Essex County Council

Shernbroke Hostel

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

Shernbroke Hostel is a home for people who have a learning disability. There are five houses, which make up the home, each of which accommodates and supports up to five people. The home accommodates a maximum of 25 people in total. There was only nine people using the service on the day of our visit.

There is a registered manager at Shernbroke Hostel. 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 2008 and associated Regulations about how the service is run.

We found that care was provided by a staff group in an environment, which was friendly and relaxed. Staff knew people well and positive caring relationships had been developed.

Staff had received training in regard to how to protect people using the service from abuse or harm. Staff we spoke with were knowledgeable about the types of potential abuse people may be exposed to and understood how to report any concerns. Records showed, that all staff had received the expected level of training required to ensure competence in their role.

The service had a robust recruitment process in place and we found staff had received appropriate induction, supervision, appraisal and training, which allowed them to fulfil their roles effectively.

There were sufficient numbers of suitably qualified staff on duty and staffing levels were adjusted to meet people's changing needs and wishes.

The service was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). Appropriate mental capacity assessments and best interest decisions had been undertaken by the service and relevant professionals. This ensured that the decision was taken in accordance with the Mental Capacity Act (MCA) 2005, DoLS and associated Codes of Practice. The Act, Safeguards and Codes of Practice are in place to protect the rights of adults by ensuring that if there is a need for restrictions on their freedom and liberty these are assessed and decided by appropriately trained professionals. Some people at the service were subject to the Deprivation of Liberty Safeguards (DoLS). Staff had been trained and had a good understanding of the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

People were supported to have sufficient to eat and drink and to maintain a healthy diet. They also had access to healthcare professionals as and when required.

Care files provided comprehensive information about people in a person-centred way. People's personal histories had been recorded and their likes and dislikes were documented so that staff knew how people liked to be supported.

Complaints were dealt with in line with the provider's policy and relatives told us that they could raise their opinions and discuss any issues with the registered manager or any other staff member who was on duty.

Relatives told us they were happy with the care and support their family member received and believed it was a safe environment. People had their own bedrooms, which they could personalise as they wished. Staff supported people to access the local community and take part in a range of activities of their choice.

There were effective quality assurance systems in place to make sure that any areas for improvement were identified and addressed. Management were visible in the service and regularly checked if people were happy and safe living at Shernbroke.

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 were knowledgeable about how to protect people from harm.

The service operated safe recruitment practices and provided sufficient numbers of staff to meet people's needs.

Care files contained a variety of risk assessments so that risks to people were managed and risks reduced.

Medicines were well managed and appropriate policies were followed by staff to safely support people with their medications

Is the service effective?

Good

The service was effective.

People were supported by staff who were appropriately trained supported and competent to carry out their roles.

The manager and staff understood their responsibilities in regard to the Mental Capacity Act 2005 and Deprivation of Liberties Safeguards.

People were provided with food and drink which supported them to maintain a healthy diet.

People were supported to maintain good health and had regular access to a range of healthcare professionals

Is the service caring?

Good

The service was caring.

People and professionals were positive in their comments about care being delivered in a kind and caring manner.

Staff were respectful and patient when speaking with people, and maintained their privacy and dignity.

People were supported to be as independent as they could be.

Is the service responsive?

Good

The service is responsive.

People's health and wellbeing needs were reviewed and responded to.

People had access to a range of social and leisure opportunities and were given choices about what they would like to take part in.

People were given information about how to complain in a way they could understand.

Is the service well-led?

Good

The service was well-led.

The registered manager supported staff at all times and was a visible presence in the service.

Staff understood their roles and responsibilities. The registered manager and staff team shared the values and goals of the service in meeting a high standard of care.

The service had an effective quality assurance system.

Shernbroke Hostel

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.

The inspection took place on 2 August 2016 and was unannounced. The inspection team consisted of one inspector. Before our inspection, we reviewed the information we held about the service, which included safeguarding alerts and statutory notifications, which related to the service.

