Together for Mental Wellbeing

Snowdon

Inspection report

14 Claremont Avenue
Woking
Surrey
GU22 7SG

Tel: 01483751936
Website: www.together-uk.org

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

Snowdon is a residential rehabilitation service for up to eight adults with mental health support needs. Snowdon also provides a low level crisis service and is able to support one person in need of interim support and interventions during a mental health crisis period. At the time of the inspection there were six people living at the service.

The inspection took place on 1 December 2016 and was unannounced.

The home had a registered manager who was present on the day of 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 told us that they felt safe. Support was provided to people by a sufficient number of staff who were appropriately trained. Staff had received training in safeguarding adults and were able to describe the procedures to follow should they have any concerns. Robust recruitment processes were in place to ensure that staff were suitable to work in the service. All staff underwent an induction prior to working alone and staff had access to regular supervision and support.

Risks to people's safety and well-being were assessed and people were supported to develop plans to mitigate risks. Accidents and incidents were monitored by the registered manager to minimise the risk of them happening again. There was a contingency plan in place to ensure people would continue to receive a service in the event the building could not be used. Processes were in place in relation to the correct storage and audit of people's medicines. People were supported to manage their own medicines in a safe way.

People were supported to maintain and develop their independence by planning, shopping and cooking their own meals with support from staff where required. People had access to health care professionals and were encouraged to book appointments with staff support. Health information was recorded to ensure people were receiving the support they required.

People's legal rights were protected as staff understood their responsibilities under the Mental Capacity Act 2005. People were supported in the decisions they made and staff asked for people's consent and opinions.

People were treated with kindness, and respect. Staff took time to speak with the people who they supported and interactions were positive and friendly. Staff had a clear understanding of the aims of the service and promoted people's independence at every opportunity. However, the service hosted a management meeting in communal areas of the service which did not demonstrate that the provider respected people's home. We have made a recommendation regarding this.

People were fully involved in the assessment and support planning process. Reviews of people's care plans were completed monthly or more frequently if required. This enabled people to monitor their own progress at regular intervals. People were supported to maintain and develop hobbies and interests with the support of staff where required.

People and staff spoke highly of the management of the home. Staff told us that they felt supported and knew that there was always someone available to help them when needed. Regular audits were completed to monitor the quality of the service provided and action was taken where shortfalls were identified. People and staff told us they were able to contribute to the running of the home and were able to describe the values of the service clearly.

Records were well-maintained to ensure staff had easy access to the information they required. There was complaints policy in place and people told us they were aware of how to make a complaint.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

There were processes in place to help make sure people were protected from the risk of abuse and staff were aware of the safeguarding adult's procedures.

People were supported to take their medicines safely.

There were enough staff on duty to meet people's needs.

Staff were recruited safely, the appropriate checks were undertaken to help ensure suitably skilled staff worked at the service.

Is the service effective?

Good

The service was effective.

Staff had the skills and knowledge to meet people's needs.

Staff received regular training to ensure they had up to date information to undertake their roles and responsibilities.

People were supported to maintain and develop their independence regarding eating and drinking.

People were prompted to attend healthcare appointments.

Is the service caring?

Good

The service was caring.

People told us they were supported well. We observed caring staff that treated people kindness.

Staff took time to speak with people and to engage positively with them.

People were treated with respect and their independence, privacy and dignity were promoted.

We have recommended that the provider considers the impact of management meetings taking place in people's home.

Is the service responsive?

Good

The service was responsive.

Recovery plans were in place outlining people's support needs.

Staff were knowledgeable about people's needs, their interests and preferences.

Staff supported people to access the community which reduced the risk of people being socially isolated.

There was a complaints policy in place and people knew how to raise concerns should they need to.

Is the service well-led?

Good

The service was well –led.

There was a registered manager employed in the home. The staff were well supported by the registered manager.

There was open communication within the staff team and staff felt comfortable discussing any concerns.

The registered manager regularly checked the quality of the service provided and ensured people were happy with the service they received.

Snowdon

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 December 2016 and was unannounced. The inspection was carried out by two inspectors.

