

National Schizophrenia Fellowship Bath Road

Inspection report

77-79 Bath Road
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Ratings

Overall rating for this service

Requires Improvement



Is the service safe?

Requires Improvement



Is the service effective?

Requires Improvement



Is the service caring?

Good



Is the service responsive?

Requires Improvement



Is the service well-led?

Requires Improvement



Overall summary

We inspected Bath Road on 7 December 2015. This was an unannounced inspection. We also visited on 8 and 29 December to continue our inspection. Bath Road is a care home run by the National Schizophrenia Fellowship, also known as Rethink Mental Illness, where up to 10 people who are experiencing a mental health crisis can stay with the aim to help people move on to more independent accommodation by providing support that meets their changing needs. At the time of inspection there were eight people living at the home.

There was a registered manager at the service at the time of our inspection. 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.

People said they felt safe. However, people were at risk due to unsafe management of medicines. We also found risks to people's environment that meant people were not protected in the event of a fire. Accidents and incidents had been reported and managed appropriately.

Summary of findings

Staff had received training and understood how to keep people safe from abuse. Staff had been checked to ensure they were suitable before starting work in the service.

Care staff had received training and felt able to request further training required. Staff said they felt supported to deliver their roles and responsibilities. However, records showed staff had not had regular meetings with their managers as often as stated in information received from the service before the inspection. These are important to give staff and managers regular opportunities to discuss people's roles and responsibilities.

Staff had an understanding of the Mental Capacity Act 2005 and had received training.

People told us the food was good. People were supported to access health professionals or appointments. Staff did not have regular team meetings to enable them to share information and discuss issues collectively.

People in the service felt cared for. We observed friendly interactions between people in the service and care staff. Staff knew people well and talked of their interests, likes and dislikes. Staff spoke of their enjoyment of supporting people in the service and some staff had been there a number of years. Staff supported people to do activities which both people and staff enjoyed.

People had opportunities to do activities and to plan towards choices they had made, for example, organising a coffee morning for charity. Staff had accompanied people on their holiday of choice. People had opportunities to be involved in making changes such as food choices and layout of the dining room and choice of furniture.

People did not receive support that was individualised to their needs. The planning of the support was task focused. Not all people would engage with goal setting and it was not always evidenced whether other ways of supporting a person had been explored. This meant that people did not always have the opportunity to be provided with care personal to their individual needs.

Complaints were managed and monitored and people had access to independent advocates if needed.

There were not effective systems in place to monitor the quality of the service and identify ways to improve the quality of care.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 not safe. People were not protected by the safe management of medicines.

Fire risks were not managed to ensure people remained safe.

Staff had been checked prior to starting work at the service to ensure they were suitable to support people in the service.

Staff understood safeguarding procedures to keep people safe.

Requires Improvement



Is the service effective?

The service was not always effective. Staff had not always received regular support to undertake their roles.

Staff had received training on the Mental Capacity Act 2005.

People were offered a variety of food choices and could prepare food when they chose.

People had access to health professionals when required.

Requires Improvement



Is the service caring?

The service was caring. People felt cared for by staff who knew them well.

Staff had a good knowledge of the people they supported and their likes and dislikes.

People's confidentiality and dignity was respected

Good



Is the service responsive?

The service was not always responsive. People had support plans that were task focused rather than specific to their needs.

People were involved in planning activities which they were supported to do. People were offered a variety of opportunities to be involved in.

People were aware of how to complain and had access to independent advocates to support them with this.

Requires Improvement



Is the service well-led?

The service was not well led. The service had not managed risks to ensure the service was safe.

Staff did not always feel supported. Feedback was not always acted upon to demonstrate their views had been acknowledged.

Quality assurance systems were not always effective to ensure the service was identifying areas for improvement.

Requires Improvement



Bath 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 7 and 8 December 2015 and was unannounced. We undertook a further inspection on the 29 December with a pharmacy inspector.

Before the inspection we reviewed information we held about the home, this included previous inspection reports and notifications we had received. A notification is information about important events which the provider is required to tell us about by law.

During the inspection we spoke with two people who were living at the service and one relative. We also contacted one health professional for feedback.

We spoke with four staff which included two mental health recovery workers, a service manager and the registered manager. We looked around the home and observed the way staff interacted with people.

We looked at records which included the care records and risk assessments for three people, medication administration records for five people living at the service and recruitment, supervision and training records for three staff. We looked at audits for maintenance, infection control, control of substances hazardous to health and legionella water temperature checks. We checked fire safety including equipment, testing of the alarm, lighting and the regularity of fire evacuation tests, and information relating to incidents, and complaints. We reviewed audits and minutes of residents meetings and staff team meetings.

