

# National Schizophrenia Fellowship Rotherham Crisis (Cedar House)

## Inspection report

Cedar House  
40 Moorgate Road  
Rotherham  
South Yorkshire  
S60 2AW

Tel: 01709302672  
Website: [www.rethink.org](http://www.rethink.org)

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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 Rotherham Crisis (Cedar House) on 18 May 2016. The inspection was unannounced. The service was last inspected in June 2014, and no concerns were identified at that inspection.

Rotherham Crisis (Cedar House) 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 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, two people were staying at the service.

The home did not have a registered manager. The previous registered manager had left their position a few months prior to the inspection and had therefore, accordingly, cancelled their registration. A new manager had been appointed and they had submitted an application to register with CQC. 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 service was safe. Staff had received training in safeguarding and knew how to report any concerns regarding possible abuse. Our records showed that the provider had acted appropriately when people were at risk of abuse. The provider used robust systems to help ensure care staff were only employed if they were suitable and safe to work in a care environment.

The service was effective. People received the support they needed to reach goals and identify how to obtain the support they needed. The manager was knowledgeable about the Mental Capacity Act 2005, and its Code of Practice. People using the service had given informed consent to their care and support.

The service was caring. People were treated with kindness and received support in a considerate way which was tailored to their needs and preferences. People using the service were involved in planning their care, and their privacy, dignity and independence was protected.

The service was responsive. People agreed to the support they received and were involved in reviewing their care to ensure it continued to meet their needs. People knew how they could raise a concern about the service they received. Where issues were raised these were investigated and action was taken to resolve the concern.

The service was well-led. Although there was no registered manager in post, this was due to staff turnover and a new manager had already applied to register with CQC. The provider had systems in place to monitor the quality of the service provided. These were thorough and effective.

## 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. Staff had received training in safeguarding and knew how to report any concerns regarding possible abuse. CQC records showed that the provider had acted appropriately when people were at risk of abuse.

The provider used robust systems to help ensure care staff were only employed if they were suitable and safe to work in a care environment.

### Is the service effective?

Good ●

The service was effective. People received the support they needed to reach goals and identify how to obtain the support they needed.

The manager was knowledgeable about the Mental Capacity Act 2005, and its Code of Practice. People using the service had given informed consent to their care and support.

Staff were supported through a system of regular supervision.

### Is the service caring?

Good ●

The service was caring. People were treated with kindness and received support in a considerate way which was tailored to their needs and preferences.

People using the service were involved in planning their care. People's privacy, dignity and independence was protected.

### Is the service responsive?

Good ●

The service was responsive. People agreed to the support they received and were involved in reviewing their care to ensure it continued to meet their needs.

People knew how they could raise a concern about the service they received. Where issues were raised these were investigated and action was taken to resolve the concern.

Care plans were personalised and reflected people's individual

needs. This meant staff knew how people wanted and needed to be supported.

**Is the service well-led?**

**Good** ●

The service was well-led. Although there was no registered managr in post, this was due to staff turnover and a new manager had already applied to register with CQC.

The provider had systems in place to monitor the quality of the service provided. These were thorough and effective..

People using the service were asked for their views and their comments were acted on. People told us they felt listened to, and said managemet within the service was accessible.

# Rotherham Crisis (Cedar House)

## **Detailed findings**

### Background to this inspection

Start this section with the following sentence:

'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.'

Say when the inspection took place and be very clear about whether the inspection was announced or unannounced, for example by saying:

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.

We carried out this inspection on 18 May 2016 and it was unannounced. The inspection was carried out by an adult social care inspector.

During our inspection we spoke with both people who were using the service at the time of the inspection. We spoke with a visiting professional, two members of management staff and a staff member. We checked care records belonging to five people who were using the service or who had recently used the service, and looked at records that related to how the service was managed.

Before the inspection the manager of the service had 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. In addition to checking this, we reviewed information we held about the

service, which included incident notifications they had sent us.

# Is the service safe?

## Our findings

People using the service told us that they felt they were kept safe. One person said, "It's my little bubble, I've been here before and it always makes me feel safe and protected." Another person told us that the staff contributed to a feeling of safety, and that they felt less vulnerable when they were staying at the service.

The provider had safeguarding policies and procedures in place to reduce the risk of abuse to people who received the service. We spoke with a staff member about their understanding of keeping people safe and how they would act if they had any concerns that someone might be being abused. They could describe appropriate procedures in relation to reporting incidents and concerns, and were confident about their knowledge. Our records confirmed that when incidents had occurred, the provider had taken appropriate action and notified the local authority and other relevant agencies. The provider had a policy for whistleblowing. The staff member we spoke told us they were aware of the policy and how to whistleblow, should they ever need to.