Prior to this inspection we reviewed all the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law. This enabled us to ensure we were addressing potential areas of concern at the inspection.

We spoke to three people about their experience of living at Snowdon and observed the support provided to them. We also spoke to the registered manager, two staff members, and a senior manager during the inspection.

We reviewed a range of documents about people's care and how the home was managed. We looked at three care plans, medication administration records, risk assessments, accident and incident records, complaints records, policies and procedures and internal audits that had been completed.

The service was last inspected on 28 November 2013 and there were no concerns identified.

Good

Is the service safe?

Our findings

People told us they felt safe living at the service. One person told us, "Having staff around all the time makes you feel secure." Another person said, "There are house rules that we sign up to and all follow like not having people stay over. It means it's nice and quiet here and you don't have to worry about anything."

Systems were in place to help protect people from avoidable harm and discrimination. Staff told us they had received safeguarding training and were able to describe the procedures to follow if they suspected abuse. One staff member told us, "I would report it to the registered manager." Another said, "We have phone numbers in the office for who to call if we're concerned." Staff told us they were aware of the whistle-blowing policy and the whistle-blowing guidance was displayed on the notice board. Information was clearly displayed in an easy read format to guide people in how to report anything they were worried about and who they could talk to.

The risks to individuals and the service were managed so that people were protected and their freedom was supported and respected. One person told us, "The staff chat to me about keeping safe in my weekly meetings and house meetings. They talk about health and safety and safeguarding." Plans had been developed with people to support their choices and goals of recovery. For example, one person had risk assessments in place regarding managing money. The control measures in place included an agreed budget plan which was discussed with the person in detail on a weekly basis. This supported the person to identify their needs and wishes so they could plan their finances. The risk assessments were not as structured as those in typical care homes as the ethos of the service was for people to recover from their mental health issues and develop strategies to manage risks themselves. However, structured weekly meetings meant that staff were able to monitor risks with people and take action when required.

There were sufficient staff deployed to ensure people received the support they required. One person told us, "It's nice having the support of staff. There is always someone to talk to when you need it but they let you be independent. They're not always in your face." Staff told us they had time to sit and socially interact with people, they said this was an important part of their role as regular contact with people meant they could observe any changes in their mental health. We observed people being supported by staff when required and staff chatting easily with people. The registered manager told us that they were mindful people's needs could change quickly and additional staffing may be required. They told us, "We have good relationships with commissioners and can negotiate an increase in hours should someone require additional support."

Staff recruitment records contained the necessary information to help ensure the provider employed people who were suitable to work at the home. Staff files included a recent photograph, written references and a Disclosure and Barring check, in addition to other required documentation. DBS checks identify if prospective staff have a criminal record or are barred from working with people who use care and support services.

People managed their own medicines with prompting and support from staff where required. One person told us, "I do my meds myself but staff do regular checks to make sure I'm taking the right amount of

everything. I'm involved with ordering them so I know how to do it when I move on." There was an appropriate procedure for the recording of medicines and medicines were stored securely. Each person had a medication administration record (MAR) chart which stated what medicines they had been prescribed and when they should be taken. Staff supported people and prompted them to take their medicines as agreed in each person's support plan. MAR charts were completed fully and signed by trained staff and the person who had taken their medicines. We observed staff prompting a person to take their medicines. They explained to us their actions and how it was important for the person to be supported in developing their independence in taking prescribed medicines.

Environmental risks were appropriately controlled and routine maintenance and checks were recorded. These included safety inspections of the portable appliances and environmental checks. The environment was clean, tidy and free from obstacles which may present risks. People were encouraged to complete security checks at night and were able to tell us what doors should be locked. There was a contingency plan in place to ensure that people's care would not be compromised in the event of an emergency.

When accidents, incidents or near misses occurred these were recorded and monitored to look for developing trends. Detailed records were kept of all accidents and incidents and the registered manager ensured that investigations were completed to minimise the risk of reoccurrence. Records showed that where required individual incidents were discussed with staff to enable them to reflect on their practice. Accidents and incidents were discussed at team meetings to ensure that all staff worked in a consistent manner.

