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

We inspected Doncaster Crisis Accommodation and Helpline on 1 March 201. The inspection was unannounced. Doncaster Crisis Accommodation and Helpline was last inspected in April 2014, no concerns were identified at that inspection.

Doncaster Crisis Accommodation and Helpline provides accommodation and support for up to seven days to a maximum of four people with mental health issues. On the day of the inspection three people were receiving care services from the provider. The home 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 2008 and associated Regulations about how the service is run.

During our inspection we spoke with two people who used the service. We also spoke with three care staff and the service manager.

During our visit to the service we looked at the care records for eight people and looked at records that related to how the service was managed.

People who used this service were safe. The care staff knew how to identify if a person may be at risk of harm and the action to take if they had concerns about a person's safety.

The care staff knew the people they were supporting and the choices they had made about their care and their lives. People who used the service, and those who were important to them, were included in planning and agreeing to the care provided.

The decisions people made were respected. People were supported to maintain their independence and control over their lives. People received care from a team of staff who they knew and who knew them. People were treated with kindness and respect. People we spoke with told us, "It really is a fantastic place, it's like a haven for me."

The registered manager used safe recruitment systems to ensure that new staff were only employed if they were suitable to work in people's homes. The staff employed by the service were aware of their responsibility to protect people from harm or abuse. They told us they would be confident reporting any concerns to a senior person in the service or to the local authority or CQC.

There were sufficient staff, with appropriate experience, training and skills to meet people's needs. The service was well managed and took appropriate action if expected standards were not met. This ensured people received a safe service that promoted their rights and independence.

Staff were well supported through a system of induction, training, supervision, appraisal and professional development. There was a positive culture within the service which was demonstrated by the attitudes of staff when we spoke with them and their approach to supporting people to maintain their independence.

The service was well-led. There was a comprehensive, formal quality assurance process in place. This meant that all aspects of the service were formally monitored to ensure good care was provided and planned improvements and changes could be implemented in a timely manner.

There were good systems in place for care staff or others to raise any concerns with the registered manager.

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 were kept safe because staff were available and responded promptly to people's needs.

Robust recruitment practices were followed to ensure staff were suitable to work in the registered.

Medication was managed well day to day and was administered in a safe way by staff that had been trained to do so.

Is the service effective?

Good

The service was effective.

People were supported by staff who had the knowledge and skills necessary to carry out their roles effectively.

Staff understood the requirements of the Mental Capacity Act 2005 and relevant legislative requirements were followed to protect people's rights.

People were supported to maintain good health and had access to relevant services such as a GP or other healthcare professionals as needed.

Is the service caring?

Good

The service was caring.

People were treated with kindness and respect and their privacy and dignity was upheld.

Staff knew people well and what was important in their lives.

People were involved in decisions about their care and support needs.

Is the service responsive?

Good

The service was responsive.

People received personalised care.

Care and support plans were up to date, regularly reviewed and reflected people's current needs and preferences.

People knew how to make a complaint or compliment about the service.

Is the service well-led?

Good

The service was well-led.

There were formal systems in place to monitor the quality of the service, highlight any shortfalls and identify actions necessary for improvement.

The registered manager was fully involved in the day to day running of the home and had created a culture where there was open communication.

People were asked for their views about the service.

Doncaster Crisis Accommodation and Helpline

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 1 March 2016 and was unannounced. The inspection was carried out by one adult social care inspector.

Before the inspection we reviewed the information we held about the service. This included notifications regarding safeguarding, accidents and complaints made about the service. A notification is information about important events which the service is required to send us by law. We reviewed the Provider Information Record (PIR). The PIR 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 used all this information to decide which areas to focus on during our inspection.

We looked around the premises, spent time with people who used the service. We looked at records which related to people's individual care. We looked at three care records for people using the service and five care records for people who had recently used the service. We looked at five staff personnel and recruitment records, the staff rota, notifications and records of meetings.

We spoke with two people who received the service, we met with the manager and we spoke with three

members of care staff.

The service was last inspected in April 2014 and there were no concerns.

Good

Is the service safe?

