

National Schizophrenia Fellowship Rotherham Crisis (Cedar House)

Inspection report

Cedar House
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South Yorkshire
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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

The inspection was unannounced, and the inspection visit was carried out on 25 April 2018. The home was previously inspected in May 2016, where no breaches of legal requirements were identified and the home was rated "good." At this inspection we found it remained good.

Rotherham Crisis (Cedar House) is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The home provides short-term accommodation for people experiencing a mental health crisis. The service has four beds, which can be accessed for a maximum of seven nights, during which time staff will provide emotional and practical support, over a 24 hour period to assist people using the service to resolve their crisis. At the time of the inspection, one person had just left the service and there were no current service users.

The home is located in Rotherham, South Yorkshire, close to the town centre. It is in its own grounds in a quiet residential area close to various community and leisure facilities.

At the time of the inspection the service had a registered manager. 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 and associated Regulations about how the service is run.

We found that appropriate steps were taken to ensure that the service was safe. There were up to date risk assessments and these were followed by staff. Staff had received training in safeguarding, and there was appropriate guidance for staff to follow in the event of suspected abuse.

People received care and treatment that met their needs. People told us that staff understood them and were responsive to their changing and complex needs. When people required the attention of external healthcare professionals this was sought quickly, and care plans showed that the guidance of external healthcare professionals was followed by staff.

Staff had received appropriate training to assist them in carrying out their roles, and there were plentiful opportunities for staff development. Staff told us they enjoyed their work and felt well supported in their roles.

Further information is in the detailed findings below

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 remains good	Good ●
Is the service effective? The service remains good	Good ●
Is the service caring? The service remains good	Good ●
Is the service responsive? The service remains good	Good ●
Is the service well-led? The service remains good	Good ●

Rotherham Crisis (Cedar 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 checked 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.

The inspection was unannounced, which meant that the home's management, staff and people using the service did not know the inspection was going to take place. The inspection visit was carried out on 25 April 2018 and was undertaken by an adult social care inspector.

During the inspection we spoke with one staff member and the registered manager. There were no people using the service at the time of the inspection, but we contacted three people who had recently used the service by telephone to gain their views. We also checked the personal records of five people who had recently used the service. We checked records relating to the management of the home, team meeting minutes, training records, medication records and records of quality and monitoring audits carried out by members of the provider's senior management team. We also looked at the written feedback provided to the service by people using the service, their friends and families and external healthcare professionals.

Prior to the inspection, we reviewed the records we hold about the provider and the location, including notifications that the provider had submitted to us, as required by law, to tell us about certain incidents within the home. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.



Our findings

People we spoke with told us they had felt safe when using the service. One person said: "I feel a lot safer than when I'm at home." Another said: "I never had any concerns in relation to safety there, it's very secure and safe." We asked one person about what they would do if they didn't feel safe, or if they didn't like something that was happening in the home. They told us they would be confident to report any concerns.

We found that staff received annual training in the safeguarding of vulnerable adults and other, safety related training. The home's training records showed that the vast majority of staff had received such training in the previous 12 months. There was information related to safeguarding in the public areas of the home, and the provider's own policy in relation to safeguarding was available on the premises. We checked the provider's induction records and saw that safeguarding and the signs of abuse was an area covered within the induction programme that each staff member underwent when beginning work at the service.

We checked the care plans of five people who had recently used the service, to look at whether there were assessments in place in relation to any risks they may be vulnerable to, or any that they may present. Each care plan we checked contained risk assessments which were highly detailed and personal to each person's needs. The risk assessments we checked set out all the steps staff should take to ensure people's safety. Notes within each care plan we checked showed that staff were following the steps in each risk assessment. Where people were at risk of behaviours which could cause harm to themselves or others, care plans showed that this was well understood, and that the provider had taken appropriate steps to manage risk and reduce harm.

Recruitment procedures at the home had been designed to ensure that people were kept safe. The majority of the provider's recruitment records were held at their head office, however, the registered manager described a robust recruitment process, and the files we checked contained evidence that a Disclosure and Barring Service (DBS) check had been obtained prior to staff commencing work. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.

