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

Summary of findings

Overall summary

We carried out an unannounced inspection of Shenehom on 17 November 2017. Shenehom provides accommodation and support for up to 13 adults with mental health needs. At the time of our inspection there were 12 people living in the home.

At the last inspection in September 2015 the service was rated Good. At this inspection we found the home remained Good and demonstrated that they continued to meet the regulations and fundamental standards.

The home had a manager in post who was in the process of applying for registration by the Care Quality Commission (CQC). A registered manager is a person who has registered with the 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 using the service at Shenehom were positive about the care and support provided. They told us that staff treated them in a kind and caring manner and felt their needs were being met.

Staff had continued to receive training and support which enabled them to carry out their role effectively. Staff were confident in their ability to raise concerns, were satisfied that their views were listened to and that their practice was supported through supervision.

People continued to have their health needs met, and their prescribed medicines were stored securely and managed safely. People received their medicines as prescribed. Records of medicines were accurate and well managed.

People continued to be protected against the risk of harm, abuse and identified risks. The service had embedded systems and process in place that gave staff clear guidance on how to mitigate identified risks. Staff knew how to identify, report and escalate suspected abuse. Staff received safeguarding and whistleblowing training.

People were supported by sufficient numbers of staff to keep them safe. Rotas were flexible to ensure people's changing needs were reflected in staffing levels.

People were protected against the risk of cross contamination because the service had implemented systems and processes to ensure infection control was managed safely. People's dietary needs and requirements were met. People continued to be supported to make healthy choices and were given access to a wide range of healthcare professionals.

People were supported to have maximum choice and control over their lives and staff supported them in

the least restrictive way possible. Staff had an adequate understanding of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

The service ensured people's needs were being met by the design and adaption of the premises. Changes to the environment were done in consultation with people as far as practicably possible.

People continued to be treated with compassion and kindness and to receive person-centred care. People had their right to privacy and dignity maintained. Staff supported people to be involved in decisions about their care and support and people were given information in a manner they understood to enable them to make decisions.

People were able to raise their concerns and complaints and the home had systems in place to ensure that people who found it difficult to speak up, had the opportunity to make their views known. People views about the service continued to be sought through regular house meetings and keyworker meetings with individuals. This enabled the home to act on any issues in a timely manner.

The service continued to be well led, with policies and procedures suited to the needs of people, regular communication between staff and people living in the home and secure maintenance of records and information.
Further information is in the detailed findings below.

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 remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

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 inspection took place on 17 November 2017 and was unannounced. The inspection was carried out by one inspector.
Prior to our inspection we reviewed the information we held about the home. This included any safeguarding alerts and outcomes, complaints, previous inspection reports and notifications that the provider had sent to CQC. Notifications are information about important events which the service is required to tell us about by law.

We spoke with five people who used the service. We also spoke with the registered manager, three members of staff and two relatives. We wrote to a sample of external professionals and received feedback.

We observed care and support in communal areas, spoke with people in private and looked at the care records for three people and three staff files. We reviewed how medicines were managed and the records relating to this as well as a looking at the homes policies and procedures.

Good

Is the service safe?

Our findings

People told us they felt safe living at Shenehom. One person said, "I do feel quite safe. The staff understand me quite well and know how I like things." Another person told us, "I feel a lot better here than in my previous place."

People continued to be protected against the risk of harm and abuse. Staff were able to clearly demonstrate sufficient knowledge on how to identify, report and escalate suspected abuse. Staff confirmed they would inform the registered manager of any suspected abuse and if they felt this wasn't being addressed appropriately they knew how to raise matters under whistleblowing procedures. Staff told us, and records confirmed that regular safeguarding training took place.

