

National Schizophrenia Fellowship Amadeus House

Inspection report

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Date of inspection visit:
22 June 2016
24 June 2016

Date of publication:
26 July 2016

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

This inspection took place on 22 and 24 June 2016. The visit on 22 June was unannounced and we told the provider we would return on 24 June to complete the inspection. This was the first inspection of the service.

Amadeus House provides short-term, therapeutic support and accommodation for up to 17 men and women experiencing a mental health crisis. The service uses a recovery model of care and support. At the time of our inspection there were seven people using the service. The service had a registered manager who left the service shortly before this inspection. The provider had put in place interim management arrangements and begun the recruitment process for a new 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.

Although people using the service managed their own medicines, the provider had arrangements in place to ensure people received their medicines safely.

The provider developed risk management plans to mitigate identified risks to people using the service and staff followed these.

There were sufficient numbers of staff deployed to meet people's support needs and the provider carried out pre-employment checks on new staff to make sure they were suitable to work with people using the service.

The provider, managers and staff carried out regular health and safety checks in the service. The provider ensured safety equipment in the service was regularly serviced and maintained.

Staff working in the service had the skills, training and support they needed to work with people. Records showed that staff had completed training the provider considered mandatory.

People were involved in planning and reviewing their care and staff encouraged them to maintain and develop their independence.

The provider understood their responsibilities under the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

People using the service told us they felt staff treated them well. Staff told us they enjoyed working in the service and said they would be happy if a relative or friend lived there.

We saw staff interacted with people in a caring and friendly way and explained the support they gave people

to make sure they understood what was happening. People using the service were involved in the development of their care plan and other records, including risk assessments and risk management plans.

Staff understood the care and support needs of people using the service and used the provider's care planning and risk management procedures to ensure they met these.

The provider had a policy and procedures for people using the service and others about how to make a complaint, along with relevant time lines for responding to complaints.

The registered manager left the service at the end of May 2016. Following the registered manager's departure, the provider arranged for an interim manager to oversee the day to day running of the service, supported by the two permanent deputy managers.

The provider had systems to monitor the quality of the service that people received and to make improvements. The provider, managers and staff carried out audits and checks to monitor quality in the service and we saw these were up to date.

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.

The provider had arrangements in place to ensure people received their medicines safely.

The provider developed risk management plans to mitigate identified risks to people using the service and staff followed these.

There were sufficient numbers of staff deployed to meet people's support needs and the provider carried out pre-employment checks on new staff to make sure they were suitable to work with people using the service.

The provider, managers and staff carried out regular health and safety checks in the service. The provider ensured safety equipment in the service was regularly serviced and maintained.

Is the service effective?

Good ●

The service was effective.

Staff working in the service had the skills, training and support they needed to work with people. Records showed that staff had completed training the provider considered mandatory.

People were involved in planning and reviewing their care and staff encouraged them to maintain and develop their independence.

The provider understood their responsibilities under the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

Is the service caring?

Good ●

The service was caring.

People using the service told us they felt staff treated them well.

Staff told us they enjoyed working in the service and would be happy if a relative or friend lived there.

We saw staff interacted with people in a caring and friendly way and explained the support they gave people to make sure they understood what was happening.

Is the service responsive?

Good ●

The service was responsive.

People using the service were involved in the development of their care plan and other records, including risk assessments and risk management plans.

Staff understood the care and support needs of people using the service and used the provider's care planning and risk management procedures to ensure they met these.

The provider had a policy and procedures for people using the service and others about how to make a complaint, along with relevant time lines for responding to complaints.

Is the service well-led?

Good ●

The service was well led.

The registered manager left the service at the end of May 2016. Following the registered manager's departure, the provider arranged for an interim manager to oversee the day to day running of the service, supported by the two permanent deputy managers.

The provider had systems to monitor the quality of the service that people received and to make improvements.

The provider, managers and staff carried out audits and checks to monitor quality in the service and we saw these were up to date.

Amadeus 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 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 22 and 24 June 2016. The visit on 22 June was unannounced and we told the provider we would return on 24 June to complete the inspection. This was the first inspection of the service.

