

## Rethink Mental Illness

# Sheffield Crisis House

### Inspection report

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Date of inspection visit:  
07 December 2023

Date of publication:  
01 January 2024

### Ratings

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

# Summary of findings

## Overall summary

### About the service

Sheffield Crisis House is a residential care home providing short term support to people experiencing a mental health crisis. Sheffield Crisis House is registered to provide accommodation for persons who require nursing or personal care. However, it is a condition of the registered provider's registration they must not provide nursing care. The service can provide support to up to 7 people. At the time of our inspection there were 3 people using the service.

### People's experience of the service and what we found:

People were safeguarded from the risk of abuse. People told us they felt safe during their short term stays at the service. Risks posed to people were assessed upon admission and mitigated. Environmental safety checks were regularly conducted to protect people from risks during a period of mental health crisis. However, radiator covers which protect people from the risks of burns, were not in place at the time of the inspection. The provider had recognised this, and plans were in place to ensure all radiators were safely covered.

People were supported by enough staff. Staff were recruited safely, and people and relatives told us staff were kind and caring. Where people were supported to take their medicines, this was safely managed. Staff were trained and understood their roles in relation to infection, prevention and control. The service was visibly clean and audit systems were in place to ensure staff adhered to and promoted appropriate infection control practices. The provider had systems in place to monitor accidents and incidents. Action was taken to mitigate future risks to people and learn lessons from them.

Care records were individualised and contained information about people's preferences and needs. Staff felt supported in their roles and told us morale was good within the team. Staff received regular supervisions and attended team meetings, to provide them with opportunities to raise concerns and make suggestions.

Overarching governance systems were in place to ensure the provider monitored the quality and safety of the service. The service had a welcoming and calm atmosphere. People and relatives told us the service was well led. Feedback was sought from people upon them leaving the service and used to improve the quality of care. There had been no formal complaints made at the time of our inspection, people and staff understood how to raise concerns if needed.

The registered manager understood their roles under duty of candour and made external reports to CQC and the local authority, where required.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was Good (published 12 September 2018).

At our last inspection we recommended the provider updated fire safety records, reviewed staffing allocations and updated some care records. At this inspection we found the provider had taken action to improve in these areas.

#### Why we inspected

This inspection was prompted by the time since the last inspection at the service.

We undertook a focused inspection to review the key questions of safe and well-led only. For those key question not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

You can read the report from our last comprehensive inspection by selecting the 'all reports' link for Sheffield Crisis House on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow Up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

# The five questions we ask about services and what we found

We always ask the following five questions of services.

<p><b>Is the service safe?</b></p> <p>The service was safe.</p> <p>Details are in our safe findings below.</p>	<p><b>Good</b> ●</p>
<p><b>Is the service well-led?</b></p> <p>The service was well-led.</p> <p>Details are in our well-led findings below.</p>	<p><b>Good</b> ●</p>

# Sheffield Crisis 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 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

#### Inspection team

The inspection team consisted of 1 inspector and an Expert by Experience.

An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Sheffield Crisis House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Sheffield Crisis House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

The inspection was unannounced

#### What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information

providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We sought feedback from the local authority who work with the service. We reviewed the information we held about the service since the last inspection. We used all this information to plan our inspection.

#### During the inspection

We spoke to 3 people, 1 relative, 1 external professional and a volunteer about their experience of the service. We spoke with 4 staff, including the registered manager and support staff. We reviewed 2 care records, 2 staff files and various records relating to medicines management. We reviewed a variety of records relating to the management of the service, including policies and procedures, audits and checks.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed to Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse and avoidable harm

- People were safeguarded from abuse and avoidable harm.
- Staff were trained about how to spot signs of abuse and further training was implemented to guide staff about how to recognise if a person may potentially be experiencing domestic abuse in their own homes. A staff member said, "I have never had to report anything, but would feel comfortable to report anything of concern."
- People used the service voluntarily and were free to come and go as they pleased. Due to people experiencing mental health crisis, the provider had systems in place to monitor if people were missing or a potential safety risk. Staff liaised closely with external agencies and informed the relevant authorities such as the police, local authority and CQC of any safeguarding concerns.
- People told us they felt safe during their stay. One person said, "Staff are aware of what my needs are before arriving, they make me feel valued, safe and understood." Another said, "I feel very safe with the support given by staff and think they have the skills to support me well with my care."

Assessing risk, safety monitoring and management

- The provider assessed risks to ensure people were safe. Staff took action to mitigate any identified risks.
- Most environmental risks were safely managed, regular environment checks were in place to protect people from harm. This included fire safety, falls from height, locked medicines, sharps and cleaning products. However, we found radiators which were not appropriately covered to protect people from the risk of burns. The provider had recognised this and had planned maintenance to ensure all radiators in the service were safe.
- Individual risks posed to people were assessed upon admission, this included potential triggers which may contribute to people experiencing crisis. We saw staff encouraging one person to access the community during some on site safety maintenance, which was a trigger for this person.
- 2 hourly observations were in place to ensure people were safe and records evidenced these were completed. A staff member said, "All people who come here are very reassured by staff, they know they can always talk to us for however long they need to, they are kept safe, we do checks."