Good

Is the service effective?

Our findings

People were supported by skilled staff who had received training relevant to their job role. People we spoke with felt that staff were well trained. One person told us, "I think the staff have the right skills. They talk to me about my mental health and they understand." Another person said, "Staff know how to support me. They help me be more independent." There was a training matrix in place which enabled the registered manager to plan appropriate training for the year ahead. Records confirmed that staff had also undertaken a programme of induction training when they started to work at the service. The induction programme for new staff was based on a nationally agreed framework called The Care Certificate. This framework sets a basic standard for the skills staff need to have in order to support people safely. Staff had the opportunity to shadow more experienced staff members before working on their own. One staff member told us, "I had an induction when I started, all staff do. When I'd finished the training I was able to shadow other staff. It's the only way to learn about people and it makes sense of what you've learnt."

Staff received training specific to the needs of the people they supported. Staff told us they received training in subjects such as supporting people's behaviours, drug and alcohol abuse and mental health support needs and records confirmed this. They said it helped them to understand people's needs and provide the right type of support. One member of staff said, "The training makes you think about what you are doing and how to support someone." Another staff member said, "The mental health training is delivered by people who have mental health problems. The psychosis training was delivered by someone with lived experience, it completely changed my understanding. I understand now when (name) seems to switch off from a conversation that it's because they're hearing something else."

People were supported by staff who received regular supervision and appraisals. Staff told us they received regular supervision with their line manager and appraisals were completed annually and regularly reviewed. They said this gave them the opportunity to receive feedback on their performance and discuss any concerns. One staff member told us, "It's a safe space to discuss anything confidential or if you doubt yourself with anything. I can speak to my manager and discuss ideas." Records confirmed that staff received regular supervision, in line with the provider's policy.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

People living at Snowdon at the time of our inspection had capacity to make decisions. However, staff had completed training relating to the MCA and DoLS to enable them to identify situations where people's capacity to make decisions may be effected. Staff we spoke with demonstrated a clear understanding of the MCA and DoLS guidelines and understood the type of situations which constituted restrictions to a person's

freedom. This meant that staff knew how to apply the MCA and DoLS guidance in order to ensure people's legal rights were maintained.

Throughout the inspection people were encouraged to make their own decisions where ever possible. People told us that they were able to leave the service when they wished and all had a key to the property. People were supported to choose how they wanted to spend their time, what they wanted to eat and who supported them with their care. We saw that when people had difficulty making a decision, staff supported them by offering various options and suggestions. One person had difficulty deciding where they wanted to go on a trip out in the afternoon. The staff member offered a range of suggestions based on their knowledge of the person's likes and preferences. This helped the person to make a more informed decision.

People's support plans included information about their food and drink preferences and specific dietary needs. Each person was given a weekly allowance to buy food and staff provided support according to each person's individual needs. The majority of people took responsibility for planning menus, shopping and cooking their own meals when they wanted them. Staff supported people to cook when required and cookery sessions were held weekly. There was a file of recipes which had been covered in cookery sessions for people to refer to. One person told us, "I do cooking once a week with staff, we do different things. Once I've done it with staff once I can do it on my own." Staff monitored people's food preparation and purchases made which enabled them to discuss people's diets with them during support meetings.

People were supported to access the healthcare services they required. These services included their GP, specialist doctors and dentists. During the inspection one person received a visit from a specialist nurse in order to monitor their health needs and guide staff in how best to support them. Another person described to us how staff had helped them when they needed treatment at a local hospital. People's health needs were recorded in their care plans and there were clear instructions for staff as to how to support those needs. People told us they received the support they required to monitor their health. One person said, "I prefer to go to appointments on my own but staff help me to book them and give me reminders."

Good

Is the service caring?

Our findings

People told us they thought staff were caring and treated them fairly. One person told us, "They are always there to listen and they understand me. They have given me a lot of confidence." Another person told us, "They help me all the time, whenever I ask for anything. They check on me and when I was ill they made me honey and lemon. I like all of them."

