Brighton Housing Trust

Shore House

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 Shore House on 6th and 10th May 2016. The service provides accommodation for up to twenty people who have their own rooms with a licence agreement with access to communal lounge, kitchen and dining areas. The service provided support for people with mental health issues some of whom had physical health issues and substance misuse issue. The service has staff on site 24 hours a day. The aim of the service was to provide care and support for up to 18 months with a view to people moving on to more independent accommodation. The service used the Outcome Star which is a tool that measures and supports progress for people towards self-reliance or other goals.

The registered manager was on maternity leave and the deputy manager was acting up in to the role of manager. The senior manager was taking on the responsibilities of a registered manager in whilst the permanent registered manager was away. The senior manager had notified us of these changes. 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.

People told us they felt safe and were happy with the care and support they received at Shore House. One person told us, "I do feel safe here, and I do think there are enough staff here". People were safe as they were supported by staff that were trained in safeguarding adults at risk procedures and knew how to recognise signs of abuse. People were supported to manage their medicines safely. Accidents and incidents had been recorded and appropriate action had been taken and recorded by the registered manager.

We saw people were supported by staff that knew them well, gave them individual attention and provided additional assistance as and when required. Staff received training to support them with their role on a continuous basis to ensure they could meet people's needs effectively. Training was available that specifically addressed the needs of people at Shore House such as training in dual diagnoses.

Staff and the manager were knowledgeable about the Mental Capacity Act 2005. They were aware this legislation protected the rights of people who lacked capacity to make decisions about their care and welfare.

The staff team were responsive to people's social needs and supported people to maintain and foster interests and relationships that were important to them. People were central to the practices involved in the planning and reviews of their support and guided by the Outcomes Star. People were encouraged to be as independent as possible and to plan to move to a more independent living arrangement where suitable. A staff member told us "I think the thing we do particularly well is how person centred we are, we don't take a blanket approach to anything".

People received regular assessments of their needs and any identified risks. Records were maintained in

relation to people's healthcare, for example when people were supported with making or attending GP appointments.

People told us that staff were kind and caring. One person told us about staff "I really like it here, staff are really helpful and really sympathetic". We observed staff treating people with dignity and respect and involving them in their care.

The service was well led and had good leadership and direction from the manager and senior manager. Staff felt fully supported by the managers to undertake their roles. A person centred culture was promoted and embedded. There were robust quality assurance systems in place to ensure a high quality of care and support was provided.

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 felt safe. There were appropriate numbers of well-trained and appropriately recruited staff available to provide the care and support people needed.

Staff were confident about what to do if someone was at risk of abuse and who to report it to. The manager assessed risks and gave staff clear guidance on how to protect people.

People's risks were assessed and managed appropriately. There were comprehensive risk assessments in place and staff knew how to support people. Accidents and incidents were logged and acted upon. People were supported to manage their medicines safely.

Is the service effective?

Good

The service was effective. People received support from staff who understood their needs and preferences well. People where needed were supported to cook for themselves and make healthy choices.

Staff had an understanding of and acted in line with the principles of the Mental Capacity Act 2005. This ensured that people's rights were protected in relation to making decisions about their care and treatment.

People had access to relevant health care professionals and received appropriate assessments and interventions in order to maintain good health.

Is the service caring?

Good

The service was caring.

Staff knew people and their preferences.

Staff were respectful and polite when supporting people. Staff actively supported people to make day-to-day decisions about their support and they respected the choices people made.

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

Is the service responsive?

Good

The service was responsive.

The service was responsive to people's needs and wishes. Support plans accurately recorded people's likes, dislikes and preferences. Staff had information that enabled them to provide support in line with people's wishes.

People were supported to take part in activities provided by the service and in the community. People were supported to maintain relationships with people important to them.

There was a system in place to manage complaints and comments. Complaints had been responded to in line with the providers policy.

Is the service well-led?

Good

The service was well led.

People and their relatives were asked for their views. The management team were approachable. They listened to people so that improvements could be made.

We received positive feedback about the management of the service from people and staff.

Audits were carried out across a wide range of areas and this showed that the provider monitored quality and performance regularly.

Shore 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.

The inspection took place on the 6 &10 May and was unannounced. The inspection was carried out by 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 provider 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.

Before the inspection we checked the information that we held about the home and the provider. This included previous inspection reports and statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send to us by law. We used all this information to decide which areas to focus on during our inspection.

We observed care and spoke with people, relatives and staff. We also spent time looking at records including four care records, four staff files, medication administration record (MAR) sheets, a service improvement plan, staff training plans, complaints and other records relating to the management of the service.

