National Schizophrenia Fellowship

Doncaster Crisis Accommodation and Helpline

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?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

About the service:

Doncaster Crisis Accommodation and Helpline is a small service providing short term support to people experiencing mental health crisis. There are five beds although currently the service is funded to offer four places. People stay for a maximum of seven nights. At the time of the inspection two people were using the service, and in the last year over 150 people have received care and support at the service.

People's experience of using this service:

People received support which was tailored to their needs, delivered by staff who treated them with respect and understood their goals and aspirations. Staff treated people with warmth and empathy, and exhibited a passion for their roles.

The management team within the service had fostered a culture of openness and continuous improvement. There was effective communication between staff and managers, underpinned by regular team meetings and staff supervision and appraisal. Staff received training and support to ensure they had the skills and knowledge to carry out their role effectively.

People had access to healthcare professionals as required. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People received support in an environment that was safe. Risk assessments were thorough, and the premises were regularly audited to ensure they were safe and fit for purpose. Staff had received appropriate training in relation to health and safety.

People were protected against the risk of abuse. Staff had received training in relation to safeguarding, and records showed the provider had taken all the required steps when people were suspected to be at risk of abuse.

People's feedback was regularly sought, so that they could contribute to ongoing improvements within the service. We saw evidence of this during the inspection.

Rating at last inspection:
The service was last inspected in April 2016, where it was rated good.

Why we inspected:

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

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.

Details are in our Safe findings, below.

Is the service effective?

Good

The service was effective.

Details are in our Effective findings, below

Is the service caring?

Good

The service was caring.

Details are in our Caring findings, below.

Is the service responsive?

Good

The service was responsive.

Details are in our Responsive findings, below.

Is the service well-led?

Good

The service was well led

Details are in our Well led findings, below

Doncaster Crisis Accommodation and Helpline

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, 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 service was inspected by one adult social care inspector.

Service and service type:
Doncaster Crisis Accommodation and Helpline 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 service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:
The inspection was unannounced, meaning the staff and management did not know that the inspection ws going ot be taking place.

What we did:

Prior to the inspection visit we gathered information from a number of sources. We looked at the information received about the service from notifications sent to the Care Quality Commission by the registered manager. We also looked at the 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 met two people using the service to gather their views and experiences. We spent time observing staff interacting with people and observed an admission and a staff handover meeting.

We spoke with two staff members and two members of the management team. We looked at documentation relating to five people who were using, or had recently used, the service, four staff files and information relating to the management of the service. Following the inspection the registered manager provided CQC with further information we had requested.

Good

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse
• People using the service were protected from the risk of abuse due to effective systems operated by the provider.
• Staff had a good understanding of safeguarding processes, and had received appropriate training in this field
• Records showed the provider had acted appropriately when incidents of suspected abuse had occurred.

Assessing risk, safety monitoring and management
• Each person using the service had a comprehensive risk assessment setting out risks that they may present, or to which they could be vulnerable.
• Risk was discussed during handovers and team meetings so staff and managers were fully aware of how to manage risks within the service.
• People using the service told us they felt safe there. One said: "This could be the best thing for me, feeling safe here, getting that space I need and feeling protected."
• Health and safety within the premises was appropriately managed, with up to date testing and checking of the fire system and electrical equipment.

Staffing and recruitment
• There were electronic systems and risk assessments in place to manage the risk of staff lone working
• When staff were recruited, Disclosure and Barring Service (DBS) checks been completed and references sought from previous employers. This helped to make sure staff were fit for the role. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups.

Using medicines safely
• There were secure storage systems in place to support people in managing their medicines.
• Where people were at risk of not managing their medicines safely, staff had access to their medicines in order to prompt safe useage. The system in place meant that this was carried out in a collaborative manner.
• Medicines were audited weekly, and records were kept showing what medication was within the home at any particular time.