Is the service safe?

Our findings

We found people in the service were not always safe due to the management of medicines in the home. The medicine policy stated that it was the registered manager's responsibility to ensure there is an up-to-date record of all individuals' medicines. However, the service was not maintaining a record of all medicines that residents were taking. For example, one resident had a salbutamol inhaler (a medicine used for people who experience breathing difficulties) in the medicine cupboard but it was not recorded on the Medicine Administration Record (MAR). The MAR for one resident did not contain how much to take of an antipsychotic medicine (clozapine). We also saw skin cream and paracetamol in the medicine cupboard for one resident but it was not recorded on their MAR chart. We were told that people can arrange their own GP appointments and the staff may not know if a person had seen a GP and obtained medicines.

Medicine policies were in place but not always followed. The medicine policy said that all persons should have a MAR. However, not everyone had MARs as these were only in place for residents that had medicines administered by staff in the home. The registered manager confirmed that residents that managed their own medication did not have MAR charts. This meant that as the service did not keep a complete record of the medicines that residents were taking they would not be able to pass on accurate information to other care providers (e.g. hospital or another care home) if the resident required services in another organisation or from the GP. The service were not fulfilling their responsibility of assuring people always received the correct medicines. If they do not know what residents were taking then they could not check that residents doing self-administration were managing their medicines correctly.

People were encouraged to self-administer if they were able. We spoke with one person who was self-administering from a monitored dosage system (MDS). This person attended GP appointments, ordered repeat medication and collected medicine from the pharmacy independently. Staff said the person told them when he had collected his medicines but there was not a formal arrangement to assess this information. The medicine was

not locked away in the resident's room and was on their bedside table. This meant other people may be able to access this medicine. There was a self-administration risk assessment in place for the person.

The medicine policy stated staff should be supporting people to ensure they were taking their prescribed medicine. There was no record to show this was happening and staff confirmed they were not checking. By not checking, there was a risk that if a person's condition changed, their ability to self-administer safely may pose risks to the person.

People purchased their own homely remedies from a pharmacy. The medicines policy stated that if people bought their own over the counter medicines they should be clearly labelled with name and date of purchase and put on a MAR chart. However, we were told that there was no requirement for people to declare what they had purchased. This meant it was not possible to ensure people in the service always received a safe combination of medicines.

Staff told us that they were responsible for completing the medicine reconciliation for new or returning residents. Medicines reconciliation is a formal process of obtaining and verifying a complete and accurate list of each resident's medicines to ensure that they receive the correct medicines. We saw no evidence that they had received training to do this complex task. We also saw no evidence of medicines being audited.

Handwriting of prescriptions on MAR charts were seen with one or no signatures. We were told that there should be two signatures on hand written additions. The form and strength of the medicine were not always written. This is against Royal Pharmaceutical Society of GB and NICE guidelines.

People were taking medication which required regular blood tests to keep them safe. People in the service were responsible for getting themselves to the blood test appointments. The staff said that they support the person if required but there was no documented process. This meant staff would not be aware if someone missed an important blood test.

The fire policy mentioned smoking in designated areas, but the service did not have a designated smoking area. The main fire training module is refreshed every 2-3 years but fire marshals should be doing quarterly training sessions

Is the service safe?

with staff. We did not see any records of this. Records to check fire-fighting equipment and emergency lights were not being carried out regularly. The last record for this was in April 2015 but are supposed to be checked monthly. A record of fire training for staff for 2015 was blank. We saw a fire safety management and emergency plan completed in May 2015.

Weekly room checks were not being consistently recorded. These checks are carried out to ensure safety issues such as checking window restrictors were secure to minimise the risk of people falling out of windows. They also checked that any medicines in the person's rooms were securely kept to avoid others gaining access to these and potential harm. On the inspection visit on 29 December 2015, the last room check was recorded as 7 December 2015.

In view of the seriousness of the risks identified above, we contacted the provider immediately after the inspection and an action plan was received to address the issues identified.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

When medicines were supplied by a pharmacy a printed MAR was supplied. MAR were completed accurately and appropriate codes used when a medicine was not administered. Balances of medicines were recorded on MAR for residents who had their medicines administered by care staff.

Medicines were stored safely and at the correct temperature in the office and medicines were disposed of safely. Medicine safety alerts had been circulated by the registered manager.

People said they felt safe. One person said "Of course I feel safe". Another person said "Yes thank you".

People had medicine communication sheets that had a recent photograph of the person and information including details of GP, psychiatrist, allergies and information about people agreeing to have their medication managed for them.

