

National Schizophrenia Fellowship

Fortis Green

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?

Requires improvement 

Is the service well-led?

Good 

Overall summary

We inspected the service on 24 August 2015. The inspection was unannounced. Fortis Green is a recovery house, run by the National Schizophrenia Fellowship, also known as Rethink Mental Illness, where up to seven people who are experiencing a mental health crisis can stay for a short period for support. The service is located in a large terraced house, on two floors with access to a front and back garden.

At our last inspection on 12 November 2013 the service was found to be meeting the regulations we looked at, but there was no registered manager. There is now a registered manager 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.

All referrals to Fortis Green are made by the Barnet, Enfield and Haringey Mental Health Trust's Crisis Resolution and Home Treatment Teams (CRHT), who provide treatment to people during their stay at the service. Some people come to the recovery house after leaving hospital for further recovery and support before they return home.

Summary of findings

People using the service informed us that they were satisfied with the care and services provided. They said that they were treated with dignity and respect and we observed good quality interactions between staff and people using the service. Staff were fully aware of people's needs as a result of working with people using the service and information provided by the staff from the CRHT. People's needs were carefully documented within detailed care plans.

Risk assessments had been carried out and these contained guidance for staff on protecting people. Most people felt safe in the home for the majority of the time, but some said that they were affected by the behaviours of other people using the service.

People's health care needs were closely monitored and attended to. Staff were caring and knowledgeable regarding the individual care needs and preferences of people. The home had

arrangements for encouraging people to express their views and experiences regarding the care and management of the home. People's preferences were recorded and arrangements were in place to ensure that these were responded to.

The home had an activities programme but did not always provide a varied range of activities or adequate information regarding local community resources so people could access adequate social, leisure and therapeutic stimulation.

Staff had been carefully recruited and provided with training, but lacked training in some identified areas to enable them to care effectively for people. Staff had the necessary support and supervision from their managers. They knew how to recognise and report any concerns or allegations of abuse. There were enough staff to meet people's needs.

The home had comprehensive arrangements for quality assurance. Regular audits and checks had been carried out by senior staff. We found the premises were clean and tidy. The home had an infection control policy and measures were in place for infection control. There was a record of essential inspections and maintenance carried out. However sometimes people had to wait for repairs to be made to their environment.

The CRHT took responsibility for the distribution of medicines and undertook risk assessments about people's ability to manage their own medicines. The necessary documentation was in place and suitable storage of medicines was provided.

At this inspection there was one breach of regulation in relation to risk assessing the impact of people's behaviours on others using the service, and we have made a recommendation relating to staff understanding of the complaints procedure. You can see what action we told the provider to take at the back of the full version of the 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. Staff knew how to recognise and report abuse, and risk assessments were in place to protect people from harm. There were enough staff on duty to meet the needs of the people using the service.

Medicines were not administered by staff at the home, but were stored in a safe way. The premises were clean and the environment was suitable for the people living there.

Good



Is the service effective?

The service was effective. Staff told us they felt supported by their manager. Staff received supervision regularly and appraisal yearly.

Staff were aware of the requirements of the Mental Capacity Act 2005.

Staff supported people to eat a healthy diet and worked closely with health professionals external to the service to meet the needs of the people using the service.

Good



Is the service caring?

The service was caring. Staff treated people using the service with dignity and respect and maintained people's privacy in relation to sharing information regarding their health condition.

Staff ensured they worked with people using the service to ensure their personal goals were achieved.

Good



Is the service responsive?

The service was not always responsive. There were detailed care plans and risk assessments in place for people using the service, but these did not assess the risk of other people's behaviours on them.

There was a complaints process in place but further training was needed to ensure correct identification of complaints takes place and feedback is provided to the complainant.

There were limited activities at the service and people were not always aware of the range of community and leisure activities available in the area.

Requires improvement



Is the service well-led?

The service was well led. Management support was available to staff to meet people's complex mental health needs.

