

Home Group Limited

Natalie House

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?	Outstanding ☆
Is the service well-led?	Good ●

Summary of findings

Overall summary

We carried out this inspection on 04 & 10 March 2016. The inspection was unannounced. Natalie House provides accommodation and support for up to ten people with mental health needs requiring intense support for a year long period to learn and develop independent living skills. At the time of our inspection there were eight people living at the home.

There was a registered manager in place. 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.

We received some outstanding feedback about the service without exception people and health professionals told us they were extremely happy with the care and support provided by Natalie House.

There was a very positive and welcoming atmosphere within the home and people were very much at the heart of the service. Everyone we spoke to told us they felt extremely safe living at Natalie House. The safety of people who used the service was taken very seriously and managers and staff were well aware of their responsibility to keep people safe.

Natalie House actively involved people in their assessment which enabled them to make choices about the support they needed to help them back to independence. People were supported to take informed risks. Risk assessments had been completed for the environment and safety checks were conducted regularly of gas and electric.

There was a strong focus on continually striving to improve. The registered manager sought feedback through the use of quality assurance questionnaire and used the results to improve the service. The registered manager had asked people's relatives to carry out an audit in the home so people might be more open and honest.

The home was piloting a peer support group to support people living at the home manage their mental health by people with lived experience of mental health and recovery. People were empowered to raise awareness of mental health conditions to ensure they were at the heart of the service.

The home had provided two open days and invited health professionals and support organisation's to assist in promoting awareness to improve people's wellbeing. People were also empowered and supported to produce monthly newsletters to support people understand mental health conditions and improve their knowledge.

People's health and wellbeing needs were closely monitored and staff worked closely with health professionals and regular reviews by health professionals took place with people working towards goals

they had set for themselves. People were supported to receive their medicines safely from suitably trained staff and these were stored, administered and audited effectively.

People were given a choice of food gift cards weekly so they could buy their own food to encourage independence and staff were there to support people if needed. People could also attend cookery classes and attend group meals and a breakfast club.

The registered manager maintained a high level of communication with people through a range of newsletters and meetings. They consulted people about all aspects of the service and acted on their feedback. People were invited to service user involvement groups to feedback on provider policies and procedures, which the company valued.

Relevant recruitment checks were conducted before staff started working at Natalie House to make sure they were of good character and had the necessary skills. Staff had received training in safeguarding adults and knew how to identify, prevent and report abuse. There were enough staff to keep people safe.

People were cared for by a motivated and well trained staff team, who always put people first. Staff received regular support and received regular one to one sessions of supervision to discuss areas of development. Staff informed us they completed a wide range and felt it supported them in their job role. New staff completed an induction programme before being permitted to work unsupervised.

Staff sought consent from people before providing care and support. The ability of people to make decisions was assessed in line with legal requirements to ensure their rights were protected and their liberty was not restricted unlawfully.

People were cared for with kindness, compassion and sensitivity. The staff were highly committed and provided people with positive care experiences. Care plans provided comprehensive information about how people wished to receive care and support. This helped ensure people received personalised care in a way that met their individual needs.

People were supported and encouraged to make choices and had access to a wide range of activities. Staff knew what was important to people and encouraged them to be as independent as possible. When people were ready to leave Natalie House they were offered a four week support programme to help them settle into their new home, with staff they felt safe with and understood their needs.

There was strong leadership which put people first and set high expectations for staff. A complaints procedure was in place. There were appropriate management arrangements in place and staff felt supported.

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.

People felt safe living at the home and staff knew how to identify, prevent and report abuse and the home promoted a safe guarding lead.

There were enough staff to meet people's needs and recruitment practices were safe.

Staff were assessed as competent to support people with medicines.

Risks were managed appropriately and staff were aware of emergency procedures.

Is the service effective?

Good ●

The service was effective.

People were supported to choose their own meals by using a food gift card to purchase their groceries. The home also ran cookery and breakfast clubs which people could choose to attend.

Staff told us they felt supported and had regular sessions of supervision and received a wide range of training.