We saw examples of protocols for medicines to be given 'as required'. These protocols support staff to give as required medicines safely and appropriately to the needs of the individual. They had a flow chart showing strategies to be tried before administering medication.

People had risk assessments on their plans which included promoting independence where possible. This was to encourage people to do as much as possible for themselves to reduce dependency on staff. We saw a completed self-administration risk assessment for one person.

The fire alarm had required repair since July 2015. This had been investigated by the landlords and the alarm company. At the time of our inspection this had not been resolved but we saw evidence that the service had chased this up on numerous occasions with the landlords. Fire evacuation risk assessments for people had been completed to assess management in the event of a fire. People smoked in their rooms and had individual smoking risk assessments which were kept in the fire file.

People said they felt safe. One person said "Of course I feel safe". Another person said "Yes thank you". There were sufficient staff to meet the assessed needs of people using the service. A new service manager had just been employed to manage Bath Road. Staff said they were kept very busy but were hopeful that now a service manager had come into post this would help.

The provider had carried out checks to ensure staff were suitable to work with vulnerable people. Staff files contained checks such as references and Disclosure and Barring Service (DBS) checks.

Staff were aware of reporting and recording safeguarding concerns. They had received training and one staff told us how indicators such as someone's behaviour changing may be a sign of abuse. There was a local safeguarding flow chart on the office wall. Staff knew how to record and report incidents. A staff member said that "I wouldn't leave when my shift finished if I was concerned about anything". We saw a record about a person that went missing and all actions had been completed regarding minimising risks for reoccurrence.

Monitoring had been carried out and recorded on infection control, water temperatures and other repairs.

Is the service effective?

Our findings

The service told us in the pre-inspection information that staff received monthly supervision. However, although staff met with their managers, these meetings were not every month as had been stated. We were told by staff these usually took place every three months and we saw on one staff file that their last supervision had been in August 2015. However, one staff member commented “We get a lot of support at the beginning and then we meet every three months or so”. They went on to say that “The team support each other so there is always someone to go to for advice”. We saw a newly recruited staff member had regular meetings initially and saw evidence of her probationary assessment at the end of the six months. This person was also completing the Care Certificate. This certificate has been implemented nationally to ensure that all staff are equipped with the knowledge and skills which they need to provide safe and compassionate care. Staff confirmed, and records demonstrated, that people had yearly reviews with their manager to assess their learning and development and to consider further development areas to progress and become more experienced.

Team meetings for staff were not held monthly as was stated pre-inspection information. Team meetings were held to enable staff to discuss issues relating to the service and to give staff the opportunity to discuss subjects like safeguarding and any updates in practice. The last meeting took place in September 2015. We were told that another meeting had taken place but the minutes were not available for us to review. A staff member we spoke with expressed a concern that communication was not good “I don’t always feel confident that we communicate effectively and pass on important information to ensure we know exactly what is happening”. The service had scheduled group supervisions for 2016 to meet monthly as a team to discuss issues across all three services to focus on shared topics such as incidents and go through scenarios to improve staff learning and understanding.

Permanent staff had an induction period in which they undertook training and shadowing duties with more experienced staff members. We spoke with a member of staff who explained how they had worked alongside other more experienced staff when they first joined the service. A staff member we spoke with said they felt “Very supported” when they joined the service.

Staff records showed that staff had received relevant training. This included basic mental health awareness, conflict management and personal safety, managing medicines, fire safety and safeguarding vulnerable adults. A member of staff we spoke with said that they felt the training had helped them in their role and said “I can ask for any training I may need for the job”. We saw evidence on one staff file of national qualifications as well as training relevant to their role.

Staff told us they had undertaken training about the Mental Capacity Act 2005 (MCA) and one staff said it was to “Protect people who may not be able to make decisions for themselves”. We saw a letter from a GP who had assessed someone as having the capacity to refuse medical tests. The registered manager had a clear understanding of the MCA and how it related to people in the service and the need to work in consultation with other professionals if people’s capacity was affected by a change in their mental health.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely. At the time of the inspection the registered manager told us no-one was deprived of their liberty.

People were provided with sufficient food and drink. People choose the menu which was a three week rolling menu to add variation and ensure everyone gets a meal of their choice. People said, “I get enough food thanks” and “We get to choose”. Staff said, “As well as giving people choice we do try and encourage healthy eating with more vegetables”. People make their own meals during the day, with supervision if needed, and staff cook an evening meal which people are encouraged to help with.

