Barnet Mencap

Sherrick House

Inspection report

30 Church End
Hendon
London
NW4 4JX

Tel: 02082034860
Website: www.barnetmencap.org.uk

Date of inspection visit:
13 March 2019

Date of publication:
03 May 2019

Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
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

About the service: Sherrick House is a respite and short breaks residential care home run by Barnet Mencap. The home is registered to accommodate up to four people and on the day of the inspection, there were two people using the service.

People's experience of using this service:
People received personalised care. Comprehensive care plans had been developed which reflected people's wishes on how they wanted to be supported.

People were supported by kind and caring staff who worked hard to promote their independence and sense of wellbeing.

The outcomes for people using the service reflected the principles and values of Registering the Right Support in the following ways; people's support was focused on them having as many opportunities and choices as possible.

Risks to people's health, safety and wellbeing were assessed and management plans were put in place to ensure these were reduced as much as possible. However, we found concerns with an aspect of building safety which was resolved following the inspection. People received their medicines as prescribed.

There were sufficient staff available to support people within the home and in the community. Staff were safely recruited.

Staff had received appropriate training and supervision. Staff felt supported by the management team and were encouraged to contribute ideas for improvement of the service.

We found some safety concerns in the home as there were no window restrictors to prevent falls from windows. We received confirmation following the inspection that this was addressed.

The newly employed manager was actively working to improve the service.

Rating at last inspection: Good (Report published 20 October 2016)

Why we inspected: This was a planned inspection based on the rating at the last inspection.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit in line with our re-inspection programme. If any concerning information is received we may inspect the service sooner.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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 not always safe. Details are in our Safe findings below.	**Requires Improvement**
Is the service effective? The service was effective. Details are in our Effective findings below.	**Good**
Is the service caring? The service was caring. Details are in our Caring findings below.	**Good**
Is the service responsive? The service was responsive. Details are in our Responsive findings below.	**Good**
Is the service well-led? The service was well-led. Details are in our Well-Led findings below.	**Good**

Sherrick House

Detailed findings

Background to this inspection

The inspection:
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:
The inspection as carried out by one inspector.

Service and service type:
Sherrick House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a manager registered with the Care Quality Commission. 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. Six weeks prior to the inspection, a service manager commenced employment and at the time of inspection, had applied to register with CQC. At the time of drafting this report, their application was pending approval.

Notice of inspection:
The inspection was announced and the service had 48 hours' notice. This was because the service provided care on a respite basis and we needed to be sure there would be people using the service at the time of inspection

What we did:
Before the inspection we reviewed information available to us about this service. The provider had completed a Provider Information Return (PIR). This is a document that asks the provider to give some key

information about the service, what the service does well and improvements they plan to make. We looked at the information provided in the PIR and used this to help inform our inspection. We also reviewed previous inspection reports and the details of safeguarding events and statutory notifications sent by the provider. A notification is information about important events which the provider is required to tell us by law, like a death or a serious injury.

We spoke with two people living at the home on the day of inspection. We observed how staff interacted with the people. We spoke to two support workers, service manager and nominated individual. Following the inspection, we spoke with two people's relatives.

We reviewed two people's care records which included care plans, risk assessments and daily observation records and four staff files. We also looked at other documents associated with the running of the service which included staff rotas, quality monitoring records and staff training.

Requires Improvement

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

Requires Improvement: Some aspects of the service were not always safe. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Risks associated with people's health and care were assessed and risk management plans were in place which provided guidance to staff on how to keep people safe. Assessed risks included supporting people in the community, specific health conditions such as asthma and epilepsy and behaviours that may put the person themselves or staff at risk such as absconsion and sexualised behaviours.
- People had individual emergency evacuation plans in place to guide staff on how to safely escort them from the premises in the event of a fire.
- We found there were no window restrictors in the home to protect people from the risk of falling from windows or absconding. We raised this with the service manager who arranged for window restrictors to be fitted throughout the home following the inspection.
- Routine health and safety checks in relation to the premises and equipment were carried out by both staff and external contractors for areas such as electricity, gas and water safety.

Systems and processes to safeguard people from the risk of abuse

- Relatives told us they felt their loved ones were safe when staying at Sherrick House. A relative told us, "I am comfortable when [person] goes there. [Person] is happy to go and likes it there."
- Staff had a good understanding of safeguarding processes and how to keep people safe. Staff were aware of different types of abuse and their responsibility to report concerns. Staff had received training in safeguarding people.

Staffing and recruitment

- There were sufficient staff deployed to ensure people's health and social care needs were met. Staffing levels were set flexibly based on the numbers and assessed needs of people staying at the home at any one time. On the day of inspection, we saw one person had been supported by staff in the community and additional staff came on duty to coincide with the finishing of day care services.
- The provider followed a thorough recruitment procedure. Disclosure and Barring Service (DBS) checks and references were obtained before new staff started their probationary period. These checks help employers to make safer recruitment decisions and prevent unsuitable staff being employed.