Staff sought consent from people before providing care and followed legislation designed to protect people's rights.

People were supported to access health professionals and treatments.

Is the service caring?

Good ●

The service was caring.

People felt staff treated them with kindness and compassion.

People were treated with dignity and respect and were encouraged to remain as independent as possible.

Is the service responsive?

Outstanding 

The service was outstanding in the way they responded to people's changing needs.

People received excellent care that was based around their individual needs and innovative methods were used that ensured care was personalised and responsive.

People were invited to visit the home and choose accessories and bedding for their rooms as well as meet staff and people living at the home before they moved in.

People received personalised care from staff who understood and were able to meet their needs. Care plans provided comprehensive information to guide staff and were reviewed regularly by their key workers. People were supported to achieve goals to enable independence upon leaving Natalie house, while working with the community mental health team.

The home was piloting a peer support group to support people living at the home manage their mental health. People were empowered in raising awareness through the use of open days at the home. The home had a complaints procedure in place.

Is the service well-led?

Good 

The service was well led.

People and staff spoke highly of the registered manager, who was approachable and supportive. Staff were involved in the running of the home. Staff had regular staff meetings and a yearly survey through the use of a questionnaire.

The registered manager promoted people involvement and made links with the local community. There was a clear set of values and a vision for the service with people at the heart of it.

There were systems in place to monitor the quality and safety of the service provided. There was a whistle blowing policy in place and staff knew how to report concerns.

Natalie House

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 the 4 & 10 March 2016 and was unannounced. The inspection was carried out by one inspector, and a specialist advisor in the care of people with mental health needs.

Before the inspection, we reviewed information we held about the home including previous inspection reports and notifications. A notification is information about important events which the service is required to send us by law.

We spoke with three people living at the home. We also spoke with the registered manager and four staff members. We looked at care plans and associated records for five people, four recruitment files, accidents and incidents records, policies and procedures, minutes of staff meetings and quality assurance records. We observed how staff interacted with people whilst supporting them with a range of activities in the home. We also received feedback from a visiting health professionals and two student social workers who were on placement at the home.

Following the inspection, we received feedback from five health care professional who had regular contact with the home, to obtain their views about the care provided.

We previously inspected the home in April 2014 where no concerns were found.

Is the service safe?

Our findings

People who used the service told us they felt safe living at the home. One person told us, "I feel safe I have a lock on my door, it took a while to settle in but it's a really nice place." Another person told us, "I like living here and I feel safe, staff help me with my medicines, I am happy here." A third person said, "I like living here, I feel safe." A health professional told us, "People are safe here twenty four hours; I have no concerns at all." Another health professional said, "The home is extremely good at assessing safeguarding and has good risk assessment skills."

People were protected against the risks of potential abuse and had access to information about safeguarding and how to stay safe. The home promoted a staff member to take a lead in safeguarding. They informed us they had received lots of training on safeguarding and staff and people living at the home can go to them for advice. They told us, "I bring up any changes in staff meetings and resident's meetings each month, for example, if a new form is being used. If there are any safeguarding concerns I will talk to the person involved, their care manager and the local safeguarding authority while keeping a paper trail." The minutes of resident's meetings showed that safeguarding was raised at every meeting and people were asked if they knew what safeguarding was. Different types of safeguarding were discussed and people were advised to speak to staff if they had any concerns. People were also given a leaflet on safeguarding and who to contact should they have any concerns about themselves or anyone living at the home.

A safeguarding policy was available and staff were required to read this and complete safeguarding training as part of their induction. Staff were knowledgeable in recognising signs of potential abuse and the relevant reporting procedures. One staff member told us, "If I had a safeguarding concern, I would immediately report it to management as it's very important."

Risks and harm to people were minimised through individual risk assessments that identified potential risks and provided information for staff to help them avoid or reduce the risks of harm. The registered manager told us, "The risk assessment starts at the panel meeting, where I start to think 'can it work' and we sometimes have to say no. I then bring the assessment back to the team to discuss so we can manage the risk. We then have a four week assessment process where we work with other agencies including the police."