Staff were aware of their role and were supported to carry it out effectively.

There were regular audits taking place covering a wide range of areas to ensure the service was well run.

Good



Fortis Green

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 24 August 2015 and was unannounced. The inspection was carried out by two inspectors. Before the inspection we reviewed the information we held about the service including notifications received by the Care Quality Commission.

During the visit we spoke with five people using the service, two mental health recovery workers, a locality manager and a visiting health care professional. The registered manager was on leave at the time of our visit. We looked at the care records and risk assessments for six people living at the service and recruitment, supervision and training records for six 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

People living at the service all said they felt safe living there, although one person reported that they had previously felt intimidated by the behaviour of another person using the service which was addressed. People felt able to talk with staff if they felt unsafe, and said they would talk to the manager if they witnessed abusive behaviour between staff and other people using the service. People told us, “I feel safe,” and “If I witnessed abuse I would tell another member of staff,” and “The staff team are very stable, there’s not a cast of thousands coming and going.”

Staff had a good understanding of how to safeguard people and they had received training about safeguarding adults and children. Staff understood the different types of abuse. Information about how to make a safeguarding referral was on display in the service and staff we spoke with knew who to report concerns to. Staff also felt safe working at the service. A staff member gave an example recently of how she dealt with an incident of threatening behaviour and felt very supported by her manager, who was not at the service at the time, both during the incident and after.

Assessments of risks associated with people’s care and support had been undertaken. We looked at risk assessments, and the safety management plans. They had been completed on arrival at the service with the people using the service. This enabled staff to be clear about people’s needs and the risks to monitor to keep them safe.

Due to the complex nature of people’s mental health needs, welfare checks were undertaken every two hours in the day time if people were in the building to check their safety and wellbeing. People were free to leave the building as they wished, but were asked to leave the key to their room with staff. This enabled staff to be aware of who was in the building for the purposes of welfare checks and fire safety.

Prior to staff starting at the service, the provider checked their suitability to work with people who lived there. This included references from their previous employers and Disclosure and Barring Service (DBS) checks. The DBS

assists employers by checking people’s backgrounds to prevent unsuitable people from working with vulnerable people. The provider ensured that, as far as possible, the staff employed were suitable to support people who lived at the service.

People told us that there were enough staff supporting them. One person said, “There is enough staff usually. Sometimes there’s too many in the office.” We looked at whether staff were available at the times that people needed. There were always two people on duty with a waking staff member and staff member sleeping in at night. People using the service confirmed there were enough staff on duty to meet their needs. Staff told us that there had been a recruitment campaign recently and all permanent posts were now filled. The service used bank (as and when) staff when necessary with agency staff used occasionally.

Medicines were overseen by members of the Crisis Resolution Home Treatment Team (CRHT) which is part of the NHS Mental Health Trust and not by the provider organisation. The CRHT assessed whether people could administer their own medicines or whether they need the assistance of the CRHT to take their medicines. Each person using the service had a lockable medicines cabinet in their room. Staff employed by the provider working in the service were not involved in medicines administration but were aware of the procedure for each individual and checked medicines as part of the weekly check of the room.

People told us that the service was kept clean, and we observed this to be the case. One person said, “The house is kept clean and I keep my room clean,” another person told us, “People share the tasks and the kitchen’s kept clean.” A cleaner was working in the home on the day of the inspection, and told us they attended the home on three days weekly to keep the communal areas clean. The kitchen was clean and hygienic, with temperature checks in place to ensure that refrigerated and frozen foods were stored safely. All staff had signed to confirm that they had read and would adhere to the service’s food safety procedures.

Is the service effective?

Our findings

People told us that they were satisfied with the support they received from staff. Their comments included, “The staff are good,” “People seem knowledgeable and friendly and have helped me with making phone calls etc” and “Staff do know me and the same staff seem to be around, there’s not lots of agency staff.” People told us the staff seemed knowledgeable and were helping them achieve the goals they identified as important.

