

National Schizophrenia Fellowship Herbert House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

What life is like for people using this service:

Leadership and management of the service had not ensured people always received a high-quality service. The home had not had a consistent manager until shortly before the inspection.

The provider did not have effective systems to plan how the risks people faced were going to be managed. Support plans were not always developed in a timely way and kept up to date. Information about the support people needed to manage their mental and physical health was not always included in the support plans.

Despite the shortfalls in risk management and support planning, staff demonstrated a good understanding of people's needs and how to meet them.

People were confident that staff had the right skills and felt safe in the service. People felt staff treated them in ways that maintained their dignity and privacy.

Staff were well trained and there were enough of them to provide the support people needed. Staff were thoroughly checked before they worked at the service.

People were confident any complaints would be investigated and action taken to resolve them.

More information is in Detailed Findings below.

Rating at last inspection:
Good (report published 27 August 2016).

About the service:

Herbert House is a care home for people with mental health needs. Eight people were living in the home at the time of the inspection.

Why we inspected:

This was a planned inspection based on the rating at the last inspection.

Follow up:

We have told the provider they must improve the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our findings below.

Requires Improvement ●

Is the service well-led?

The service had not been well-led.

Details are in our findings below.

Requires Improvement ●

Herbert House

Detailed findings

Background to this inspection

The 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.

Inspection team:

The inspection team consisted of one inspector.

Service and service type:

Herbert House is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The home did not have a registered manager at the time of the 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. A manager was in post and their application for registration was approved in the week following this inspection.

Notice of inspection:

We gave the provider 24 hours' notice of the inspection visit because the road the home is on has a police presence due to an incident unrelated to the care home. We needed to be sure the we would be able to access the service. The inspection took place on 28 November and 3 December 2018.

What we did:

Before the inspection we reviewed the information we held about the service and the service provider. The registered provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the notifications we had received for this service. Notifications are information about important events the service is required to send us by law.

We spoke with three people to gather their views about the care they received. We looked at records, which included six people's care and medicines records. We also looked at a range of records about how the service was managed. We spoke with the manager and five support staff. We received feedback from one external social care professional about the service.

Is the service safe?

Our findings

People were not consistently safe and protected from avoidable harm.

Assessing risk, safety monitoring and management:

- Risks identified in people's assessment records were not always reflected in the risk management plans that were in place. One person had an assessment record from their social worker which identified risks in relation to inappropriate behaviour, self-neglect, leaving the service without support and placing themselves at risk in the community. There had also been incidents in the home in which the person had become verbally confrontational, three of which had resulted in police attending the service. Despite the clearly identified risks and incidents, there were no risk management or support plan in place for this person.
- Although information on these risks was not included in a formal risk management plan, staff demonstrated a good understanding of the person's needs and how to support them. Incident reports demonstrated staff had provided consistent support for the person. The person's needs had been discussed in staff meetings. The manager told us they were aware there had been a delay in developing a risk management plan for this person. The manager had assigned a new keyworker for the person, to ensure the records were completed as soon as possible.
- Other people had detailed risk management plans in place. The plans included information about the risks the person faced and strategies for supporting them to stay safe. The plans included details on fire safety for people who smoked, support to manage finances, risks of self-harm and physical hostility towards others. Plans had been regularly reviewed with people to ensure they were up to date.
- Staff were aware of the risks people faced and the plans in place to manage them. Staff told us they were confident they could provide the support people needed.

Using medicines safely:

- People were supported to manage their medicines independently where possible, following a risk assessment process. Systems were in place to check with people that they were managing their medicines safely and provide support where needed. Comments included, "They have treated me fairly. I am able to self-medicate."
- People who were supported by staff received their medicines safely and as prescribed. People said they were happy with the help they received to take their medicines.
- Accurate records were completed of the support staff provided people to take their medicines.
- Systems were in place to manage medicines with potentially dangerous side effects. There was clear

information in support plans of side effects to look out for and emergency contact details of health professionals involved in people's care.

Learning lessons when things go wrong;

- Incidents were recorded electronically and had been reviewed and actions signed off by the manager before being closed. Actions included; reviews of support plans in place for people; introducing additional safety checks to ensure people did not smoke in the home; and referrals to specialist health and social care services for additional input into developing support strategies.
- Staff took part in reflective practice following incidents. This was used to reflect on incidents that had happened and assess whether different actions would have resulted in better outcomes for people.