Staff showed they understood people's individual risks; they assessed, monitored and reviewed these regularly and people were supported in accordance with their risk management plans. One staff member told us, "Safety plans are in place for staff to follow and for us not to become complacent as they are there for a reason." Another staff member told us, "Risks change on a daily basis, so we are always assessing risks as they happen." Risk assessments were in place to support people accessing the community to participate in social and leisure interests.

When people moved in, they received an induction to the home, which included being introduced to other people, the staff and the registered manager. People were then shown around the building and the running of the building was explained. The service had installed CCTV equipment in some of the communal areas and offices of the home. The use of this equipment had been discussed with people prior to them moving to

As part of people's assessment when they first moved into the home fire procedures were explained and advice given. People were given a questionnaire to fill out, which included questions such as 'Can you hear the fire alarm test clearly?' And 'Do you know where the fire evacuation point is?'

Risk assessments had been completed for the environment and safety checks were conducted regularly of electrical equipment. A fire risk assessment was in place which all people had read and signed. Weekly checks of the fire alarm, fire doors and emergency lighting were carried out. Records showed that staff had received fire training and staff were aware of the action to take in the event of a fire, and fire safety equipment was maintained appropriately. There were plans in place to deal with foreseeable emergencies. The home had a major incident contingency plan in place for the loss of services due to severe weather and loss of power in the home, as well as other foreseeable emergencies.

There were enough staff to meet the needs of people and keep them safe. One staff member told us, "I feel there are enough staff, there is always staff here, we are never left alone, also have on call as a back-up." We observed that staff were available to support people whenever they needed assistance. The registered manager kept the staffing levels under review and staffing was adjusted to meet people's needs. People and staff told us the number of staff was sufficient to look after people's routine needs and support people individually to access community activities.

Robust recruitment processes were followed that meant staff were checked for suitability before being employed in the home. Staff records included an application form and a record of their interview, two written references and a check with the disclosure and barring service (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Staff confirmed this process was followed before they started working at the home. One staff member told us, "The Company applied for references and my DBS and went through my employment history in my interview."

People were supported to receive their medicines safely. One person told us, "They help me with my medicines and do a good job." All medicines were stored securely and appropriate arrangements were in place for obtaining, recording, administering and disposing of prescribed medicines. Medicine administration records (MARs) confirmed people had received their medicines as prescribed. Training records confirmed staff were suitably trained and had been assessed as competent. Medicines stock checks were taken daily and recorded and signed by the staff member undertaking the check.

The home had a staff member who took a lead on medicines who completed staff medication competences yearly and held medication meetings with the registered manager. Minutes from a meeting in January 2016 showed all audits and stock checks were up to date and staff were looking at getting people independent on taking their own medicines.

People were supported and encouraged to be independent and to take control of their own medicines, where possible. If a person was not independent in medication management by the time they are to move to more independent living, the home discuss this with the Community Mental Health Team (CMHT) and consider implementing a support package to assist with medication compliance.

Is the service effective?

Our findings

People told us they liked living at Natalie House and were able to make their own decisions. One person told us, "I like my room and I have my own key and can come and go as I please." Another person said, "I do my own cooking, staff help me and the shared meals are really nice." A third person said, "I like cooking and they teach me to cook."

People were responsible for their own meals. People were provided with a supermarket gift card, each week and could choose which shop to purchase their food supplies from. One staff member told us, "People are supported if they need assistance, but the aim is for people to complete this themselves to encourage independence." They also told us, "To start with people will need assistance as they might just buy coke and chocolate, so we support them." Staff informed us that they encourage people to buy at least three meals they can cook from scratch. Two days could be microwave meals if they prefer then two days where all the people living in the home get together for a group meal, where they could choose what they would like following a discussion at the resident's meeting. One staff member said, "This is usually a roast dinner on a Sunday and a meal chosen by the residents. This then goes on the notice board when people decide if they would like to attend and who would like to cook." People were provided with their own locked cupboard to store their food, as well as a section in the fridge and freezer.

