

National Schizophrenia Fellowship NE Lincs Crisis (Field View)

Inspection report

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Ratings

Overall rating for this service	Inspected but not rated
Is the service safe?	Inspected but not rated
Is the service effective?	Inspected but not rated
Is the service caring?	Inspected but not rated
Is the service responsive?	Inspected but not rated
Is the service well-led?	Inspected but not rated

Summary of findings

Overall summary

NE Lincs Crisis (Field View) is a short stay care service situated in a residential area of Grimsby in North East Lincolnshire. The service is registered with the Care Quality Commission (CQC) to provide accommodation and support for up to five people. The service provides three beds for crisis care support for people with mental health needs for a maximum of seven days and two beds for people who need respite support which has no specific length of stay.

This unannounced inspection took place on the 3, 4 and 11 May 2018. At the last inspection of the service on 7 March 2016, the service was compliant with all areas we assessed.

NE Lincs Crisis (Field View) 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.

At the time of our inspection there were two people using the service, but neither were receiving a regulated activity.

The service had a registered manager in place. '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.'

One person we spoke with told us staff were kind and caring and respected their privacy and dignity. Staff knew how to protect people from the risk of abuse and harm. They completed safeguarding training and had policies and procedures to guide them. Staff were clear about the alerting procedures to the local safeguarding team.

Staff were recruited safely and we saw staffing levels had been evaluated to ensure they were appropriate. People accessing the service managed their own medicines and brought their own food into the service, which they prepared independently. The service maintained an 'open door' policy which meant only people assessed as having capacity were able to access the service.

Staff had access to a range of training, supervision and support. Staff told us this provided them with the necessary skills to support people using the service. They told us both the registered manager and service manager were supportive of them in their roles and approachable.

The registered manager had a range of experience to run the service and understood the requirement to report accidents, incidents and other notifiable events to the Care Quality Commission. A range of audits were regularly carried out to enable the quality of the service to be monitored and enable the service to learn. People who used the service, their relatives and other stakeholders were consulted and feedback from them was used to help the service to develop.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

This domain was inspected but not rated because at the time of our inspection the registered provider was not providing a regulated activity.

Inspected but not rated

Is the service effective?

This domain was inspected but not rated because at the time of our inspection the registered provider was not providing a regulated activity.

Inspected but not rated

Is the service caring?

This domain was inspected but not rated because at the time of our inspection the registered provider was not providing a regulated activity.

Inspected but not rated

Is the service responsive?

This domain was inspected but not rated because at the time of our inspection the registered provider was not providing a regulated activity.

Inspected but not rated

Is the service well-led?

This domain was inspected but not rated because at the time of our inspection the registered provider was not providing a regulated activity.

Inspected but not rated

NE Lincs Crisis (Field View)

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 unannounced inspection took place on 3, 4 and 11 May 2018. The inspection was carried out by two adult social care inspectors on the first day of the inspection and one adult social care inspector on the following two dates.

The inspection was prompted in part by safeguarding issues raised and a police investigation, and therefore we carried out the inspection to ensure people were safe. Prior to the inspection, we spoke with the local authority safeguarding team and the police who shared information with us about their on-going investigation.

During this inspection, we spoke with the registered manager and the service manager, three members of staff, one person using the service and a visiting professional. We reviewed the care files for three people who had used the service for respite.

We reviewed policies, procedures and supporting documents that were in place to ensure the service was managed effectively. Recruitment files for three staff members were reviewed and staff training records, the staff rota and minutes of meetings with staff and people who used the service, quality assurance audits, complaints management and maintenance records were also seen. We completed an observed walk around the premises to check general maintenance as well as the cleanliness and infection control practices.

Is the service safe?

Our findings

During this inspection, we discussed with the registered manager and the service manager how they would ensure suitable numbers of staff could be deployed to meet the needs of people who used the service. They explained that people using the service for respite were independent and required no support with personal care or the administration of medicines.

Staff did not have any responsibility for the administration of medicines, but on occasion may offer a verbal prompt or reminder to people to take their medicines. People using the service had access to small lockable safes in their bedroom for the storage of their medicines. Policies we reviewed and staff spoken with confirmed this was the practice within the service.

Staffing levels were assessed, dependent on the number of people using the service and level of risks identified for each person. When we spoke with staff they confirmed this was what happened in practice and they felt staffing levels were appropriate.

People we spoke with during the inspection told us they felt safe and supported by staff. They told us, "It is the staff that made me feel welcome. They are like my best friends, they understand me. I trust every member of staff here."

We reviewed the recruitment records for three staff members and found there was a safe system of recruitment. Staff had full employment checks carried out prior to them starting work. These included an application form to look at gaps in employment, obtaining references and proof of identity, attending an interview, completing a disclosure, and barring service (DBS) check. The DBS check police records, which include any cautions or convictions people may have, and a barred list, where people have been barred from working with vulnerable children and adults have been identified. These measures helped to ensure only suitable people worked with vulnerable adults.

