

Together for Mental Wellbeing Norfolk Road

Inspection report

2-10 Norfolk Road
Sheffield
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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

This inspection took place on 19 November 2018 and was unannounced. This meant no-one at the service knew we were planning to visit.

Norfolk Road is a 'care home.' People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission regulates both the premises and the care provided, and both were looked at during this inspection. Norfolk Road is a registered to provide accommodation and personal care to adults with mental health needs. There are eleven single bedrooms across four separate bungalows. Each bungalow has a shared kitchen, lounge and bathroom. There were ten people living at Norfolk Road at the time of this inspection.

At our last inspection on 21 March 2016 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.

There were enough staff available to ensure people's care and support needs were met. The registered provider had effective recruitment procedures in place to make sure staff had the required skills and were of suitable character and background.

Staff understood what it meant to protect people from abuse. They told us they were confident any concerns they raised would be taken seriously by the registered manager.

Medicines were stored safely and securely. Where people needed support with managing their medicines there were systems in place to ensure people received their medicines as prescribed.

Staff were provided with an effective induction and relevant training to make sure they had the right skills and knowledge for their role. Staff were supported in their jobs through regular supervisions and an annual appraisal.

People were supported to eat and drink to maintain a balanced diet. People were supported to maintain good health and have access to health and social care services.

Staff understood the requirements of the Mental Capacity Act 2005. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The registered provider's policies and systems supported this practice.

People's privacy and dignity was respected and promoted.

There was a range of activities available to people. People were encouraged and supported to engage in

activities that were important to them.

People's care records reflected the person's current health and social care needs. Care records contained up to date risk assessments. Care records were regularly reviewed with the person.

There was a complaints procedure in place. People and staff were regularly asked for their views of the service. This promoted a positive culture with a focus on continuous improvement of the service.

There were effective systems in place to monitor and improve the quality of the service provided.

Safety and maintenance checks for the premises and equipment were in place and up to date.

The service had policies and procedures which reflected current legislation and good practice guidance. Some were due for review.

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?

Good ●

The service remains Good.

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.

Norfolk Road

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.

This inspection took place on 19 November 2018 and was unannounced. The inspection was carried out by one adult social care inspector and one Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before this inspection, we asked the registered provider to complete a Provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. We used this information to help with the planning for this inspection and to support our judgements.

Before this inspection we reviewed the information we held about the service, which included correspondence we had received and any notifications submitted to us by the service. Statutory notifications are information the registered provider is legally required to send us about significant events that happen within the service. For example, where a person who uses the service has a serious injury.

Before this inspection we contacted staff at Healthwatch, Sheffield and they had no concerns recorded. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We also contacted members of Sheffield council contracts and commissioning service and Sheffield Health and Social Care Trust.

During the inspection we spoke with six people who lived at the home. We met with the registered manager and nominated individual. We spoke with four members of staff. We spent time looking at written records, which included four people's care records, five staff personnel files and other records relating to the management of the service. We walked around all four bungalows and looked in the communal areas. With their permission we also looked in several people's bedrooms.

Is the service safe?

Our findings

People and staff told us there were enough staff employed to meet people's care and support needs in a timely way. People's comments included, "There are staff here all day and night. If I want to see one [member of staff] at night I would telephone them, if not I would walk around to try and find someone. You do not really have to wait for staff if you need them" and "The staff are very polite, protective and helpful. I am very safe here. Staff stay every night you can contact them easily, if required."

Recruitment practices were safe. We looked at the personnel files for five members of staff. Four of whom had been recruited since our last inspection. We saw each file contained references to confirm suitability in previous relevant employment, proof of identity, including a photograph and a Disclosure and Barring Service (DBS) check. A DBS check provides information about any criminal convictions a person may have.

There were systems in place to help staff keep people safe. The registered provider used an electronic reporting system for recording incidents. Incidents were divided into different categories, such as safeguarding, accidents and complaints. We saw forms were completed at the time of the incident and reviewed by the registered manager to ensure appropriate actions were taken to resolve the situation. We saw the system tracked the incident, level of risk involved, investigation and any action taken. The nominated individual told us the system was being developed so summaries could be collated.

Staff had completed safeguarding adults and safeguarding children training, and were aware of their responsibilities in protecting people from abuse. Staff told us they were confident any concerns they raised would be taken seriously by the registered manager.

