Shenehom Housing Association Limited

Shenehom Housing Association

Inspection report

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Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

This was an unannounced inspection that took place on 15 and 17 July 2015.

Shenehom Housing Association provides accommodation and support for up to 13 adults with mental health needs.

The home had a registered manager. A registered manager is a person who has registered with the Care Quality Commission 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 and associated Regulations about how the service is run.

In May 2014, our inspection found that the service met the regulations we inspected against. At this inspection the home met the regulations.

Summary of findings

People said they liked living at the home and that staff provided a good supportive service. They were given the opportunity to choose individual and group activities and whether they wished to participate in them. They felt staff provided the care they needed in a way that suited them.

We saw that the home's atmosphere was warm, enabling and inclusive. People came and went as they pleased and said they were enjoying themselves during our visit. The home provided a safe environment for people to live and work in and was well maintained, furnished and clean.

The records we sampled were comprehensive and kept up to date. The care plans contained clearly recorded, fully completed, and regularly reviewed information. This enabled staff to perform their duties appropriately.

The staff were very knowledgeable about the people they worked with as individuals and the field they worked in. They had appropriate skills, qualifications and were focussed on providing individualised care and support in a professional, friendly and supportive way. They were trained and skilled in behaviour that may challenge and de-escalation techniques. Whilst professional they were also accessible to people using the service and their relatives. Staff said they had access to good training, support and career advancement.

People were protected from nutrition and hydration associated risks with balanced diets that also met their likes, dislikes and preferences. They were positive about the choice and quality of food available. People were encouraged to discuss health needs with staff and had access to community based health professionals, as required.

The management team at the home, were approachable, responsive, encouraged feedback from people and consistently monitored and assessed the quality of the service provided.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

People said that they felt safe and we saw that they lived in a risk assessed environment.

There were safeguarding and de-escalation procedures that staff followed.

The staff were vetted, trained and experienced.

People's medicine records were completed and up to date. Medicine was regularly audited, safely stored and disposed of.

Good

Is the service effective?
The service was effective.

People's needs were assessed and agreed with them.

Specialist input from community based health services was provided.

Care plans monitored food and fluid intake and balanced diets were provided.

The home had Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) policies and procedures. Training was provided for staff and people underwent mental capacity assessments and 'Best interests' meetings were arranged if required.

Good

Is the service caring?
The service was caring.

People felt valued, respected and were involved in planning and decision making about their care. People's preferences for the way in which they preferred to be supported were met and clearly recorded.

Care was centred on people's individual needs. Staff knew people's background, interests and personal preferences well and understood their cultural needs.

Staff provided good support, care and encouragement.

Good

Is the service responsive?
The service was responsive.

People chose and joined in with a range of recreational and educational activities. Their care plans identified the support they needed to be involved in their chosen activities and daily notes confirmed they had taken part.

People told us that any concerns raised were discussed and addressed as a matter of urgency.

Good

Is the service well-led?
The service was well-led.

Good

Summary of findings

The home had a positive culture that was focussed on people. People were familiar with who the manager and staff were.

The manager and staff enabled people to make decisions by encouraging an inclusive atmosphere.

Staff were well supported by the manager and management team and the training provided was good with advancement opportunities available.

The quality assurance, feedback and recording systems covered all aspects of the service constantly monitoring standards and driving improvement.

Shenehom Housing Association

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 was an unannounced inspection and took place on 15 and 17 July 2015.

This inspection was carried out by one inspector.

There were 11 people living at the home. We spoke with four people, four staff, a deputy and the registered manager.

Before the inspection, we considered notifications made to us by the provider, safeguarding alerts raised regarding people living at the home and information we held on our database about the service and provider.

During our visit we observed care and support provided, was shown around the home and checked records, policies and procedures. These included the staff training, supervision and appraisal systems and home's maintenance and quality assurance systems.

We looked at the personal care and support plans for three people using the service.

Good

Is the service safe?

Our findings

People said they felt safe at the service and in the community. One person said, “It’s a safe environment to live in and a nice area.” Another person told us, “There are enough staff.” They then went on to quote how many staff were on duty at each shift.

Staff were trained in safeguarding, aware of how to raise a safeguarding alert and when this should happen. Safeguarding information was provided in the staff handbook. There was no current safeguarding activity. Previous safeguarding issues had been suitably reported, investigated, recorded and learnt from. The home had policies and procedures regarding protecting people from harm and abuse and staff had received training in them. Staff understood what abuse was and the action to take if they were confronted by it. They said protecting people from harm and abuse was part of their induction and refresher training.

