

National Schizophrenia Fellowship Herbert House

Inspection report

39 Christie Miller Road
Salisbury
Wiltshire
SP2 7EN

Tel: 01722324432
Website: 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

Herbert House is a care home which provides accommodation and personal care for up to 15 people with mental health needs. At the time of our inspection 13 people were living at Herbert House.

This inspection took place on 14 July 2016 and was unannounced. We returned on 19 July 2016 to complete the inspection.

There was a registered manager in post at the service. 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 and associated Regulations about how the service is run.

People who use the service were positive about the support they received and praised the quality of the staff and management. Comments from people included, "I feel safe. The staff have been very good. They help you when you need it" and "Staff provide good support for me to be as independent as possible".

People told us they felt safe when receiving care and were involved in developing and reviewing their support plans. Systems were in place to protect people from abuse and harm and staff knew how to use them.

Staff understood the needs of the people they were supporting. People told us staff provided support with kindness and compassion. Health and social care professionals we received feedback from were positive about the support provided. Comments included, "Herbert House communicate concerns with the appropriate professionals/teams regarding the safety of individuals. They are proactive with keeping in touch with the individual when out independently and have demonstrated the ability to self-assess risk and promote individual's safety".

Staff were appropriately trained and skilled. They received a thorough induction when they started working for the service. They demonstrated a good understanding of their roles and responsibilities, as well as the values and philosophy of the service. The staff had completed training to ensure the support provided to people was safe and effective to meet their needs.

The service was responsive to people's needs and wishes. People had regular group and individual meetings to provide feedback and there were robust complaints procedures.

The registered manager assessed and monitored the quality of care. The service encouraged feedback from people, which they used to make improvements.

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 said they said they felt safe when receiving support.

There were sufficient staff to meet people's needs safely. People felt safe because staff treated them well and responded promptly when they requested support.

Systems were in place to ensure people were protected from abuse. People were supported to take risks and were involved in developing plans to manage the risks they faced.

Is the service effective?

Good ●

The service was effective.

Staff had suitable skills and received training to ensure they could meet the needs of the people they supported.

People's health needs were assessed and staff supported people to stay healthy. People were supported to develop skills to live independently.

Staff recognised when people's needs were changing and worked with other health and social care professionals to make changes to their care.

Is the service caring?

Good ●

The service was caring.

People spoke positively about staff and the support they received. This was supported by what we observed.

Support was delivered in a way that took account of people's individual needs and in ways that maximised their independence.

Staff provided support in a way that maintained people's dignity and upheld their rights. People's privacy was protected and they were treated with respect.

Is the service responsive?

Good ●

The service was responsive.

People were involved in planning and reviewing their support.

Staff had a good understanding of how to put person-centred values into practice in their day to day work and provided examples of how they enabled people to develop and maintain their skills.

People told us they knew how to raise any concerns or complaints and were confident that they would be taken seriously.

Is the service well-led?

Good ●

The service was well led.

The registered manager provided strong leadership and demonstrated values, which were person focused. There were clear reporting lines from the service through to senior management level.

Systems were in place to review incidents and audit performance, to help identify any themes, trends or lessons to be learned. Quality assurance systems involved people who use the service and staff and were used to improve the quality of the service.

Herbert 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. The 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 14 July 2016 and was unannounced. We returned on 19 July 2016 to complete the inspection.

The inspection was completed by one inspector. Before the inspection, the provider 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. We looked at the notifications sent to us by the provider. Notifications are information about specific important events the service is legally required to send to us.

During the visit we spoke with four people who use the service, three support staff, the service manager and the registered manager. We spent time observing the way staff interacted with people who use the service and looked at the records relating to support and decision making for three people. We looked at records about the management of the service. We also received feedback from a social worker and a consultant psychiatrist who had contact with the home.

Is the service safe?

Our findings

All of the people we spoke with said they felt safe living at Herbert House. Comments included "I feel safe. The staff have been very good. They help you when you need it" and "I feel safe here. Staff will help if we need them". The home's survey of people who use the service included a comment that, "I always feel safe here and have always known they will do whatever they can to make me feel safe".

Staff had the knowledge and confidence to identify safeguarding concerns and act on them to protect people. They had access to information and guidance about safeguarding to help them identify abuse and respond appropriately if it occurred. Staff told us they had received safeguarding training and we confirmed this from training records. Staff were aware of different types of abuse people may experience and the action they needed to take if they suspected abuse was happening. They said they would report abuse if they were concerned and were confident managers would act on their concerns. Staff were also aware of the option to take concerns to agencies outside the service if they felt they were not being dealt with. Records showed the registered manager and service manager had worked with the local authority where there were concerns about people's safety. Changes had been made to the support provided to people following the safeguarding process to minimise risks to people.

