National Schizophrenia Fellowship

Sheffield Crisis House

Inspection report

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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

We carried out this inspection on 26 July 2018. The inspection was unannounced. This meant no-one at the service knew we were planning to visit.

Sheffield Crisis House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Sheffield Crisis House is registered to provide accommodation for persons who require nursing or personal care. However, it is a condition of the registered provider's registration they must not provide nursing care at Sheffield Crisis House. The service provides short-term accommodation for people experiencing a mental health crisis. Staff provide 24 hour emotional and practical support to assist people to resolve their crisis. The service has six beds and is located in a residential area of Sheffield. There is a bedroom on the ground floor of the property suitable for people with mobility difficulties. The remaining floors are accessed by stairs. At the time of the inspection there were four people living at the service.

There was a manager at the service who was registered with the CQC. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons.' Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection. We have made four recommendations in our report, which means we expect the registered provider to consider our feedback and make improvements before the next inspection.

People living at the service told us they felt safe. Staff had completed safeguarding adults training and were aware of their responsibilities in protecting people from abuse. We saw systems in place to evacuate people safely in the event of an emergency. However, we identified people's personal evacuation plans were not always being completed and therefore made a recommendation for the registered provider to prioritise completion of the same. On the day of the inspection we found there were sufficient numbers of staff to meet people's needs and it was evident that staff had been safely recruited. However, staff told us they sometimes felt rushed. We made a recommendation about the staffing arrangements at the service.

We found very clear evidence that people's care and support was planned and reviewed with them and not for them. The people we spoke with told us the standard of care they received was good. We made two recommendations about the information recorded in people's care records.

The service encouraged people to maintain a healthy diet and worked collaboratively with external health

services to promote people's wellbeing and positive discharge outcomes. Staff told us they enjoyed working at the service and had received support, training and supervision to help them to carry out their support role effectively. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice.

People said they were treated with respect and dignity, and staff supported them in a way which met their needs. People told us staff were caring and kind and as a result of the emotional support they had received they felt more confident. We saw the service promoted people's independence by supporting people to manage their own routines, such as cooking, cleaning and washing. People who were as assessed safe to do so were supported to administer their own medication and had access to a lockable safe in their room. People were able to access their local community and the service provided regular opportunities for meaningful and stimulating social diversions, with an emphasis on improving people's mental well-being.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Staff told us there were enough of them available to keep people safe but sometimes felt rushed. We identified the systems that calculated staffing levels at the service were not effective, which meant we were not confident staffing arrangements were suitable and appropriate.

Risk assessments were undertaken which identified risk and the actions needed to minimise risk.

Staff knew how to safeguard people from abuse and had received training in this subject.

Is the service effective?

Good

The service remains good.

Is the service caring?

Good

The service remains good.

Is the service responsive?

Good

The service remains good.

Is the service well-led?

Good

The service remains good.

Sheffield Crisis House

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 was 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 26 July 2018 and was unannounced. The inspection team consisted of one adult social care inspector and a CQC board member. The CQC board member attended the inspection in an observational capacity.

Prior to the inspection we gathered information from a number of sources. We reviewed the information we held about the service, which included correspondence we had received and notifications submitted to us by the service. A notification should be sent to CQC every time a significant incident has taken place. For example, where a person who uses the service experiences a serious injury.

We asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The PIR was completed and returned as requested. This information was considered as part of our inspection.

During the inspection we spoke with two people who used the service. We spoke with the registered manager, the deputy manager and three crisis support workers. We spent time observing daily life at the service, including the care and support being offered to people.

We looked at documentation relating to the people who lived at the service, staff and the management of the service. This included three people's care records, two staff records and quality assurance records.

Requires Improvement

Is the service safe?

Our findings

People who used the service told us they felt safe. One person told us; "I feel really safe, it is peaceful and staff are friendly." Another person said, "I feel safer while I'm in here."

