National Schizophrenia Fellowship

The Mead

Inspection report

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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

The Mead is registered to provide accommodation and support to six people with mental health care needs. The home was last inspected in May 2014 and was found to be meeting all of the standards assessed.

A registered manager was in post. 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.'

Incidents and accidents were not reported to the CQC when people sustained an injury which required attention from healthcare professionals. This meant CQC were not able to take follow up action where appropriate.

People were supported by staff who were competent and trained to carry out their roles and responsibilities. Staff

Summary of findings

attended essential training set by the provider which included mental health awareness, safeguarding adults and medicine management. "Catch Up" sessions were to replace one to one meetings and were to happen as needed.

People said they felt safe and having a staff presence at all times in the home made them feel safe. Procedures on safeguarding vulnerable people from abuse were available to staff for reference. Members of staff knew the signs of abuse and the expectations placed on them to report abuse.

Risks to people's health and wellbeing was assessed and action plans developed to reduce the risk. Contingency plans were developed on the safe evacuation of people in the event of an emergency.

Staffing levels ensured people had the support they needed. Staff said the team was stable and they worked well together. People said the staff were caring. They said the main support received from staff was with “reminders and prompting” of personal care and to manage their health. We saw people moving around the home and community independently. People said they had keys to the front door and to their bedrooms. There was an expectation people prepared their meals and with staff support to plan menus and prepare meals.

Medicine systems were safe. People were supported to self-administer or work towards self-administration of their medicines. Staff attended safe handling of medicines before they administered medicines unsupervised.

People had capacity to make decisions. Mental Capacity Assessments (MCA) were undertaken where concerns about people’s ability to make decisions arose. For example, management of finances. People signed consent forms to have their photograph taken, where appropriate have their medicines administered by the staff and to share information with other health and social care professionals involved in their care. One person with capacity refused their medicines and we observed members of staff confirm the decisions made. Staff checked the person was aware of the consequences when decisions to refuse medicines were made. Staff sought support from the mental health team about this decision.

People were helped to assess all aspects of their health and wellbeing. They participated in the development and reviewing of their support plans. Support plans described the steps needed to meet the aim of the plan. Where people had support from the mental health team a care plan was developed on the identified needs. This included were the social and healthcare professionals involved and the timescales for meeting the need.

People knew who to approach if they had any complaints. Members of staff had attended complaints training to help them resolve any complaints received.

Systems to gain people’s views were in place. This included house meetings and surveys.

The quality assurance arrangements in place ensured people's safety and well-being. Systems and processes were used to assess, monitor and improve the quality, safety and welfare of people. There were effective systems of auditing which ensured people received appropriate care and treatment. The system of audits included complaints and medicine management.

We found a breach of the Health and Social Care Act2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

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 and staff told us there were enough staff to meet people's needs. Staff said the staffing numbers were adequate to meet people's needs and gave them the opportunity to spend time with people individually and in a group.

People felt safe living in the home and staff knew the procedures they must follow if there were any allegations of abuse.

Risks were assessed and staff showed a good understanding of the actions needed to lower the level of risk to people.

People were protected from unsafe medicine systems. Where people were able they were supported to self administer their medicines.

Good

Is the service effective?
The service was effective

One to one meetings were going to change and staff would having "catch-ups" instead. This meant staff may not have regular opportunities to discuss their performance, concerns and training needs.

People were able to make decisions.

People prepared their own meals with support from staff.

Good

Is the service caring?
The service was caring

People said the staff were respectful. They said the staff were caring.

Staff consulted people before they offered support.

Good

Is the service responsive?
The service was responsive

Support plans reflected people's current needs and gave the staff clear guidance on meeting people's needs.

People were supported to develop their independent living skills. There was an expectation that people participated in household chores.

People knew who to approach with any complaints. Member of staff had attended complaints training for them to appropriately respond to any complaints received.

Good

Is the service well-led?
The service is not always well-led

Requires improvement

Summary of findings

Accidents and incidents were not reported to the Care Quality Commission (CQC) when an injury to a person required treatment by healthcare professionals.

Effective systems to monitor and assess the quality of care were in place which ensured people received consistent standards of care and treatment.

Systems were in place to gather people's views. For example, regular meetings and surveys.