There were appropriate arrangements in place to ensure that people's medicines were safely managed, and the staff member we spoke with about medication had a good knowledge of the arrangements in the home for managing medication. Records relating to medication were accurately and clearly recorded, and there was secure storage available for people to use when keeping their medication at the home.



Our findings

We asked people who had recently used the service whether they had given consent to their care plans. They all described a process whereby they were familiar with the content of their care plans and understood how to challenge or change anything they were unhappy with. One person told us that staff had helped them understand the process of consent and said it gave them a sense of control. They told us: "I went through all my records when I got there, staff helped me go through them.....[it was] all about my choice, my say."

We checked a sample of five care plans and found they contained evidence of people giving consent to their care, confirming what people had told us about their experience. People had also given consent in relation to their care records being retained by the service and, where appropriate, shared with other relevant parties.

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards. We discussed the requirements of the Mental Capacity Act (MCA) 2005 and the associated Deprivation of Liberty Safeguards (DoLS), with the manager of the service. The Mental Capacity Act 2005 (MCA) is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people's best interests. Deprivation of Liberty Safeguards (DoLS) are part of this legislation and ensures where someone may be deprived of their liberty, the least restrictive option is taken. We found that the registered manager had a good understanding of the MCA. They told us that the service did not admit people who lacked the capacity to consent to their care, and described that where people's capacity changed during their stay, referrals would be made to appropriate services. The staff member we spoke with confirmed this.

The registered manager described the systems in place for staff training. There was a clear system to ensure that staff's training was monitored and the need for updated training was highlighted. The registered manager described that additional training to meet the needs of people using the service could be added, and told us about various external training providers that were used by the service. We checked the provider's training records and saw that staff had received training covering a wide aspect of their work, including equality and diversity, medicines management and first aid. The staff member we spoke with told us they felt they had sufficient training to assist them in undertaking their role, and described how they were in the process of completing a higher qualification in health and social care.

Staff files showed that staff received regular supervision and annual appraisal, which enabled them to

develop their role, discuss any concerns about their performance or issues within the service and contribute to the development and improvement of the service.

We spoke to people who had recently used the service about the food available to them at the home. They told us that the arrangements at the service meant they bought and prepared their own food, which the registered manager confirmed. There was a small supply of food available at the home in case people were admitted without any food, and support to access local shops as well as food banks was provided. Where people were initially admitted to the service, any cultural needs in relation to their diet was assessed and clear records were kept of this, so that their cultural preferences were respected.

One person who had recently used the service told us that they had received support around meal planning, and records we checked confirmed this was regularly provided within the home. Another person told us how staff had given them information about where to shop for food locally, and confirmed they received an appropriate level of support in relation to this.



Our findings

We asked two people who had recently used the service about their experience of the care and support they received. Their responses were all positive. One person said: "To be frank, they've kept me alive more than once." Another told us: "I had a nice time there, the staff all get me, they helped me when I needed it, they were really good."

Both the people we spoke with praised the staff at the service. They told us that staff were extremely understanding of their needs and health conditions. One told us: "If I had to grade them numerically it would be a very high number." Another said: "The staff are all great, they're really kind." Both people confirmed that the staff at the service treated them with dignity and respect. Upon admission to the service, an assessment was made of people's cultural needs and any religious beliefs, so that any specific preferences or requirements were made known to staff to ensure suitable support was provided. One room in the building had been designated as a quiet room, with some religious materials available to ensure it was suitable for prayer as well as contemplation.

The rights of people using the service were underpinned by a rights and responsibilities agreement they signed upon admission. This set out what people could expect from the service and its staff, including the right to privacy and to being respected, as well as people's responsibilities, such as respecting other people using the service and adhering to various rules appropriate to communal living. We spoke with one person who had recently used the service about this agreement and they confirmed that staff had assisted them to understand it, and they felt their rights were upheld accordingly.

We looked at feedback the provider had received from questionnaires they had given to people using the service and their friends and relatives. People had given positive feedback about their experience of receiving care in the home, and all the surveys completed were predominantly or completely positive in their responses. One survey respondent wrote: "They give me support and love and care at my lowest moment." Another said: "I have a particular need around [a specific issue of concern to the person] which was well respected and facilitated."