We identified improvements with the systems which calculated the staffing levels at the service. The registered manager told us they used a staffing ratio of one crisis support worker to no more than three people living at Sheffield Crisis House. At the time of the inspection there were two crisis support workers and a service manager on duty. At nights a further two crisis support workers were scheduled to work. The service manager typically worked Monday to Friday between 10.00am and 6.00pm. Crisis support workers also had access to an on-call manager for out of hours support. We do not consider the registered provider's method of calculating staffing levels at Sheffield Crisis House to be sufficiently robust as it does not fully consider people's individual needs and all other relevant factors which may impact on staff member's available time to provide effective support. One relevant factor we identified at inspection which was not fully considered as part of the overall staffing calculations at the service was a 24-hour crisis helpline, which operated from Sheffield Crisis House and was manned by the on-duty crisis support workers. Staff confirmed in addition to their supporting role to people living at the service, they were employed to answer telephone calls to people who were in mental health crisis and provide emotional support where appropriate. Staff told us although there was enough staff on duty to keep people safe their additional helpline role made them sometimes feel rushed when providing support. A review of the helpline telephone records in quarter one showed this additional role was taking up on average 33 hours per week in staff time, an equivalent to one full-time post. This meant when the service was theoretically at capacity and staffed at a maximum of two crisis support workers, there was significantly less available staff time available to provide support to six people living at the service. In the event the service had three or less service users living at Sheffield Crisis House, there would theoretically be only one crisis support worker on duty to support people and answer the helpline, which is a risk of unmet needs. We discussed this concern with the registered manager who assured staff were instructed to always prioritise the people living at the service and not the crisis helpline. Despite the registered manager's assurances we recommend they review the service's staffing arrangements and implement a more robust staffing tool.

We saw the service occasionally used agency staff to cover absences. We found satisfactory systems in place to induct agency staff so they were aware of people's care and support needs.

We saw a general fire evacuation plan was in place and discussions with staff demonstrated they knew how to evacuate people safely in the event of a fire. In all three care records we checked people's personal emergency evacuation plans (PEEPs) were blank. PEEPs are a support plan for people who may need help and assistance to leave a building in the event of an emergency. We recommended the registered manager prioritise the completion of these assessments so associated risks are mitigated in the event of an evacuation.

Staff confirmed they had been provided with safeguarding vulnerable adults training so they had an understanding of their responsibilities to protect people from harm. Staff were clear of the actions they

would take if they suspected abuse, or if an allegation was made. We saw a policy on safeguarding vulnerable adults was available and staff knew how to access this information. This meant staff had access to important information to help keep people safe and take appropriate action if concerns about a person's safety had been identified. Staff knew about whistle blowing procedures. Whistleblowing is one way in which a worker can report concerns, by telling their manager or someone they trust. This meant staff were aware of how to report any unsafe practice. Staff said they would always report any concerns to the registered manager. They also felt confident they would be listened to, taken seriously and appropriate action would be taken to help keep people safe.

We saw the registered provider kept a log of accidents and incidents, including any safeguarding incidents which had occurred at the home. We saw the registered provider responded to risk, followed procedure and took appropriate action to safeguard people from harm. We saw that safeguarding incidents corresponded with our own records, which demonstrated the registered provider was adhering to reporting requirements under regulation. We saw the registered provider looked at monthly trends based on recorded safeguarding incidents in order to improve practices at the service and keep people safe and had taken appropriate action where necessary. This showed that systems were in place to promote people's safety.

We looked at two staff files and found safe procedures for recruiting staff were followed. Staff we spoke with told us they had completed pre-employment checks before they commenced their employment with the provider. This included references from their previous employment and a satisfactory Disclosure and Baring Check (DBS). The DBS checks help employers make safer recruitment decisions in preventing unsuitable people from working with vulnerable people.

We looked at three people's care plans and saw each plan contained risk assessments, which identified the risk and the actions required of staff to minimise and mitigate the risk. We found people who were at risk of self-harm had appropriate risk assessments in place and information about people's known triggers was recorded. This meant staff had information on how to identify whether a person was at increased risk of self-harming based on their observed triggers. Discussions with staff showed they were knowledgeable about people's identified risks, triggers and supportive needs to promote their safety. We saw assessments had been regularly reviewed and updated as needed to make sure they were relevant to the individual.