Preventing and controlling infection
• A regular infection control audit was undertaken, and any actions identified were completed quickly.
• Staff had received training in infection control, and we observed that the premises was clean throughout.

Learning lessons when things go wrong

• The registered manager told us about a recent untoward incident, and described the actions they had taken to reduce reccurences. Staff we spoke with confirmed this

• Staff debriefs and team meetings were used to discuss learning points from incidents and plan changes and improvements, so that people were supported safely.

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
• People's needs were assessed by the referring agency before the service commenced supporting them. This assessment was used to form a written plan of care which was updated as the provider learnt more about the person.
• Care plans were person-centred. Care was planned and delivered in line with people's individual assessments.

Staff support: induction, training, skills and experience
• Staff told us they felt supported by the provider. They described an in-depth induction and said the training was plentiful
• The staff team had recently experienced an extremely distressing incident; the provider had put in place support systems for the staff who were affected by this.
• Staff training records showed they had received a range of training in areas appropriate to the needs of people using the service.
• All staff held a nationally recognised qualification in care.

Supporting people to eat and drink enough to maintain a balanced diet
• People using the service predominantly bought and prepared their own meals, but there was guidance throughout the service relating to healthy eating and meal preparation ideas.
• Where people were at risk of not maintaining a balanced diet, there was information in their care plans guiding staff how this should be addressed.
• Staff were able to support people in meal preparation where required, to assist them in improving their skills and health.

Staff working with other agencies to provide consistent, effective, timely care
• Staff worked well with external professionals to ensure people were supported to access health services and had their health care needs met. Staff followed guidance provided by such professionals.
• Information was shared with other agencies if people needed to access other services, such as hospitals.

Adapting service, design, decoration to meet people's needs
• The premises had sufficient amenities such as bathrooms and communal areas to ensure people were supported well.There was a ground floor bedroom suitable for people with limited mobilty, and a room dedicated to crafts which was also used for group meetings and discussions.

• People using the service gave us positive feedback about the premises. One said: "It's a lovely building, and really peaceful."

Supporting people to live healthier lives, access healthcare services and support
• Records we checked showed that the provider worked in an integrated way with external healthcare providers to ensure people received optimum care.
• External healthcare providers' information and assessments had been incorporated into people's care plans
• Guidance was available throughout the service in relation to making healthier choices and improving mental and physical health.

Ensuring consent to care and treatment in line with law 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 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

• The registered manager described that the vast majority of people using the service would have the capacity to consent to their care and treatment.
• Records we looked at showed people had consented to their care plans.
• One person told us: "Yes I've got my forms which say how they're helping me. We agreed together, me and [a staff member] what we are going to do."

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity
• We looked at feedback people using the service and their relatives had left about their experiences. They were all positive. One person said: "The ability to escape excessive stimulation at home and focus on my mental wellbeing has been amazing." A person's relative said: "Brilliant, responsive and supportive staff, calm environment, the ideal place to prepare for the rest of [my relative's] recovery."
• One person using the service at the time of the inspection had been admitted that day. They told us: "It's so tranquil here, just the right place for me to get myself sorted." They said: "I felt like [a staff member] really wants to help me, a really genuine and caring manner"
• In our observations we saw staff consistently spoke to people with warmth and respect, ensuring that they took time to understand people's needs.
• We looked at how the provider ensured people's rights were upheld. The law requires providers to make sure that people are not discriminated against on the grounds of specific characteristics, such as their gender, ethnicity or disability status. Additionally, providers are also required to ensure people's individual needs are met. Staff had received training in equality and diversity, and care records showed that people's rights were considered when their care was being planned.
• The provider recognised people's diversity; they had policies which highlighted the importance of treating everyone as individuals. These policies were discussed in team meetings and staff supervision, so that staff had a good knowledge of them.

Supporting people to express their views and be involved in making decisions about their care
• People told us they were fully involved in decision making and felt like they were in control in relation to their care and treatment. In feedback to the provider one person described the service as helping them "to realise my potential and that I matter." One person said to us: "Yes that's important here, they want us to take control where we can."
• Care records showed that people's views were taken fully into consideration when their care was being planned, and shaped the way their care was delivered.