Staff had a comprehensive induction period in which they undertook training and shadowing duties with more experienced staff members. They were also given time to read procedures and processes required to do their job effectively. Staff had completed training in a number of key areas including safeguarding, emergency first aid, basic mental health skills, risk assessment, conflict management, professional boundaries and fire safety procedures. Training was provided through a mixture of e-learning (on a computer) and attendance at courses. Staff were not required to attend more detailed training relating to complex mental health conditions, the side effects of medicines or how to support a person with epilepsy (other than that covered in emergency first aid). We raised this with the locality manager who was available during our visit and they advised that they would be seeking training for staff in these areas.

Staff said they were aware of the appraisal system (which related to competencies in their specific role) but as neither of them had been in post for a year they had not personally had an appraisal in this service. Staff told us they were supervised monthly during the six monthly probation period and then three monthly thereafter. Appraisals had been completed for staff who had been in post for a year. We observed records of regular individual and group staff supervision, covering a range of topics relating to the service, with identified actions to be completed.

Staff had undertaken training and were aware of the requirements of the Mental Capacity Act 2005 (MCA).

Procedures for following the MCA were recorded on the office door. People were free to come and go from the home but did not have a front door key. This was not an issue of concern for people we spoke with. At the time of the inspection, staff told us that no one living at the home lacked capacity to make a decision. However they were able to describe the action they would take if this did become an issue.

People using the service prepared their own food. If there was a risk of an individual not eating regularly, this was noted in their care plan and staff would prompt them to eat. The service provided tea, coffee, bread and milk for people using the service. There was also the option for a shared meal to be prepared once weekly by people using the service with the ingredients paid for by the service provider. People told us that a barbeque held the day before the inspection had been very enjoyable.

People were supported to attend routine health care appointments, and seek medical advice when needed. Care records included details of the outcome of these appointments. Clinical governance meetings were held at the service on a monthly basis, with input from relevant health and social care professionals to provide a multidisciplinary approach to supporting people.

The service was not adapted for people who use a wheelchair however there were two large downstairs bedrooms, one with a larger bathroom, with call bells available if needed. There were steps down to the kitchen and living room. There was a small open plan kitchen area and lounge, with a communal TV. The seating was in need of replacement. We were told a new sofa would be bought soon. The lounge area was used by people using the service for watching TV, playing board games, doing an art activity or chatting. The lounge opened onto the back garden which was well kept and people could smoke outdoors. There was not a covered area for smoking, but staff said that options for a covered area were being considered.

Is the service caring?

Our findings

We witnessed positive interactions between staff and people using the service. Feedback from people we spoke with at the service confirmed staff treated them with dignity and respect. One person using the service told us, "It is a nice place to live in, very easy going, not rigid, staff create a free flowing environment, it is very friendly." Other people told us, "Staff are kind and caring," "I have not seen staff be horrible to anyone. I am treated with dignity and respect and given privacy," and "Staff leave me to do my own thing, my mental health's improved since being here." People said the staff were kind and caring and the service was a nice place to live in. This was significant given the short term nature of people's stays at the service.

People told us that their privacy was maintained. One person noted, "If they do a room check and you weren't there they will let you know [before going in the room]." We witnessed staff providing people with privacy when discussing issues with them (there was a quiet room for people to meet in). We also observed staff clarifying if there was authority to share information with relatives thereby protecting people's privacy regarding their health condition and well-being.

People felt that staff provided the right level of support. They told us, "They are very supportive," and "They give you time and space to get yourself together." Staff had undertaken training in service user involvement and equality and diversity. All of the documentation relating to people's care needs was written together with people using the service.

People were encouraged to complete a 'Recovery Star' document on admission (a tool to look at all the areas of their lives) and from this to identify the goals they wanted to achieve. This approach focused on the person as a whole, not simply focusing on their mental health needs. This was reviewed weekly or as necessary along with the risk assessments and safety management plans.