Our findings

Everyone we spoke with told us they felt safe living at the home. One person told us, "Yes I feel safe here. I know that the staff are here to help." Another person said, "I have been here before and I will come again, yes I feel safe." People happily approached staff to talk to them or ask questions.

All the staff we spoke with told us what action they would take to keep people safe from the risk of harm or abuse. One member of staff said, "I would always challenge abuse or poor practice, remove people from the situation and raise issues with my manager." Another member of staff said, "I would speak with the manager straight away if I suspected anything." Staff we spoke with were knowledgeable about how they would identify signs of possible abuse. They knew how to escalate concerns to the provider or other external agencies for example, the local authority or CQC if they had any concerns about people's safety.

Staff showed us the systems and equipment they had in place for managing infection control. We saw that there were clear weekly cleaning and rotas in place which identified the tasks that needed to be carried out. Staff signed to say that tasks had been completed and the registered manager ensured these tasks were carried out. There was colour coded equipment in place for example red mops for use in bathrooms and toilets. Personal protection equipment (PPE) was available for staff. Staff had received up to date training in infection control and understood their responsibilities in relation to this. We observed that the home was clean and tidy and that
systems were in place that ensured this.

The internal and external areas of the building including equipment was maintained to ensure people were safe. For example, there was no clutter and exits were clear in case of fire; there was clear signage to tell people where fire exits were. Weekly testing of fire alarms were completed, in line with the provider's policy.

People told us there were enough staff on duty. One person said, "There are always staff around if I need them." Another person said, "Yes, there are always enough staff." Staff told us that they felt there were enough staff on duty to provide safe care. One staff member said, "Yes, there are always enough staff to provide the service." Another staff member told us, "We always have enough staff." The service manager told us, "We have a pool of dedicated bank staff to cover any shortfall, through sickness for instance." We looked at the staff duty rota for the previous four weeks. The rota revealed staffing levels were consistent across the time examined.

We looked at pre-employment checks carried out by the provider and saw that these had been carried out before people started working at the home. Staff told us they had reference and Disclosure and Barring Checks (DBS) completed before they commenced their role. DBS checks help employers reduce the risk of employing unsuitable staff.

People told us they received their medicines when they needed it and they had no concerns. One person said, "Staff make sure I get my tablets at the right time." Another person told us, "I like to take my medication myself but staff keep it safe." We looked at the medicines records for three people and discussed them with

the provider who demonstrated a good understanding of people's medicines and when they needed to be given to people. We saw that staff updated people's records when medicines were given. We found the amount of medicines in stock reflected what was recorded on the Medication Administration Record (MAR) sheets. We noted that some of the recording of medication could lead to confusion for example where it was directed that one or two tablets could be taken the amount was not always recorded on the MAR sheet. We discussed this with the provider who said that they would rectify the issue of recording and discuss with staff. The provider was able to confirm to us what their processes were in the event of a medicine error. This included contacting the GP or pharmacist.

Good

Is the service effective?

Our findings

People told us they were happy with the service provided. One person said, "It really is a fantastic place, it's like a haven for me." The same person said of the service, "There is not really anything I would want to change." Another person said, "The peace and quiet is just what I need, people respect that here."

People received care and support from staff who knew them well and who had the skills and training to meet their needs. Staff told us they had lots of opportunities to develop their skills and training was relevant to the needs of people they supported. Staff confirmed they undertook a thorough induction when they first started working in the home. One staff member told us, "There are always training opportunities."

Staff told us they felt well supported by their colleagues and the registered manager. Comments included, "I have regular supervision with the manager and we also meet regularly as a staff team to discuss practice and share ideas,", and "I can always speak to the manager or a colleague if I need advice or support, we have a tight knit team." Records confirmed regular one to one supervision sessions took place as well as daily hand-overs and staff meetings.

There was good verbal and written communication between the staff. The provider used a handover book to outline relevant information to the next shift. In addition, staff had a handover meeting at the beginning of each shift to pass relevant information to the next team. There was also a diary of people's appointments such as doctors and benefits agencies, this ensured all staff remembered when people's appointments were due. Care plans included contact details of next of kin and medical professionals so relevant people could be contacted in an emergency. People told us staff supported them with medical appointments. One person said, "If I need to see my social worker staff would help me."

