National Schizophrenia Fellowship

Wilton Road

Inspection report

44 Wilton Road.
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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?	Requires improvement

Overall summary

This was an unannounced inspection which took place on 26 February 2015.

Wilton Road is registered to provide care without nursing for up to 8 people living with enduring mental health issues. People have their own bedrooms and shared bathroom facilities. The home offers accommodation over two floors, accessed by two staircases. People with any physical limitations are provided with ground floor accommodation. There are spacious shared areas within the home and gardens.

There is a registered manager running 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.

The service had a variety of ways to keep people as safe as possible. Care workers were trained in and understood how to protect people in their care from harm or abuse. Staff helped people to keep their money safe. Accidents

Summary of findings

and incidents were used for learning and the registered manager and staff ensured they did as much as possible to prevent them happening again. Individual and general risks to people were identified and managed appropriately. People were helped to take their medicines safely, at the right times and in the right quantities. The service had a recruitment process which tried to ensure the staff employed in the home were suitable and safe to work there. There were enough staff on duty to keep people safe.

The service had taken any necessary action to ensure they were working in a way which recognised and maintained people's rights. They understood the relevance of the Mental Capacity Act 2005, Deprivation of Liberty Safeguards (DoLS) and consent issues which related to the people in their care. The Mental Capacity Act 2005 legislation provides a legal framework that sets out how to act to support people who do not have capacity to make a specific decision. DoLs provide a lawful way to deprive someone of their liberty, provided it is in their own best interests or is necessary to keep them from harm.

People were supported and staff used their knowledge and skill to encourage them to look after their health. However, people made their own decisions about their lifestyle. The service worked closely with other professionals to ensure they supported people to meet their physical and mental health care needs. Some staff told us they did not feel supported in their daily work. However, staff were properly trained and supervised to enable them to meet the needs of people.

People chose to pursue their chosen daily activities independently. Staff provided people with information and support to participate in activities. People were treated with dignity and respect at all times. They were involved in all aspects of their daily life and were helped to meet any behavioural or emotional needs.

The new manager who was registered in October 2014 was popular with the people who lived in the home. However, staff felt that they did not have enough leadership. They told us the manager was not always available, when needed, because she was often working in the other home she was registered to manage. People were asked for their view of the quality of care they received. The service had a formal quality assurance system to ensure the quality of care was being maintained or improved.

Summary of findings

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 safe.

People were protected from any harm or abuse by the registered manager and staff team. They had been trained to keep people safe and knew what to do if they had any concerns. People felt very safe in their home.

People were supported with their medicines to make sure they took them at the right times and in the right amounts.

Staff members were only given jobs when they had been interviewed and checks were made to make sure they were suitable to work with the people in the home.

Good

Is the service effective?
The service was effective.

Staff understood consent, mental capacity and deprivation of liberty issues. Staff encouraged and persuaded people to make decisions and choices that would keep them safe and well.

The service worked closely with other professionals to make sure that people's physical and mental health needs were met.

Staff were properly trained to ensure they could meet people's needs.

Good

Is the service caring?
The service was caring.

People's privacy, dignity and diversity was respected, by staff, at all times.

People were involved in all aspects of their care and in the running of the service.

People described staff as kind and caring.

People were supported to become as independent as possible and to reach their aims and goals.

Good

Is the service responsive?
The service was responsive.

People's requests for support were responded to quickly. Staff were alert to people's needs and approached them if they did not seek staff assistance.

People were listened to and support was delivered in the way that people chose and preferred. They were involved in reviewing their care and planning future care.

Good

Summary of findings

People were assisted to pursue the daily activities they chose. They were encouraged to participate in those that would benefit them, as well as those they enjoyed.

Is the service well-led?

Requires improvement 

The service was not always well-led.

Staff told us there was a lack of leadership and the registered manager was not always available, when needed.

The registered manager and staff regularly checked that the home was giving good care. Changes to make things better for people who live in the home had been made and development was continuing.

The home worked closely with other professionals to make sure they were offering the best care possible.

Wilton 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 unannounced inspection was completed by one inspector and took place on 26 February 2015.