There were risk assessments contained in people’s care plans that enabled them to take acceptable risks and enjoy their lives safely. These included risk assessments about their health, daily living and social activities. The risks were reviewed regularly and updated if people’s needs and interests changed. There were general risk assessments for the home and equipment used that were reviewed and updated. These included fire risks. The home and grounds were well maintained and equipment used was regularly checked and serviced.

The team shared information regarding risks to individuals including any behavioural issues during shift handovers, twice weekly staff meetings and as they occurred. There were also accident and incident records kept and a whistle-blowing procedure that staff said they had confidence in. The home had a restraint policy and procedure that was based on de-escalation techniques and staff received training regarding behaviour that may challenge. This included guidance regarding each person using the service. They were also aware of what constituted lawful and unlawful restraint.

The provider had a comprehensive staff recruitment procedure that recorded all stages of the process. This included advertising the post, providing a job description and person specification. Prospective staff were short-listed for interview. The interview contained scenario based questions to identify people’s communication skills and knowledge of the field in which the service operated. References were taken up, security checks carried out prior to starting in post and a six month probationary period with bi-monthly reviews. The interview panel consisted of managers and trustees of the organisation. Part of the process was informal visits to the home so that prospective staff could meet people who use the service and get an idea of how it runs. This also gave the home an opportunity to receive feedback from people using the service. The home had disciplinary policies and procedures that were contained in the staff handbook and staff confirmed they had read and understood.

During our visit we saw that there were enough staff to meet people's needs and support them in the activities they had chosen to do at home and when they went out as a group or individually. This was reflected in the way people did the activities they wished safely. The staff rota showed that support was flexible to meet people’s needs at all times and there were suitable arrangements for cover in the absence of staff due to annual leave or sickness. Where possible support was minimised to promote independence and two people went on a trip to Worthing unaccompanied, during our visit. This included planning the trip and purchasing the tickets.

Some people using the service were self-medicating within a stepped level process. The level of independence depended on their assessed ability and confidence to achieve this task. This was regularly monitored and level of independence increased or decreased depending on how well the person accomplished this skill. The monitoring took place at each shift handover, was also audited and appropriate staff support provided. Medicine was safely stored in a locked facility and appropriately disposed of if no longer required. The staff who administered medicine were appropriately trained and this training was refreshed annually. They also had access to updated guidance. The medicine records for all people using the service were checked, found to be fully completed by staff and up to date. There were medicine profiles for each person in place.

Good

Is the service effective?

Our findings

People told us they felt that staff helped them to do the things they enjoyed and wanted to do with their lives. One person said, "I do what I want, I'm a home bird really." Another person said, "We all get on well together." Staff communicated with people clearly and in a way that enabled people to understand in their own time.

Staff received full induction and annual mandatory training. The induction was comprehensive, took place over two weeks and included written information about their roles and responsibilities. All aspects of the service and people who use it were covered and new staff spent time shadowing experienced staff. This increased their knowledge of the home and people who lived there. The annual training and development plan identified when mandatory training was due. Training included infection control, manual handling, medicine, food safety, equality and diversity and health and safety. There was also access to individual, role specific training such as advanced supervision skills; guided imagery and music, end of life and an introduction to mindfulness interventions. Staff had also attended team building away days. Staff meetings included opportunities to identify further training needs. Monthly supervision sessions and annual appraisals were partly used to identify any gaps in training. There were also staff training and development plans in place.

Staff received mandatory training in The Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). Mental capacity was part of the assessment process to help identify if needs could be met. The Mental Capacity Act and DoLS required the provider to submit applications to a 'Supervisory body' for authority. The home understood that applications under DoLS must be submitted by the provider andauthorised if appropriate. All people at the home were assessed as having capacity. The capacity assessments were carried out by staff that had received appropriate training and were recorded in the care plans. The manager explained that if required people's 'best interests meetings would be arranged and reviewed annually. The 'best interests' meetings would take place to determine the best course of action for people who did not have capacity to make decisions for themselves. Staff continually checked that people were happy with what they were doing and activities they had chosen throughout our visit.

The care plans we looked at included sections for health, nutrition and diet. Full nutritional assessments were done and updated regularly. Where appropriate weight charts were kept and staff monitored how much people had to eat. There was information regarding any support required at meal times. Each person had a GP and staff said that any concerns were raised and discussed with the person's GP as appropriate. Nutritional advice and guidance was provided by staff and there were regular visits by a local authority health team dietician and other health care professionals in the community. People had annual health checks. The records demonstrated that referrals were made to relevant health services as required and they were regularly liaised with. People's consent to treatment was regularly monitored by the home and recorded in their care plans.