The inspection team consisted of one 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. The expert by experience for this inspection had experience of using mental health services.

Before the inspection we reviewed the information we held about the service. This included statutory notifications the provider sent us about significant incidents affecting people using the service. We also contacted seven health and social care professionals by e-mail to ask for their views on the service.

During the inspection we spoke with three people using the service, the service's two deputy managers, the interim manager, five members of staff and two visiting health care professionals. We looked at the care records for two people using the service and staff recruitment records for three members of staff. We also looked at other records relating to the running of the home, including quality assurance checks, the service's record of complaints and health and safety records.

Is the service safe?

Our findings

People using the service told us they felt safe. One person told us, "It's a very safe place and I feel really understood. I have found the time I have spent here has been very beneficial to my health and well-being." A second person said, "I feel really safe here, I trust them to look after me." A relative told us, "My [family member] is very safe here. I don't worry at all when I leave them here, I know they are safe."

The provider had systems in place to safeguard people using the service. Staff told us they had completed safeguarding training and the records we saw confirmed this. Staff understood and could describe the types of abuse people may experience and told us how they would keep people safe. Their comments included, "Firstly I would make sure the person was safe and then I would report my concerns to the manager. They would make sure they informed the local authority," "I would report any abuse immediately. If the person told me they didn't want me to tell anyone I would explain I would have to report abuse if I thought they were at risk or other people might be at risk" and "I have done safeguarding training and the important thing is to record and report any concerns. I would speak with any of the senior staff or report directly to the local authority or the Care Quality Commission."

Staff supported people using the service to manage their prescribed medicines safely. Senior staff told us they completed a 'capability statement' with each person and staff from the home treatment team when the person moved into the service. Staff told us the service accepted referrals of people who were unable to manage their own medicines but they did not administer people's medicines. Staff support was limited to prompting and observing people when they took their own medicines. All prescribed medicines were supplied by the mental health trust's home treatment team and they would administer medicines for people, if required. The provider displayed the arrangements for each person to receive the medicines they needed in the main office and staff knew when people's medicines were due and when the home treatment team visited each person.

Each person had a lockable safe in their room that they used to store their medicines. The safes were fixed to a shelf and this enabled people to keep their medicines safe. One person told us, "I know about my medication and the possible side effects. The staff tell me I'm doing well with managing my medication."

The provider ensured staff were suitable to work with people using the service. The staff records we reviewed included pre-employment checks, including references from previous employers, proof of identity and the right to remain and work in the UK and Disclosure and Barring Service criminal record checks. Staff told us the checks were carried out before they started work in the service.

We saw the provider deployed enough staff to support people using the service. Rotas showed that a minimum of one of the home's management team was available in the service from 08:00 – 17:00 seven days a week. In addition, three mental health recovery workers and the service's peer support worker and enablement officer provided support to people during the day. At night, there were two recovery workers awake in the service to support people. People using the service told us there were enough staff available in the service. Their comments included, "There's always staff around, so you can always get help when you

need it" and "If I couldn't sleep there's always a member of staff to talk to."

The rotas we reviewed during the inspection did show that one senior member of staff had recently worked periods of 16 days and eight days without a day off. We discussed this with them during the inspection and they explained they had done this to ensure continuity of care and staffing during a short period when there were insufficient numbers of permanent staff to cover the rota. They said this should not be necessary in the future and the rotas we checked showed that all staff had regular days off and did not work extended periods without a break.

The provider, managers and staff in the service carried out regular health and safety checks to make sure people were safe. This included regular checks that people were in their rooms, unless they had told staff they were going out. The provider had a fire safety risk assessment and emergency plan that they had completed and reviewed since the service opened in October 2015. Staff completed a daily environmental health and safety check in the service. Opening restrictors were fitted on windows and staff kept a monthly record of checks to ensure these were effective.

Is the service effective?

Our findings

People told us they received effective care and support from the service. One person told us, "The staff are always on hand and they are never too busy to give me the support I still need."