Before the inspection we looked at the provider information return (PIR) which the provider sent to us. 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. We also looked at all the information we have collected about the service. The home had sent us notifications about injuries, a safeguarding issue and a change of registration. A notification is information about important events which the service is required to tell us about by law.

We looked at five care plans, daily notes and other documentation relating to people who use the service such as daily notes. In addition we looked at auditing tools and reports, health and safety documentation and a sample of staff records.

We spoke with six people who live in the home, two staff members and the registered manager. We looked at all the information held about five of the people who lived in the home and observed the care they were offered during our visit.

Good

Is the service safe?

Our findings

People told us they felt very safe. One person said,"I am very safe if I listen to staff". Another told us they had felt "bullied" by some staff but they had now left. They said they felt,"very safe now the new manager is here". Staff told us they felt that the people who lived in the home were safe.

People were kept safe from abuse and poor care by staff who were trained to recognise and report safeguarding issues. Training records showed that all staff had received safeguarding training during their induction. It was updated annually. Staff fully understood their responsibilities with regard to protecting the people in their care. They described, in detail, the possible signs and symptoms of abuse and how they would deal with a safeguarding issue. This included whistleblowing and reporting concerns outside of the organisation, if necessary. Staff told us that there had been a safeguarding issue which had been dealt with by the manager. The registered manager had notified the Care Quality Commission about the safeguarding and the action taken.

Staff helped five people to look after their personal money. They kept it safe and reminded people about their budgets and how much they needed each week to buy the things that made them happy. People's money records were checked daily and a company auditor checked the financial records irregularly. People's financial records were accurate on the day of the visit. People could access their money whenever they wanted to but found it helpful if staff reminded them of savings and spending agreements. These agreements were noted in people's care plans.

People told us they knew about their safety management plans (risk assessments) and how they helped to keep them safe. Plans of care safety management plans which identified any areas that posed a risk to the individual or others. They were incorporated into each of the specific areas of the care plans and instructed staff how to meet people's needs in a way which also minimised risk for them. Identified risks included community presence, absence without authorisation and behaviour. Additionally, the home had developed a risk summary which noted any potential risks for the individual (called safety alerts). These ensured that all staff had a simple method of checking what areas of care could pose a risk by or to individuals and the actions they must take to manage these.

The service tried to ensure the safety of the people who lived in the home, staff and visitors, as far as possible. The registered manager and the housing association who owned the building, completed detailed generic health and safety risk assessments. These included individual staff personal safety plans, window restrictors and the safe use of barbecues. Regular health and safety checks were completed. They included mains electrical testing, last completed in July 2011, portable appliance testing last completed on 25 April 2014 and water hygiene tests last completed in February 2014. A fire safety and management plan was in place and up-to-date. The service had a detailed disaster plan. The necessary actions for staff to take in event of an emergency were kept in an emergency bag, one bag was kept by downstairs and one was kept in the sleeping in room for easy access.

All accidents and incidents were investigated and action taken to minimise the risk of them happening again. The provider's procedure stated that all investigations had to be completed in ten days. They took action if the registered manager had not completed the appropriate documentation in that time. Records were detailed, they included any learning points and the actions taken. They were added to the provider's computer recording system which a senior manager reviewed. Accidents and incidents which were also overseen by the information governance group and the health and safety officer of the organisation. A recent accident was responded to by the service providing door guards, if necessary, so that people could not catch their fingers in the door jamb.

People had received the correct amount of medicine at the right times. The service used a monitored dosage system (MDS) to assist them to administer medicines safely. This meant that the pharmacy prepared each dose of medicine and sealed it into packs. The medication administration records (MAR) were accurate. Care staff were trained to give people their medicines. Individuals had a medicines assessment which described how to support people to take their medicines or if they were able to deal with their own medicines. People signed a consent form to say they agreed to take their medicines as prescribed by the GP. The consent forms had been reviewed and re-signed in January 2015.A policy and procedure for the use of medicine prescribed to be taken when needed (PRN) was available to staff. Written, detailed individual guidelines for when people should be given PRN medicine were provided and produced in the form of a flowchart. This meant that staff

Good

Is the service safe?

could reference the chart quickly when making a decision about when to give the medicine. The registered manager told us that there had been seven medication errors in the past 12 months. The last error was recorded in December 2014. The registered manager took action to minimise the risk of recurrence. They looked at environment, timing, deployment of staff and location of people when administering medicine. They changed many of the circumstances when giving medicines and this has resulted in improvements in the administration of medicines. Staff told us they felt it was safer and easier to follow procedure since the changes were made.