Respecting and promoting people's privacy, dignity and independence
• People's confidentiality was respected and people's care records were kept securely.
• Staff talked about how they upheld people's dignity and privacy, giving examples about holding conversations about people's needs in privacy so that their confidentiality was respected.

Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control
• During the inspection we observed someone being admitted to the service. Staff took time to carefully understand and record the person's needs, history and preferences, so that the care provided could be tailored to the person.
• After the admission procedures the person concerned told me they felt the staff member had "really understood" them. They spoke confidently about their expectations of the service, based on their experience of the admission procedures.
• Following the admission, we observed a staff handover where the staff member ending their shift handed over information to the staff member beginning their shift. This was done to a high level of detail, and ensured the incoming staff member understood the needs and concerns of the person who had been newly admitted.
• People were encouraged to be involved in their care planning, setting goals and checking their own progress in relation to achieving goals. People we spoke with, and our observations, confirmed this.
• Some of the activities in the service, for example, a craft and coffee group, were peer led, meaning that staff were not involved, enabling people to develop independence and share experiences with people in similar situations.
• When people left the service, they were provided with six outreach sessions to assist them in re-settling into the community. They were also able to attend the activity sessions taking place within the service, enabling them to continue to receive support and resettle into the community.

Improving care quality in response to complaints or concerns
• The provider had a comprehensive complaints policy which was given to people on admission to the service.
• People we spoke with told us they would feel confident ot complain about the service, and said they thought their complaints would be listened to.
• Where complaints had been received, records showed that they were thoroughly investigated, and complainants received written responses.
• Where appropriate, lessons were learned from complaints to improve the service and raise standards.
• We spoke with one staff member about complaints. They said they felt confident to handle complaints and had undertaken training in this area.

Good

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

Good:The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

• At the time of our inspection 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. The registed manager was supported in their role by a service manager.

• Staff we spoke with were positive about the registered manager and the service manager. One staff member said: "They are really supportive, you can talk to them whenever you need to."

• Staff supervision records showed that managers provided support to staff facing personal issues to promote their webeing.

• Managers had created a culture which was open, collaborative and respectful.

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

• We spoke with the registered manager, the service manager and two support workers. They had a clear understanding of their roles and responsibilities and how their work contributed to the effective running of the service.

• There was a range of audit systems in place, which were carried out regularly and to a thorough standard. Where the audits identified areas for improvement, action plans were developed and followed up. This meant there was a system of ongoing improvement as well as checks that regulatory requirements were being met.

• The registered manager understood the responsibilities of their registration. Notifications had been submitted to us (CQC) as required by law and the rating of the last inspection was on display within the premises..

• The provider had systems in place to ensure the registered manager was undertaking their role effectively and working in line with regulatory requirements. Audits were carried out regularly by senior managers, to assess the overall quality of the service. Again this contributed to a culture of continuous improvement within the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

• People's feedback was regularly sought, and incorporated into the way the service was run where appropriate. The provider had implemented a "you said, we did" display to show people how their requests and suggestions had been put into place.
• Staff told us they felt listened to and supported by the management team. For example, a trial had been implemented of changes to the staff rota. This was discussed during team meetings and staff supervision, so staff could share their views about the changes and influence the overall outcome.

Continuous learning and improving care
• Staff praised the learning opportunities available to them. Managers told us they encouraged staff development and training, and minutes of staff supervision evidenced this.
• There was a culture of learning from incidents, complaints and feedback, which all staff contributed to. Staff debriefs were used for all staff to discuss and contribute to developments arising from learning opportunities.

Working in partnership with others
• Care records showed that the provider had developed strong working partnerships with other providers, including NHS acute services and community providers. This meant that people experienced care which was person centred, from providers who understood their needs.