People were supported against identified risks, with the staff competent at monitoring people's safety and assessing risks associated with activities such as leaving the premises unaccompanied. This ensured that people were kept safe whilst respecting their freedom. Records confirmed risk management plans were in place which gave staff guidance on how to mitigate risks and action taken to minimise future risks. The home's approach to risk assessment balanced with sound risk planning and management had enabled several residents go on holiday without staff support, thus empowering people and promoting independence.

The service employed sufficient numbers of staff to ensure people's needs were met and they remained safe from harm. People told us there were adequate numbers of staff on duty to meet their needs and this view was shared by staff.

Records confirmed staff employed underwent pre-employment checks to ensure their suitability for the role. These included photo identification, proof of address, and a completed Disclosure and Barring Services (DBS) check. A DBS is a criminal records check employers undertake to make safe recruitment decisions. A person living in the home was involved in the recruitment process for new staff.

People received their medicines as prescribed by staff who had received appropriate training and guidance. A member of staff demonstrated medicines administration and a check of a sample of medicines administration records (MAR) showed that these records were completed accurately.

People were protected against the risk of infection as the provider had systems and processes in place to minimise those risks. Infection control formed part of the basic training of staff and appropriate personal protective equipment (PPE) was provided where required, such as gloves and other items of clothing that protect people from the spread of infection.

Safety was monitored and any improvements required were developed into action plans. Weekly staff business meetings and monthly audits of the home by a trustee of the organisation discussed issues of safety, including water temperatures, the environment, prevention of legionella and the standards of cleanliness in people's rooms. There was a "Near Miss" diary, which recorded any issues that could

potentially place people at risk and this was used to learn from and make improvements.

Good

Is the service effective?

Our findings

People continued to receive care and support from staff who had had up-to-date training to effectively meet their needs. People expressed confidence in staff and their ability to provide good support to them.

One person told us, "The staff are fantastic. They cook my dinner and help me go places." Another person said, "I feel more comfortable with the staff who have been here longest. They really understand me. The newer staff are allright but it will take them a while to get to know me."

Staff were positive about their work and about the home. One staff member told us, "I love coming here. It's like a family." Another member of staff said, "It's really great to work with people and see how far they can go with our help."

Staff told us, and records confirmed that all staff had up-to-date training. Records showed that care staff undertook induction training that was in line with the requirements of the Care Certificate. The Care Certificate is an identified set of 15 standards that health and social care workers adhere to in their daily working life. Mandatory training was completed with a mix of e-learning via computers and classroom based training.

In addition to basic mandatory training, staff had received training in subjects specific to their area of work. Examples included team building, conflict management and leadership management. Other staff held level 2 to level 5 in their National Vocational Qualification (NVQ) or Diploma in Health and Social Care.

Staff received support from their manager by way of personal supervision sessions and team meetings. Staff confirmed they received supervision that allowed them to discuss work related issues and to receive support. Staff also asked colleagues and people who lived in the home to offer their comments on how well they provided support. This was called 360 degree feedback. Reflecting on their working practice helped staff ensure that people continued to receive effective support and guidance from staff.

Support plans included details of any individual support people needed. This included medicines, assistance with their nutrition and hydration and personal care. Where required, people's care plans included their religious or cultural dietary needs, for example if a person required a particular diet. This has included increasing the number of meals people prepare for themselves, which has developed independence skills.

The home had a Natural Lifestyle Advisor who explored various methods of working with the people in the home to have a good sense of health and well-being. Examples included "Nature Bathing" which people found useful in enabling them to enjoy being outside more, enjoying the natural light and surrounding areas. Further work was being done to address issues of Seasonal Affective Disorder (SAD) through a Danish practice of "Hygge" (translated loosely as "Fun"), a practice to stay happy in the Winter.

People confirmed they had access to a wide range of healthcare professionals, for example G.P, psychiatrist

and community nursing. One healthcare professional commented, "When doing medical reviews the staff are professional and compassionate and they seem to have a good understanding of the patients' strengths and weaknesses, which is reflected in the work they report to be doing in the individual sessions."