Members of staff worked well together to provide a person centred approach to meeting people's needs.

The Mead

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 1 November 2015 and was unannounced.

The inspection was completed by one inspector. Before the inspection, we reviewed other information we hold about the service, including previous inspection reports and notifications sent to us by the provider. Notifications are information about specific important events the service is legally required to send to us.

During the visit we spoke with three people, two relatives, two staff and the registered manager by phone. We spent time observing the way staff interacted with people who use the service and looked at the records relating to support and decision making for two people. We also looked at records about the management of the service.

Good

Is the service safe?

Our findings

People told us they felt safe. They said having staff working at the service made them feel safe. Two relatives said their family member was safe and staff presence made people feel safe. Members of staff knew the signs of abuse and the actions they must take when abuse was suspected. We saw a safeguarding notice board in the office which had the safeguarding adult's procedure. The procedure included the types of abuse, the actions to be taken for suspected abuse with the phone numbers of statutory bodies for reporting abuse.

Safety assessments were in place for people's health, finance and mental health care needs. Risk assessments were then developed on lowering the risk of harm to the person and others. For example, risk assessments were in place for people who at times self-harmed. The risk assessment stated the risk and the preventative measures to lower the risk of further self-harming incidents.

Staff knew the systems in place for the management of risk. A member of staff said each person had a safety alert which gave them guidance on the safety concerns, the severity of the risk and a management plan. They said action plans were reviewed where the incidents had not maintained the risk at a low level. Two relatives told us the staff kept them informed of important events such as accidents and incidents and hospital admissions.

Contingency plans were in place for the safe evacuation of people in the event of an emergency. The plans included guidance on managing immediate evacuation, emergency contact details and the arrangements for emergency accommodation. Individual profiles listed personal information needed to safely evacuate people and who to inform in the event of an emergency. For example, contact details of their family and friends, their mental health diagnosis and the signs of relapse.

People said they had the attention they needed from the staff. A member of staff said two staff were on duty until 5pm during the week. They said there was flexibility with the staffing levels and where people needed to be supported by staff for example to an activity or health appointment the rotas were rearranged for staff to accompany the person. At weekends one member of staff was on duty and staff said this was adequate as most people were out independently .

Staff told us that any vacant hours were covered by existing staff and agency staff. A member of staff said agency staff must have experience of working in a mental health care environment.

People were aware of the purpose of their medicines. Support plans were developed for people able to self-administer their medicines and for people working towards administering their medicines. The support plans for people working towards self-administering their medicines listed the actions the person must consistently follow. We were present during a discussion between a member of staff and person on the progress made with the action plan. They also discussed the progress needed to be maintained before they were competent to self-administer their medicines.

One person with capacity refused their medicines because of their perceived understanding of the side effects. Staff made theperson aware of the purpose of the medicines and confirmed the consequences of not having these medicines had been explained. We saw staff confirmed with the person their decision . Members of staff ensured medical support was in place for this person.

Medicine files included a photograph of the person for the staff to confirm people's identity, medication administration records (MAR) charts for prescribed medicines and homely remedies. Staff signed MAR charts to indicate the medicines they administered. Also included in the file were signed consent forms where staff administered people's medicines.

Staff were competent to administer medicines. A member of staff said they had attended medicine administration training during induction and vocational qualification on safe handling of medicines.

A record of medicines missed was maintained with the reasons the medicine was not administered and the guidance sought. For example, one person became distracted in the community and did not return to the home in time for their medicine. When they then returned the staff were concerned about administering the evening medicines. The member of staff sought guidance from 111 on whether to administer the medicines

Good

Is the service effective?

Our findings

People received care and treatment from staff who were supported and competent to undertake their roles and responsibilities. A member of staff said one to one meetings with the registered manager were regular. At these meetings they discussed people's health and wellbeing, team working and personal development. They said there had been changes to the systems for supporting staff for example; one to one meetings had progressed to include group supervision. More recently one to one meetings were to become "catch up" sessions with the registered manager. Another member of staff said staff meetings had become group supervisions which had reduced the number of one to one meetings. They said "it is progression" and during group supervisions policies and procedures were discussed. The registered manager said the organisation was changing and one to one meetings were to be "catch-ups which happened now and then and could be weekly if necessary."