We contacted local health and social care professionals including a representative from the local authority and community mental health teams to ask for their views. On the days of our inspection, we spoke with nine people using the service. We spoke with the manager, the senior manager, the deputy manager, a specialist worker and two support workers.

Good

Is the service safe?

Our findings

People told us they felt safe living at Shore House. One person told us 'I have a key to my room here so my belongings are always safe, I have been in places before where things go missing when the doors are left open, that doesn't happen here, it's good for that'. People told us they felt safe as there were enough staff and they could access help and support when required.

Staff understood safeguarding and their role in following up any concerns about people being at risk of harm. Staff could identify the signs that may mean someone was experiencing abuse. Staff were able to describe what they would do if they thought someone was at risk of abuse and how they would raise any concerns. Staff told us that knowing people well enabled them to identify possible signs of abuse. Risk assessment identified if there were any particular areas where people may be at risk of abuse for example financial abuse and plans to minimise this were in place.

People told us that there were enough staff on duty and that made them feel safe. One person said "I do think there are enough staff here". Another person said 'There are always staff around when you need them, there are more than enough staff here'. Staff told us that there were enough staff to carry out their roles and support people to be safe. One staff member said that they could be very busy at the evening shift and that staff numbers were being increased from two to three and that this increase would ensure that staff were enabled to support people and additionally to manage any unexpected situations that may arise . This staff member told us "Sometimes we're a bit stretched but generally it is safe and feels safe". There had been recent changes to the staff team which included the manager acting up in the absence of the registered manager and the new recruitment of a deputy manager and a senior support worker. Staff told us that use of organisational bank staff was kept to a minimum to ensure continuity of staff for people.

Thorough risk assessments were carried out that identified the risks that may be present for people. These risk assessments included the triggers for the risk and how this could then be managed or minimised for the person. For example for someone who was at risk of becoming anxious and of misusing substances certain pertinent dates were identified as a trigger These dates were clearly recorded. Actions were taken and documented to support the person around these dates with managing their feelings . One person who found it challenging to manage their anger and the consequences of this. Strategies were clearly documented that detailed how to enable this person to talk to staff who could support with listening to the person and finding alternative ways of managing their feelings. Given the complex needs of people living at Shore House there was regular communication with their care co-ordinators who are professionals managing people's care from a community mental health team. All this communication was recorded and strategies advised were recorded and acted upon. We observed a handover meeting where the details of each person's care and support needs were discussed and any current risks were identified and discussion had about how people were going to be supported with these. On the second day of the inspection we observed communication between the manager and a police officer regarding the management of a person's behaviour that was putting them at risk of harm. We observed that this communication was clear and identified the risks for that person and the strategies in place to manage them. Where there were immediate concerns regarding the health and wellbeing of a person an urgent meeting had been called to

discuss these and formulate an action plan going forward to minimise the risks for that person.

There were clear and robust systems in place to support people with managing their medicines. Whilst staff at Shore House sought to support people to be as independent as possible with managing their medicines there was a clear understanding that for some people managing their medicines independently placed them at risk of harm from either not taking them, taking the incorrect dose or stockpiling them placing them at risk of taking an overdose. Clear risk assessments were in place that documented the support that different people received to support them with medicine management. For example for one person they would have all their medicines administered and for another person we saw that they collected a weekly supply of their medicines from the office for them to self-administer. On each shift one member of staff was responsible for the management of medicines. We observed a staff member doing this and saw that people were responded to sensitively and that this was an opportunity for staff to chat to people and see how they were. All staff who administered medicines had received training in medicines management and one staff member was the lead for medicines management and other staff could consult them for advice in this area. Medicines were stored safely and recorded when delivered and when disposed of. MAR (medication administration records) were completed when medicines had been given and these were checked at handover after lunch so staff were aware if anyone had not attended to have their medicines. Where there had been medicine errors these had been reported immediately and the appropriate advice sought and action taken to reduce the risk of such an incident occurring again.

Incidents and accidents were recorded on the provider's database. These were recorded in detail along with any actions taken. There was detailed management oversight of these and if actions were needed for example referral to an external professional or a professionals meeting this was documented. Incidents were signed off by a senior manager. Specific incidents for individuals were discussed with the person's keyworker in supervision and ongoing plans for how the person was supported. A key worker is a person who co-ordinates all aspects of a person's support and has responsibilities for working with them to develop a relationship to help and support them in their day to day lives.

Staff had been recruited through a recruitment process that ensured they were safe to work with vulnerable people. Appropriate checks had been completed prior to staff starting work which included checks through the Disclosure and Barring Service (DBS). These checks identified if prospective staff had a criminal record or were barred from working with children or vulnerable people.