Risk assessments were in place to support people to be as independent as possible, balancing protecting people with supporting people to maintain their freedom. We saw assessments about how to support people to administer their own medicine, travel independently and prepare meals. The assessments included details about who was involved in the decision making process and how any risks were going to be managed. We saw that people had been involved throughout this process and their views were recorded on the risk assessments. Staff demonstrated a good understanding of these plans, and the actions they needed to take to keep people safe. The health and social care professionals we received feedback from were positive about the support staff provided for people to stay safe. One commented, "Herbert House communicate concerns with the appropriate professionals/teams regarding the safety of individuals. They are proactive with keeping in touch with the individual when out independently and have demonstrated the ability to self-assess risk and promote individual's safety".

Effective recruitment procedures ensured people were supported by staff with the appropriate experience and character. This included completing Disclosure and Barring Service (DBS) checks and contacting previous employers about the applicant's past performance and behaviour. A DBS check allows employers to check whether the applicant has any convictions or whether they have been barred from working with vulnerable people.

Sufficient staff were available to support people. People told us there were enough staff available to provide support for them when they needed it. Comments included, "Staff are there for you if you need them". Staff told us they were able to provide the support people needed, with comments including, "We have enough staff. There is a good mix of age and experience" and "Staffing levels have been changed as a result of concerns that have been raised". Staff said they worked together to cover sickness to ensure people's needs were met.

Medicines held by the home were securely stored and people were supported to take the medicines they had been prescribed. People were supported to manage their own medicines where possible and there was clear information about the support people needed. We saw a medicines administration record had been fully completed. This gave details of the medicines people had been supported to take, a record of any medicines people had refused and the reasons for this. There was a record of all medicines received into the home and returned to the pharmacist. Where people were prescribed 'as required' medicines, there were protocols in place setting out the reasons for the medicine and when staff should support people to take them. Staff received training before they were able to administer medicines and they were regularly assessed to ensure they were following safe medicines procedures. During the inspection we found some tablets for one person had recently passed their expiry date. If medicines are used following their expiry date there is a risk that they will not be effective. The tablets were rarely used and the person had not taken them since they went out of date. The registered manager took action to ensure these tablets were re-ordered and the medicines audit system was amended to include a check of medicines expiry dates.

Is the service effective?

Our findings

People told us staff understood their needs and provided the support they needed, with comments including, "Staff provide good support for me to be as independent as possible".

The health and social care professionals we received feedback from were positive about the support staff provided. Comments included, "Their approach is therapeutic. They apply a good recovery approach with patients including some complex cases and they are getting more experience in dealing with more difficult and exceptional cases. We have no concerns about Herbert House and we consider it as a good placement choice" and "They have demonstrated the ability to work in partnership with vulnerable individuals, including professionals and family".

Staff told us they had regular meetings with their line manager to receive support and guidance about their work and to discuss training and development needs. We saw these supervision sessions were recorded. In addition to one to one sessions, staff had group supervision sessions. Staff were positive about this, saying it helped them to appreciate different views and ensure the team was working consistently with people. Staff said they received good support and were also able to raise concerns outside of the formal supervision process. Comments from staff included, "I feel well supported through group and individual supervision" and "(The service manager) will do whatever is needed. I feel well supported".

Staff told us they received regular training to give them the skills to meet people's needs, including a thorough induction and training on meeting people's specific needs. For example, additional training on personality disorder was being organised for staff due to people's specific needs and requests from staff. This was confirmed in the training records we looked at. The registered manager told us she was able to access a wide range of training courses for staff and prioritised courses based on the needs of people who use the service.

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 legally authorised under the MCA. 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 are called the Deprivation of Liberty Safeguards (DoLS).

At the time of the inspection there were no authorisations to restrict people's liberty under DoLS. The service had been working with other health and social care professionals to assess the capacity of one person. As a result of the assessments, the registered manager had made an application under DoLS to Wiltshire Council, which was in the process of being assessed at the time of the inspection. Staff understood the importance of assessing whether a person had capacity to make a specific decision and the process they would follow if the person lacked capacity.

People told us they enjoyed the food provided by the home and were able to choose meals they liked. People also said they were able to do some of their own cooking and shopping, which helped them to develop their skills to live independently. Comments included, "I shop for food and cook independently" and "I do my own shopping and staff support me to prepare meals". Staff told us they provided meals for some people and then supported people to become more independent, depending on their specific needs.

People told us they were able to see health professionals where necessary, such as their GP, mental health nurse or psychiatrist. People's support plans described the support they needed to manage their health needs. There was clear information about monitoring for signs of a mental health crisis, details of support needed and health staff to be contacted.

Is the service caring?

Our findings

People told us they were treated well and staff were caring. Comments included, "The staff are very good. They're nice people and treat us well" and "The staff have been very good. They help you when you need it, but stand back and give you space. They help us to be as independent as possible". We observed staff interacting with people in a friendly and respectful way. Staff respected people's choices and privacy and responded to requests for support. For example, we observed staff provide one to one support for people when they requested it and supporting one person who was feeling unwell.