Staffing and recruitment

- The provider ensured there were sufficient numbers of suitable staff. The provider operated safe recruitment processes.
- 2 staff were available each day and night, with a further 3rd staff on duty most days to assist with a telephone helpline which the service provided. People and staff told us there were enough staff to meet people's needs.

- Staff completed an induction when joining the service and regular training was provided to ensure their skills and knowledge were kept up to date.
- People told us staff were kind and caring. A person said, "Staff always give you the support to discuss things in general or in private if needed, they make me feel welcome and recognise my achievements in a positive way." A volunteer said, "It's a place of sanctuary, the staff are amazing. If I can make someone smile I have achieved something. We treat all the service users with respect, dignity and diversity."

#### Using medicines safely

- People were supported to receive their medicines safely.
- Some people using the service required prompts to take their medicines and some people self-administered. Measures were in place to ensure medicines were stored securely and staff had oversight of all medication administration, to promote people's safety.
- Staff received training and had their competency assessed prior to providing support to people. A staff member said, "I have had medication training, I can't do any medicines until I have had all my competency observations done."
- Staff completed medicines administration records (MAR's), this included information about the effectiveness of 'as required' medicines or if people had refused.

#### Preventing and controlling infection

- People were protected from the risk of infection as staff were following safe infection prevention and control practices.
- The service was visibly clean and cleaning schedules were carried out daily. The registered manager undertook regular audits to ensure the service promoted safe infection control practices.

#### Learning lessons when things go wrong

- The provider learned lessons when things had gone wrong.
- The registered manager reviewed and analysed accidents and incidents, to keep people safe and reduce the risk of them happening again.

#### Is consent to care and treatment always sought in line with legislation and guidance?

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguarding (DoLS)

- The provider was working in line with the Mental Capacity Act.
- The service does not operate any restrictive practices and does not provide support to people who lack capacity. A person said, "The staff really get to know people they plan a support plan around them. I do not have any restrictions put in place"
- Staff were trained in line with the MCA principles and understood their roles in relation to gaining consent from people. People had been involved in formulating their care plans and risk assessments and had signed to consent to their care and support.



# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question Good. At this inspection the rating has remained Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was a positive and open culture at the service. The provider had systems to provide person-centred care that achieved good outcomes for people.
- Care plans and daily records were regularly reviewed by the registered manager, to ensure people were receiving the correct support. Daily logs were via an online system which linked in with the home treatment teams, to ensure people received continuity of care.
- The service promoted people's physical and mental health, both whilst at the service and upon discharge into the community. People had access to a range of sources to assist them with their transition home. This included useful apps, contact information for community assistance, musical playlists and local walks. Staff offered people a physical health check during their stay, which could be shared with their local GP if required.
- People told us the service had supported them to achieve good outcomes. A relative said, "The staff here have been amazing, staff know my relative very well and treat them in a person-centred way, they have supported them well on the recovery journey." A volunteer who had previously used the service told us staff had 'saved their life' and that the service gave them 'a big hug' every time they stayed.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider understood their responsibilities under the duty of candour.
- The registered manager was open and honest and reported notifiable incidents to the CQC and local authority, as required.
- At the time of our inspection there had been no formal complaints. People and staff knew how to raise concerns if required and told us they felt comfortable to do so, and trusted their concerns would be dealt with by the registered manager.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider had a clear management structure that monitored the quality of care to drive improvements in service delivery.
- People and staff told us the service was well led. We received positive feedback about the registered manager and staff team. One person said, "My overall thoughts of Rethink are I wish I had been offered this earlier during my illness it is the best I have ever experienced". A staff member said, "The manager is brilliant,

really supportive, they are a good manager."

- The provider had overarching governance systems in place, to monitor the safety and quality of the service. The registered manager completed various audits. This included audits of records, infection control, health and safety and medicines.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics. Continuous learning and improving care

- People and staff were involved in the running of the service and fully understood and took into account people's protected characteristics. The provider had created a learning culture at the service which improved the care people received.
- The service had a warm, welcoming and calm atmosphere. Staff told us morale was good within the team. Staff received regular supervisions and were involved in team meetings. A staff member said, "The staff get on well and support each other."
- Feedback was sought from people upon discharge and used to improve the service. A suggestions box was in place to allow people and staff to make confidential suggestions if required.

Working in partnership with others

- The provider worked in partnership with others.
- Staff worked closely with external agencies to ensure people received ongoing mental health support during their time at the service. This included community home treatment teams. A professional said, "We work very closely with the crisis house and have a strong professional relationship with the team, in particular the leadership team and this works very well, allowing us to be in frequent contact about any issues, allowing us to resolve these very swiftly."