We found people's medicines were managed in a safe way. We saw the service provided supported access to medication only. People living at the service had access to a locked safe in their room so their medication could be stored securely. Additional safeguards were put in place for people who were assessed as not suitable for supported access to medication. For example, if a person was assessed as not suitable only a staff member was able to access their locked safe. All of those spoken with were happy with the support they received for their medicines.

During our checks of the environment we found the service was clean and any risks to people that used the service were minimised. We saw regular audits of the environment were carried out to ensure the building and premises were safe and properly maintained.

Good

Is the service effective?

Our findings

People told us that they had confidence in the staff and that the staff knew the people they were caring for. Everyone we spoke with had nothing but praise for the staff. One person told us, "[Staff] go beyond the call of duty. Today I had a bad day but they regularly check on me and are always kind. They provide prompts but are never belittling." This person continued and told us as a result of the support they had received from staff at Sheffield Crisis House they felt mentally stronger than when they had arrived and more capable of managing the transition to return home. This shows staff provided effective care. We saw people who had used the service had left comments on a notice board in the hall, praising the support they had received at Sheffield Crisis House. One comment read, "My goal was to see hope in living. I do now".

People's care needs were assessed in a range of areas to help ensure effective outcomes. The care records checked showed the service worked in partnership with local health teams to ensure people received the right support to maintain their health. The temporary nature of the service meant discharge planning was a large aspect of people's care and support, as the goal was for people to return to their own homes. People and staff told us they had regular meetings with local health teams to discuss and plan their discharge ahead of time. A review of the service's data collected in quarter one showed 76.4% of people returned home after staying at Sheffield Crisis House, which is positive. However, in one person's care record we looked at their discharge plan was blank and they were due to return home the next day. This was of particular concern as this person had a documented pattern of returning to mental health services and it was suggested by staff this person was becoming more dependent on mental health services. We fed back this concern to the registered manager who assured us there was a discharge plan in place but this was not recorded. Though we felt assured a discharge plan was in place we recommend the service prioritise the completion of all discharge plans, as this is important information for staff to access about people's care and support.

We saw the service supported people to access other services, which were not directly related to people's emotional and physical health but contributed to their overall well-being. For example, one person told us they were experiencing financial difficulties and staff had supported them to be assessed for a benefit allowance, which would enable them to be more independent and help reduce associated financial pressures. This shows care and support was individual to people's needs.

The service did not provide meals for people living at Sheffield Crisis House. Instead people were encouraged to prepare their own meals and drinks to promote their independence. One person told us, "Staff are always encouraging me to eat, drink and exercise properly." People living at the service had access to a shared kitchen and their own locked cupboard for storing food. The kitchen was reasonably spacious, clean and tidy. Multiple occupants at the service were able to use the kitchen at any given time. There were also laundry facilities available. We saw user friendly information displayed in the kitchen area, such as what a balanced diet may entail and picture charts showing the various food sources available for each macro-nutrient and their key physical and mental health benefits. For example, brown rice is a source of vitamin B3, which research suggests can contribute to the treatment of depression. Staff were aware of the importance of getting a balanced and nutritious diet and we saw they actively encouraged this at the service. We saw a

communal cupboard was also available to people who needed more support, which was stocked with basic food and drinks items. This cupboard was free to access and replenished on a regular basis. This shows the service provided effective support to ensure people's eating and drinking needs were being met.

We found staff had received appropriate training to support them to carry out their roles effectively and this was renewed regularly. We saw evidence that training was tailored to the needs of the service in delivering care for people who experience suicidal ideations. Our discussions with the staff members on duty indicated they possessed a strong understanding of mental health and how to support people going through crisis. The registered manager told us all new staff received a structured induction programme, which involved a period of mandatory training and shadowing experience. This helped ensure staff had the practical skills to meet people's needs.

Staff received regular supervision, appraisal and observations of their care and support practice. This helped ensure effective care. Staff told us they felt well supported by the management team. One staff member told us, "They [the management team] devote as much as time as necessary for work related issues."

We saw evidence that people were consulted about how they wanted to receive their care and consent was obtained for care and support, as part of the registered provider's admission process.