People were supported by staff who had been recruited safely. There was a robust recruitment procedure which included the taking up of references, police and identity checks prior to appointment. Application forms were completed and interviews held. Records of interview questions and responses were kept.

People told us there were always staff around to help them if they needed support. There were a minimum of two staff during day time hours and a staff member who slept overnight in the house. The service had four permanent staff and the registered manager. Staff members had left and recruitment had been problematic. The registered manager covered shortfalls of staff by using agency and bank staff. She tried to ensure that they were supported by regular agency staff who know the people who live in the home. The rota for January 2015 showed that staffing levels had not dropped below those specified as a minimum. Staff told us that there were enough staff to meet the needs of people who lived in the home. However, it was sometimes difficult working without the support of experienced, long term permanent staff. The registered manager continues to advertise for staff but a recent staff restructure and the recruitment procedure slow the process.

Good

Is the service effective?

Our findings

People told us and one person indicated by nodding and smiling that they enjoyed living in their home. One person said, ''It's ok here, I wouldn't want to live anywhere else'' another said, ''It's the best place I've ever lived''. People told us they are supported to look after themselves and are helped and encouraged to go the doctor or other people if they needed to.

Care staff worked hard to provide support and guidance to people to help them to look after their health. However, people made their own choices about their lifestyle. An example included a person who had been supported to the GP surgery to check whether they fully understood their health condition and the consequences of not following professional health advice. The service were looking at ways of encouraging individual's to co-operate with methods of improving their health by managing their chronic conditions. People often attended appointments without support. Health care records were kept and included referrals to external professionals such as GPs, diabetic nurses and members of community mental health teams. The service worked closely with other professionals to meet the physical and mental health care needs of people who lived in the home. Records showed that teams of professionals supported people with their recovery plans.

People told us that they were always asked for their consent, ''about everything''. They said that they knew all their rights and were reminded of them by staff, if they needed to be. The registered manager and staff assessed capacity, if necessary, in the first instance. They were aware and alert to the needs of people whose capacity may be reducing because of health issues. Staff described people whose mental health was deteriorating and knew how this could impact on their capacity to make decisions. People were asked for their consent and agreement to their overall care plans and areas of care within them. Examples included who the service could share their support plans with and disclosure of other information to other professionals. The registered manager and other staff demonstrated their understanding of consent, mental capacity and DoLS. There were no DoLS applications to the local authority as no one who lacked capacity lived in the home, at the time of the visit.

People told us the food was good and they chose the food on the menu. Support people needed to eat the most appropriate diet to meet their needs were included on their care plans. Staff used their skills of persuasion to encourage people to eat healthy foods but this advice was not always followed. In these cases risk assessments were in place. The menus were well balanced, included healthy fresh food and reflected people's tastes and choice. People were encouraged to participate in preparing and serving the food and had a rota of who was supporting the staff to cook and tidy away after the meal.

During the inspection staff were interacting positively with people. They were using appropriate humour and included people in conversations. People were involved with staff members and other people who lived in the home. They were constantly asked their views and feelings about what was going on and what they wanted to do.

People were not physically restrained. Staff members and the registered manager explained that people who lived in the home did not have behaviours that could cause themselves or others distress or harm.

Staff were trained in areas relevant to the care of the individuals who lived in the home. Training was delivered by a variety of methods which included e–learning and face to face training. Examples included training in mental health, diabetes and equality and diversity. Four of the five staff had achieved a National Vocational Qualification NVQ or diploma level 2 (or equivalent). Staff told us they had good opportunities for training. The provider had a learning and development officer who found courses to cover any necessary learning that had been identified by the registered manager or requested by staff.