People had the opportunity to join a cookery club once a week where people were asked what they would like to cook. This would give people living at the home a sense of purpose, and encourage people to develop their independent living skills. A staff member told us, "We sometimes have a theme night in the home, for example, a Chinese meal, where all the residents get involved. Someone would go shopping, someone cook, someone wash up etc." The home also runs a breakfast club three mornings a week which was popular with people living at the home.

Staff were motivated to work to a high standard and were supported appropriately in their role. The registered manager told us, "If someone comes in with a special need we will organise training to support that person." Training records showed staff had completed a wide range of training relevant to their roles and responsibilities. Staff praised the range and quality of the training and told us they were supported to complete any additional training they requested.

Staff told us training was completed by a mixture of on line and face to face training. One staff member told us, "We had a service user who was hard of hearing so I completed a sign language course to support them better." They were up to date with all the provider's essential training, which was refreshed regularly. Training completed by staff included suicide and self-harm, mental health, first aid, epilepsy, eating disorders, diabetes, wellbeing and nutrition.

New staff to Natalie House completed a comprehensive induction programme before they were permitted to work unsupervised. One staff member told us, "My induction was good, I went through policies and procedures and where to find information, I was introduced to all the residents, how to complete paper work and everything you would need to know about the service." Another staff member said, "I Just feel

really positive about being here, and been introduced to all the people living here." All new staff worked towards the completion of the Care Certificate. The Care Certificate is awarded to staff who successfully complete a learning programme designed to enable them to provide safe and compassionate care.

People were supported by staff who had supervisions (one to one meetings) with their line manager. Staff told us supervisions were carried out regularly and enabled them to discuss any training needs or concerns they had. One staff member told us, "Supervisions are quite helpful, I can discuss any issues I may have and areas I still need to improve on." Records showed that these provided opportunities to discuss their performance, lead roles and the people they were supporting. The registered manager told us, "Supervisions occur every four – six weeks and objective goals set for the year."

People's consent to care and treatment was sought in line with legislation. Although everyone in the home had capacity to make decisions for themselves, staff and management had a good understanding of the requirements of the Mental Capacity Act (MCA). A health professional informed us, that the home is very good at assessing mental capacity concerns and any concerns communicating with the CMHT.

Staff had received training in the Mental Capacity Act, 2005 (MCA). The MCA provides a legal framework to 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). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty was being met. No DoLS applications were applied for at the time of our inspection.

People's care records showed relevant health and social care professionals were involved with people's care. Health professionals informed us the home were always very good at communicating concerns or worries regarding people living at the home as well as seeking advice as to the best way forward with providing care for people. Care plans were in place to meet people's needs in these areas and were reviewed regularly. These covered access to the GP, dentist and any other health professional identified either during the assessment or as required. Plans also included information regarding whether the person could access healthcare independently or needed support. One staff member told us, "I try to get people to go alone but if I need us to go with them we would."

People had their own bedrooms, which were all en suite. People also had access to their own fridge in their room, where they could store their own drinks and snacks. The home also provided the free use of a communal lounge, kitchen and dining room, an activity room as well as a garden. The home was nicely decorated and very clean and welcoming. The home also had pictures on the wall which had been painted by the people living at Natalie House which added a personal touch and a splash of colour.

Is the service caring?

Our findings

People told us they were treated with kindness and compassion. One person told us, "Staff are really kind and helpful." Another person told us, "Staff are nice here." A third person said, "Staff are really good." A health professional told us, "All staff very approachable great team members, I'm sure colleagues would say the same the home is a great resource, excellent." Another health professional told us, "They do have a good caring philosophy."

Staff built up positive relationships with people. Staff spoke about their work with passion and spoke about people warmly. One staff member told us, "I really enjoy working here especially seeing people move on, one person moved early and has done really well." Another staff member said, "Love working here, good teamwork and staff support me a lot." Staff demonstrated a detailed knowledge of people as individuals and knew what their personal likes and dislikes were. We saw how they had taken the time to get to know people by addressing them using their chosen name, maintaining eye contact and ensuring they spoke to people appropriately. A recent compliment card from a person who had recently left the home stated, 'thanks for the accommodation and brilliant care over my year at Natalie House and support in getting my new place.'