Staff attended training which ensured they were able to meet people's needs. A member of staff they had to attend essential training set by the provider. Essential training included Health and Safety, first aid and basic mental health. Other training provided included infection control, healthy eating and equalities and diversity.

People had capacity to make decisions. A member of staff said Mental Capacity Assessments (MCA) were taking place for one person about their finances. People signed consent forms to share information where there were other health and social care professionals involved in their care and it was appropriate.

People were not subject to continuous supervision. We saw people moving around the property freely. People told us they were free to leave and return to the property and did not need staff supervision when they left the building. They said keys to their bedrooms and the front door were provided.

There was an expectation of the organisation that people planned and cooked their own meals with support from the staff. People were given a daily budget for meals and were supported by staff with menu planning and food shopping. We saw each person had a food cupboard with a range of their preferred provisions. A member of staff said they helped people with stocks of provisions, budgeting and developing menus.

People said they prepared their meals and did their food shopping. One person said the staff encouraged people to prepare healthy meals but they struggled with food preparation. Support plans were developed with the person for them to develop their living skills. For example, for some people trying new menus and referrals to dietician was part of the action plan.

People were supported with their on-going health care needs. One person told us they were able to manage their on-going heath conditions. For example, making GP appointment and visiting the GP. "My physical health" support plans were developed from an assessment of health which identified possible symptoms of health deterioration for example, the possible cause of weight gain. Where people had health care needs an action plan was developed to have appropriate medical attention.

People had input from the mental health team and had regular visits from a community psychiatric nurse.

A member of staff told us the service was involved in a pilot project with the local GP surgery for smoking cessation. They attended training to help and advice people on the alternative methods available for smoking cessation. Support plans were developed with the person and the action plans included weekly meetings on the progress made with smoking cessation.

Good

Is the service caring?

Our findings

People said the staff were caring. They said reminding and prompting was the main support needed from the staff to meet their current needs. Relatives said the staff were able to combine "empathy and firmness" to motivate people for them to maintain routines and become independent. They said having staff to discuss issues reduced social isolation. Staff had time to sit and chat with people.

Staff knew the importance of developing positive relationships with people. They said respecting people and having insight into their mental health condition helped them develop professional relationships with people. A member of staff said maintaining professional boundaries and respecting people as individuals helped promote relationships. They said when they accompanied people in the community members of the public were not able to make a distinction between people and staff.

People's rights were respected by the staff. People said the staff asked before they delivered care and knocked on their bedroom doors before entering. Members of staff gave us examples on how they respected people's rights to privacy. A member of staff said they ensured people's care was done in private and recorded information was kept secure. Another member of staff said discussions with people happened in the office or bedrooms and not in front of other people.

Good

Is the service responsive?

Our findings

People were aware support plans on their assessed needs were in place which described how the staff were to support them. They said the staff discussed their support plans with them and to show agreement with the action plans they signed the support plans. One person told us they knew the signs and symptoms of when their mental health was deteriorating. They said they told the staff of any changes in their mental health.

Care records included personal information with the indicators of deteriorating mental health. Although support plans were based on prevention, the actions staff needed to take for people whose mental health was deteriorating was not included. Members of staff said they knew people well and the actions they needed to take. However, agency staff and bank staff may not be aware of the actions needed to take when people's mental health needs increase. We discussed this with the registered manager during feedback. They said "it could be rectified".

People were supported to assess their mental health, self-care and independent living skills. Support plans were then developed to help the person on the management of their assessed area of need. Within the support plans consideration was given to the previous steps taken and whether progression with the plan was appropriate. For example, support plans on improving personal care were in place. The action plan was based on the current need and the support needed from staff to achieve the plan.

Support plans were in place for overcoming addiction which had an impact on the person's mental health. The previous step of the support plan acknowledged the person had overcome serious addiction and had attended external support groups for drug abstinence. The current action plan was for the person to continue attending external support groups and to avoid contact with other people who may misuse drugs. The aim of the support plan was to be achieved with support from family , staff and support groups.