People had a ‘Physical Health Check’ tool which identified physical health needs. We were informed before the inspection that relevant professionals such as a diabetic nurse and GP’s were involved with people in the service. We saw records that people who had diabetes were booked for tests to monitor their condition. However, a physical health check tool for one person had not been completed as the person would not engage in it. This person had refused to sign any paperwork and there were particular concerns for

Is the service effective?

this person's health. We discussed this with the registered manager who expressed concern but said a capacity assessment had found they had capacity to refuse but they would continue monitoring the situation regularly.

Is the service caring?

Our findings

We observed friendly interactions between people and staff. People were free to come into the office and speak with staff. A person came in and offered to make people a cup of tea. The interaction was friendly with the person staying for a while to chat with staff who made time for them. We spoke with another person who was organising a coffee morning and was clearly looking forward to this. Staff were aware this could cause anxieties and were supportive, offering reassurance to the person suggesting they go and make a cup of tea and relax. Staff described ways they used to distract the person and to reassure him to reduce his anxieties.

A visiting professional described the staff as demonstrating 'good will and passion' despite the demanding job they were doing. We were made welcome at the service and staff were relaxed and happy and clearly enjoyed working with the people in the service and wanted the best for them.

We spoke with staff who had good knowledge of the people they were supporting. They talked of each person's interests and likes. One person liked to do things for charity and had expressed wanting to organise a money raising coffee morning. The staff described how they were working with this person to plan the event and also engaging other people in the house to be involved, for example, cooking for the event.

Staff demonstrated knowledge about the people living in the home by describing what was important to them. For example, they described how three people in the house were involved in getting a bird table. They explained that one person chose it, the other person made it up and the other one painted it.

Another staff member spoke about a person in the house who loved drawing and how amazed they were at the person's talent. They were proud that the person had given the member of staff some drawings which he did not do easily as often wanted them back. The staff member went on to describe how they had encouraged the person to do some drawings to decorate the Christmas crackers they were making. Staff also described going on holiday with people in the service and how enjoyable this had been.

People in the service had access to advocacy services. We spoke with one person who said they had made a complaint about a member of staff. An independent advocate had supported the person through this process. Advocates support and represent people who do not have family or friends to advocate for them at times when independent support is needed.

Staff knocked on the bedroom doors before entering and asked permission to go in. People had signed an agreement for information to be stored and shared with appropriate bodies.

Is the service responsive?

Our findings

People did not always receive personalised care. People's support plans were standardised across all Rethink services and were modelled on the Recovery Star. This meant people identified their own goals to work towards so that staff could support them to achieve their goals. A self-assessment was completed by people to identify how much assistance was needed to help them manage aspects of their lives such as self-care and mental health. Goals were set to achieve tasks and were reviewed to provide evidence of people's progress. However, some people refused to complete or be involved with this process. This meant there was no other way to monitor any progress made for people who had not set or met goals.

The support plan and model of care was more task-focused than person centred. Goals were set with people and assessed on an ongoing basis. This meant the service was measuring people's progress to fit in with a model of care that was not always specific to their individual support needs. The service's model of care was to assist people to 'recover' and live independently but this was seen as unrealistic by some staff we spoke with. They said the majority of people in the service were older adults who had been in the care system for most of their lives. They felt it unlikely that most people in the service would achieve living independently as their care needs were increasing as they aged.

This is a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

People's care files contained safety and support plans, authorisation to process or disclose information, financial profiles and care plans including setting achievable goals. Safety alerts were completed to inform staff of any risks for each person. We saw a risk to one person of financial abuse. The service had reported this person to the safeguarding team to review their situation. However, to assist the person in the short term, the service encouraged the person to get involved with decorating parts of the service with staff and rewarded the person with small gifts. This was because the person was very resistant about accepting any financial reward. This was partly linked to their mental health issues around needing to do things for

others at all times. The service had utilised the person's skills to make the person feel involved and to feel better about accepting items from them until the situation was resolved via safeguarding.

We saw a goal on someone's support plan who had diabetes stating 'Gather a collection of sugar free sweets for [person] to try as an alternative'. The support plan had been reviewed monthly. There was also advice about how staff could help the person to prioritise tasks in their capacity of helping a charity. This was to support the person not getting overwhelmed with requests but to support the person achieve small goals to satisfy their desire to help people. We saw a physical health tool completed in August 2015 which stated about yearly checks with a diabetic nurse.

One person's care plan was not fully completed as the person did not want to engage in developing a care plan or sign documents. However there were comments on paperwork stating the person had been asked but refused. The service had tried to resolve a situation that had arisen due to the person not signing anything, including authorisation for staff to assist. We saw they had communicated with the local authority over the issue. Meanwhile, the staff were trying to think of ways to get the person to leave the house to sort out the situation but this had not been achieved at the time of the inspection. A goal had been stating staff to promote independence more and try to get [person] to engage.