The relationships between staff and people receiving support demonstrated dignity and respect at all times. One person told us, "Staff are really good with privacy and dignity." One staff member told us, "Dignity and privacy is about respecting people, we don't go in someone's room without their consent. We always knock and wait." Staff knew, understood and responded to each person's diverse cultural, gender and spiritual needs in a caring and compassionate way.

Staff understood the importance of promoting and maintaining people's independence. The registered manager informed us that many people become independent in the community on their own or with a package of care provided for them. Health professionals told us they found the service to be very professional and recovery focused.

Staff liked to get involved in raising funds for the home. We spoke to one staff member who was in charge of fundraising within the home, they told us, "I raise money by running a tuck shop and quizzes and sponsored running. The money raised is then used to buy presents for people's birthdays and Christmas as well as some travel for people as not everyone has family members." Staff recognised the importance of people's birthdays and that not everyone had someone to celebrate with.

If people wished to have additional support to make a decision they were able to access an advocate. Information about advocacy services was available to people. The registered manager informed us that people living at the home had access to various advocacy services.

We observed a lot of genuinely caring behaviour in staff interactions with people, which demonstrated person-centred care in their familiarity with each person, and the ease of communication. Confidential information, such as care records, were kept securely and only accessed by staff authorised to view them.

When staff discussed people's care and treatment they were discreet and ensured conversations could not be overheard.

Is the service responsive?

Our findings

People consistently told us they received personalised care from staff who understood their care needs and supported people to make choices. One person told us, "My main goal is getting ready to leave I feel positive and am happy to get my own place." Another person said, "Lots of choice and things to do." A third person told us, "Absolutely brilliant, would recommend it here." We received some outstanding feedback from health professionals and all the health professionals we spoke to would highly recommend Natalie House. One health professional told us the home was a, "Great resource, communication is excellent and we always get invited to reviews and are kept updated with changes." Another health professional told us staff were "always very professional and appear to be person centred towards their clients." A third health professional said, "Staff have confidence in the service to provide good quality, recovery focussed rehab."

Natalie House had recently started running an innovative pilot project called 'Peer Support'. The home had two peer support workers with personal experience of mental health and recovery that could provide advice with practical skills. The personal experience of the peer support worker allowed them to empathise and relate to people more fully as well as giving people the sense that they were not alone. The peer support workers worked alongside Natalie House staff, as well as the person's mental health team to ensure that they were receiving the best support possible. The aim of this project was to support people with mental health difficulties so they could develop independent living skills and learn to manage their own mental health.

Peer support workers developed people's wellness recovery action plan to identify triggers and early warning signs to create an action and recover plan. For example, by providing emotional support for people when needed by talking on a one-to-one basis and gaining people's trust. People were also supported to develop goals for independent living for example, by practical skills such as CV building and skills training. The registered manager informed us they were really excited about this project and it was going to be a great benefit to people living at Natalie House, and were looking forward to reviewing the impact on people's wellbeing.

People were empowered to raise awareness of mental health conditions to ensure they were at the heart of the service. The home had provided two open days. One was called 'Don't call me crazy' to raise awareness for 'World Mental Health Day' and was run by a person living at the home. World Mental Health Day is run every year with the overall objective of raising awareness of mental health issues around the world. The registered manager told us, "It was a lovely day and well attended with The Recovery College and MIND attending as well. It was held in the garden with lots of refreshments." The Recovery College offers courses designed to increase people's knowledge and skills about recovery and self-management of people's mental health. MIND is a recognised charity that empowers people to understand their condition and the choices available to them, offering people support and information.