We looked at the arrangements in place for the administration and management of medicines and found that this was well managed. People were encouraged to manage their own medicines, where possible, and appropriate secure storage was provided to facilitate this. Where people needed support with their medication, staff were provided with access to this storage. When staff provided support, records were kept of medication administered. We checked these records and found they were accurately kept. We noted that when medication was signed in to the premises, this was done by a sole staff member without a witness which would reduce the risk of errors. However, the service manager told us that a witness staff member was not always available as staff were often working alone.

We looked at five care records which confirmed that the provider had risk management systems in place. These were prepared when each person was referred to the service, then regularly revisited to ensure they were still sufficient to ensure the safety of the person concerned, and the safety of others where relevant. They contained sufficient detail to ensure that staff understood how risks that each person may be vulnerable to, or may present, should be managed. The manager carried out a monthly audit of all risk assessments to check that they were accurate and complete.

Records showed that a satisfactory recruitment and selection process was in place. The staff files we checked contained all the essential pre-employment checks required. This included written references and a satisfactory Disclosure and Barring Service (DBS) check. 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.

Staff often worked alone within the service. There were risk assessments in place in relation to this, and there were on call managers available. People using the service told us they always had access to staff when required, and one told us that staff will stay late, after their shift had finished, if required. However, the visiting professional we spoke with told us they felt the practice of lone working was "risky" and that they felt it sometimes resulted in some people not being admitted to the service due to the risk they may present to a

lone working staff member.



# Is the service effective?

## Our findings

People we spoke with told us that they had given consent to their care plans. They told us that they looked through their care plan, with staff support if required, on arrival at the service. They told us that nothing happened in relation to their support unless they had consented to it.

We checked a sample of five care plans and found they contained evidence of people giving consent to the way they were supported and the way any risks were managed.

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.

The manager was knowledgeable about the Mental Capacity Act 2005, and its Code of Practice. They knew how to ensure that the rights of people who were not able to make or to communicate their own decisions were protected.

Staff we spoke with told us they felt they had received sufficient training to undertake their job, although the manager told us they were in the process of increasing and auditing training to ensure they had a better overview of it. All staff had started to do the Care Certificate, which is a nationally recognised programme of training for care workers. The manager had a system which identified when staff training updates were due, so these could be planned for in a timely way. We saw evidence showing that staff had places booked on forthcoming training.

Staff files showed that staff received regular supervision and annual appraisal. The provider's policy stated that supervision should be carried out bi monthly. We found this guidance was being followed. We saw supervisions covered staff wellbeing, staff performance and conduct, any concerns regarding working practices or individuals using the service. The appraisal programme had lapsed as the provider had been told that the service would not be re-commissioned and would therefore be closing. However, as this had not happened an annual appraisal programme was being put in place and recommencing.

We spoke to people using the service about the food available to them. They told us that the arrangements at the service was that they bought and prepared their own food. However, they said that staff provided support with this if required. One person told us that staff had assisted them to access a food bank, and had given them help and guidance in relation to meal preparation which they said they had appreciated.

Communication amongst staff was good. Staff told us that they received an effective and informative handover at the beginning of every shift which brought them up to date with any changes to people's

support and care needs, or people who had newly arrived at the service. There were regular team meetings, and all staff signed the minutes of team meetings to show that they had read and understood them.

The visiting professional we spoke with told us that staff at the service were very good at recognising people's changing health needs, and were proactive in liaising with external agencies to ensure people received an appropriate service. We checked a sample of five people's care plans which corroborated this, and showed that the provider had helped people access a range of external providers to enable them to obtain appropriate healthcare support and treatment.

## Is the service caring?

### Our findings

People using the service told us that staff were "very caring." One person said: "I couldn't wish for nicer staff, they so care about you." They went on to say: "I can't praise them enough, if it wasn't for these [the staff team] I don't think I'd be here. They don't treat you like a 'resident' but as one of their friends." Another person described the support they received as "kind and caring." We looked at a sample of satisfaction surveys completed by people when they left the service. Again they contained praise for the caring nature of the staff team. One person had written that there was a "lovely calm atmosphere" at the service. Another had recorded: "The staff have treated me with great respect."

We asked people about the arrangements for receiving visitors when staying at the service. They told us that they could receive visitors whenever they wanted, but said that it was also important that they could tell staff who they did and didn't want to visit them, and that staff upheld this.

