

# National Schizophrenia Fellowship Recovery House - Harrow Assessment Unit

## Inspection report

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Date of inspection visit: 25 June 2015  
Date of publication: 14/09/2015

## 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	

## Overall summary

Recovery House - Harrow Assessment Unit provides accommodation and personal care for a maximum of seven people. There were six people at the time of this inspection. The service works primarily towards supporting people to develop skills to enable a future move into supported or independent living.

The inspection took place on the 25 June 2015 and was unannounced. At our last inspection in January 2014 we found the provider was meeting the all the regulations we inspected. .

There was a registered manager at this home. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered providers and registered managers 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.

# Summary of findings

People were satisfied with the care they received. They told us staff were caring and that their independence was promoted. There were clear procedures in place to recognise and respond to abuse and staff had been trained in how to follow these.

Risk assessments were in place for every person receiving care. We saw these reflected current risks and ways to reduce the risk from happening.

There were appropriate arrangements for the management of people's medicines and staff had received training in administering medicines.

Staff received an induction and training and they were supported through regular supervision and appraisal. We saw staff had received training in the Mental Capacity Act (MCA) 2005 and people's capacity was assessed in line with the MCA.

People were supported to maintain a balanced diet. Health and social care professionals were regularly involved in people's care to ensure they received the right care and treatment.

Staff knew people's needs well. They treated people with dignity and respect. People told us they were well looked after. They felt confident they could share any concerns and these would be acted upon.

There was a positive and open culture at the service. Staff were encouraged to be involved in regular meetings to share their views and concerns about the quality of the service. Systems were in place to monitor and improve the quality of the service.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

People told us they felt safe using the service and with staff who supported them.

Recruitment procedures ensured that people were looked after by suitable staff.

Assessments were undertaken of risks to people who used the service.

People received their medicines as prescribed and medicines were kept secure.

Good



### Is the service effective?

The service was effective.

Staff received a range of training and supervision which enabled them to feel confident in meeting people's needs and recognising changes in people's health.

People's rights were protected because the service followed the appropriate processes.

People were confident staff contacted health care professionals when they were needed to meet their needs.

People were supported to maintain a balanced diet.

Good



### Is the service caring?

The service was caring.

People who used the service told us staff respected their privacy and dignity.

We saw that staff treated people with kindness and respect.

People were involved in making decisions about their care and the support they received.

Staff knew people well and understood their needs and preferences.

Good



### Is the service responsive?

The service was responsive.

People's care and support needs were regularly reviewed to make sure they received the right care and support. Staff were knowledgeable about people's preferences and needs.

People knew who they could speak with if they had a concern or complaint. A complaints procedure was in place.

Good



### Is the service well-led?

The service was well-led.

The registered manager and service managers were experienced. They supported and managed staff to provide people with safe and appropriate care.

Good



# Summary of findings

There was a positive and open culture at the service. The managers ensured the input of staff was guided by the organisational values.

Staff received the support they needed to care for people competently and they were clear about their roles and responsibilities.

The service had a system to monitor the quality of the service through internal audits and provider visits. Any issues identified were acted on.

# Recovery House - Harrow Assessment Unit

## 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 checked 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 25 June 2015 and it was unannounced. Before our inspection, we reviewed information we held about the home. This included notifications submitted by the home and safeguarding information received by us.

The inspection team consisted of one inspector. We spoke with five of the six people who used the service. We also spoke with three members of the management team, and, four care staff.

We observed care and support in communal areas and also looked at the kitchen. We reviewed a range of records about people's care and how the home was managed. These included the care records for four people living there, recruitment records, staff training and induction records for staff employed at the home. We checked the medicines records and the quality assurance audits completed.

# Is the service safe?

## Our findings

People who used the service told us they felt safe in the home. We spoke with five out of six people who lived at the home. When asked if they felt safe, one person told us, “I do feel safe with staff.” This view was shared by other people we spoke with.