Staff told us they received formal individual or group supervision and reflective practice sessions every month. Records showed and staff confirmed they had an annual appraisal. Staff completed an induction check list and worked with another staff member (shadow shifts) in the first few weeks of their employment. Understanding of the topics covered in induction was tested by written questions and responses to the questions. Staff told us they did not feel well supported by the management team. This was mainly because of the lack of availability of senior staff to offer advice and leadership in their daily work. They told us this had absolutely no impact on the people who use the service but made the job more difficult and stressful.

Good

Is the service caring?

Our findings

Some people explained that in the past they had not felt that they were respected or treated with dignity and one staff member was ‘‘unkind’ ’They said they used to sometimes feel miserable because of the way they were spoken to. They told us this was no longer the case. They said, ‘‘we are now treated with respect and kindness’’. One person said, ‘‘when you get up in the morning you have a happy day to look forward to.’’ Another described the current staff as, ‘‘kind and caring’’.

One person said, ‘‘It is much better here now staff respect me and ask me, not tell me’’. Staff were trained in how to offer privacy and dignity and in equality and diversity. They gave us examples of how they ensured they respected people’s dignity. These included speaking to people respectfully, involving them in how the house was run and respecting their private ‘space’.

People were supported to retain and enhance their independence. Recovery plans which formed part of the care plans noted people’s goals and what they wanted to achieve in the future. These included people living independently or in more independent accommodation. Care plans described how people were to be supported to make progress towards their goals and future plans.

People were helped to maintain relationships with people who were important to them. Relatives and friends were welcomed to the home and there were no restrictions on times or lengths of visits. A person told us how their relatives visited whenever they wanted and were made welcome by the staff. Another told us how they were supported to visit family. Friends of people were made welcome and could join people in meals if they chose to.

People told us that they attended all their review meetings and were involved in the recording of them. They worked with their key workers to up-date or amend the care plans, as necessary. People said that they worked well with their key workers with whom they regularly discussed all aspects of their care. They told us they could ask for changes in their care plans at any time. Regular tenants meetings were held, the last was on 18 February 2015. The eight people who lived in the home attended and contributed to the meeting. An outside speaker gave people information about learning opportunities available in the local college and there was a discussion about broken equipment. It was not clear on the meeting records whether action had been taken to repair the broken equipment.

People were involved in all aspects of the running of the home. There were daily rotas to identify who was participating in which daily living activity such as cleaning shared areas and helping with the shopping. People were encouraged to fulfil their identified tasks and responsibilities but made the final choice as to whether to accept them or not. Some staff felt that more positive work could be done with people to support them towards independence, if they had the support of cleaning staff for shared areas of the home. Daily living ‘chores’ were not always included on care plans as part of individuals’ independence or involvement.

Good

Is the service responsive?

Our findings

People told us that staff listened to them and they could ask their key worker to look at and amend their recovery plan if they wanted to, "change things". People told us that the staff and the service responded to their requests much more quickly than they used to. Some staff did not share this view and felt the service sometimes responded slowly to issues which effected people. The example given was recruitment.

Care staff had completed an exercise in re-assessing the needs of the people who lived in the home, these were mainly completed in January 2015. The service was trying to make sure it was supporting people in the most appropriate way. Individualised care and recovery plans were developed from the assessments. The plans included people's support networks, their chosen lifestyles and the way they preferred their support to be delivered. Staff demonstrated their understanding of what personalised care meant. They told us that the care plans and the knowledge and relationships they developed with people enabled them to support people in the best way for them.

Care plans were reviewed a minimum of annually by health or social care professionals. The service reviewed care plans when people's needs changed or they requested a review. The registered manager, staff and people told us they always attended their review meetings. Families and relatives were invited to attend, with their permission. People's views on their care were clearly noted on the review records.

Staff were responsive to requests made by people and were alert to the needs of those not actively seeking support. Staff noticed if people were feeling unhappy or were becoming distressed. They approached them and asked if they'd like a chat and found some private space for them to discuss issues. We observed staff responding as quickly as possible to people who asked for support to plan activities, have more food and access their money.