Staffing levels

- There were sufficiently trained and experienced staff to meet people's needs and all appropriate recruitment checks had been completed. Comments from people included, "Staff are around when I need them."
- Staff said there were enough of them on each shift to provide the support people needed.

Systems and processes:

- The service had effective safeguarding systems in place and all staff spoken with had a good understanding of what to do to if they suspected people were at risk of harm.
- People told us they felt safe at Herbert House.

Preventing and controlling infection:

- Staff were trained in infection control and demonstrated a good understanding of the systems in place. The home was clean and staff were seen to follow good hygiene practices.
- People told us staff helped them to keep their rooms clean.

Is the service effective?

Our findings

People's care, treatment and support achieves good outcomes, promotes a good quality of life that is based on best available evidence.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law:

- The provider ensured people's needs were assessed before they moved into the service. Assessments were comprehensive, expected outcomes were identified and support was regularly reviewed.
- People told us they were involved in the assessment and support planning process. Comments included, "I have a keyworker, my last session was two days ago. The [support plans] are all relevant to my needs."
- People had been supported to complete a 'recovery star'. This helped them to assess any support they needed in relation to managing their mental health, self-care, living skills, social networks and work. People had developed personal goals with support from staff to help them become more independent.

Staff skills, knowledge and experience:

- Staff were competent, knowledgeable and skilled; and carried out their roles effectively. Comments from people included, "They know what they're doing. They have the right skills." Staff told us they received good training, which gave them the skills they needed to do their job. The manager reported that all support staff were expected to complete a formal qualification in mental health recovery.
- Staff had completed a comprehensive induction and had supervision and appraisal. A newly appointed member of staff told us the induction had been very useful and gave them the information they needed about support for people.

Eating and drinking:

- Some people were supported to be independent with their catering. People were given an allowance for food and drink and did all of their shopping and cooking. This enabled people to develop their budgeting and cooking skills before moving to more independent accommodation.
- Other people were supported to prepare group meals. People told us they liked the meals and planned a menu each week. One person told us, "The food is good. Staff do the cooking and I help out sometimes." Menus were planned to ensure they met any specific dietary needs. One person said, "I'm trying to lose a bit of weight and staff are helping me."

Staff providing consistent, effective, timely care and involvement of health professionals:

- The service had systems in place to plan referrals to external services and to maintain care and support. Staff worked with local mental health services to ensure people received the support they needed.
- People told us they were able to see their doctor when they needed to.

Adapting service, design, decoration to meet people's needs:

- People were involved in decisions about the premises and environment; individual preferences and cultural and support needs were reflected in how adaptations were made and the premises were decorated.
- People expressed concerns about the internet connection in the home. The issue had been raised with the manager and action was underway to make improvements.
- The manager was working with the landlord to ensure other maintenance work was completed, including repairs to the kitchen and some of the en-suite bathrooms. Staff reported urgent repairs were completed promptly, where there was a risk to people.

Ensuring consent to care and treatment in line with law and guidance:

- Everyone using the service had capacity to consent to their care and treatment. People had signed consent forms, indicating their agreement with the support plans that had been developed. People told us staff gained their consent before any decisions were made, with one person commenting, "They always check that I agree before doing anything. There are no restrictions in place."
- The provider had policies and procedures in place to follow if anyone using the service did not have capacity to consent to their care and treatment.

Is the service caring?

Our findings

The service involves and treats people with compassion, kindness, dignity and respect

Treating people with kindness, compassion and respect:

- People were treated with kindness and were positive about the staff's caring attitude. Comments included, "There are some very good staff. They are kind. They employ good people" and "They're kind and muck in."
- We observed staff interacting with people in a friendly and respectful way. Staff responded to requests for support and advice.

Supporting people to express their views and be involved in making decisions about their care:

- Staff supported people to make decisions about their support. Comments from people included, "I have input into my support plan."
- People's communication needs were assessed when they moved into the service. The assessment included information about the Accessible Information Standard, to ensure the service met any specific communication needs of the person. This may include providing information in different formats if necessary.
- People had regular meetings with their keyworker. These meetings were used to review the support they were receiving and plan any changes that were needed.

Respecting and promoting people's privacy, dignity and independence:

- People's support plans included details of how people wanted their privacy and dignity to be maintained and what was important to them.
- People said staff followed the plans and provided support in ways that met their needs.
- People were supported to maintain and develop relationships with those close to them, social networks and the community. Staff supported people to do this in ways that maintained their safety.

Is the service responsive?

Our findings

People did not always receive a service that was responsive to their needs.