There were suitable arrangements in place to ensure people were protected from abuse. There was a safeguarding policy and details of the local safeguarding team were available in the office. Staff could explain how they would recognise and report abuse. They told us they would report concerns to their manager, who they would expect to report to local authority safeguarding team and the Care Quality Commission (CQC). They were aware of the provider’s whistleblowing policy and said they would report any concerns or ill treatment of people to external agencies if the provider did not take appropriate action. From talking with staff and looking at their training records it was evident they received regular training to ensure they stayed up to date with the process for reporting safety concerns.

There was an electronic system for recording accidents and incidents. Records showed staff recorded all incidents that happened at the home. Senior staff used this information to monitor and investigate incidents and take appropriate action to reduce the risk of them happening again. Each incident reported was subject to a 10-day review. The review was carried out to facilitate any learning, and to put additional control measures in place where applicable.

The provider had measures and procedures in place to help reduce people’s risks. People’s care needs had been carefully assessed and risk assessments had been prepared. These contained action for minimising potential risks. The assessments included a general risk assessment of the environment and a specific risk assessment to the individual such as risks related to accessing the community. We saw that risk assessments regarding the safety and security of the premises were up to date and had been reviewed.

There were suitable arrangements for the recording of medicines received, their storage, administration and

disposal. All medicines were safely stored in a locked medicine cabinet, which was located in the medicines storage room. This room was kept locked when not in use and keys to the room were kept on the staff in charge of shift.

We checked medicine administration records and found all medicines administered had been recorded and each entry had been signed appropriately; there were no gaps in the medicine administration records examined. Medicines that were to be administered ‘as required’ (PRN) were included on the medicine administration records and there were appropriate guidelines for their administration.

Staff we spoke with said they had had access to the medication policy and procedures and had been given regular refresher courses on the safe management of medicines. Designated members of staff had carried out regular checks to make sure medicines had been administered and recorded appropriately. One person told us, “I take the initiative to take my medicines, but I have seen staff prompting others to take medicines.” Medicine administration records tallied with the stocks in the medicines trolley.

We checked staff files to see if the service was following thorough recruitment procedures to ensure that only suitable staff were employed at the home. Recruitment files contained the necessary documentation including references, criminal record checks and information about the experience and skills of the individual.

There were sufficient numbers of staff available to keep people safe. The registered manager and the service manager told us staffing levels were determined by the number of people using the service and their needs. People using the service told us there were enough staff to meet their needs. The service was managed by a registered manager, who also had two service managers who worked on alternate shifts to ensure there was always a member of the management team on site. On call manager system was in place to ensure adequate support was available. The staffing rota showed that staffing levels were consistently maintained. Staff told us there were enough staff on all shifts to meet people’s needs.

# Is the service effective?

## Our findings

People told us staff were well trained and competent in their jobs. Their comments included, “Staff are excellent. They know what they are doing”; “Staff do work very hard”; “I get quite a lot of support from staff”, and “Staff contact my GP to get my medicine prescription. They do the hard work.”

People had their physical and mental health needs monitored. People were supported to see appropriate health and social care professionals to meet their healthcare needs. We saw evidence of health and social care professional involvement in people’s individual care on an on-going and timely basis. There was evidence of recent appointments with healthcare professionals such as people’s GP, dietitians, occupational therapists and hospital specialists. Some people required periodic blood tests for the medicines they were taking and we saw they were supported to do so. Care plans had been prepared and were reviewed regularly and we saw these were up to date.

Staff understood the importance of ensuring people consented to the support they provided. They were knowledgeable about the Mental Capacity Act (MCA) 2005, and how important it was for people to agree to support provided. They told us if they had any concerns about people’s ability to consent, this would be discussed with the registered manager. We examined how the MCA was being implemented. This law sets out the requirements of the assessment and decision making process to protect people who do not have capacity to give their consent. We saw the registered manager had completed this process when it was needed. All people had capacity to make decisions for themselves.