Staff working in the service had the skills, training and support they needed to work with people. Records showed that staff had completed training the provider considered mandatory, including safeguarding adults and children, managing accidents and incidents and equality and diversity.

Staff told us they found the training helpful. Their comments included, "The training has been very good, if there's anything I need I can ask and [the provider] will arrange it" and "I've only just started my induction training. It's very thorough and well organised and I'm already booked on to other training courses." Senior staff told us new staff would be expected to complete the Care Certificate. The Care Certificate is a set of standards for social care and health workers. It is the new minimum standard that should be covered as part of induction training of new care workers.

We saw that staff received regular support and supervision from the home's management team. Staff who started working in the service when it opened in October 2015 had completed their probationary period and we saw the provider recorded this. Senior staff also recorded individual supervision sessions with staff working in the service and we saw this gave staff the opportunity to discuss their work with people using the service, their personal development and training needs.

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.

The law requires the Care Quality Commission (CQC) to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). DoLS provides a process to make sure that providers only deprive people of their liberty in a safe and correct way, when it is in their best interests and there is no other way to look after them.

The provider was aware of their responsibilities under the MCA and DoLS. Senior staff told us health care professionals from the home treatment team had carried out assessments of people's capacity to make decisions about their care and treatment and these were recorded. All of the people using the service when we carried out this inspection were able make their own decisions and we saw the provider did not restrict people's liberty. For example, the front door of the service was not locked and people were able to leave when they wanted. Also, we saw that people were involved in developing their care and treatment plans, the provider had asked them about their preferences and choices and recorded these in their plans.

People were involved in planning and reviewing their care and staff encouraged them to maintain and develop their independence. For example, the service provided laundry facilities and people told us they

were able to do their own washing. Staff also supported people to develop the independent living skills they would need when they moved on from the service. One person told us they had some anxiety about leaving the service and the support staff provided but added, "I have learnt to be more independent cooking for myself and I know that will help me when I leave."

People using the service were independent and most were able to prepare their own meals. We saw that people purchased their own food and this was encouraged by the service. People were allocated their own lockable cupboard in the kitchen to store their food and had access to a communal fridge. The service provided food storage containers, labels and pens so that people could identify food they left in the fridge. Staff told us the service provided a stock of basic food and drinks and people told us they could help themselves when they wanted a drink or snack.

Senior staff told us 13 places were reserved for people who needed care and support for up to two weeks. The four remaining places were available for stays of up to three months. The provider had employed an enablement officer to support people with housing applications where this was required. This helped people to find housing when they were ready to be discharged from the service.

People were supported to access other healthcare services as required. We saw that staff in the service worked closely with the mental health trust and people who experienced a deterioration in their mental health were referred to the team in a timely manner. This ensured that people were supported and their well-being maintained. People's care records included information about their physical and mental health needs and the support they needed with these.

Is the service caring?

Our findings

People using the service told us they felt staff treated them well. Their comments included, "I can't fault the staff, they help me when I need it," "The staff here are very good, very nice people" and "The staff are always there for me." A relative told us, "The staff are fantastic, my [family member] is very happy here."

Staff told us they enjoyed working in the service and would be happy if a relative or friend lived there. Their comments included, "We treat people as individuals, everybody's care plan is different. We provide the support each person needs," "Everybody is different and we support people in crisis so their needs are very specific to them at that time" and "I am very happy with the standard of care in this home. I would be happy for someone close to me to stay here if they needed the support we provide."

We saw staff interacted with people in a caring and friendly way and explained the support they gave people to make sure they understood what was happening. We saw staff supporting people gently and patiently. They listened to people and always treated them with respect. For example, we saw staff welcoming a person to the service. They gave the person time to familiarise themselves with the premises and worked at the person's pace to make sure they were not given more information than they were able to understand. People's care records also included an induction checklist that they completed with staff to make sure they had the information they needed about the service.

Staff also supported people using the service to choose where to spend their time. Most people spent time in their rooms when they wanted privacy and spent time in the service's communal areas or garden when they wanted to be with other people.