Using medicines safely

- People received their medicines safely and as prescribed. Medicines were stored securely in a locked medicines cabinet, however we found the cabinet to be cluttered with non-medicinal items. We showed this to the service manager who advised that the medicines cabinet would be cleaned and organised better. The temperature of medicines storage was checked daily.

● People had a medicines profile which was kept on file for when they came to stay at Sherrick House. Medicines were booked in and counted to ensure accuracy with Medicines Administration records (MARs).
● Staff had received medicines training and had their competencies to administer medicines assessed.

Preventing and controlling infection
● The home was overall clean and staff had access to personal protective equipment to help prevent the spread of infection. Staff had received training in infection control.

Learning lessons when things go wrong
●Accidents and incidents were recorded and analysed for themes and patterns to consider if lessons could be learnt.

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good: People's outcomes were consistently good, and feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Prior to coming to the service, people's care needs had been assessed. For one person, we saw that their placement had been on an emergency basis with little notice, however the service manager had communicated with involved professionals to ensure they had as much information as possible to reduce disruption for the person when moving into the home.
- Support plans were detailed and provided staff with comprehensive information on how to provide support to people in a way that kept them safe whilst promoting independence and learning life skills.
- Care records reflected that people, where possible and relatives had input into people's care plans, including their past, likes, dislikes, health and their behavioural needs.

Staff support: induction, training, skills and experience

- Staff were competent and skilled and received training in subjects essential to providing good quality care. A staff member told us, "We have regular training. We are trying to get some more free training."
- Mandatory training included moving and handling, health and safety, first aid, fire safety, food hygiene, safeguarding, medicines and epilepsy. Additional bespoke training offered to staff included dementia awareness and autism.
- Staff told us they felt supported by the service manager and had recently attended a supervision session. Records seen confirmed that supervisions were in depth conversations between the service manager and staff member which detailed career aspirations, training needs and ideas for service improvements.
- Newly recruited staff completed a period of induction and shadowing prior to working alone with people.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to eat meals of their choice and had input into menu planning. On the day of the inspection, the service manager went shopping with one person to involve them in preparing a culturally specific evening meal. The person had requested this.
- We observed people help themselves to drinks and snacks. People had access to the kitchen and were encouraged to help themselves as much as possible.
- Care plans clearly detailed people's dietary likes, dislikes and whether people had allergies or were to avoid certain trigger foods which may cause ill health.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff and the service manager worked closely with involved health and social care professionals to ensure they were kept up to date with people's current care needs and any concerns were appropriately escalated.

● One recent example was where the service manager liaised closely with a person's social worker to manage the transition process into the service. Where concerns were noted with the person, information was shared promptly and advice taken.

Adapting service, design, decoration to meet people's needs

● The home was accessible and people were encouraged to make their bedrooms homely whilst they stayed at Sherrick House. One relative told us, "It looks like a home from home."

● Whilst people and their relatives were happy with their rooms, our tour of the premises showed that aspects of the home's décor was dated and would benefit from redecoration, in particular, the bathrooms and the kitchen. The service manager told us they were working towards a service improvement plan and updating the décor and environment was a priority.

● An empty bedroom had recently been turned into a functioning sensory room as a result of funding awarded. A Sensory Room is a specially designed room which combines a range of stimuli to help individuals develop and engage their senses. These can include lights, colours, sounds and sensory soft play objects. The service manager told us one person loved to listen to music in the room.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

● Mental capacity assessments had been completed by staff for people and decisions made in their best interests were recorded.

● Staff had received training around MCA and understood the importance of offering people choice about how they wanted to be supported.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff and the service manager had developed good relationships with people using the service. We saw positive interactions between staff, and the people they supported. Staff asked people about their days and used cues given to engage in lively and jovial discussions. People appeared comfortable in staff company.
- Relatives told us that staff were caring and friendly. Feedback included, "[Person] loves it. It's a home from home. The staff are always helpful" and "[Staff] are nice people. They are all pleasant and polite. [Person] is happy to go there."
- Promoting and respecting people's diversity and individuality was a central value of the service. Staff had received training in supporting people who identified as LGBT+. A staff member told us, "We like to promote respecting different people's cultures." Staff told us of organising barbecues where families were encouraged to bring food to reflect their ethnic and cultural background.

Supporting people to express their views and be involved in making decisions about their care

- People were fully consulted in aspects of their care. We saw this in action through our observations and in the information contained in people's care records. People were offered choice on inspection in relation to activities and food choices.
- Relatives told us they attended regular reviews and were asked for any relevant updates prior to their loved one staying at the service. A relative told us, "I go often and speak to [staff]. If anything changes, I just tell them."
- Relatives told us they were given opportunities to review people's care plans for accuracy and reflect their involvement. A relative told us, "I have the care plan here with every detail."
- Care plans detailed people's communication abilities and preferences. Staff had received training in a variety of communication methods to effectively communicate with people.