The day before the inspection there had been a communal barbeque in the garden. The service provided the money for the ingredients for a communal meal weekly usually at the weekend. People using the service who wished to attend shared the jobs necessary for this to happen such as shopping, cooking and washing up. They told us that there was a good atmosphere between people living at the home, supporting each other in addition to the staff support provided.

Is the service responsive?

Our findings

People told us that their needs were met by the staff team, and we observed staff being responsive to people's needs during the inspection, liaising with health and social care professionals when needed. One person told us, "Staff have told me about things, such as Mind, relaxation and gardening." Another person said, "It's alright, slow paced, there are activities but I don't join in." However one person told us, "There is nothing to do, everyone just watches TV. My mood is worse since I came here."

The service had an activities programme, however this did not include a varied range of activities. Half of the people we spoke with said that they had not been provided with adequate information about local community resources so they could access adequate social, leisure and therapeutic stimulation. Activities recorded on the schedule were art sessions, newspaper discussions, baking, mindfulness, outdoor exercise and board games. A residents meeting was held every Sunday, as well as a shared meal.

Most people were happy with the responsiveness of staff. However two people told us about times when they had not felt sufficiently supported. One person said, "I have mostly felt safe, apart from two occasions, one was because of a service user and one was because of a member of staff."

Another person told us that they found it intimidating when other people living at the home were "loud."

There was no process to follow up on actions identified from weekly environment checks. This had resulted in one person not having curtains in their bedroom for four weeks. They were still not aware of the date that they would be repaired at the time of our inspection.

The safety management plans were updated weekly or as frequently as required in conjunction with people who used the service. However we noted that they lacked clear strategies to monitor the impact of people's behaviours on other people using the service. This meant that individual staff members made decisions that could impact on others, or could appear inconsistent to other people using the service. For example, a staff member had locked the front door the night prior to the inspection to enable her to monitor one person's movements entering and leaving the building. Although the specific individual and others could ask for the door to be unlocked this impacted on people's

freedom of movement. There was a lack of clear guidance agreed for the management of this person's behaviour, or discussion with other people using the service about the impact on them.

Another person using the service told us they had felt intimidated by the behaviour of a person using the service (who had since left) who became abusive when they had taken alcohol. They had not felt this had been managed sufficiently well by staff. We were also told by people using the service (confirmed by documentation) that the day before the inspection, other people using the service had to help a person to their room due to their intoxication, and that staff had not assisted. There was no management plan in place identifying the impact this person's behaviour was having on other people using the service. We fed back our findings to the locality manager who told us that she would be addressing these concerns.

The above information was a breach of Regulation 12(2)(a)(b) of the Health and Social Care Act 2008. (Regulated Activities) Regulations 2014.

Staff told us of the referral process to the service in which they had an hour to evaluate the risks associated with admitting the person to the service from the documentation received. Examples were given of referrals being refused due to either the complex nature of the person's mental illness or the potential risk to other people using the service or staff working within the service.

The care records for people using the service were person centred with an emphasis on achieving personal goals. Records included an admission checklist, license agreement, authority to disclose information to relevant people, rights and responsibilities, a safety management plan, and progress notes. Care records included the views of people using the service, and were completed swiftly on admission, beginning with a "first look at my situation," and completing a recovery star tool to consider holistic needs and determine goals.

There was a system for logging complaints within the service, and we found that this was being used effectively. People were given a welcome pack which outlined how to make a complaint about the service. People told us that they knew how to make a complaint, however one person said that they would not feel comfortable to make a complaint about the service. We were made aware of one complaint that was not logged and investigated which

Is the service responsive?

involved the behaviour of a member of staff towards a person who used the service. At least two members of staff had been aware of this issue but had not identified it as a complaint. We fed back our findings to the locality manager who told us that she would be addressing these concerns.

We recommend that the provider reviews staff awareness of the complaints procedure, to ensure that all staff understand how to identify, and record a complaint, and processes for investigation and feedback.