Statutory notifications include information about important events, which the provider is required to send us by law. We focused on speaking with people who lived at the service, speaking with staff and observing how people were cared for. Some people had very complex needs and were not able, or chose not to talk to us. We used observation as our main tool to gather evidence of people's experiences of the service.

We spent time observing care in communal areas and used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with two people who lived in the service. We also spoke with six staff members including the registered home manager and three relatives.

We looked at four people's care records, three staff recruitment records, we also reviewed records about how the service was managed. These included medicine records, staff training, recruitment and supervision records, accidents, incidents, complaints, quality audits and policies and procedures. Reviewing these records helped us understand how the provider responded and acted on issues related to the care and welfare of people, and monitored the quality of the service

Good

Is the service safe?

Our findings

We observed people throughout our visit and saw they reacted positively to staff and seemed relaxed and comfortable. People and their relatives told us that they felt safe, one relative told us, "[Named] is safe and happy." Another relative told us, "Yes he is very safe."

People were kept safe by staff who knew about the different types of abuse to look for and what action to take when abuse was suspected. Staff were able to describe the action they would take if they thought people were at risk of abuse, or being abused. They were also able to give us examples of the sort of things that may give rise to a concern of abuse. There was a safeguarding procedure for staff to follow with contact information for the local authority safeguarding team. Staff we spoke with told us they had completed training in keeping people safe. Staff knew about 'whistle blowing' to alert management of poor practice.

There were comprehensive risk assessments in place. Each person's risk assessment and support plan were regularly reviewed and updated when required.. For example, risk assessments were in place to keep people safe from harm when using the kitchen facilities, accessing the local community or attending organised visits out.

Where risks had been identified due to people's anxiety levels and behaviours, plans were in place to guide staff on how to support them. These included details of how to communicate to reassure the person and activities they enjoyed which could be used to distract them. We observed staff support a person who became anxious during our visit. They offered support in a gentle manner and helped the person by distracting them so they could meet their personal care needs. They continued to talk to the person about an activity they had planned.

Accident and incident records were completed and kept. These identified preventative measures to be taken to reduce the risk of reoccurrence. The manager regularly reviewed these to identify any themes or trends.

We checked how the service managed people's medicines needs. We saw the medicines were kept in a secured cupboard. We carried out a random check of the medicine stock and the records. We found these to be accurate, up to date and well maintained.

A member of support staff talked us through the procedure related to the administration of medicines and showed us records of how the medicines were handled by the service. Receipt of medicines into the service was recorded. The staff member told us only senior staff would administer medicines.

Our review of rotas and support plans showed that sufficient staff were in place after consideration had been taken about the activities each person had planned for the day. For example, when a person requested specific activity or shopping the manager delegated specific staff to support people. On the day of our visit, most people were either out at a day centre and one person was being supported to visit their GP surgery. We remained in the service until everybody had returned and observed that people's needs and preferences

were met in a timely manner.
One relative told us, "There are enough staff and we are happy with the care." Another relative told us, "They are sometimes short at weekends but just enough." The service did use an agency to cover shifts but used regular agency staff that knew people who used the service well.

Staff recruitment files contained evidence that the provider obtained appropriate information prior to staff starting to help ensure they were suitable to work at the service. This included proof of identity, such as passport or birth certificate, written references and Disclosure and Barring checks. DBS checks identify if prospective staff have a criminal record or are barred from working with vulnerable people. There was evidence that all applicants completed an application form and attend a face-to-face interview before they were appointed. This gave assurances that only suitable staff were employed to work in the home.

Good

Is the service effective?

Our findings

Most people and their relatives spoke positively about staff and told us they were skilled to meet their needs. One relative told us, "They know what they are doing." Another person commented that newer staff still needed to get to know their relative as older staff knew them well, but added that their relative was happy living at the service. Staff we spoke to were also positive about the training offered, one staff member told us, "They let me know when my training is due." Another staff member who had recently attended a dementia training course told us, "It was the best course ever, I really enjoyed it."

People were supported by staff who had access to a range of training to develop the skills and knowledge they needed to meet people's needs. Staff told us this included completing mandatory and shadowing more experienced staff to get to know people.