Good

Is the service effective?

Our findings

People told us that they thought staff were well trained and able to support them. One person said "I do think the staff know what they are doing, they have been trained and some of them have done this job for a while now". Another person said "Yes, I do feel confident with the staff here as they know how to deal with things better than I can". Staff told us that they received an induction when they stared working at Shore House, this included reading policies and procedures carrying out essential training and shadowing staff on a shift. Staff told us that they received training that equipped them with the skills and knowledge to carry out their roles. One member of staff said "Training is good". Another staff member said "There's lots of really good training available". Training included essential training in areas such as safeguarding adults, managing difficult and aggressive situations, first aid and equality and diversity. Additional training was also available for staff. One member of staff told us about opportunities they had to participate in courses that enhanced their knowledge of working with specific mental health conditions. They had participated in a course run by the hearing voices network. This is an organisation that specialises in raising awareness and providing support for people who hear voices as part of their mental health condition. Other training that people undertook relevant to the needs of the people they supported were courses in dual diagnosis which trains staff in the issues for people with mental health issues and substance misuse issues. Staff also attended courses in cognitive behavioural therapy and motivational interviewing which is training that supported staff to identify people's goals with them and work using a therapeutic model to achieve these.

Staff received regular and detailed supervision. Supervision was seen as a forum for supporting staff but also reviewing people's care and identifying ways of working with people that would support them to meet their goals. Identifying training needs and areas for professional development was also part of this process. There was a planning tool that the manager used that ensured supervisions were regular and took place. For a new member of staff recently started with the organisation their first supervision session had been booked in. Staff told us that when they started working for Shore House they had received an induction that included training and shadowing other staff to familiarise themselves with the building and people's 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. Staff were fully aware of their responsibilities under the MCA. They were able to tell us about the principles of the Act. For example staff were able to tell us that the starting point when considering mental capacity was to presume capacity and that if someone lacked capacity this must be considered on a decision specific basis. Staff told us that people had the right to make what may be considered "unwise decisions" if they had the capacity. Examples given regarding this included the use of drugs that may lead to harm. 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, hospitals and in supported living settings are called the Deprivation of Liberty Safeguards (DoLS). The registered manager informed us that no one was subject to a DoLS but was aware of the need to refer if identified. The nature of the needs of the people living at Shore House made it unlikely that staff would be supporting

people who needed a DoLS.

Meals were not provided as part of the care and support delivered at Shore House but cooking facilities were available and kitchen and dining areas were provided on each floor of the building. There was also a communal kitchen area attached to communal lounge area on the ground floor. There were opportunities for people to cook and eat communally if they chose to. Each morning there was a breakfast club that people could participate in where breakfast was provided and people chatted about their days ahead. There was a also a communal meal prepared on a Sunday and sometimes on a Saturday night. People's nutritional needs were assessed as part of their care planning and where identified keyworkers supported people with cooking a meal or learning to cook different dishes. Part of the model of care provided at Shore house meant that people were encouraged and supported to learn how to cook in order to be as independent as possible. People bought their own food and learnt how to budget if needed as part of their keywork sessions.

People told us that staff supported them to access healthcare. One person said 'I have been able to visit the GP here a few times now and the staff help me book it and stuff'. Another person said 'I have been referred for physiotherapy but I haven't been yet'. People had regular contact with their care co-ordinators from the mental health teams who supported people and the staff with strategies for managing their mental health needs. Professionals we spoke with from these teams told us that staff were in regular communication with them to support the management of people's mental health needs. One professional told us "Staff do their utmost to work in a flexible collaborative and recovery focussed way with individuals whose needs are often very complex including dual mental health and substance misuse problems". Another professional said . "Our team and theirs work well collaboratively with our shared clients and there is clear communication between us." People were linked into services that supported them with substance misuse and where relevant people had a worker involved from substance misuse services. People were also linked in with professionals around their physical health needs and any physical health needs were clearly documented in their care plans. Where someone experienced physical pain how this was managed was recorded. Strategies were recorded that staff could employ, for example distraction techniques and prompting the person to partake in daily exercise. People saw GPs when needed and were referred onto other services when identified.

Good

Is the service caring?

Our findings

People told us that staff were kind and caring. One person said "I really like it here, staff are really helpful and really sympathetic". Another person said 'The staff are mostly good. They are really nice people'. 'Staff here are really good, some can be a bit strict, but that's just like most places'. A staff member told us that it was important to "Have empathy for clients, to be able to reflect and make people feel valued". We observed kind and caring interactions between staff and people. Staff took time to see how people were and gave them time to talk. For example while a staff member supported people with their medicines they interacted with the person establishing how they were and identifying if there was anything that staff could do to support them. Where people required reassurance staff were calm and gentle in their approach.