People continued to be involved in the development, design and adaption of the service. At the time of the inspection the provider informed us they were due to undergo refurbishment of the service. An example of people's involvement was the development of a Wet Room to assist with showering.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who use the service and 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 checked whether the service was working within the principles of the (MCA) 2005.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). At the time of inspection there was no one who was subject to DoLS safeguards.

People told us they were able to make choices about the day to day care they received. One person using the service told us, "I do my own thing. I go out, come home. I work some days and I can go out on my own."

Staff had received training in understanding their responsibilities under the Mental Capacity Act (MCA). Staff told us they asked people for their consent before delivering care or treatment and respected people's decision if they refused support. One staff member said, "Yes, I have had training in MCA and DoLS and it is a basic right of people to be asked and consulted before we do anything."

Where people lacked capacity to make some decisions, we saw the provider worked with their relatives or representatives and the local authority to agree decisions that were in the person's best interests. The relatives we spoke with said the service communicated well and consulted with them regarding any issues or concerns. One relative told us, "Shenehom has given [my relative] her life back. They couldn't do more and I can contact the keyworker with any issues."

Good

Is the service caring?

Our findings

People and relatives spoke positively about the care and support they received. People confirmed they continued to receive compassionate, caring and respectful support from all staff members. One person told us, "It's like a palace here, compared to my old place. Staff are great."
A relative told us, "We need more places like Shenehom. It's a wonderful home."

During the inspection we noted that people and staff had developed positive relationships, which were based on respect, empathy and encouragement. Staff knew people they supported well and were aware of their changing needs and spoke to them using their preferred name. We saw staff interacting with people meaningfully and doing so with respect. Staff were also observed knocking on people's bedroom door before entering and gaining authorisation to do so. This meant that people's privacy and dignity was respected.

The service continued to deliver a service that embraced people's diversity and treated them as equals. The embedded culture of the service was evident through the support people were provided which enable them to follow their beliefs.

The home had a Dignity Champion who was a finalist in local "Dignity In Care" Awards. The Dignity Champion ensured that best practice was followed at all times and raised discussion points whenever there was a deviation from this. The Dignity Champion sought feedback from people about their experiences of privacy and dignity. The register manager explained that respecting privacy and dignity formed the core culture of the home.

The home had a regular external psychologist who monitored and discussed care and best practice with the staff team and managers followed guidance from the National Institute for Health and Care Excellence (NICE).

The registered manager was aware that some people felt less inclined than others to speak out and had devised risk assessments to ensure people were supported to raise their views. The service held regular house meetings, whereby people were encouraged to attend and develop the agenda for discussion. The registered manager commented that staff had positive relationships with people and this was evidenced by positive annual review feedback. Part of the recruitment process was designed to screen applicants for particular personality traits (based on research) known to create a successful relationship between person and care worker and achieve the best outcomes of empathy and good listening skills.

People were supported to retain and enhance their independence as much as possible. People confirmed they were able to go to the shops, meals out and other places in the local community independently. During the inspection we observed staff encouraging people to do things for themselves, including outdoor activities. Staff offered encouragement to people when they had attempted to do things for themselves, which in turn raised their self-esteem and self-worth. We observed staff supporting people and giving them reassurance and praise throughout the inspection.

Good

Is the service responsive?

Our findings

People continued to receive a service that was person centred and responsive to their individual needs. People said that they contributed to the planning of the care and support they received. One person told us, "My keyworker comes to check that I am happy or if I want anything changed and I tell them how I feel about things."

A relative said, "We have been invited to contribute to reviews and to give our opinions and we are always made welcome when we go. We haven't visited for quite a while but I know I can speak to the manager or keyworker if I have any issues to raise."

Where care was commissioned by the local authority, records also included a supplied assessment and care plan. A care plan was then written based on their identified needs.