People told us they enjoyed the meals provided. A person using the service said, "I'm very happy with the food laid on and everything." During our visit people chose their meals and there was a good variety of choice available, the meals were of good quality and special diets on health, religious, cultural or other grounds were provided. People also went out to eat and a number of people attended the old bakery in Barnes during our visit. People using the service were responsible for co-chairing and minuting menu planning meetings.

Good

Is the service caring?

Our findings

During our visit people made decisions about their care and the activities they wanted to do. Staff knew people well, were aware of their needs and met them. They provided a comfortable, relaxed and enabling atmosphere that people enjoyed. One person told us, "The staff can't be faulted, they do a wonderful job." Another person said, "It's a good well run home by staff that care about us and are very understanding". A further person said, "It's not regimented which I like." A further person said, "This is home for me."

People said that the staff treated them with dignity, respect and enabled them to develop skills to enhance their independence. The staff met their needs; they enjoyed living at the home and were supported to do the things they wanted to. Staff were friendly, helpful, listened and acted upon people's views and people's opinions were valued. This was demonstrated by the positive and supportive care practices we saw during our visit. Staff were skilled, patient, knew people, their needs and preferences very well. They also made the effort and encouraged people to enjoy their lives. Staff had received training about respecting people's rights, dignity and treating them with respect that underpinned their care practices. The patient approach by staff to providing people with care and support during the inspection meant that people were consulted about what they wanted to do, where they wanted to go and if they wished to be accompanied or not. Everyone was encouraged to join in activities if they wished but not pressurised to do so. Staff also made sure people were included if they wished to be and no one was left out.

Staff continually made sure people were involved, listened to and encouraged to do things for themselves. One person was asked by a staff member if they would like to speak to us and given the time to decide for themselves. Other people who had decided they would like to chat, were given the option of doing so individually or as a group, depending what they felt most comfortable with. Staff facilitated good, positive interaction between people using the service and promoted their respect for each other during our visit. People were free to move around the home and elsewhere as they pleased.

Staff expressed themselves at a speed that people could comfortably understand and follow. They were aware of people's individual preferences for using single words, short sentences and gestures to get their meaning across. Staff spent time engaging with people, talking in a supportive and reassuring way and projecting positive body language that people returned. There were numerous positive interactions between staff and people using the service throughout our visit. One person said, "Staff make me feel comfortable."

There was access to an advocacy service and an advocate had visited in the week of the inspection. The home also had a confidentiality policy and procedure that staff said they were made aware of, understood and followed. Confidentiality was included in induction, on going training and contained in the staff handbook.

There was a visitor's policy which stated that visitors were welcome at any time with the agreement of the person using the service. People said they had visitors whenever they wished, and they were always made welcome and treated with courtesy. This was also the case when we visited.

Good

Is the service responsive?

Our findings

People said that they were asked for their views and opinions by the home's manager and staff. They were given time to decide the support they wanted and when by staff. If there was a problem, it was resolved quickly. We saw this happen during our visit. People were supported and enabled to enjoy the activities they had chosen. One person said, "We have plenty to do." Another person said, "I make good use of the shops." A further person told us, "We have chores we are responsible for."

People made their own decisions about their care and support. They said the care and support they got was what they wanted. It was delivered in a way people liked that was friendly, enabling and appropriate. One person told us, "We decide what to do." Another person said "The staff always help out if I need anything."

There was an admissions procedure that included assessment information provided by commissioning bodies such as local authorities and NHS hospitals. The home also took self-referrals. The referrals were discussed by the team and if appropriate the person was invited for an informal visit. Assessments and interviews took place onsite although some people were also visited in they currently lived. People were invited to visit as many times as they wished, for a meal and two night stay so they could decide if they wished to move in and the home could better identify if their needs could be met. Staff told us the importance of considering people's views so that the care could be focussed on the individual. It was also important to get the views of those already living at the home and give them the opportunity to say if they thought the person would fit in. During the course of these visits the manager and staff added to the assessment information. There was a six week trial period during which a buddy person was identified to help people feel more at home. A six week transition plan was part of the initial moving in process that included identifying a keyworker and on-going risk assessment. The plans were based on the initial assessment, other information from previous placements and information gathered as staff and the person became more familiar with each other. People were provided with written information about the home and organisation that outlined what they could expect from the home and what the home's expectations of them and their conduct was. Some people had lived at the home for a number of years and their assessment information had been archived.