Staff gave us examples of how they treated people with dignity and respect. One staff member said "In terms of dignity and respect we do that really well, there's so much respect for people". Another staff member said "Everybody that lives here is treated with respect". Where people were at risk from their substance misuse and mental health issues and not responding to staff there was a system in place for carrying out welfare checks to ensure the person was safe and well. When these were needed they were carried out by two members of staff and people were informed before staff entered someone's room. A staff member told us "Welfare checks are the last resort". We observed the decision making regarding carrying out these checks at a staff handover and saw that careful consideration was given to carrying out these checks. Staff were clear about respecting people's confidentiality and told us that conversations between staff and people were private. A staff member said "We make sure conversations are private and take place in a safe space". We observed staff knocking on people's doors and waiting for people to open their doors before having a conversation with them.

One of the main goals for people living at Shore House was to gain skills and gain independence in daily living skills and maintaining a tenancy. Staff told us that this was very much part of their role and although regular meals were not provided as part of people's care and support a staff member told us "It's about empowerment and teaching people to cook, we support people shopping for food step by step getting them to do it for themselves". Staff also gave examples of people learning to manage their own medicines and we observed this in practice. People were encouraged to identify the areas they needed support and areas where they need to increase their independence. This was recorded in people's care records. People were encouraged to maximise their skills and abilities and people were supported to participate in training and work opportunities.

People told us they were involved in their care and support. One person said 'I have a care plan and I was involved in it'. People were involved in their care planning through regular sessions with their keyworkers where they identified their goals and methods for achieving these. There were regular tenants meetings that people were encouraged to attend in order to contribute to planning how Shore House was run and have input into improvements they wanted to make to the service provided and to support with planning events and activities. Feedback was given to people about what actions were being taken forward.

Leaflets were available in the communal areas regarding activities and organisations they may be interested

in. Information regarding advocacy was available and some people were working with advocates from MIND.

Good

Is the service responsive?

Our findings

People were directly involved with their care and support through the use of the Outcome Star which measures and supports progress towards self-reliance or other goals. The Stars are designed to be completed collaboratively as an integral part of keywork. Care records were detailed and contained clear information about people's individual characters, their aims and goals, needs and personal preferences. Staff told us about the person centered approach they had to their work with people. The manager told us "I think the thing we do particularly well is how person centered we are, we don't take a blanket approach to anything". A staff member said that person centered care was about "Treating people as individuals, people are not a diagnosis, person centered care is about building a relationship with the person with openness and trust".

People living at Shore House, due to the nature of their complex needs and backgrounds, sometimes found it hard to form trusting relationships with others. Staff told us about the creative ways they tried to build rapport with people in order to establish relationships. One staff member gave us an example of how they had worked in collaboration with a person's family to build trust and enable the person to start to work on their goals. Staff often met up with people in a less formal way for example by going out for a walk or a coffee with someone. We observed staff playing cards and board games with people which created an informal atmosphere for people to feel comfortable to talk about what was important to them.

Care records reflected the individual nature of each person's needs and the different approaches required to support these. They also reflected people's histories, important relationships and likes and dislikes. Records also reflected people's strengths. People completed a Recovery Action Plan (RAP) with their keyworker which identified what a person wanted to happen if they were to become unwell, this included who to contact and inform. This document also identified the strategies the person already had in place to support them to manage their mental health symptoms. There were detailed daily recordings of contacts with people and information recorded regarding the approach used that reflected what was written in people's care records.

People told us they were supported with hobbies and interests and meaningful activities. One person said "There are some good activities here, but they might not be to everyone's taste. I have done drama, one to one cooking and shopping'. Another person said ' One of my hobbies is music, I really like being a DJ and I have been allowed to have all my equipment in my room, it can get a bit loud but no one has complained about the noise to me, they have been good about it here.'

People were supported to carry out activities that they were interested in and that would increase their participation in society. For example some people were supported to access the recovery college, an organisation that used education in a supportive learning environment to help people with mental health challenges become experts in their own self-care and recovery. Shore House had two impact workers whose roles were to look at specific pieces of support work with people for example linking someone into a community project or running groups within Shore House. People were supported to access voluntary work in shops, access the Buddhist Centre and the Friends Centre. One person had been supported to access a

place at university. Groups were run within Shore House and these included the breakfast club, creative writing, gardening, walking groups and music groups. People were consulted about what groups they would like to have and the manager was designing a feedback session during metal health awareness week to capture people's feedback about the service provided at Shore House including activities and groups. One person told us about how they were supported in their wish to be involved with a local church 'I go to the church every day here, the staff know where I am going and yes I think they do communicate with the church sometimes just to see how things are doing.' People had been involved in some graffiti art that had been carried out by a community group. They had painted a wall in the garden and then done their own individual pieces of graffiti art.