Some people had input from the community mental health team. Reviews on the placement at the home were annual which the person, relatives and other health care professional attended. A comprehensive care plans on the actions to meet the person's assessed need was developed following the review. Action plans listed the name of the member staff or social and healthcare professional responsible for the activity with timescale for achieving the task. For example Community Psychiatric Nurse (CPN) visits were to take place two weekly.

People were involved in the monitoring of their support plans. A member of staff said weekly meetings were held with people to discuss the progress of their support plans. Daily online reports were maintained by the staff and for some people staff recorded a weekly overview of the support plans, activities and healthcare visits. Also recorded were observations of people's wellbeing and the actions taken. We noted that some staff were not recording factual information and were making subjective comments. For example we saw recorded subjective terms such as "running amok" and "spills the beans". The registered manager said at a recent meeting report writing guidance was discussed to ensure staff were recording information appropriately.

People were supported to develop their independent living skills. People told us they was an expectation they contribute towards the running of the home. Household chores were allocated and the daily planner in place listed the person assigned to the task. For example, people participated in shopping, vacuuming and cleaning of the house. Another person told us they were employed and were developing their business.

People were informed about upcoming events within the community. An event board had on display posters of events.

People knew the procedure for making complaints. Staff attended complaints training to ensure they knew how to handle complaints. Complaints were acknowledged within a specific time frame and the nature of the complaint was explored to resolve issues before having to use a more official approach. A member of staff told us where they were not able to resolve complaints they were passed to the manager. They said the complaints procedure was provided to people during the admission process. The registered manager told us six complaints were received and investigated. They said all complaints were resolved.

Requires improvement

Is the service well-led?

Our findings

Incident and accidents were analysed to identify patterns and trends. Staff used an online system of recording incidents and accidents. The nature of the incident, the dates and the people involved were included on the online report. A member of staff said the incident reports were checked by the area manager and registered manager which they analysed. The analysis provided described the nature of the incidents and 16 of the 25 incidents related to people and their mental health care needs. For example, attempted suicides and anti-social behaviour. The other nine incidents were complaints.

It was noted that on two occasions one person required emergency medical treatment but the accident was not reported to the Care Quality Commission. The provider failed to notify CQC of all incidents that affected the health, safety and welfare of people who use services. This meant CQC were not able take follow up actions associated with these incidents and accidents where appropriate.

This was a breach of Care Quality Commission (Registration) Regulations 2009: Regulation 18

People's views on the service were sought through surveys and house meetings. Five people responded to the survey and an analysis of their feedback was developed. Overall people were satisfied with the service they received but some comments were made about other people's behaviours and the rules for living at the home. The registered manager said concerns and issues raised were discussed in staff meeting and house meetings with people. They said from the feedback "we implemented a comments box where people can add concerns at any time".

A member of staff said the team was small and they worked well together. They said communication was good. Staff said team meetings were held regularly to share information with the staff, discuss household chores and people. For example, lone working arrangements. Before each meeting an agenda was provided to make staff aware of the topics to be discussed. We saw a staff meeting was to take place in November 2015 and learning from incidents was to be discussed.

A poster in the office listed the values of the organisation which included hope, understanding, expertise, commitment and passion. A member of staff said people were the focus of care and said "that is what we are here for". They said the purpose of the service was to support independence. For example, helping people to use community facilities and to help them develop skills to live independently in future.

The registered manager said helping people to move on from residential services to independent living was a challenge as suitable accommodation was difficult to access. They said the process for helping people to move from 24 hour support then slows down and people become reliant on staff and reluctant to leave residential care.

A registered manager was in post. A member of staff said the registered manager was approachable, supportive and where necessary fair but firm. Another member of staff said the registered manager had a large span of responsibilities which included being the registered manager of other services. They said the registered manager had confidence in the staff's abilities to fulfil their roles and responsibilities.

The standards of care were assessed by managers of other services within the organisations. The registered manager prepared for the visits and used a Management Service Reviews format to audit systems and processes in place. Where the registered manager had identified gaps an action plan was developed. For example, the audit system had identified the contingency plans needed reviewing. Monthly checks of systems such as fire safety checks and infection control were linked to the audits which staff conducted as part of their roles.

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 18 CQC (Registration) Regulations 2009 Notification of other incidents The provider failed to notify the Care Quality Commission of significant accidents and incidents which led the staff to seek attention from external professionals.