During the inspection, we discussed how the registered provider ensured safe care and treatment for people using the service. The registered manager explained that all referrals were made directly from the local mental health team and the service had access to the central electronic system that held all information about people. Care plans held in the service contained information shared and details of people's current support needs and how risks were mitigated. People we spoke with told us, "My information was sent here before I arrived, so staff knew how to support me." Professionals we spoke with confirmed the service had access to the central computerised system and professionals records.

Following a recent incident in the service the registered manager had written to the mental health team manager to request details of all relevant risks, including historic information about people, to ensure the risk to their safety could be mitigated by the service. This was in response to relevant information previously not shared, prior to the incident taking place.

Staff had received safeguarding training and in discussions could describe the different types of abuse and

the action they would take should they have concerns. The registered manager was aware of safeguarding referral procedures and told us they would discuss any concerns with the local safeguarding team as required. Following the recent incident in the service we saw records to confirm the issue had been discussed with the safeguarding team.

Staff we spoke with confirmed a referral form with details of potential risks, needs, safeguarding issues were provided prior to a person's admission to the service and that staff had access to all information about them on the central system.

We found the service was clean and tidy throughout. Staff had completed training in infection prevention and control and cleaning schedules in place. Staff had personal protective items such as aprons gloves, hand sanitiser and paper towels to prevent the spread of infection. We saw the service regularly reviewed environmental risks and carried out safety checks and audits.

Is the service effective?

Our findings

People who used the service were positive about their experiences there and told us staff supported them in achieving their personal goals.

The registered manager told us that people using the service brought their own food into the service and prepared their own meals. People, who did not have finances in place to achieve this, were provided with emergency supplies until they could be supported to access the local food bank.

We observed staff demonstrated a sound understanding of their duty to promote and uphold people's human rights. The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack 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. The application of MCA was consistent. We saw people's capacity assessments had been completed prior to admission to the service.

The registered manager was aware of their responsibilities in relation to this and told us that as part of the admission criteria for the service, there was an expectation that people referred to the service had capacity, as the service promoted an open door policy. Records reviewed for people using the service confirmed they had capacity at the time of their admission. Staff had a good understanding of the need to obtain consent from people. One person told us, "I feel I am listened to and the staff always ask me what I think."

When we asked people if they felt staff had the appropriate skills to support them effectively, they told us, "I think all of the staff have different qualities and they all have done lots of training, so they are able to provide everything I need." Professionals we spoke with told us, Field view is the best service in this area. They are brilliant. They offer the consistent support people need."

People received effective support from staff who were well trained and kept their skills up to date. Staff told us that in addition to mandatory training, for example, infection control and safeguarding, they also received more specialist training in areas specific to the needs of people who used the service. This included, for example, mental health awareness, mental health first aid and mental capacity.

Staff told us they received an in-depth induction that included the completion of training, an introduction to the service, shadowing shifts and competency assessments. Records reviewed confirmed this process was followed. Staff were also supported by regular team meetings, supervision and appraisal and told us they felt well supported in their roles.

People's care records confirmed they had access to a range of health care professionals and received daily visits from their lead mental health worker for the duration of their stay at the service.

Is the service caring?

Our findings

The registered manager told us that at the time of the inspection, no one was receiving personal care. They told us that they could only recall one person who required personal care being referred to the service, with the majority of the referrals being for people who were independent. They confirmed people were assessed prior to admission and information was shared with the mental health team throughout their stay and on discharge from the service. We saw that policies in place were in line with the registered manager's explanation and documentation was in place to support the processes.

People who used the service told us staff were kind and considerate and respected their privacy. One person told us, "The staff encourage me to eat and sleep, which is really good. They keep me involved and help me to write my goals down daily. If I want a copy of my care plan I can just ask, but I know what is in it. When I first came into the service, they gave me useful information and numbers, and explained the 'rights and responsibilities agreement' for my stay here. They are getting me an advocate and they gave me a copy of how I could make a complaint if I needed to. They are all really good."

Professionals we spoke with told us, "The service communicates really well with us. They share the same electronic records system, so we can access notes and any changes to risk."

During the inspection, we saw lots of information displayed within the service signposting people to various support networks including, for example, advocacy services, how to make a complaint and feedback about the service and the actions taken from these. Further information and details of first aiders, fire wardens and where accessible information could be obtained, was also displayed.

Staff explained how they promoted people's communication and gave an example of when people first come into the service they may be reluctant to engage in verbal exchange, but can be encouraged to write things down so their choices and preferences can be promoted.

During the inspection we observed a calm and comfortable atmosphere throughout the service. Staff spoke with people in a polite and respectful way, showed an interest in what they had to say and addressed them in their preferred name. Staff described how they promoted the core values of privacy, dignity, choice and independence. They said, "We want to empower people, as they often come in with low mood and we try to promote their independence and self-confidence. That may just be about supporting them to make phone calls or to complete forms. We do whatever it takes to make them feel comfortable and confident."

We looked at whether the service complied with the Equality Act 2010 and in particular, how the service ensured people were not treated unfairly because of the characteristics that are protected under legislation. Our observations of interactions, review of records and discussion with the management team, staff and people using the service demonstrated that discrimination did not take place. The registered manager told us that staff received training in equality and diversity.