The other open day was called 'Keeping the hope' which raised awareness for 'World Suicide Day'. 'World Suicide Day' is run every year to prevent the amount of suicides each year by raising awareness across the world. The local Samaritans also attended to help raise awareness for 'World Suicide Day.' The Samaritans

is a registered charity aimed at providing emotional support to anyone in emotional distress. People, their families and health professionals were invited as well as local advocacy groups where people could pop in throughout the day to help raise awareness of people living with mental health conditions. These open days benefitted people at the home and provided them with valuable resources as to what was available for people who are struggling with mental health conditions. As well as educating staff and family members so they could provide better support and understanding.

The home had found innovative and creative ways to enable people to be empowered and voice their opinions, and sought feedback from people by relatives taking ownership through the use of a quality assurance questionnaire. The registered manager told us, "I asked relatives if they could come in and carry out an audit as people might be more open to give honest answers. The relatives really got fully involved and included their own questions for people using the service." Results from the survey showed that people enjoyed living at Natalie House. Comments included: 'Client is happy here and would like to stay longer because they felt safe and well cared for' and 'I like the freedom and choice.'

The home also sought feedback to improve the service by asking people to fill in exit interviews upon leaving the service. Results showed that everyone who had left Natalie House would recommend the service. Comments included, 'I enjoyed living here, and I felt supported and got ready to move on' and 'it's like the stepping stone I needed to allow me to get to where I am today.'

A newsletter was produced every month for people living at the home. A newsletter in January 2016 showed that a person living at the home had won the best improvement award 2015 for a local sport award, which provides sports and activities to support people suffering with a mental health condition. Everyone at the home was really pleased for the person on achieving such an outstanding achievement.

People were supported to set the agenda for a mental health newsletter which was produced monthly. An email was sent to people to request what people would like to learn more about. A staff member told us, "I always put at the top of the newsletter who has requested the information, so people feel listened to and hopefully will encourage more people to come forward with agenda items". For example for the month of February 2016 the newsletter was around personality disorder and bipolar at the request of one of the people living at the home. As well as explaining about the disorder it offered advice on what treatment was available and self-care and management.

We found people who used the service received excellent care and support. Before people moved to Natalie House they and their families (where appropriate) participated in an assessment of their needs to ensure the home was suitable for them. People were invited to visit the service before they moved in to view the rooms and spend some time meeting staff and other people living at the home. The registered manager told us, "We involve people in everything we do and consult with them about everything and try to be as person centred as we can. They can choose which colour scheme of new bedding, towels and accessories to personalise their rooms." Involving people and their relatives in this assessment ensured care was planned around people's individual care preferences. A staff member told us, "When someone first comes in we sign them up with a buddy and we work with them and show them around."

Assessments were used to create a care plan which detailed how their needs were to be met. People were informed that they could access their files. The process was explained and people signed and dated to say they understood. People devised their own support plans with support from staff. A health professional told us, "I have recently had a service user move on from their intensive support to a lower level support and they provided after care for him. They went from an inpatient unit to independent accommodation (with weekly support) within a nine month placement at Natalie House."

Goals were kept in people's care plans, and removed when they had been achieved, for example keeping their room clean and tidy. Records showed that one person had recognised they wanted to be healthy and maintain good mental health. Referrals were made for psychology therapies intervention and the gym. Records showed that they had completed their goals. Staff had introduced an innovative way to support people to reach their target goals. By the novel idea of 'client of the month' for keeping and agreeing to goals, the 'Client of the month' could receive a gift voucher and be mentioned in the monthly newsletter. The registered manager told us, "For example if someone wants to improve their English and maths we help them, by making achievable goals that they want to do."

People were supported to maintain their independence and access the community. A staff member told us, "One person started college down the road and didn't want to walk on their own, so we set it in goal stages. For the first week we walked with them every day, and then the second week behind them, then moved further and further behind them so they now have the confidence to walk to college on their own."

People could choose their own keyworker and care plans were reviewed by keyworkers weekly. A keyworker is a named member of staff that was responsible for ensuring people's care needs were met. This included supporting them with their care plan, shopping, budgets, appointments, medicines and the person's room. People told us they related well to their key workers and benefitted from their support. A comment slip completed by a person living at the home stated, 'Staff member done a very good link work with me and I learned so much from it and I have so much to look forward to.'