Despite the above comments we found the provider had not always ensured people's home was treated with respect. During the inspection a managers meeting took place in the communal dining room which meant people were unable to access this area of their home. The meeting involved managers from other services and senior managers from the organisation. In addition to using the dining room attendees from the meeting used the kitchen area to prepare drinks and food and some were observed walking around the service making calls from their mobiles. This did not demonstrate that the provider respected people's home. People we spoke to told us they had not been asked for permission to hold the meeting at the service and the registered manager confirmed this. We asked people how they felt about the meeting taking place in their home. One person told us, "It happens quite a lot. It's a bit weird but I don't really mind." Another person told us, "I'm not normally in so it doesn't affect me." We spoke to the registered manager who told us that meetings were rotated around different services which meant the meeting was only held at Snowdon every few months. Following our inspection the registered manager informed us they were looking to adapt their practices regarding how they consult people about the meetings.

We recommend that the registered provider ensures they show due regard and respect to people's personal space.

Staff spoke with people in a respectful manner and actively listened to what they were saying. There was a relaxed and friendly atmosphere and people and staff interacted easily with each other. Staff recognised and accepted the different lifestyle choices people made for themselves which was demonstrated in the way people were supported to personalise their own rooms.

People were supported by staff who knew them well. Staff were able to tell us about people's individual support needs and interests in detail. They were aware of people's routines, the groups they attended and their goals for moving on. We observed staff spoke to people using different approaches which reflected how people were feeling and what they had been doing. Staff were observed to support one person with practical support to make an appointment whilst another person was supported to discuss how they were feeling. Staff respected people's need to spend time on their own. One person told us, "I like to listen to my music in my room and staff know this. I sometimes watch television in the lounge. It's up to me."

People had access to information and support regarding local advocacy services and one person we spoke to said they had used these services in the past. Advocacy services can provide support for people to make and communicate their wishes and are independent of the provider's organisation. Details of advocacy services were displayed in the communal hall and staff were knowledgeable about how these could be accessed.

Staff demonstrated that they understood how important it was to ensure that people's personal information was kept in a confidential and secure manner. This related to written records and verbal information. Written records were stored securely and when staff discussed personal information with people this was done in private. When staff needed to discuss people's care and support between themselves we observed that this was done in a private area.

People told us they were encouraged to maintain contact with their family members and that visitors were made to feel welcome.

Good

Is the service responsive?

Our findings

People told us they received support in line with their needs and preferences. One person told us, "Living here has made me a lot more stable mentally and more optimistic for the future. I've definitely developed confidence." Another person said, "I like it here. When I first came I needed more help from staff, now I'm more independent and more confident speaking to people in public."

Prior to moving into the service people were involved in an assessment process to ensure their needs could be met. Assessments were completed in detail and covered all aspects of people's care and support needs. Part of the assessment process was ensuring people understood the model of the service and the support that would be available to them. One person told us, "I knew about it before I came here. I visited once a week for a while so I knew everyone, knew what to expect."

People told us they were involved in planning and reviewing the support they needed and wanted. They told us they signed their support plans to show they agreed with them. Support plans were completed in detail and gave clear guidance to staff on the support people required to meet their needs. Plans were proactive and concentrated on the support people required as part of their recovery and future wishes. Areas covered included the person's goals for the future, areas the person found difficult, mental health stability, physical health, diet and budgeting. Progress reviews were held with each person on a monthly basis or more frequently where required. One person told us, "I have weekly catch-up meetings. We talk about what I've done. It helps me focus on what to do in the next week." Staff told us they had a keyworking system and people confirmed they knew the name of their keyworker. Key workers are members of staff who work closely with the person in order to get to know their individual needs. People told us they spent time talking to their keyworker about their care and support. One person said, "[Keyworker] really knows me; really supports me when I'm not good."

Each person had a 'staying well' plan in place which supported them to identify triggers and life events which may cause a relapse in their mental health, signs that the person may be becoming unwell and what the person could do during a crisis. The plan also focussed on proactive strategies for keeping well including future plans, daily maintenance and guidance on lifestyle. The information contained with people's staying well plans were clearly linked with their support plans and daily records of the support they had received.