We observed staff interacting with people using the service. Staff spoke to people with respect, upholding their dignity and confidentiality. We saw that all conversations between staff and people using the service were warm, friendly and positive. We noted that whenever people asked for help or support staff responded straight away to assist the person or check what they needed. The member of staff we spoke with told us that they loved their job, and said this enhanced their working relationships with people using the service.

We checked a sample of five care plans. We found that they were written in a person centred way, meaning that each care plan was tailored to each person's individual needs. Where appropriate, care plans contained information about ensuring people's dignity and privacy was respected.

The care plans we looked at all contained evidence that people had been involved in planning their care and support. There were records where people had recorded their support needs and the goals they wanted to achieve as part of their stay at the service, as well as record how achievable they felt their goal was.

Each care plan contained daily notes which showed what support and care had been provided to each person. The notes were highly detailed and showed that people's care and support had been delivered in accordance with their assessed needs, as set out in their care plans.

We observed the process where an external professional contacted the service during the inspection to make a referral. The staff member dealing with the referral took a great level of detail about the person, and how the service could best meet their needs. Staff on duty then discussed the person, looked back at records of previous stays and agreed how they could provide the level of support the person would need for this stay. One staff member had met this person before, and displayed a good knowledge of their needs and preferences.

## Is the service responsive?

### Our findings

We spoke with two people who were using the service at the time of the inspection. They told us that they knew what was in their care plan, and knew they could access it whenever they wanted. One person told us they had received support from staff to help them read their care plan. People we spoke with had a good understanding of the role of their care plan, and told us that staff had assisted them in this understanding.

Care plans were very well written and provided detailed information about how the planned care and support was to be provided. The plans provided details about the person's health care needs, the goals and objectives of their stay at the service, details of any risks that they may present or be vulnerable to and details of their health history. The plans were person centred and had been written with the involvement of the person. Where possible people had signed to say they agreed to their plans.

The manager carried out an audit of care plans on a monthly basis, checking that they were accurate and contained all relevant information.

We spoke with a visiting professional who told us that staff were very good at communicating changes in people's needs with relevant parties. The notes in care plans we checked corroborated this. We noted that where people had changing needs, staff were responsive and took appropriate action to address changing needs and provide the correct support.

We saw the provider had a complaints procedure which was available to people staying at the service as well as visitors. The manager showed us that complaints were logged on a centralised system, which recorded whether complaints were responded to within the provider's timescales. This was also monitored by senior managers within the organisation, to ensure that complainants received appropriate responses. This also meant that themes of complaints could be monitored, and appropriate action taken where necessary.

The people we spoke with raised no concerns about the service or the care and support they received. However, they said they would feel comfortable raising concerns or making a complaint if they needed to. Everyone told us they knew who to go to if they needed to raise any issues, and said they were confident that if they raised a complaint it would be dealt with properly. They told us they felt listened to by staff and management, and this gave them confidence that if they needed to complain it would be appropriately managed.

## Is the service well-led?

### Our findings

The service did not have a registered manager as the previous registered manager had recently left their post and, accordingly, cancelled their registration. However, a new manager had been appointed and their application to register with CQC had been received by us at the time of the inspection.

People using the service gave us positive feedback about the service's management. They told us managers were accessible and approachable. They said that if they ever needed to speak to a manager they were always available. Staff also told us they felt supported by management within the service, and said there was always an "open door" policy, meaning they could get advice or support from managers when they needed it.

The manager had a comprehensive audit system, which enabled them to monitor the quality and performance of the service. This was a detailed, computerised system which checked all aspects of service delivery, from incidents and accidents to feedback received by the service from people using the service and people referring to the service. From this, a quarterly report was produced which gave an overall picture of how the service was performing and any areas for improvement.

There were satisfaction surveys for people using the service, which was given to each person when they left the service. These were collated and contributed to the quarterly report, which meant that people's views were contributing to the organisation's view of the service, and any actions that were undertaken following the quarterly report took into account feedback from people who had used the service.

In addition to the computerised audit system, the manager also carried out a monthly audit of various aspects of the service, including the condition of the premises, people's care plans and health and safety issues. These were thorough and detailed, and this meant that any shortfalls were quickly identified and addressed. This also meant that the manager had a good oversight of the service and could talk with knowledge about all aspects of how the service was delivered.

Team meetings took place regularly, which allowed for staff to be updated on developments within the service and changes to policy or procedure. We checked minutes of recent team meetings and found that they were detailed, and all attendees had signed them to confirm they had read them and were aware of the content.

We checked records of incidents and accidents, and found that whenever required, the provider had made appropriate notifications to CQC, as required by law.