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 make 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 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 the inspection the registered manager told us no one living at the service was eligible for a DoLS. Due to the temporary nature of accommodation no applications had been approved since we last inspected. Although the DoLS were not applicable at this inspection, we found the management team and staff were aware of the requirements under the MCA and had systems in place to request a DoLS where appropriate.

The service had adapted the premises to meet people's individual needs. There was a suitable amount of communal space where people could spend time. The layout helped to promote choice, privacy and dignity as there were large reception rooms where people could go for privacy. We saw people using the 'therapy garden', which was situated at the rear of the building and had areas where people could go to sit and relax.

Good

Is the service caring?

Our findings

People confirmed staff were always caring and included them when making decisions about how they wanted their care provided. Staff understood it is a person's human right to be treated with respect and dignity and to be able to express their views. We observed that staff had a very good rapport with people and interactions were very kind and encouraging. Staff described to us how they provided support in a respectful manner, while they maintained the person's dignity. This included enabling people to make choices and respecting their decisions. Comments from people who used the service include, "Staff are non-judgemental, there should be more services like this" and "Staff support me by asking how I feel, being sweet and nice."

Staff understood the need to respect people's confidentiality and not to discuss issues in public, or disclose information to people who did not need to know. Any information that needed to be passed on about people was discussed in private. This showed that staff had an awareness of the need for confidentiality to uphold people's rights. We saw evidence that the support provided was person centred. Staff told us they had access to adequate information about how to support people and ensure their care was tailored to their needs and preferences. Care files we read contained details about people's likes and dislikes.

We saw that through the inclusive approach to support planning, key information about people's lives, their individual identity, culture and what was important to them was captured as part of their person-centred plans. This meant the service respected people's right to equality, diversity and human rights. People had regular meetings with the crisis support workers to discuss, review and update their plans. This helped people decide what they wanted to achieve and what support they needed. People were encouraged to maintain their own routines, such as accessing the community, cleaning, eating and washing, which helped maintain people's independent living skills and prepared them for the transition going back into the community. We observed staff provided regular opportunities for emotional support, which aimed to renew people's self-esteem and give them the confidence to succeed outside of the service. This reflected the positive approach of the service in helping people to recognise their personal achievements and ensured there was a continued focus on developing people's independence before they left the service.

Staff had a good understanding of people's individual communication needs. During the inspection, we saw staff communicating effectively and appropriately with people. We saw there was a range of information and leaflets accessible in communal areas of the service to help people make informed decisions about their care and treatment. Staff encouraged people to explore their support options and supported them to explore sources of additional help and advice. For example, where relevant, people were supported to explore different services available locally, to support them with their mental health. One person said, "Staff are really supportive, they guide you around (Sheffield Crisis House's) policies." We saw service agreements were provided in all bedrooms so people had access to important information about how to use the service. For people who wished to have additional support whilst making decisions about their care and treatment, information on how to access an advocate was also available.

Good

Is the service responsive?

Our findings

People's care records contained information about the person's needs, and any risks associated with their care and preferences. Care plans gave staff clear guidance about how to support individual people. Staff told us without exception they completed two hourly checks on all people living at the service, unless they were deemed to be at higher risk of self-harming, in which case the frequency of checks would increase. This shows the service was responsive to risk. We identified this action of staff carrying out regular checks was not recorded in people's care records or on the registered provider's policies and procedures. This meant there was a risk this action may not be followed as there was no clear information available to staff. We recommend people's care records are reviewed and updated to include all specific actions that staff are required to undertake in respect of a person's care and support.
Despite this concern we found care records as a whole were completed to satisfactory standard. They included a detailed assessment which was completed by the referrer, usually a local community health team or hospital. The assessment identified people's support needs and any relevant risks the service needed to be aware of. Prior to admission we saw the service completed a referral checklist for each person, which ensured the information on the referrer's assessment was still relevant and that the service was appropriate and able to meet their individual needs. All people who used the service had a 'Safety Management Plan' in place, which recorded potential safety concerns, actions for the person to take when they felt unsafe and actions to be taken by staff involved in their support. We saw evidence people were consulted when staff completed their Safety Management Plan. We saw the service had a system in place to capture people's interests, hobbies, likes and dislikes so that these could be respected. Due to the short-term nature of people's stay it was not always possible to record this information. We found the lack of written information had no impact on care delivered as staff were very knowledgeable about people's preferences, and people who used the service were able to clearly express their needs during regular meetings with their crisis support worker. This shows people's individual needs were met.