People were given the opportunity to change their key worker if they formed more positive relationships with another member of staff. If they felt they had an issue with their keyworker they could 'consider involving a third person in the discussion such as an advocate or client representative to help.'

People's needs were reviewed every three months or as required with recovery targets were very personalised and tailored to their needs. These were called 'recovery stars' and included health and social care professionals, parents, the key worker and the person themselves. Reviews were well documented, for example we saw that one person was regularly supported and reviewed to access community services, supporting them with using the internet and telephone to access the benefits office and attend the Job Centre. While staff were observing and assessing their mental state, they were offering reassurance and the opportunity to talk about what was troubling them. A health professional told us, "The home is very thorough, with good care planning. All in all, a great resource and support."

When people were ready to leave Natalie House, people who were struggling or anxious about moving into independent living were offered weekly support sessions for a period of four weeks. This meant they were supported to settle into their new accommodation by staff they knew well.

Handover meetings between staff at the start of each shift ensured that important information was shared. People's current care and enablement needs and the progress they were making in achieving their goals were recorded and acted upon where necessary to ensure the consistency of support. One staff member told us, "Handovers is a very robust system. I've been impressed with handovers; we talk about each person in detail and lots of choice being promoted."

People were involved in the planning and development of new ideas for the home. Resident's meetings were held monthly and people were encouraged to attend. These were usually held in the evening as most people were out during the day. Minutes showed that people were asked to chair the meeting, which gave them a sense of ownership of the decisions made. Recent minutes showed people were asked if they were happy with the activities and if they had any suggestions. Someone suggested that the power walk should

be cancelled due to lack of interest and people at the meeting agreed.

People were supported to participate in a range of social and leisure activities in line with their personal interests. A staff member who took a lead in arranging activities told us, "This involves me looking for new activities for each person that involves them." They also told us, "I recently brought some colouring sets in to help with mindfulness as this activity can be quite calming." People were also supported with group activities which included; cooking, coffee mornings, and arts and crafts; pamper groups, board games, quizzes, film night, and music groups. One person told us, "There is enough to do here."

People were able to raise complaints. People were given a copy of the complaints procedure and a leaflet they could fill in, anonymously if preferred, where people could complain or pass on ideas. The Complaints procedure was also discussed at residents meetings so people felt comfortable to complain out in the community. The home had one formal complaint in the last year, which had been investigated and responded to appropriately in accordance with the home's policy. One person told us they felt "listened to" if they had a reason to complain. Compliments included, 'To all staff sincere thanks for your professionalism and kindness' and 'Thank you for your support'.

Is the service well-led?

Our findings

People told us the home was well run. One person said the registered manager was "very nice." There was an open and transparent culture within the home. Visitors were welcomed and there were good working relationships with external providers. All the health professionals we spoke with told us the service was very professional and supported people well. One health professional told us, "I personally have nothing but the highest regard for the staff at Natalie House and the role that they provide in providing supported housing to a group of people in Southampton." Another health professional told us, "I am always happy to place people there, as I know the service they receive will be second to none."

The provider had a clear vision and set of values which encouraged the philosophy of placing the person in the centre of all the care they received. The provider held annual awards as part of an initiative to motivate and recognise the contribution of staff. The registered manager was awarded the home stars 'always accountable' award in 2014. This is awarded to managers across the home that had made a difference in the home for people and staff at Natalie House. They told us, "This has been one of my greatest achievements but don't think we would be such a success without a great team."

The registered manager informed us they kept up to date by attending lots of mental health forums and sharing best practice with other providers. The registered manager told us, "I am very proud of seeing the results clients have gone on to achieve in their recovery."

Staff felt they could raise concerns, make suggestions for improvements and would be listened to. A staff member told us the registered manager was "Brilliant, very supportive" and they could "ask her anything." Another staff member said the registered manager was, "Very nice, works hard. Leads well, firm but fair and operates an open door policy." A third staff member told us they felt "able to bring ideas forward and feel supported."