Care records showed staff asked people about their preferences and routines. For example, records included information about people's history, their family members and their interests and routines. Staff working in the service were able to tell us about the care needs of individual people, their preferences and daily routines.

Is the service responsive?

Our findings

People using the service were involved in the development of their care plan and other records, including risk assessments and risk management plans. They told us, "The staff are very good at supporting people in crisis. I have a crisis plan I developed with the staff here." A relative commented, "I'm always consulted if my [family member's] care plan needs to change" and "My [family member's] care plan is reviewed regularly and I'm always involved."

Staff understood the care and support needs of people using the service and used the provider's care planning and risk management procedures to ensure they met these. Each person had a care plan that included a referral from the home treatment team and an assessment of their health and social care needs. Staff told us they used the referral information to develop a care plan and safety management plan with the person and other professionals involved in their care. The staff we spoke with were able to tell us about people's individual needs and they were familiar with the different characteristics, routines and preferences of people using the service.

Staff completed daily progress reports on the support they gave people and these showed that care was delivered in line with people's preferences and care plan.

People using the service and others were able to comment on the care and support they received. The provider had a policy and procedures for people using the service and others about how to make a complaint, along with relevant time lines for responding to complaints. We saw the provider included the complaints procedure in the induction checklist for new people. Staff told us complaints were covered in the local operating procedures for the service and new staff read these as part of their induction. A person using the service told us, "I don't really think there's anything to complain about, it all runs well." A relative commented, "I'd speak to any of the staff if I had a complaint but I've never needed to."

Staff told us they were aware of the provider's procedures and would support people to make a complaint, if necessary. Their comments included, "There is a complaints procedure and people and relatives can put their comments on the service in a box in the lounge" and "I would support anyone who wanted to complain but I haven't needed to yet." The provider's record of complaints showed they dealt with these in line with their procedures and within agreed timescales.

Is the service well-led?

Our findings

People using the service and their care workers told us they felt able to approach the management team and felt valued by them. One person told us, "The staff are all very approachable, they treat us like normal people." A member of staff told us, "There is a lot of experience in the team. I can go to [names of deputy managers] if I need advice or support."

The staff team in the service engaged positively with our inspection visit. They provided the information we needed and made sure we had access to records. They also spent time talking with us about their roles and arranged for us to speak with people using the service.

The Care Quality Commission (CQC) registered the service and the manager in October 2015. The registered manager left the service at the end of May 2016. Following the registered manager's departure, the provider arranged for an interim manager to oversee the day to day running of the service, supported by the two permanent deputy managers. When we inspected, the provider told us they had arranged interviews to appoint a new permanent manager who would register with CQC.

The provider had systems to monitor the quality of the service that people received and to make improvements. They met with people to review their care and supported and developed staff through regular training opportunities and supervision. Senior staff told us they recorded any incidents and accidents and used these to review and make changes to the care and support people received. For example, following an incident shortly before this inspection, staff in the service had introduced checks at 08:00 each day to make sure people were safe. Staff also told us they discussed incidents and complaints at their team meetings and looked for ways to improve the service. For example, following a complaint from a person using the service, staff provided storage containers, labels and pens so that people could label the food they kept in the communal fridge.

The provider, managers and staff carried out audits and checks to monitor quality in the service and we saw these were up to date. For example, the provider carried out an unannounced audit of the service in May 2016 that looked at the five questions CQC asks and identified areas for improvement. For example, following the audit senior staff ensured they obtained capability statements for all people using the service to manage their own medicines and all bank staff completed training the provider considered mandatory.

The registered manager had also completed a service review in November 2015 that covered contract requirements, liaison with stakeholders, service user involvement and engagement and management of staff. The audit identified the need to recruit more permanent staff and the interim manager told us this had started.

Senior staff in the service also completed a monthly quality account that looked at what worked well in the service and where improvements could be made. For example, a recent quality account concluded that the quality of staff recording in people's daily progress reports needed to improve and senior staff confirmed they had discussed this with staff.