People's health and dietary needs were understood and met. We saw how people were fully involved in the planning and preparation of their meals. We saw people were familiar with the kitchen area and were able to prepare meals, snacks and drinks. People's daily routines were documented as part of their support plan and included information about particular likes and dislikes, including foods. One member of staff said that people in the home did not have any specific dietary needs but would be helped by staff to consider healthy food options.

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 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).

At this inspection we checked whether the service had taken the required action to ensure people's human rights were protected and found the principles of the MCA were embedded in the service and understood by staff. Each person's support plan showed us that their capacity to make decisions had been considered. Staff we spoke with showed a clear understanding about including people as fully as possible in decisions about all aspects of their lives. Records showed that staff had received MCA and DoLS training. The provider also had a policy and procedure to support staff in understanding these principles.

Good

Is the service caring?

Our findings

People enjoyed the company of staff and knew them well. Staff were kind and caring and we saw people chatted happily with staff enjoying a laugh and joke with them. People gave us very positive feedback regarding the caring nature of staff and the home. One person said, "They're great people who understand and support me." Another person said, "They are very kind and supportive."

Staff were observed as having a good understanding of people's individual needs. One staff member told us, "Before any discussion it's important for us (staff) to listen thoroughly." Additionally, staff gave examples about people who used the service who had experienced discrimination whilst in the community. They told us how these situations had been managed and how they had supported people's dignity. This demonstrated that support workers were compassionate and respectful towards the people they cared for.

We observed an activities event in a communal area. We observed excellent interaction between people and staff who consistently took care to interact with people and
ask permission before offering support. Consequently people, where possible, felt empowered to express their needs and receive appropriate support. We observed a genuine well-meaning approach and staff showed gentleness and kindness.

People told us their dignity and privacy was always respected by staff. One person said, "Staff respect boundaries which makes me feel comfortable." Another person told us, "Staff are very respectful, they support me when it's required." People told us they had keys to their bedroom doors. One person said, "I can lock my bedroom door if I want and no one will go in." All the staff we spoke with were able to explain how they promoted people's dignity and privacy in everyday practices such as personal grooming. We saw staff knocking on people's doors and calling out before entering people's bedrooms.

There was evidence throughout the support plans we looked at that the support given to people was person-centred and caring. People's needs and preferences were clearly stated. We also noted that support plans focussed on people's strengths and independence was consistently promoted. People who used the service told us they had been involved in their support plans. We saw records of daily interactions that people who used the service had with staff. People's concerns, comments and goals were discussed and recorded to ensure their views were included and influenced their care. This included the recovery star. The recovery star is used by many Mental Health Trusts as a tool for optimising individual recovery and gaining information to create a recovery-focused care plan. It is developed in partnership by the service user and the staff member and covers various aspects of life including, managing mental health, self care and social networks.

Good

Is the service responsive?

Our findings

People were involved in the planning and reviewing of their care. Care plans reflected the care and support people received. One person said, "Staff involve me in my
care, I say what I think and how I want things done." Staff we spoke with were able to describe people's individual needs. They were able to tell us about people's likes and dislikes and their personal histories. Staff told us that they spent time talking with people and their family in order to identify their needs which was then used to develop their care plan. We saw that where possible people had signed records to agree to the care provided.

Where people's needs had changed we saw that these had been identified by staff and appropriate action taken. For example, concerns regarding one person's sleep had been documented in detail including a range of techniques to combat the issues highlighted. Improvements had been made which had been recorded and all staff had been made aware. People's care records were reviewed and updated to reflect any changes that had occurred. We saw that staff worked well together and communicated any changes to people's needs or well-being during daily shift handover. Diaries and communication books were used by staff to record and share information and to ensure important tasks were completed by members of staff. For example, arranging medical appointments. Staff told us handover meetings were important as it provided staff with the most up to date information about a person's care needs.