Records were in place which demonstrated mandatory staff training was completed and regularly updated in areas including safeguarding, manual handling, first aid awareness, food and nutrition and fire safety. Staff told us that the training provided was of a good standard and supported them in their role. Staff supported people efficiently and competently whilst offering reassurance. Staff also had the opportunity to undertake training in relation to people's individual needs such as epilepsy and dementia.

Staff told us they felt well supported by the management team. Staff told us and records showed that staff received regular supervision and appraisals to monitor their performance, identify their learning and development needs, and discuss people's needs.

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 when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are 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 were being met. We saw that where people may have been deprived of their liberty, contact was made to the relevant people. Following appropriate discussions and completion of the necessary assessments. The service had six DoLS applications pending at the time of this inspection, these had been completed following the guidelines under the MCA.

Staff told us that they had received training in MCA and DoLS. They had an understanding of MCA and DoLS and could tell us about how people made choices. For example, one staff member told us, "I put breakfast things out and let people choose what they want."

We found people's nutritional needs and preferences were recorded in their care files and accommodated

for. Staff we spoke with had knowledge and understanding of people's individual nutritional needs including particular dietary needs. People's weight was monitored regularly.

Pictorial menus were available in kitchen areas to support people to make choices. One person told us, "The food is nice." A relative told us, "They try very hard but [Named] does not concentrate on eating, but they encourage them to finish their meal." Another relative said, "I have seen the food it smells lovely and looks appetising."

People received support to keep them healthy. People were able to see the doctor whenever they needed to, or go to hospital if necessary. Care files demonstrated that people had regular access to external health care professionals. People went out to regular appointments such as to the dentist, chiropodist, and opticians.

The service also had a qualified behavioural advisor working on site to support and empower staff to monitor behaviours that challenge and encourage positive behaviour.

Only three out of the five houses on site were occupied, one of the houses currently being used for respite was decorated and furnished to create a homely comfortable environment, whilst the other two occupied houses were very clean they did not have the same standard of decoration as the respite house. The manager told us that they had plans to for the other two houses.

Good

Is the service caring?

Our findings

Shernbroke Hostel contains five houses, all which can accommodate up to five people in each. At the time of our visit, only three houses were being used. The manager told us that most people had moved into supportive living accommodation. One of the houses was being used for respite and had three people currently staying at the service. The other two houses had three people in each house who lived at the service permanently.

We had positive feedback from people and their relatives about the caring nature of the staff. People told us that the staff were kind and caring. One person receiving respite told us, "They are kind to me, I like coming here for a break." A relative told us, "The staff are wonderful, it is caring but relaxed." Another relative told us, "Staff are very friendly and nice."

People were supported to maintain relationships with friends and family. People's relatives and those acting on their behalf visited at any time. Relatives of people told us they were kept informed about people's progress and staff understood people's needs.

Staff spoke to people in caring and respectful manner. The atmosphere in the home was calm and relaxed. Staff were caring, attentive and had good interactions with people. It was apparent they knew the people they looked after. People received care from staff who knew them. One staff member told us, "I am here to help people live their own life, promote their independence and get them out and about if that is what they choose." A relative told us, "They know [Named] to a tee."
Staff spoke about encouraging people's independence in various ways from helping with cooking, washing up or laying the table. Staff were able to tell us what individual people did that involved them in daily living activities.

People's care files showed they were supported to be involved in decisions about their care and treatment, and the decisions they made were respected. Staff was knowledgeable about the importance of obtaining people's consent regarding their care and treatment and in other areas of their lives. Staff told us they always asked people for their agreement before they assisted them with their personal care or with anything else. One staff member told us, "We talk to people or read their care file carefully before we work with people."

Information about the service was given to people when they came to live at the home to enable them to make informed choices and decisions. Care files contained information about the person including how they communicated and their choices and preferences.

We saw that staff treated people with dignity and respect, and that people's right to privacy was recognised. For example, we saw that one person required personal care and staff ensured the person was taken away from the lounge area and into the privacy of their bedroom. Staff did this in a discreet way, so other people in the lounge were not aware of this person's personal care needs.