Is the service well-led?

Our findings

People told us that the service was well managed. Comments included, “It’s a service that allows you to feel worthwhile and useful,” “There is a relaxed and friendly environment,” “The staff are dedicated,” and “Staff are constructive, friendly and positive.” A health care professional described good communication from the service, and helpful staff. Some people told us that they would like more group activities, a desk in their bedroom, and wi fi. We passed these requests on to the locality manager. However staff explained that it was the service’s policy not to provide wi fi, so that people would be encouraged to use community facilities such as a local library.

The registered manager, who managed two services for the provider organisation, was on leave during the inspection visit. There was a culture of openness within the service. Staff were aware of the goal of the service, to enable people to live as normal a life as possible during their stay, while staff took care of their health related needs. There were effective systems in place to ensure that care planning was carried out promptly when people moved into the service, and involved people using the service. Regular audits ensured that risk assessments and care plans were reviewed regularly, and the service was kept clean and well managed.

People using the service received a welcome pack on arrival including information regarding the service and how to remain safe both in the home and locally. It also consisted of a checklist for staff and people using the service, to ensure all paperwork was completed and information provided to people being admitted so they could use the service and support most effectively. Equality and diversity monitoring took place on admission and there was a rights and responsibilities document that was respectful and acknowledged that people had capacity to make choices as an adult.

Staff were confident and competent and were able to locate all documents we asked for. They told us that there was always sufficient management cover available. The service’s procedures were up to date. Staff signed each person’s ‘progress notes’ (a log of the events of the previous shift) and we witnessed a detailed handover between staff shifts. Staff were aware of their role and the boundaries to their role. For example, we witnessed a staff member

asking the Crisis Resolution Home Treatment Team (CRHT) to give medicines directly to one person, rather than passing it and any message onto themselves, as staff were not directly involved in the handling of medicines within the service.

Weekly residents meetings were held at the home covering topics including fire safety, smoking, health and safety, rights and responsibilities, food hygiene, activities, advocacy, suggestions, and compliments and complaints. Staff told us that they had introduced systems to address feedback from people using the service, such as a communication book between staff, a new intercom system, an activities folder, and monthly clinical governance meetings.

Staff team meetings were held monthly and included group supervision, topics raised in residents meetings, complex case discussions, lone-working, goal reviews, policies, and training. Monthly operational meetings included reviewing business and organisational development, external and internal relationships, property management, people management, complaints and incident management.

We looked at records of accidents, incidents, near misses, and complaints. Staff told us how they addressed these issues, with serious incidents being passed on to a higher manager level group for review. The service had scored 96 per cent at the most recent health and safety audit.

Unannounced registered manager visits (from other care services run by the provider) were conducted in March 2015, and January, February, August and November 2014, with any areas for improvement acted upon swiftly. The most recent internal audit was conducted in July 2015. Satisfaction surveys were distributed to all people who used the service prior to their moving on. We looked at completed surveys received within the last six months including comments such as, “Just keep it as it is,” “I had a good experience,” “It is constructive and positive,” “Tell people in the morning what the activities are,” and “I valued the ability to unburden problems with staff.”

The provider’s quality monitoring system identified what was working well at the service, including staff team work despite significant changes, monthly team meetings, group supervision, discussing policies and procedures, particular activities, and the peer support group set up for people after they had left the service. Improvements had been

Is the service well-led?

made in working in partnership with the mental health trust, better communication, health and safety procedures, introduction of two hourly welfare checks, window restrictors and planting a herb garden. Improvements planned included further developing the voice of people

using the service, achieving compliance with people's intended stay of 14 days (currently regularly exceeded due to people's accommodation issues), activities, the peer support group and a family and carers group, staffing, and premises upkeep.

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

Accommodation for persons who require nursing or personal care

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

The registered person did not ensure that risk assessments described the impact of people's behaviours on others and how these risks should be managed by staff. (Regulation 12(1)(2)(a)(b))