People told us they felt confident to raise any concerns or complaints they might have with staff or the provider. One person said, "I have no worries, if I had a complaint I would speak with the staff and they would sort it out for me." Another person said, "I have no complaints at all. If I had I'm sure that staff would listen and help me." All the staff we spoke with told us they would raise any concerns with the provider or manager. They said they felt confident any issues would be addressed appropriately by the provider. We looked at the provider's complaints log and saw there were no recently logged complaints. The complaints procedure was clearly displayed in the reception area of the home.

Before people came to use the service they had an assessment which included an extensive pre-admission questionnaire. These assessments were used to create a
person centred plan of care which included people's preferences, choices, needs, interests and rights. People told us they had been involved in developing and reviewing care plans.

Person-centred planning is a way of helping someone to plan their life and support, focusing on what's important to the individual person. During our visit we looked at the care plans and assessment records for eight people. The care plans and assessments we looked at contained details about people's individual needs and preferences, including person centred information that was individual and detailed. Care plans and assessments had been reviewed regularly and provided good information about people's needs.

We observed a well attended craft activity taking place. The activity was open to those people currently using the service and those people who had used the service previously. One person told us, "I really like the activity sessions, it's not just the things we do but it's also the people who are there."

Good

Is the service well-led?

Our findings

There was a registered manager who was relatively new in post but had been with the organisation for some time. The registered manager had experience in working with people with mental health issues. One member of staff told us they found the registered manager, "Approachable, responsible and caring." Another said they found the registered manager and senior staff very approachable and supportive.

Staff told us they worked well as a team. One staff member said, "The atmosphere is lovely here. Its friendly and the interactions with people are good." Another staff member said, "I find my work very rewarding. We have a fantastic team." Staff described the management structure as open and transparent. We saw minutes of recent team meetings. Each meeting had a variety of topics which staff had discussed, such as health and safety, updates on people who used the service, changes to policy and practice and lessons learned from other areas where the provider had services. The registered manager told us that meetings were also used to keep staff informed of any changes in the service and reviewing and introducing new ways of working. Staff told us they could voice an opinion and we saw this recorded in minutes.

The service maintained a robust and effective system for monitoring the quality of the service. Regular audits of the service's systems and processes had taken place to ensure people's health, safety and welfare. The registered manager told us and the records confirmed that health and safety, medication, support plans and accidents and incidents had been regularly checked. These were completed within the registered providers identified timescales.

We viewed accident and incident reports and these were recorded appropriately and were reported through the provider's quality assurance system. Each accident or incident that occurred was reviewed with staff and a post incident analysis was completed. This enabled the service to identify what changes were needed to minimise the risk of an incident occurring again. This meant the provider was monitoring incidents to identify risks and trends and to help ensure the care provided was safe and effective. Any changes of practice required by staff were highlighted in staff meetings so staff were aware if lessons had to be learnt from incidents. The registered manager told us that she spent time with people and staff on a regular basis to ensure she was aware of what was happening at the service and observe practise.

There were plans in place to deal with unexpected emergencies such as fire. These plans included detailed personal evacuation plans for each person living in the home as well as contingency plans should the home become uninhabitable due to an event.

We examined all the policies and procedures relating to the running of the home. We found all were reviewed and maintained to ensure that staff had access to up to date information and guidance.

People's care records and staff personal records were stored securely which meant people could be assured that their personal information remained confidential. The manager understood their responsibilities and knew of other resources they could use for advice, such as the internet.

The registered manager understood their responsibilities in relation to the registration with the Care Quality Commission (CQC). Staff had submitted notifications to us about any events or incidents they were required by law to tell us about. They were aware of the requirements following the implementation of the Care Act 2014, such as the requirements under the duty of candour. This is where a registered person must act in an open and transparent way in relation to the care and treatment provided.

Feedback questionnaires on all aspects of the service were completed by people at the end of their stay at the service. We found all of those completed to be extremely positive about the service and included comments such as; "All the staff are there when you need them." "Well structured, staff were brilliant." And, "Peace and quiet is great, support is wonderful and I also made a friend."