People made choices as to how they spent their time and staff supported people to develop meaningful activities and routines. People told us they preferred not to have a structured activity programme organised for them. They confirmed they were supported in making choices about their leisure time and were able to maintain their hobbies and interests. One person told us, "I'm very close to my family so I go to see them each week. Staff have been helping me look for jobs and I'm going to do some work experience with the fire service." Another person told us they attended a number of external activity groups during the week and were also looking for employment. They told us, "Staff help me look for jobs; I want to work in administration." People had access to the internet in one of the lounge areas which they told us they used for jobs searches and for playing computer games. Staff offered a number of activity groups throughout the week including cookery, mindfulness and local walks. People were able to choose which activities they

attended. One person told us, "I go to the mindfulness group, it helps me with relaxing."

During the inspection we saw that one person who was staying at the service on a short-term basis wanted to go to town on their own. Staff supported them to check the bus times and gave guidance on where to go. Two people spent time using the computer in the morning and went out with another person in the afternoon to do some shopping. One person was out attending a computer group and a guitar lesson and another person told us they had spent time in the local library and visited the job centre.

There was a complaints policy in place and guidance was displayed in the communal hall. People said they would be happy to raise any concerns or complaints with the registered manager or staff and could also write their complaint and put it in the complaints and suggestions box. Records showed that staff checked the box on a daily basis. House meeting minutes showed that people were reminded how they could make a complaint. One formal complaint had been received by the home within the last 12 months and had been responded to and resolved in line with the provider's complaints policy.

Good

Is the service well-led?

Our findings

People told us they felt the registered manager was approachable and provided good leadership for the service. One person told us, "She's approachable and nice. She comes to the residents meetings." Another person told us, "She's a good leader and makes sure there is good communication. She's always there if needed and she tells staff what to do. I trust her."

Quality assurance systems were in place to monitor the quality of service being delivered. Senior managers and the registered manager undertook a series of quality audits including care files, health and safety, fire, management and maintenance. Action plans were developed following each audit and monitored during the next visit to ensure continuous development and improvement. For example, audits had highlighted the need to update the service contingency plan and we were able to see that this had been completed. Another audit had identified that not all areas of the home were cleaned to a satisfactory standard. Additional prompts had been provided to staff and we observed that all communal areas of the home were clean and looked well cared for.

Staff told us they felt supported in their roles and were able to contribute to the running of the service. One staff member said, "They're really responsive, I never feel I'm on my own. I know they'll know what to do in any situation." Another staff member told us, "We can talk about anything and know that our views will be respected by our colleagues." Regular team meetings were held which gave staff the opportunity to discuss people's support needs and the running of the service. Regular discussion points included, people's individual support, accidents and incidents, safeguarding reminders, maintenance and infection control. Staff took an active part in meetings and their contributions were recorded.

People had the opportunity to give feedback on the service during regular residents meetings and keyworker meetings. People told us they were able to make suggestions regarding improvements to the service and felt their comments were listened to. One person told us, "I'd like some instruments for the house; I'd really like to play the guitar. I asked about in a residents meeting and at the last meeting they said they had been awarded a grant to buy them." Meeting minutes confirmed that people were regularly asked if they had any comments or concerns about the service and this was also discussed during keyworker meetings.

The culture and vision of the service was clear from all people and staff we spoke with. The focus on people developing their independence with a view to moving on was mentioned by everyone we spoke to and the records viewed. The registered manager told us this was discussed with people when they were being assessed for the service and people confirmed this was the case. Staff were clear that it was their role to support people to develop the skills they required to move towards independent living. The registered manager told us, "We're clear about the ethos of the service from the beginning, we say what they can expect of us and what we expect of them. We're open and transparent with people. We've had a few people move on to more independent living recently."

Records were stored securely and in an organised way which meant staff could access information easily.

Reviews of care plans and assessments were completed in line with the timescales stated and information was clearly presented. Staff maintained detailed records of care which were easy to cross reference to access information. Records relating to the management of the home were well maintained and policies and procedures were available for staff to refer to.