Staff meetings were carried out once a month and minutes showed these had been used to reinforce the values, vision and purpose of the service. Each staff member that held a lead role gave any updates at these meetings and any concerns from staff were followed up and acted upon swiftly. For example, one staff member was the wellbeing champion. They had made improvements for staff, such as ensuring tea breaks were taken and lunch provided at staff meetings. The registered manager informed us that staff can sometimes deal with some very difficult and stressful situations so it was very important that staff had the opportunity to take some time out by having a break.

Staff were involved in the running of the home and were asked for ideas. A yearly questionnaire was sent to all staff. Results showed that staff were satisfied with training and support and felt valued and safe. The provider improved staff pay in response to the survey results. Staff were also involved in developing procedures for the home. A staff member told us, "We take a procedure to the meeting each week, then bring up for staff comment and if anything else is needed. We have procedures for everything and guides for everything."

The home were supporting two social worker students as part of their work placements. One told us, "Really welcoming and supportive team, taken time to go through paper work. They have a great understanding of people's needs; it's been a really good experience." The other student said, "I've really enjoyed it and have been involved in everything, it's a very person centred service. We meet up once a week for a catch up and I am always supervised so I know what I am doing."

The registered manager informed us that staff were supported to progress further in their career. They told us, "In staff supervisions and appraisals we set company goals as well as personal goals. For example if a staff member wants to go into management I can offer training and leadership pathway to support them achieving their goal. I will show them things and get them involved in meetings."

The provider held meetings in London with people using the service. The meetings were used to seek their views and input regarding how the service was run. Examples of this was involving people with new policies and procedures or drafting a questionnaire. People were invited to a 'client involvement panel' meeting where they were involved and asked for their ideas and thoughts. Lunch was provided and people could go sightseeing afterwards with staff support. The registered manager ensured that people were informed and had the opportunity to attend and represent the home as their opinion was very much valued and sought after.

The registered manager promoted community involvement and had made links with the local community. The registered manager told us, "We entered 'Southampton in Bloom' with the resident's gardening group in the summer and they won 'highly commended' 2015."

The home had appointed a member of staff to act as the service's diversity lead. We spoke to the diversity lead who told us they talked to people in meetings "about diversity and what it is all about so people with mental health conditions aren't excluded." They also told us they saw "what is going on in the community and try to get people involved. We held a diversity day last year and invited people's families."

The registered manager implemented an effective accident and incident monitoring system. Details of action taken to keep people safe and prevent future occurrences were recorded and reviewed promptly by the registered manager and a copy was sent to the provider's service manager within twenty four hours of the incident and a copy was kept in the 'Reportable Incident file'. Incidents were also reported to the Community Mental Health Team if required. These were also discussed at staff meeting for future learning. The registered manager told us, "A lot of reflection is carried out in meetings, for example an incident will be discussed and will go through procedure and will reflect what we could have done different, then update policy and procedure to reflect this and learn from it."

The registered manager used a system of audits to monitor and assess the quality of the service provided. These included medicines, care plans, accidents and incidents, people's rooms, health and safety and the building. The registered manager also encouraged staff to peer review and audit each other's residents' files which took place every three months. Staff were encouraged to check files for any gaps or non-completed documents. Actions were identified and a date given to be completed by. The care co-ordinator was also invited to peer review people's files to review some of the documents including the goal plan, risk safety plan, checking on client involvement and reviewing consent to share information. This meant that people were kept safe and staff were achieving the best possible outcomes for people using the service.

The service provider also carried out their own internal audit of the service which was carried out yearly and looked at all aspects of the service. Records showed that the home had achieved all outcomes from this and had no actions to carry forward.

There was a whistleblowing policy in place which staff were aware of. Whistle blowing is where a member of staff can report concerns to a senior manager in the organisation, or directly to external organisations. The provider had notified CQC about significant events. We used this information to monitor the service and ensure they responded appropriately to keep people safe.