We saw staff maintained confidentiality. They completed telephone calls and discussions about people in

private in the office. People had access to different areas when they needed to speak to healthcare professionals or staff in private.

Is the service responsive?

Our findings

People we spoke with told us that staff were responsive to their needs. One person told us, "I feel listened to and staff act on my suggestions. If I need them they are there straight away, and they drop what they are doing to help me."

Professionals we spoke with told us, "They work well as a team and encourage people's recovery and independence to rebuild their lives. They know people well and always handover to us when we visit."

We looked at three respite people's records. We saw people who used the service had an assessment of their needs completed prior to admission. The assessment for one person admitted to the service was thorough, but more detailed information about historic risks needed to be recorded. The registered manager had already identified this following an incident in the service and had put systems in place to ensure this level of information was made available.

The plans of care we saw reflected people's assessed needs and provided guidance to staff in how to meet them. We found staff were knowledgeable about people's needs and responsive when these changed. Staff told us, "When someone comes into the service, we complete all of their paperwork with them. Anything they want to achieve is detailed. Everything is centred around them and we gear their stay around what they are hoping to achieve to ensure they get the support they need." Another told us, "If we have any concerns about the person, for example, if we identify deterioration in their mental health or well-being we can contact the crisis team for support."

The service had an accessible complaints and compliments procedure in place and staff also supported people to give their feedback. Staff told us they would support people to make a complaint if they were unhappy and they said they were confident that the management team at the service would deal with any concerns in the best way possible. We saw the service had information on display in the entrance on how to make a complaint. The registered manager explained that if complaints were received, they were dealt with in an open and transparent way. They went on to explain that any complaint would be resolved as quickly as possible and at a local level initially. We saw complaints relating to the service were recorded on the computerised database and these were then evaluated to inform future learning.

A recent complaint made in relation to an incident within the service was in the process of being investigated by an independent manager from another service, in line with the provider's policy.

Compliments from previous people using the service were on display. Most of the compliments referred to the positive support people received from staff working at the service. Quotes included, "Friendly approachable staff who are understanding of mental health issues," "Staff were incredible, so down to earth and I felt I could trust them 100%" and "I never felt judged, only supported."

Where people had raised suggestions, the registered manager had displayed their response, for example, a request for a dishwasher had been acknowledged and one was fitted following the suggestion.

The service also had an inspiration wall, which allowed people to express how they were feeling and leave positive messages for other people using the service. We saw that people had used this wall to draw pictures and leave messages about their own experiences and journeys.

Staff working at the service had been looking into different initiatives available within the community for people, where they could meet up. They were also involved in facilitating a drop in session at the local mental health centre, where people who had used the service, could pop in for a chat. They felt this promoted people's well being as it encouraged them to get out and about. The sessions supported people to maintain links and provided them with networking opportunities and support. Staff told us, "The session lasts for a couple of hours, but if we need to stay longer we do. It is good for people to see they are not on their own and that there is a friendly face for them when they need it." Staff involved in the project were hoping to develop and expand this further, so trips could be organised and people be provided with a support network. The same staff were working with other support groups including one for ex-service people.

Is the service well-led?

Our findings

Staff told us they worked well as a team and received good support. Comments included, "We support each other very well and are a close team" and "The registered manager is great. We also have a service manager, they are both really approachable and you can call them anytime for advice and support."

The registered manager oversaw the day to day running of two services and was supported by a service manager. We spoke to the registered manager about the management structure who explained they worked hard to ensure management support was present at the service Monday to Friday. They said staff had the contact details of the on-call manager who was available at any time to offer support and guidance if required.

The service was proactive in highlighting the work and achievements made at the service and the registered manager attended a number of meetings and focus groups including registered services working groups and space issue annual workshops. The registered manager also received monthly practice updates and newsletters, which were shared with the staff team.

There were systems in place to assess and monitor the quality of the service provided. The provider had a robust audit programme in place and daily, weekly, monthly and annual audits were carried out for areas including, care records, risk assessments, environment, cleanliness, incidents, and accidents. The provider also completed service reviews, and unannounced health and safety audits. Any identified shortfalls, were put into an action plan with identified timescales for these being met.

The registered manager told us that following any incident in the service an analysis of the incident would take place and any learning outcomes would be shared with the staff team. Following a recent incident within the service an initial investigation had identified learning outcomes. Records within the service clearly identified these had been discussed with staff, a meeting had been arranged with other health professionals involved and action taken to address these issues.

Staff told us that communication within the service was good. They described the systems in place for handovers and the team meetings held for staff to share information. People who used the service were asked to complete satisfaction questionnaires when they were ready for discharge. This information was then evaluated and reported back to the local commissioners of the service, to demonstrate how the service was performing. The service had a 'you said, we did' board on display which people could use to provide feedback. For example, a request for a dishwasher had been acknowledged and fitted following the suggestion.

The registered manager and service manager had developed good working relationships with other professionals. Health professionals confirmed this during discussion.