The registered manager said staff were aware that people's motivation can change quickly so the service tries to instigate any expression of wishes as quickly as they can so people can see requests are actioned. A person had commented about the television not being very good so the service ordered a television which arrived the next day.

People had opportunities to join in with activities. The service had arranged a downstairs area for activities. A Halloween party had taken place which people had got involved with organising including decorating the home and making things such as apples dipped in chocolate. The decorations were still on display as people had chosen to leave these up as they liked them. People from the other services were invited to join in. We also saw boxes containing craft materials and table top activities. There were items to make Christmas crafts. A staff member also said people in the service had decided to replace the large

Is the service responsive?

dining table with smaller individual ones so that they felt more comfortable eating their meal. They chose the tables, chairs and table cloths. This had resulted in people eating their meals downstairs more often to ease social isolation.

One person had taken in a stray cat and taken responsibility for its welfare. They had chosen the bedding and where to position the bed and was responsible for feeding it. Staff spoke of the next goal to support the person to go to the vet with the cat for a check-up. Staff felt this would encourage the person out of the house.

A staff member told us about a goal a person had set which was to plant vegetables in the spring. Staff went with the person to the garden centre and used some space in the garden. The person successfully grew potatoes and was supported to make a potato salad, which the person shared with other people in the house. People enjoyed the salad and complimented the person.

There were monthly meetings for people that lived in the home to ensure they were included in discussing important issues and making decisions. We saw details of the last meeting held in October 2015 where menu choices were discussed and there was a comment about having a larger variety of cheeses. This was actioned to be put on the shopping list and staff confirmed this change had been made. The meeting had also discussed the coffee morning being arranged by one person and also discussed any crafts people would like to try. The meeting notes were signed by people who had attended the meeting to show their agreement they were accurate

Complaints were logged on the database which staff understood how to operate, how to record and the process of reporting. One complaint had been made over the past year and the person had been supported with this process by using an independent advocate and the complaint had been taken to the Chief Executive in the organisation and resolved satisfactorily.

Is the service well-led?

Our findings

The service was not always well-led. Systems in place to assess the quality of the service provided in the home were not always operated effectively. The systems had not ensured that people were protected against key risks in relation to inappropriate or unsafe care and support and management of risks. For example, medicines had not been audited, safety of premises checks had not taken place to assess fire risks, risks associated with people's rooms, safety of people keeping medicines in their rooms and checks on window restrictors in place to prevent falls had not always been carried out.

Checks by a senior manager from another area had not highlighted all concerns identified in the inspection. These unannounced visits to the service took place every 12 weeks. These were to audit areas such as governance, stakeholder involvement, consultation, safety and staff management. We saw the last audit took place in August 2015 and it stated a contract between the service and the commissioners was being negotiated. As no contract was in place, it meant the effectiveness of the service could not be checked as monitoring reports were not submitted. Other issues including safety did not show any evidence of concern.

The aims and vision of the service were aimed at people recovering, gaining life skills and potentially moving on to more independent accommodation. We spoke with a relative who felt that the person would not be able to live

independently at any time. It was unclear what outcomes the service was aiming to achieve and whether people in the service had the same aspirations of moving to independent living.

Records were not always complete and accurate, for example, the medicines management was not safe due to records not reflecting all information about medicines the person was taking.

We were told that communication was not as always effective as it could be between the service and more senior management. For example, we were told of an issue that had been raised but no feedback had been received following this to say if it could be resolved.

Communication with stakeholders was not always effective. This meant that decision making, responsibility and partnership working were not being effectively achieved.

The registered manager was responsible for the provider's three services in Swindon including Bath Road. A service manager, who was responsible for the day to day running of the service at Bath Road, had started at Bath Road the week before the inspection. Up to this time, one service manager had been responsible for three services. This had clearly impacted upon the service being safely and effectively managed because the registered manager's responsibilities elsewhere meant time in the service was limited.

When the staff had met we saw there had been discussions on relevant issues such as reminding staff of the whistleblowing policy and about the computer system they used in their work.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA (RA) Regulations 2014 Person-centred care People were not receiving care which met their needs and was appropriate. Regulation 9(1) (a) (b) (c)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment People's health and safety risks were not always assessed. Regulation 12(2)(a) Reasonable steps to manage identified risks had not been actioned. Regulation 12(2)(b) People were living in premises which were unsafe due to risk of fire. Regulation 12(2)(d) People were not protected by equipment (fire alarms) which were used in a safe way. Regulation 12(2)(e). People's medication was not safely or correctly managed. Regulation 12(2)(g)