Staff were able to give us examples of how they promoted privacy and dignity when providing personal care by closing doors and covering people as much as possible. A staff member also described how they supported a person that did not like water with personal care to make the experience less stressful for them.

Good

Is the service responsive?

Our findings

Each person had their needs assessed before moving into the service and the findings of the assessments formed the basis of the care files that were put in place. Relatives confirmed that they and their relative had been involved in the pre admission assessments of their family members care.

Each person's care record contained information about the person details. This included the person's preferences, interests, and details of individual daily needs such as mobility, personal hygiene, and nutrition and health requirements. The care plans gave staff specific information about how the person's care needs were to be met and what staff needed to do to deliver the care in the way the person wanted. Relatives told us they felt involved in making decisions about the care of their family members. One relative said, "I attend regular reviews." Another relative told us, "We had one fairly recently."

When people joined the service they were given a service user guide and information on how to make a complaint in a format people could understand. People and relatives we spoke with said they knew who to complain to and felt confident that if they needed to do that their concerns would be listened to and addressed. A relative said, "I've never had to make a complaint, but I would go straight to [Named manager]." On the wall outside the main office, we saw numerous compliments sent to the service.

Speaking with staff, we found they were familiar with people's life histories and preferences. One staff member told us how they supported a person that did not like a lot of noise but liked animals, so they supported them to visit a local pet's corner when it was not too busy and another person who liked to go to the pub. .A staff member told us about the people that had left the service to live independently, they told us, "I took [named] to visit [named] in the community, it was great."

People were encouraged and supported to join in activities both inside and outside the service. Staff told us a variety of activities were available that people could choose from and people decided what they wanted to do. Some activities were organised on a regular basis, like shopping, visits to the day centre, music and film shows. Although staff told us and people's care file notes evidenced that people were occupied we did not always see weekly planners or timetables in care files. The manager sent us a planner following this inspection that clearly described to people in a format that could understand what was available that met their choices and preferences.

People were supported to book holidays every year and staff said people really enjoyed this time. They also said that they really liked having uninterrupted one to one time with people. People who used the service had photographs of their holiday to Butlin's the previous year. People visited and stayed with their families regularly.

Good

Is the service well-led?

Our findings

The registered manager was a visible presence in the service for people and staff. They were accessible, approachable, and well regarded. One person's relative told us about an incident the service had dealt with involving their relative, they told us, "The manager and the service did everything they could, we were grateful for their response and how it was dealt with."

Staff were also positive about the management team and the service, one staff member told us, "I love it here, it is such a feel good place. I am supported and encouraged; [Named manager] is very supportive and approachable." Another staff member told us, "The managers are brilliant; [Named manager] always comes to see everyone in the houses."

Staff told us regular meetings took place to inform staff of any developments to the service and for staff to contribute their views on how the service was being run. Staff meetings focused upon the individuals living at the home and reinforced a positive person centred approach. Detailed handovers were given to staff starting each shift which informed them how people had been during the day. This meant staff had up to date information about people's health and well-being.

The quality of the service was monitored by regular audits in key areas such as care plans, health and safety, medication and staffing. The manager used the results of the audits to improve the service and feedback to staff where improvements were required. For example, improvements to the environment had been identified. Where issues were identified, actions plans were developed to improve the service; the registered manager had implemented these in a timely way. The manager told us that he and other registered managers from the same provider audited each other's homes to enable improvements and to share good practice between services.

There were regular checks and audits of the home and equipment. For example fire safety, gas safety and emergency lighting checks were carried out.
There were systems in place to investigate and learn from incidents and accidents. The providers were able to describe how this learning helped to improve the safety and quality of the care provision.

People and their families were encouraged to feedback how they felt about the services provided and how it could be improved. A monthly telephone call was carried out to relatives to determine their views and an annual survey was undertaken. Comments from the survey the previous year included, "We cannot find fault with the care, and "Shernbroke is a home, we are always made welcome."