We asked a member of staff and the registered manager about a sample of people's personal histories and preferences. They could both describe in detail their knowledge about these areas. They could describe people's preferences and interests as well as their support needs and health conditions. They told us about how support had been provided to ensure that people could use their short stay at the service to improve their condition so that they were able to return to living in the community.

We checked five care plans of people who had recently used the service, and saw that risk assessments and care plans described how people should be supported so that their privacy and dignity was upheld. We cross checked this with daily notes, where staff had recorded how they had provided support. The daily notes showed that staff were providing care and support in accordance with the way set out in people's care plans and risk assessments.



Our findings

We asked two people who had recently used the service about activities within the home. One said: "I think it's tailored depending on who's staying there at the time. In my case, organised activities wouldn't be particularly appropriate but staff ensured they spent time with me chatting, watching TV, I had some really pleasant afternoons there." They went on to tell us: "The staff told me where local facilities were so that I could, for example, find the park to go running in." Another person told us: "Yes there were things to do, we watched DVDs, I had help with cooking, I liked spending time with staff."

We looked at people's care records which showed that they were supported to participate in various activities depending upon their needs and interests. One person was keen on painting and their care records showed that staff had supported them to do this. There was evidence throughout the home of various craft groups taking place, and there was dedicated space within the building for this. There was also evidence of healthy eating groups and discussions, with guidance and prompts being developed by people using the service.

We checked care records belonging to five people who had recently used the service. We found that care plans were highly detailed, setting out exactly how to support each person so that their individual needs were met. They told staff how to support and care for people to ensure that they received care in the way they had been assessed as requiring.

There was information about how to make complaints available to people when they began to use the service, and a complaints policy. We asked people who had recently used the service if they understood about how to make a complaint if they wanted to, and they confirmed that they had understood this. One person said: "They go through that with you in your paperwork when you get there." Both people we spoke with confirmed they felt confident to make a complaint if they had felt the need.

The registered manager told us about two complaints they had received in the period preceding the inspection, and they had detailed these in the provider information return that they had submitted prior to the inspection. However, they told us that as they had resolved these quickly and informally, they did not record them as part of their formal complaints recording. They told us that going forward they would ensure that all complaints are formally recorded so that they can be included in any complaints analysis.



Our findings

The service had a registered manager, as required by a condition of its registration. The registered manager was registered to manage both this service and a similar service in a neighbouring town. They had a good understanding of the service and could describe ongoing plans for development and improvement, as well as steps they were taking to promote and market the service.

Staff told us that they found the home's management, and the provider's wider management structures, to be very supportive. One staff member told us about the provider's arrangements for staff support and wellbeing. They said there was a scheme providing support for staff, saying: "The company are very aware of staff wellbeing, there's always an opportunity to talk to managers after an incident." The registered manager echoed this, telling us about how group supervision was used to provide support to staff if any untoward or difficult situations had arisen within the service.

People who had recently used the service were complimentary about the registered manager. They told us they found the manager accessible and felt they were interested in their care and progress. They told us they found the company as a whole to be supportive, and said they would recommend this provider to other people who required similar support.

There was a quality audit system which was used within the service. It comprised monthly checks carried out by the registered manager and delegated staff members, looking at areas including the quality of care records, management records, infection control and health and safety arrangements. In addition to this, there was a programme by which an external manager visited the home periodically to carry out a regular audit. We checked records of audits and found that they were very thorough. In some of the smaller audits actions had not always been recorded. We discussed this with the registered manager during the inspection and they described the steps they would take to address this. In contrast, within the larger overall audits of the service, where any issues were identified there were records of actions taken to address them. These actions were then followed up at the subsequent audit, ensuring that continuous improvement underpinned the service.

The provider had a system in place for formally seeking feedback from people using the service. We looked at the most recent survey's findings and found that all of the respondents were positive about their experience of receiving care and support from the provider. The registered manager had a good understanding of the findings of the survey, although they had not devised a formal action plan to address the very few concerns that had been raised. They told us they would address this, and shortly after the

inspection contacted us to confirm that this had been done.