We saw people's care records contained comprehensive risk assessments. There was a standard assessment tool covering all areas of risk which was completed for each person. There was space to record whether the risk was current, historical, not relevant or not known. Where a risk was identified this was scored on a scale between low and extreme. The assessments contained information for people and staff on how to reduce any identified risks.

The registered provider's medicines policies, procedures and guidelines stated, 'Wherever possible, people will be responsible for obtaining, holding and taking their own medicines.' Where people did manage their own medicines, we saw there were risk assessments in place and locked storage for the person to store their medicines in their rooms.

Some people had been assessed as requiring more specific support with the administration of their medicines. We saw their medicines were stored securely in the office, and refrigerated where required. People came to the office for their medicines and we saw staff who administered medicines were patient with people and signed the person's medicines administration record (MAR). A MAR should be signed and dated every time a person is supported to take their medicines or record a reason why any medicine is declined. We checked three people's MARs and found they had been completed appropriately.

Staff had received training in medicines management and we saw their competency in this area was checked. Medicines audits were undertaken regularly by the registered manager and senior care staff.

There were systems in place to reduce the risk of the spread of infections. The registered provider had produced infection control guidelines for staff to follow. We saw staff undertook quizzes on this subject and read the registered provider's policies and procedures at least annually as a reminder on good practice in this area. We saw plastic gloves and aprons were available and used by staff at appropriate times. There was a hand sanitizer dispenser on the wall at the entrance to each bungalow. We checked communal areas and found them to be clean. People were encouraged and supported to keep their bungalows clean and tidy themselves.

Is the service effective?

Our findings

Staff received appropriate training and support they needed to undertake their jobs effectively. Staff told us they had an induction to their jobs. This included mandatory eLearning training covering topics such as the Mental Capacity Act, and shadowing more experienced members of staff for up to three weeks. New staff with no previous experience in the caring profession completed the Care Certificate. The Care Certificate is an identified set of 15 standards that health and social care workers should adhere to in their daily working life.

Ongoing support was provided through training, supervision and appraisals. Supervision is regular, planned, and recorded sessions between a staff member and their manager to discuss their work objectives and wellbeing. An appraisal is an annual meeting a staff member has with their manager to review their performance and identify their work objectives for the next twelve months. We saw records of regular supervisions and appraisals taking place. Staff we spoke with told us they had regular supervisions. Staff told us they were also supported to undertake additional training to support their professional development. For example, two members of staff had undertaken a three day training course on supporting people with personality disorders.

People were assisted to maintain their health by being encouraged to eat a balanced diet and supported to access a range of health and social care professionals. People told us, "They [staff] make appointments for me to see my GP and dentist. They help me with my social worker", "They [staff] come and help me cook, which is brilliant" and "I do need help with my cooking and they [staff] give me that help." We saw care records contained detailed information about people's professional support networks.

We checked whether the service was working within the principles of the Mental Capacity Act (MCA), whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). At the time of this inspection none of the people living at Norfolk Road lacked capacity to make decisions. It was clear from people's care records they had capacity to consent to their own care and treatment. Staff we spoke with understood the need to give people choices and respect their decisions.

The premises were in the process of being refurbished and updated. People told us they were involved in the process. One person told us, "They have recently redecorated the lounge and we were involved in the choice of colour. We can have our bedrooms any colour we want." We did find some of the bungalows were experiencing problems with low water pressure and no hot water. The registered manager had contingency plans in place and had escalated her concerns to get the problems resolved as soon as possible.

Is the service caring?

Our findings

People told us the service was caring. Comments from people included, "[It is] nice living here. The manager is very helpful. I would not change anything, the best thing is the staff", "The management and staff are absolutely amazing, the best you can get. This [living at Norfolk Road] is beyond my wildest dreams", "They [staff] are very understanding, totally patient, not rude, not condescending" and "I like to live here. There are good staff and people."

We saw people were treated with dignity and their privacy was respected. Staff knocked on doors before entering any of the bungalows and on people's bedroom doors. Staff spoke respectfully about the people they supported. People told us, "The staff respect my privacy, they always knock on my door", "I know the staff, they do care, they listen to me and respect my views" and "They always knock before opening a door. The staff listen to you."