There were regular placement reviews to check that they were working. If there was a problem with the placement, alternatives would be discussed, considered and information provided to prospective services where needs might be better met. People's needs were regularly reviewed, re-assessed with them and care plans updated to reflect their changing needs. The care plans were individualised, person focused and developed by identified lead staff and people, as more information became available and they became more familiar with the each other. The care plans contained personal information including race, religion, disability, likes, dislikes and beliefs. This information enabled staff to respect people, their wishes and meet their needs. The care plans contained sections for all aspects of health and wellbeing. They included medical history, crisis management plans, psychiatric and person centred reviews.

The home provided care focussed on the individual and we saw staff put into practice training to promote a person centred approach. At each opportunity people were enabled to discuss their choices, and contribute to their care and care plans. The care plans were developed with them and had been signed by people where practicable. The care plans had goals that were identified and agreed with people. The goals were underpinned by risks assessments and reviewed bi-monthly by keyworkers and people using the service. If goals were met they were replaced with new ones. The care plans recorded people's interests and the support required for them to participate in them. Daily notes identified if the activities had taken place. The care plans were live documents that were added to when new information became available. The information gave the home, staff and people using the service the opportunity to identify further activities they may wish to do. There were also individual communication plans and guidance.

Activities were a combination of individual and group with a balance between home and community based activities. Each person had their own weekly individual activity plan. During our visit two people had visited Worthing on an independent trip. Two people also worked as volunteers in a charity shop. People made good use of local amenities

Good

Is the service responsive?

such as the library, shops and the local pub. Other activities that took place included music appreciation, Yoga, photography and tea and chat sessions with a local volunteer. One person had set themselves a target of baking a birthday cake for a near relative. People were also expected to improve their life skills by taking responsibility for tasks such as purchasing food items, clearing the table after meals and keeping their rooms tidy.

People told us they were aware of the complaints procedure and how to use it. The procedure was included in the information provided for them. There was a robust system for logging, recording and investigating complaints. Complaints made were acted upon and learnt from with care and support being adjusted accordingly. There was a whistle-blowing procedure that staff said they would be comfortable using. They were also aware of their duty to enable people using the service to make complaints or raise concerns. Any concerns or discomfort displayed by people using the service were attended to sensitively during our visit.

Good

Is the service well-led?

Our findings

People told us the manager was approachable and made them feel comfortable. One person said, “The manager and staff always listen to me.” During our visit there was an open, listening culture with staff, the deputy and manager paying attention to and acting upon people’s views and needs. It was clear by people’s conversation and body language that they were quite comfortable talking to the manager and deputy equally as they were with the staff team.

The organisation’s vision and values were clearly set out. Staff we spoke with understood them and said they were explained during induction training and regularly revisited during staff meetings. The management and staff practices reflected the vision and values as they went about their duties. People were treated equally, with compassion, listened to and staff did not talk to them in a demeaning way. There were clear lines of communication within the organisation and specific areas of responsibility that staff had and that they understood.

Staff told us the manager was very supportive. Their suggestions to improve the service were listened to and given serious consideration. There was a whistle-blowing procedure that staff told us they had access to and said they would feel comfortable using. They said they really enjoyed working at the home. A staff member said, “This is the best service I have ever worked at.” Another member of staff told us there was, “excellent support, always available.” A further member of staff said, “What I like is there is no status, when a trustee visits, they are prepared to take the rubbish out.” The records we saw demonstrated that regular monthly staff supervision, twice weekly staff meetings and annual appraisals took place.

There was a clear policy and procedure to inform other services within the community or elsewhere of relevant information regarding changes in need and support as required. Our records told us that appropriate notifications were made to the Care Quality Commission in a timely way.

There was a robust quality assurance system that contained key performance indicators, identified how the home was performing, any areas that required improvement and areas where the home was performing well. This enabled any required improvements to be made.

The home used a range of methods to identify service quality. There were community meetings weekly where any issues could be discussed regarding the home, living there and views and suggestions put forward. There was also a suggestion box, but the manager said this was underutilised. There were also annual review questionnaires for people using the service and staff. Quality audits took place that included medicine, health and safety monthly, daily checklists of the building, cleaning rotas, infection control checklists and people's files were audited bi-monthly. Policies and procedures were audited annually. Finance audits took place annually and the organisation's finance subcommittee met six weekly. Trustees visited and had sit down sessions with people to discuss the service, drew up action plans and monitored them to ensure they were acted upon.