Staff had recorded important information about people, for example, personal history, plans for the future and important relationships. People's preferences regarding their daily support were recorded. Staff demonstrated a good understanding of what was important to people and how they liked their support to be provided, for example people's preferences for the way staff supported them with their mental health needs and who people wanted involved in their support. This information was used to ensure people received support in their preferred way.

People were involved in all decisions about their support. People had completed their own assessment of their health needs, including information about the coping strategies they used and how they recognised signs that they were becoming unwell. People had regular individual meetings with staff to review how their support was going and whether any changes were needed. Details of these reviews and any actions were recorded in people's support plans. One person told us "I meet with my keyworker every two weeks to plan goals and review the support I need". The service had information about local advocacy services and had made sure advocacy was available to people. This ensured people were able to discuss issues or important decisions with people outside the service.

Staff received training to ensure they understood the values of the organisation and how to respect people's privacy, dignity and rights. This formed part of the core skills expected from staff and was mandatory training for everyone working in the service. People told us staff put this training into practice and treated them with respect. Staff described how they would ensure people had privacy, for example not discussing personal details in front of other people.

Is the service responsive?

Our findings

People told us they were able to keep in contact with friends and relatives and take part in activities they enjoyed. One person told us they had recently started working at a large high street shop. The person said they were hoping to get more hours and they also did voluntary work for a local charity. They said staff had supported them to get the jobs and they had made a lot of progress with becoming more independent. Another person said they enjoyed being able to watch television and play pool with their housemates. People were supported to plan some group activities and trips out which everyone could take part in if they wanted to. One person said they had very much enjoyed their trip out to Bath on the day before the inspection. People were also supported to plan independent trips to meet up with family and friends.

Each person had a support plan which was personal to them. The plans included information on maintaining people's health, their daily routines and goals to develop skills to live independently. The support plans set out what their needs were and how they wanted them to be met. The plans followed a recovery model, which aims to support people to develop self-esteem and independent thinking skills to enable them to manage their mental health needs. This gave staff access to information which enabled them to provide support in line with people's individual wishes and preferences. The plans were reviewed regularly with people and we saw changes had been made following people's feedback in these reviews.

People were confident any concerns or complaints they raised would be responded to and action would be taken to address their problem. People told us they knew how to complain and would speak to staff if there was anything they were not happy about. One person told us, "I would speak to my keyworker or other staff if I had any problems. They would sort out any issues". The registered manager reported the service had a complaints procedure, which was provided to people when they moved in and was displayed on the home's noticeboard. Complaints were monitored each month, to assess whether there were any trends emerging and whether suitable action had been taken to resolve them. Staff were aware of the complaints procedures and how they would address any issues people raised in line with them. We saw complaints had been investigated by the registered manager and action taken to resolve issues. The registered manager had provided a written response to complainants and where appropriate, had given an apology.

The service had regular house meetings in which people could discuss any concerns or suggestions for the way the home was managed. Issues discussed in recent meetings included, changes to menus, planning group activities, maintaining people's safety and smoking in the building. People were reminded about how they could raise any concerns or complaints or what they could do if they felt unsafe.

Is the service well-led?

Our findings

There was a registered manager in post at Herbert House, who also managed another nearby service operated by the provider. The registered manager was supported by a service manager, who was based at Herbert House full time. The registered manager had clear values about the way support should be provided and the service people should receive. These values were based on the recovery model and providing a person centred service in a way that maximises people's independence. Staff valued the people they supported and were motivated to provide people with a high quality service. The registered manager told us she saw her job as a coaching role and had a passion to provide the best service to people. Staff told us the registered manager had worked to create an open culture in the home that was respectful to people who use the service and staff. Staff said the approach of the registered manager was supported by the service manager.

Staff had clearly defined roles and understood their responsibilities in ensuring the service met people's needs. There was a clear leadership structure and staff told us managers gave them good support and direction. Comments from staff included, "The service is well managed. The managers help us to develop our skills and improve the service. It is good to see people move towards their recovery" and "There is very good management of the service. They will do whatever is needed".

The management team completed regular audits and reviews of the service. These reviews included assessments of incidents, accidents, complaints, training, staff supervision and the environment. The audits were used to develop action plans to address any shortfalls and plan improvements to the service. We saw these action plans were regularly reviewed and updated, to ensure they had been implemented effectively. The provider had an electronic system for recording incidents, accidents, complaints and safeguarding cases in the service, which was monitored by senior managers within the organisation. We saw examples where senior managers had requested further information or evidence of action taken before reports were closed.

The registered manager attended regular forums and groups within the organisation to share best practice issues and learn from incidents in other services. This best practice was shared with staff through team meetings and individual supervision sessions.

Satisfaction questionnaires were sent out regularly asking people their experiences of the service. The results of the most recent survey had been collated and no concerns had been raised about the support people received.

There were regular staff meetings, which were used to keep staff up to date and to reinforce the values of the organisation and how they expected staff to work. Staff also reported that they were encouraged to raise any difficulties and the registered manager worked with them to find solutions.