A member of staff was also a dignity champion for the home. This role included analysing the responses from people and staff to the annual dignity survey and facilitating dignity events or meetings every two months. We saw records of these meetings. At each meeting a different topic was discussed. For example, 'What three things do staff do that mean you feel respected?' Snacks were provided and it was also an opportunity for people to socialise with staff and each other. We were told a person living at Norfolk Road was in the process of being supported to become a dignity champion.

Staff clearly knew people and their likes and dislikes very well. We heard friendly conversations between people and staff. Each person living at Norfolk Road had a member of staff allocated as their key worker. Their role was to meet regularly with the person, complete and update the support plan with the person, and support with shopping.

People were supported to be as independent as possible. Care records contained information on how to encourage people to do things for themselves and promote their independence. Staff we spoke with told us they felt this was an important part of their role.

The service complied with the Equality Act 2010 and had systems in place to ensure people were not treated unfairly because of any characteristics that are protected under this legislation, such as gender or age. Staff received training in equality and diversity and we saw people were regularly asked for their views in this area at a variety of meetings.

Is the service responsive?

Our findings

People's care records were person centred and regularly reviewed. The registered provider had recently introduced an electronic client management system and staff were currently working with paper and electronic forms. The care records we looked at contained a support and recovery plan. This gave detailed information about the person, including any cultural, religious or spiritual needs. There was information on the person's current health and treatment needs and a check list for recovery on how to manage different symptoms of mental health. People's living skills were assessed and any areas requiring support were identified.

We saw each of these different areas were reviewed with the person every three months. This included the person giving a score about how they felt they were managing in each area. These scores were then tracked on a graph over the year. This gave an immediate snapshot of whether the person thought they were managing well or not. We also saw records of an annual 'How's it going meeting' with people.

The service provided meaningful activities and social opportunities for people. People were encouraged and supported to develop links with the local community. Care records contained information about people's ambitions and aspirations. One person told us they were being supported to find voluntary work.

People told us they had opportunities to undertake activities and socialise. One person told us, "I love baking, the staff support me." We saw activities such as, quiz nights, trips out to parks and karaoke evenings were advertised in the bungalows.

Feedback on the service was encouraged. People told us the registered manager and staff were approachable. One person told us, "If I had any problems I would speak to one of the staff."

The registered provider had comments, compliments and complaints policies, procedures and guidelines. We saw this was part of the welcome pack for new people. It was also clearly displayed in each of the bungalows. The registered manager told us they had not received any formal complaints so far this year. Our conversations with people confirmed this to be the case.

We saw the registered provider had systems in place so people with a disability or sensory impairment were given information in a format that they could understand and use.

Is the service well-led?

Our findings

There was a registered manager employed at the service. 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 told us the service was well-led. Comments included, "[Name of registered manager] is very approachable. I wouldn't think twice about asking her [for support]", "[Name of registered manager] is a good manager. She is not scared to muck in. We [staff] all respect her."

The registered provider had systems in place to regularly ask people and staff for their views on the service so they could continually improve. We saw staff meetings were held monthly. Minutes of the meetings were circulated to any staff unable to attend and they were expected to sign them to confirm their understanding. These meetings followed a standard agenda, including items such as, safeguarding and health and safety. There was time at the end of the meeting to discuss any other business.

There were a variety of regular meetings held to engage and involve people living at Norfolk Road. As well as the dignity events there were quarterly 'service user meetings'. We saw from the minutes these were well attended and a variety of topics were discussed, including suggestions for future activities and any complaints, comments or compliments. Any action points were recorded and followed up at the next meeting. In addition, there were separate meetings held at each bungalow led by a member of staff. We saw the dates of the next meetings were advertised in each bungalow. The minutes showed they took place every three to six months and were also well attended. There was also a post box in each bungalow for people to make suggestions and comments.

The service had effective quality assurance systems in place. We saw any issues identified were recorded and acted upon. Quality assurance systems enable registered providers to assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations. We saw records of the registered manager undertaking regular audits, including a daily walk round the service. We saw staff completed weekly and monthly maintenance checks of each bungalow. This included fire safety, cleanliness and water temperatures. In addition, the registered provider undertook 'provider visits' to the service. This included speaking with people and staff to gain their views of the service.

The registered provider had procedures and guidelines for all its policies which reflected current legislation and good practice guidance. Some were due for review and the registered manager had requested their quality team to do this. We saw staff had access to paper copies held in the office and they could also access them online via the intranet.