ensured the service was able to plan and deliver people's support effectively.

People received support and care that was appropriate in relation to their current level of need. Staff regularly reviewed people's needs and updated their care and support plans when required. The registered manager ensured staff had up to date support plans which provided guidance about how they should meet people's individual needs. A relative told us they were involved in reviews of a person's care. A record of a person showed staff had updated their care plan when their needs had changed in relation to their going out.

People received their care and support as planned. Daily records showed the support and care people had received from staff as indicated in their plans. The registered manager checked people's records and ensured staff had up to date information about any changes to people's needs and the support they required. Staff told us they had handover sessions at change of shift and recorded important information in the communication book which they all read and signed. Staff knew people's goals in relation to living more independently and how they should support them to progress with these. People told us staff encouraged them to develop and maintain their skills for independent living.

People were offered and attended a range of activities at the service and in the community which took into account their needs, interests and abilities. People told us the activities they like to do, which included visits to the parks, pub lunches, football matches and visiting friends. These activities were meant to provide fun, develop people's skills and improve people's confidence to express their views. For example, care plans had information about the support a person required to go out for shopping. Records confirmed people had received appropriate support in accordance with their wishes. For example, the registered manager ensured transport was booked and a member of staff made available to go out with the person for shopping. Staff held meetings with people and their care coordinators to identify goals for daily activities and ensured they supported them with these. Staff told us they engaged people at the service to reduce the risk of social isolation.

People told us they were happy with having a named member of staff as a keyworker as it provided a focal

point for them to raise any issues and have them addressed. People were aware they could discuss any concerns they had with any member of staff despite having an allocated keyworker. A member of staff told us they held regular monthly meetings with people and reviewed their support plan or when there were changes in their needs. Records confirmed the monthly 'key-worker' meetings and the discussions staff had with people such as planning their activities and health appointments. The keyworker had maintained records about the progress the person was making with their recovery, how they spent their time, how their skills for independent living were developing and their relationships with people important to them. We saw the registered manager reviewed the notes and discussed with people any changes to the support they required and made the necessary changes to their care plan.

The service sought people's and their relative's feedback about the service through meetings and surveys. Records show the service encouraged people to give their views through surveys about the care and support they received. We saw questionnaires which people had completed in March 2016 about the service. All the people who responded to the survey said the service listened to them and responded to their concerns. The responses showed people felt staff treated them with respect and met their needs. A record of a meeting staff had held with people showed feedback about the meals offered at the service. The registered manager had responded to the feedback by changing the menu as suggested by people.

People told us they knew how to make a complaint and understood the provider's procedure to raise concerns at the service. They had received the service's complaints procedure when they started to use the service. People told us they would speak with staff or the registered manager if they had concerns about the quality of their care and support. We saw information about how to make a complaint was displayed at the service. Notes from meetings the registered held with people showed they had discussed the complaints procedure. There had not been any complaints about the service within the last 12 months of our visit. People told us they felt confident the registered manager would resolve any complaints if they had any. The registered manager told us they would send a written acknowledgement of a person's complaint followed by a written response after completing a full investigation to resolve an issue.

Is the service well-led?

Our findings

People said they were happy with the way the service was managed. They said the registered manager was approachable and was readily available to them. People and a relative told us they thought the service was well run. People told us there was a positive culture at the service and the registered manager was open to their ideas to develop the service. We read positive compliments the service had received from people and their relatives which included comments such as, "I am pleased with the service" and "I can speak with the manager if I need advice."

The service was committed to meet people's individual needs. Staff described the service as a good place to work as they felt the registered manager supported them to provide a high standard of care to people. The registered manager told us they operated an 'open door' policy and this was confirmed by staff. Staff told us they knew each other well as they were a small staff team and that the registered manager encouraged team work. A member of staff told us, "The registered manager makes it clear of what is expected from us. Staff are supportive of each other." Staff told us they felt able to raise any concerns they had about the service at team meetings organised by the registered manager. Records of staff meetings showed staff discussed the quality of care people received and how people should be supported.

The service had a registered manager in post. The registered manager understood and met their responsibilities in relation to their registration with the Care Quality Commission (CQC). The service had submitted notifications to CQC as required and in a timely manner.

People were happy with the quality of the service. The registered manager ensured they the service had information about the quality of care people received and made necessary improvements for people to receive appropriate support. The service kept a record of all incidents and accidents that occurred at the service. The registered manager monitored accidents at the service and ensured staff understood how to minimise and manage the risk of accidents to people. We saw accident reports which contained information on the action staff took immediately after an incident and any action that was required to minimise a recurrence. The registered manager used staff meetings to discuss incidents that would have occurred and gave guidance to staff on how to protect people from harm.

The service monitored the quality of care and support people received and made improvements when necessary. For example, the registered manager carried out regular audits on people's care records to ensure they were accurate and up to date. We saw the registered manager had checked and signed the information on the support people required and received from staff with their health needs. A member of staff told us the registered manager discussed with them and had checked that they recorded visits by healthcare professionals and that they had sufficient guidance about how to support people effectively to improve their wellbeing. Staff told us the registered manager carried out random checks on how they delivered people's care and discussed with them how they could improve people's experience of the service. The registered manager carried out checks on medication administration records (MAR) charts and ensured staff had followed correct procedures and people had received their medicines safely as prescribed.

The premises were well maintained to ensure the safety of people who used the service and staff. The service carried out regular maintenance checks on the safety of the building and equipment. Staff told us they reported faults to the registered manager and repairs were done promptly when necessary. Records showed regular checks were made on the cleaning of the premises. The registered manager ensured staff followed the cleaning schedule and signed off their work which ensured the service was clean and well maintained.

The service had an effective partnership with the local community and healthcare professionals. The registered manager had a close working partnership with the community mental health team (CMHT). Staff told us they involved CMHT and sought guidance in relation to how they supported people with complex mental health needs. Records showed staff had followed guidance given by the healthcare professionals.