People were seen to make their own choices about all aspects of their lives. People chose their own activities. They were encouraged to pursue activities which helped with their identified goals and aims such as attending the gym. Most people pursued their daily activities without staff's physical support. Special activities and outings were supported by staff. One person told us they had been taken for a special tea on their birthday and others had been accompanied to a sporting event. Staff obtained information about community activities to enable people to have as wide a choice of things to do as possible. People told us that the opportunities to be involved in a variety of activities were increasing. Staff helped people to apply for bus passes so that they could use public transport, when they chose to.

People told us they knew how to make a complaint and would do so, if necessary. They said they would go to the manager, if they needed to, but were sure that any of the staff would listen to them and take action. The service had a comprehensive complaints procedure. The service had reported one complaint in the previous 12 months. The complaint, the action taken and the resolution to the complaint were appropriately recorded. People told us that if they complained about an issue the new manager took immediate action to, "put things right".

Requires improvement

Is the service well-led?

Our findings

People knew the registered manager they told us she had improved things for them. They were confident to approach her to interact and discuss any issues. We saw the manager was able to communicate effectively with the people who lived in the home. One person said, "I really like the new manager she has made things better".

The manager had been in post for approximately seven months and registered since October 2014. Staff did not feel there was enough leadership as a team leader had recently left the service and the manager was not always available when needed. She was registered to manage Wilton Road and a nearby service that supported people with complex mental health needs. Staff felt that the manager spent more time in the other service. They gave the example of being left for a week without any senior support. They explained that this was a problem because of the number of agency and new staff employed in the service. The registered manager told us that her duties and responsibilities did impact on the amount of time she could spend in Wilton Road. She explained that the team leader who had accepted the responsibility for the day to day management of the home had left and this was making things difficult. The recruitment process had been delayed because of a re-organisation of services by the provider.

Staff felt the manager was approachable and promoted an open culture. Some staff felt that things did not change quickly enough and their views were not always listened to. Staff told us that the management issues and staffing problems they had identified did not impact on the people who lived in the home. This was reflected by people's feelings about the service and the registered manager.

The aims and objectives of the service were detailed on their statement of purpose. They included 'all people who use Rethink services have choice and options for their individual Support. All people who use Rethink services have clear information and access to support their rights/ dignity and people have a specific individual support planning process to develop their aspirations.' We saw that staff were adhering to the provider's aims and objectives.

People received good quality care. We found that the provider had an effective system to regularly assess and monitor the quality of service that people received. There were various formal methods for assessing the quality of care. These included an annual process called a 'Quality Account'. This was an annual quality self-assessment completed for an external organisation which provided quality assessment for charities. The home also received an unannounced visit by the manager of another of the provider's services, every three months. This involved them completing a detailed check list which covered all areas of the service. They made judgements about whether the home had met the required standards. If they had any shortfalls they received a red rating and had to take action to improve the area identified by the date specified. We saw the detailed report and action plan from the last manager's visit in December 2014. Additionally the provider held regional business planning meetings which were attended by registered and supporting senior managers. The purpose of the meetings was for services to learn from each other and share good practice.

People who used the service, their representatives and staff were asked for their views about their care and treatment. The home held meetings for people who lived in the home and staff which had been held regularly throughout 2014.People's plans of care were reviewed monthly during a key worker meeting and individual's views were sought at all times. The provider held an 'area forum' which was a meeting where people could meet others form nearby homes and express their views about their own home and the provider in general. People who used the service were sent a satisfaction survey in May every year. The views expressed were collated and action plans developed, as necessary. Examples of actions taken as a result of listening to people included the replacing of flooring in shared areas of the home and an improvement in the variety of activities available to them.

The registered manager, staff and people who lived in the home knew what roles staff held and understood what responsibilities this entailed. The registered manager told us she was given the authority to make decisions to ensure the safety and comfort of the people who live in the home. Examples included accessing additional staff and ordering emergency repairs, as necessary.

People's needs were accurately reflected in detailed plans of care and risk assessments. Staff members were able to find any information we asked to look at promptly. Records relating to other aspects of the running of the home such as audit records and health and safety maintenance records were accurate and up-to-date.