Respecting and promoting people's privacy, dignity and independence

- Staff told us promoting independence was central to the care and support provided at Sherrick House. A staff member told us, "It's a stepping stone before [people] may want to live independently. I like to empower and skill people. People don't often know a lot of life skills. We help them socialise, make friends and come out of their comfort zone."
- Care plans clearly detailed what people could do for themselves and where they needed staff support. For example, preparing meals, drinks, laundry and showering/bathing.
- People were treated with dignity and respect. People were afforded privacy when they wanted and families were encouraged to maintain contact and visit people as and when they pleased.

Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People using the service received care and support which was personalised. Care plans were detailed and evidenced people and their family's involvement in the care planning process. For example, one person's care plan detailed how they would benefit from interacting from other people of a same age to increase confidence and reduce social isolation. Another person's care plan advised staff on certain ways the person liked to be assisted with personal care.
- Staff told us care plans were reviewed and updated regularly and as people's developed life skills, care plans reflected their changing needs and reviewed abilities. Relatives told us that prior to their loved one staying at Sherrick House, staff contacted them to ensure they were aware of any updates or changes which may affect the care they received.
- People were supported to take part in a wide range of activities to provide them with stimulation, entertainment, socialisation and ensure they were part of the community. People were also supported to go on regular day trips and holidays. During the inspection we saw one person who had an interest in planes was supported by staff to go to the airport to watch the planes. When they returned, they told us they had a great day out.
- The home had been registered with CQC before Registering the Right Support and other best practice had been developed. However, we found the care provided included choice, promotion of independence and inclusion. People living with learning disabilities at Sherrick House were supported to live as ordinary a life as any citizen.

Improving care quality in response to complaints or concerns

- People's relatives felt comfortable raising complaints and were confident these would be listened to and acted on. A relative told us, "In 30 years we have never had any concerns." A second relative told us, "I just call up if I have any issues."
- Where concerns or complaints had been raised, they were investigated, responded to and learned from where necessary.

End of life care and support

- At the time of the inspection nobody using the service was receiving end of life care.
- However, people who used the service had passed away which had affected some of the other people who had used the service. Staff had received training and support in bereavement and end of life care, which in turn was used to support the other people affected.

Good

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility;
Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Relatives and staff spoke positively about the overall service received at Sherrick House. A relative told us, "There is a new manager now. He seems nice" and "The staff are brilliant. [Person] looks forward to it. It's a home from home."
- At the time of the inspection, the service manager had been managing the service for six weeks and had applied with CQC to register. We saw that they had been proactive in introducing themselves to people and families who use the service, had meetings and supervisions with staff and developed a service improvement plan. They spoke positively of the support they received from the CEO of the organisation to implement changes.
- We saw that established quality monitoring measures such as care plan reviews, feedback surveys, staff supervisions and regular meetings resulted in a person-centred service delivered by knowledgeable and dedicated staff.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff said the service's management were caring and supportive and that everyone worked well as a team. Staff felt positive about the new service manager. Staff particularly spoke of being encouraged to make suggestions. A staff member told us, "First thing [manager] said was it's an open book, come to him with any suggestions. Bring subjects and write the agenda for the meeting."
- Relatives spoke to having a good relationship with staff and the management team. They told us they could contact staff at any time and were encouraged to leave feedback. An annual feedback survey was being analysed at the time of the inspection.
- Sherrick House was due to celebrate its 40th anniversary in August 2019. Plans were being made to celebrate the milestone with a party for people, families and stakeholders.
- Diversity was celebrated at Sherrick House. A staff member told us, "Sherrick House brings people together, BBQs bring families together. Putting it out there what we are about. It's a nice feeling, bringing food cultures. Different cultures."
- Meetings for staff and people who used the service took place on a regular basis. Staff told us that when the service manager started, they held a meeting to introduce themselves and encourage suggestions to improve the service and training. One of the topics discussed was getting a defibrillator which was seen on the service improvement plan as an action for 2019.

● Minutes of meetings for people who used the service documented topics such as cultural events, activities and celebrated people's achievements were discussed.

Continuous learning and improving care; Working in partnership with others

● The service manager had developed a work plan for the forthcoming year focusing on areas they wanted to develop and improve for the service, which included refurbishment, increasing use of the service, staff training and building on relationships with funding partners and local authorities.

● Staff were actively encouraged to develop their knowledge and skill-set with a variety of mandatory and bespoke training.

● There was evidence that the provider worked with external professionals, in particular education providers to ensure they were up to date with people's care needs.