People were aware of how to complain. The complaints policy was available in the communal areas of the building. This was also included in the client's handbook that everyone received when they moved into Shore House. We saw from records that people's concerns were responded to and these responses were recorded. We saw that where there had been formal complaints, these were responded to according to organisational policy. On the day of our inspection a person reported a complaint to us and we were able to see that these concerns had been addressed and documented.

Good

Is the service well-led?

Our findings

People we spoke with said that they thought Shore House was well led. One person said "The manager here is good, you can go and tell them if you had a problem. I think she would do something about it." Another person said "One of the managers is new and they are nice, they take time out to listen". There had been a recent change in management as the registered manager had recently left to go on maternity leave, the deputy manager was acting up into the managers role with oversight from the senior manager who had also been a previous manager at Shore House. There was also a new deputy manager in post and new senior support worker due to start. Therefore the service was going through a period of transition with the arrangements for managing the service.

The manger had a good understanding of the service and their new role. They told us that they had received support in their new role and felt confident with the expectations of their new job. The manager told us that the ethos and culture at Shore House was focused on person centred care, effective risk management and "excellent communication". They told us "We have a good staff team with a lot of experience including lived experience". Staff told us that they thought the service was well led and they felt supported by the management team and the organisation generally. One staff member said "Brighton Housing Trust is a good employer, training is there, policies are clear, their heart is in the right place and they value clients". Staff told us that Shore House provided individualised care for people. One staff member said "meeting people's needs individually gives them the space to be themselves". Another staff member said "It's so person centred, there are no presumptions that we know more than people, they have freedom, it's the opposite of an institution". The staff team was cohesive and worked together with a common aim. A new member of staff told us "Staff are all genuine and lovely". By working in a person centred way that was supported with robust risk management the service promoted a culture that was person centred, open, inclusive and empowering.

The manager had a range of tools that supported them to ensure the quality of the service being provided. This included a robust assessment and care planning system and regular reviews of people's care through keywork sessions, handovers and supervision for staff. Incidents were recorded and analysed and acted upon. All assessment sand care plans were signed off by a manager giving them clear oversight of the care and support being delivered. Audits of different areas of the service took place including a monthly audit of medicine management. Risk assessments for the service were also regularly reviewed. A peer audit was also carried out by another manager of a service. The service was also required to produce a quarterly return form for the clinical commissioning group that provided funding for the service. This report detailed areas such as staffing levels, type and amount of support provided, time that people took to move to more independent accommodation and any safeguarding concerns.

The manager had links with other organisations in the city and co-chaired the Mental Health Tiered Accommodation Pathway meetings in the city, which enabled providers to discuss any shared issues or client-related matters. They also attended the Practitioners' Alliance for Safeguarding Adults meetings, as well as the Drug and Alcohol Working Group meetings. They also attended several internal Brighton Housing Trust (BHT) meetings that ensured good practice and explored ways to continually improve the service;

these included a Safety Working Group, Safeguarding Working Group, Equality and Diversity Working Group, Housing Management Working Group.

The manager was devising a programme of consultation as part of mental health awareness week to gather people's fed back about their experience of the care and support provided. This was going to be delivered by running activity groups for people to participate in.

We saw that gathering client's feedback and the mental health awareness week had been discussed in the team meeting. Methods of gathering feedback had been discussed and ideas such as gathering feedback at the end of a shift and feeding back after keywork sessions. There was also a system in place called 'You said, we did' and this involved letting people know that issues they had raised had been acted upon. For example people had said they wanted a karaoke machine and this had been purchased for people to use. People had said they would like a barbeque and one had been arranged for the following month. This showed people that their views and opinions were valued. When people moved out of Shore House people completed an exit survey that encouraged people to rate their varying degrees of independence and skill at the point of moving to the service and then again on leaving. This enabled people to see the progress they had made and for the management team to identify what had worked well for the person and any areas to improve on.

The manager and senior manager were aware of their reporting responsibilities to the Care Quality Commission about incidents such as safeguarding issues and had sent in notification to CQC as appropriate. A notification had been submitted regarding the registered manager going on maternity leave and the interim arrangements in pace for the management of the service. They were aware of the statutory Duty of Candour which aimed to ensure that providers are open, honest and transparent with people and others in relation to care and support. The Duty of Candour is to be open and honest when untoward events occurred.