People's care plans were comprehensive and detailed. In addition to addressing people's health and personal care needs care plans included details of people's aspirations, preferences, likes and dislikes, including descriptions of how each individual preferred to be addressed, touched or assisted, where this was relevant.

Checks on how the care plans were being actioned were carried out bi-monthly with reviews being held every six months. People had a daily planner which let staff know who each person wanted support from for particular tasks. Any cultural needs were included in this planner.

People had a wide range of meaningful activities on offer in the home and outside that were important to them. Being involved in the wider community was seen as central to the recovery model followed at the home. This enabled people to avoid social isolation. Some people worked in a charity shop for part of the week; others accessed local educational or recreational courses.

Two staff members were trained as "hearing voices" facilitators and ran groups designed to alleviate distress and empower control over voices and enhance peer support.

External professionals involved with the care of people in the home were positive about the responsiveness of the service. One commented, "They are proactive in seeking support from our team when they clinically need it. They seem to have a good level of awareness about the patients' requirements for attending primary and secondary care and they prompt them appropriately. The medication drug charts are clear and easy to identify to avoid mistakes and they are always updated and available when I do a medical review. They have been flexible to adapt to and support urgent medical reviews when needed."

Although the people did not make use of a great deal of technology or IT services, the home had internet access and used IT systems appropriately to manage and store records securely.

People continued to be supported in raising their concerns and complaints. One person told us, "I love it

here. I can talk to someone if I am unhappy." Another person said, "I have made complaints before to the staff. They listen and if there is something they can do about it they will." Examples of complaints given centred around food preferences and day to day problems.
Issues and concerns were able to be discussed at the weekly community meeting between staff and people, and these meetings included a standard agenda point regarding equality and diversity as standard.

Relatives also expressed confidence that concerns and complaints would be resolved. One relative told us, "I have never, ever, had to make a complaint about anything. However, I know I can contact the keyworker or the manager as the staff are very approachable."

People's preferences in reference to their end of life care were respected and were recorded in people's care plans.

Good

Is the service well-led?

Our findings

Shenehom continued to provide leadership that delivered high-quality and person-centred care, supported learning and innovation, and promoted an open and fair culture.

People told us they thought the management of the home was good and that staff understood their role. One person said, "We have meetings where it is staff and us and we talk about things together." A relative told us, "I can't speak too highly of the home, it's a wonderful place."

There was a registered manager in post. 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.

Staff had a clear understanding of the provider's visions and values and demonstrated these throughout the inspection. There was a strong emphasis on learning and developing the service focused on ensuring a high quality of service to the people using it. The home achieved a bronze award with Investors in People during 2017. The registered providers stated that they felt it was important to strive for excellence through continuous improvement with a robust quality assurance system.

This was evidenced by regular management meetings, people meetings, involvement by people in the recruitment process of new staff and quality assurance surveys sent to people. This was supported by a strong focus on staff supervision, training and annual appraisal system.

The home had increased development of its well-being work as a result of the Health and Social Care Act and had implemented monthly wellbeing workshops for people. Workshops included the themes of staying and feeling safe, healthy eating and exercise.

People received support from a service that routinely reviewed the care provision through regular audits. Audits included accidents and incidents, care plans, maintenance and health and safety matters. The home had a business plan which expressed a commitment to enabling a culture which invested in staff training and encouraged people to question care practice.
Records confirmed where issues had been identified, regarding people's care or the health and safety of the building; these were addressed in a timely manner. The service informed the Care Quality Commission of safeguarding and statutory notifications, where required.

People's views on the service and care they received continued to be sought regularly. This was done in the form of house meetings, care plan reviews, daily discussions and annual surveys.

The registered manager continued to work in partnership with other professionals to drive improvement. An external professional involved with supporting people at the home said, "The manager has good management skills encompassing the patients having a structured programme in house as well as being

encouraged to branch out in the external world."

There were systems in place to ensure the security of confidential information. There were secure password logins for the computer systems in use and paper records were also kept securely.