How people's needs are met, personalised care:

- People's needs were not always clearly set out in support plans and support plans were not always updated when people's needs changed. One person had moved into the home a month before the inspection. The provider had a copy of the care plan that was developed by Wiltshire Council for this person, although the plan was not dated. However, no support plans had been developed for this person to set out the support they needed in Herbert House to meet their needs and achieve their goals. The person's file contained a physical health assessment form, but this had been written on to state the assessment had not been completed.
- The support plans for another person contained contradictory information. One section stated the person smoked and had said they wanted to continue smoking. Another section stated the person wanted support from staff to stop smoking.
- One person had recently experienced significant changes in their physical health that required support from staff to manage. The person's "My physical health" form in their file did not contain any reference to the change in their physical health or the support that staff should provide. There was also no assessment on how changes in the person's physical health may affect their mental health.
- One person's support plan contained vague information about the support they needed in relation to self-harm. The plan stated, "Talk through thoughts and feelings. Offer [medicine]." There was no information on strategies to support the person that had been found to be effective, what medicine the person was prescribed or when to offer the medicine.
- One of the support plans contained a lot of old documents in the file, which were out of date. This made finding the current information difficult.
- A social worker who provided feedback to us said some of the support plans were too brief and did not contain sufficient information about people's needs and how they should be met.
- The manager told us they were aware that some of the support plans did not contain sufficient information. The manager had appointed a senior mental health recovery worker and had asked the person to review all the support plans. This process had started and the senior member of staff was working with keyworkers to plan how improvements would be made.
- Despite the lack of information in some plans, staff demonstrated a good understanding of people's needs and the support they should provide.

Improving care quality in response to complaints or concerns:

- People said they knew how to make a complaint and were confident any concerns would be resolved. The complaints procedure was provided to people when they moved into the home and displayed on a notice board.
- Complaints were recorded electronically, with details of actions taken to investigate the issue and response provided to the complainant. The manager reviewed complaints regularly to identify and trends. Records demonstrated that action was taken to follow up concerns with staff members through formal supervision processes. An apology had been given to complainants where necessary.

Is the service well-led?

Our findings

Leadership and management have not assured person-centred, high quality care and a fair and open culture.

Leadership and management.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements:

- The service had not had a registered manager in place since October 2017. Several managers had been employed during this time, but none had stayed. The current manager had been in post since October 2018 and was in the process of applying to be the registered manager. This application was successful and the manager was registered in the week following the inspection.
- Staff told us it had been difficult working in the service over the previous year due to the number of management changes. They said this had impacted on the morale of the staff team and felt it had led to a low occupancy rate in the home.
- Staff said they had noticed improvements since the new manager had been in post. Comments included, "It has been a struggle for the past year. It feels like there's lots of change and I hope the service is moving forwards and [the manager] stays" "[The manager] is picking up issues and dealing with them. It feels like things are moving forward. He is available and has a good relationship with staff and residents."
- People told us they were pleased to see a permanent manager in the home. One person said, "I've seen a few managers come and go. [The current manager] is the only one who decided to stay. He is organised and makes things happen when they should do."
- The provider had quality assurance systems in place. These included assessments of the service by a central quality team who conducted unannounced inspections. The most recent review in October 2018 identified that "The service has struggled with a lack of clear management." Following the last review, the manager had developed a comprehensive action plan to address the shortfalls in the service. Records demonstrated the manager was working through these actions and updating the plan as work was completed.
- The manager told us he was aware of the work that was needed to improve the service and felt he had good support from senior managers to complete these improvements. Support included monthly meetings with an area manager and managers of local registered services. These were used to plan improvements and share good practice.

Continuous learning and improving care; Working in partnership with others:

- The manager reported they had recently re-structured staff team working at the home. This meant the home was only employing mental health recovery workers, who were all expected to complete formal qualifications. The manager felt this would have a positive effect on the service and help drive the improvement he had identified as necessary.
- A social worker had been allocated as a link worker to the home and was meeting with the manager monthly to discuss improvements. The social worker told us they had seen that improvements were starting to happen in the service since the manager had been in post. They said they would continue to work with the service.
- The manager said his focus was to work with the local mental health team to develop the service. The plan was to support people in their mental health recovery and move on to more independent accommodation.

Engaging and involving people using the service, the public and staff:

- The service involved people, their families, and others effectively in a meaningful way. The manager responded to issues raised and let people know what action they had taken.
- Staff told us they felt listened to, valued and able to contribute to the running of the service. Staff felt this had improved since the manager had been in post.