We saw evidence the service worked responsively with external health and social care professionals. This was reflected in people's feedback who said professionals regularly visited them to discuss their discharge and support plans.

We found the service supported people to participate in person-centred activities and provided regular opportunities for social engagement. During the inspection we observed people accessing the local community and staff interacting positively throughout the inspection. We saw people making use of the therapy garden for periods of downtime. We observed one person baking a cake in the communal kitchen, which was shared with people and staff. We saw activities had an emphasis on improving people's mental well-being, such as arts and crafts or reading. We saw walking routes around the local area were displayed, which encouraged light exercise and for people to familiarise themselves with the area. One person told us the walks were enjoyable and they had nearly completed all the routes. We saw therapy groups were offered, so people were able to discuss their experiences with others.

We looked at the registered provider's complaints policy and procedure. It included information about how and who people could complain to. We looked at individual complaints and saw the registered provider had

followed their complaints process. People we spoke with felt listened to and told us they never had any reason to complain.

The registered manager informed us that the service did not support people with end of life care.

Good

Is the service well-led?

Our findings

The management team consisted of a registered manager and a service manager. The registered managed joined the service in January 2017 and registered with CQC on 5 April 2017. The registered manager told us they had a background in counselling and managed their time between two locations, Sheffield Crisis House and another service in Rotherham. In spite of the registered manager not being permanently based at Sheffield Crisis House all staff spoken with said the registered manager was approachable and accessible. The registered manager demonstrated they knew the details of the care provided to people that showed they had regular contact with the people who used the service and the staff. We have made four recommendations in the inspection report where we expect improvement. This was discussed with the registered manager and they demonstrated they were responsive to our feedback. The service manager was the next most senior staff member employed at the service and contributed to the day to day running of the service. Staff at all levels were clear on their roles and responsibilities to monitor performance and risk of care delivered. This meant there were clear lines of accountability within the organisation and systems, which supported the running of the service, were well-embedded.

We found a welcoming, open and positive culture at the service that was encouraged and supported by the registered manager. All of the staff felt communication was good and they were able to obtain updates and share their views via team meetings. Staff consistently told us they were motivated and proud to work at Sheffield Crisis House. There were consistently high levels of engagement with people who used the service. For instance, they had the opportunity to influence the service they received through satisfaction surveys. We saw results from the survey were displayed in communal areas. This included a summary of the results and any follow up actions taken by the registered provider. Following feedback obtained in the most recent satisfaction survey the registered provider introduced Wi-Fi connectivity for all people staying at the service. This showed the registered provider listened to feedback from relevant persons for the purposes of continually evaluating and improving such services.

We found the service possessed a comprehensive set of auditing tools, which were sufficient to effectively monitor fundamental aspects of the service delivery. For example, those seen included regular health and safety audits, registered services audit, weekly ligature audits and a daily checklist, which covered cleaning of the service and checking medication and fridge temperatures. We saw audits were carried out regularly and any issues identified by the auditor were acted on in a timely manner. For example, the registered services audit looked at all aspects of the service provision and in their March 2018 audit had identified remedial works were needed to fire doors at the service. We saw this action was completed, which demonstrates the registered provider was able to question practice and identify areas of improvement.

We saw policies and procedures were in place, which covered all aspects of the service. The policies seen had been reviewed and were up to date. Staff told us policies and procedures were available for them to read and they were expected to read them as part of their training and induction programme. This meant staff could be kept fully up to date with current legislation and guidance.

The registered manager was aware of their obligations for submitting notifications in line with the Health

and Social Care Act 2008. The registered manager confirmed any notifications required to be forwarded to CQC had been submitted and evidence gathered prior to the inspection confirmed this.

We saw the registered provider had a three-year national plan in place to drive continuous improvements at all of their services. The plan included visions and values, which put people at the centre of their plans. We saw plans were ambitious but achievable and communicated via their summer magazine. This demonstrates their commitment to involving people and staff at the service.