Staff told us they worked well as a team and their managers were supportive. There was a comprehensive induction programme and on-going training to ensure that staff had the skills and knowledge to effectively meet

people’s needs. Staff had completed induction and they were up to date with their mandatory training. The induction required new members of staff to be supervised by more experienced staff to ensure they were safe and competent to carry out their roles before working alone. The induction formed part of a six month probationary period, so the organisation could assess staff competency and suitability to work for the service. A training matrix was available and contained the names of all staff currently working at the home together with training they had completed. This included, safeguarding, equalities and diversity, mental health awareness, infection control, emergency first aid and health and safety.

Staff meetings had been held. The minutes of meetings indicated that staff had been updated regarding management issues and the care needs of people. Staff were also supported through formal supervision and yearly appraisals. Staff confirmed this took place and we saw evidence of this in their records. A staff member told us, “My manager is very good. She books me for training. I can approach her easily to discuss things.” Appraisals were structured and covered a review of the year, manager’s career development recommendation, a personal development plan and comments from the manager and staff. This showed that the organisation recognised the importance of staff receiving regular support to carry out their roles safely.

We looked at the arrangements for the provision of meals. We saw that there was food available at the home. The fridge and freezer were well stocked with fresh and frozen food. People told us they had enough to eat and drink and liked the food. One person told us “The choice of food is adequate” and another said, “There is always food to help ourselves during the day, including a vegetarian option.” The care records contained information regarding the dietary and nutritional needs of people. People could eat independently and we saw they took turns to prepare their own meals during the day.

# Is the service caring?

## Our findings

People felt cared for by staff. Comments included, “I get quite a lot of support from staff. They reassure me that everything is going to be okay”; “Staff always treat us with respect”; “Staff ask how I am doing”; “Staff are always there if I need help”; “I am asked all the time whether I am happy with my care here” and many more that described staff in complimentary terms.

Staff treated people with dignity and respect. One person told us, “I feel I have enough privacy. If staff want to speak with me, they knock on my door and they would wait for me to answer”; and another person said, “Staff always treat us with respect”. We observed that staff were pleasant and spoke in a friendly and respectful manner with people. Staff informed us they were aware of the importance of ensuring that people’s privacy was protected.

Information was publicly available in relation to advocacy services. Advocates are people who are independent and

support people to make and communicate their views and wishes. The manager advised us that advocacy services were obtained for people in need, and we saw examples of this.

People were supported to maintain contact with their relatives and were enabled to make friends in and out of the home. The provider facilitated a ‘Family and Friends Programme’. This was a psycho educational programme, which was led by senior members of staff. Its aim was to involve families and friends of people receiving care to share and reflect on mental health issues. A leaflet that was given to people and their relatives stated the programme provided, ‘a more integrated support for a resident by working with and listening to the expertise of carers and residents. We aim to bridge the gap between professionals and carers for the benefit of the resident and carers.’

People were actively involved in developing their support plan and that staff were aware of people’s individual care needs. We found that people and their relatives were invited and attended, review meetings, where possible. This ensured people were able to discuss their care, and changes made to their care plans, based on what they said.

# Is the service responsive?

## Our findings

People received personalised care and support specific to their needs and preferences. Care plans reflected people's health and social care needs and demonstrated that other health and social care professionals were involved.

People's comments included, "We have one to one sessions and staff ask for our opinions" and "We have two meetings every week, where we discuss issues."

There was evidence of people being involved in making decisions about their care and treatment through their discussions with staff. The provider used 'Recovery Star' as an assessment tool. The Recovery Star covered 10 domains, which included, managing mental health, living skills, social networks, relationships, self-care and addictive behaviour. Staff told us this tool optimised individual recovery because all relevant information for each domain was provided by the person receiving care, which meant the support plan was focussed on the needs and goals of the individual. Individuals provided information about where they were on each of the domains, and based on this information they developed their own support plan with support from staff. For example, under 'living skills' domain, one person indicated as their goal to, 'cook better and prepare a hot meal for up to eight people'. We saw a support plan that was developed specific to this individual's goal.

Care files included personal information and identified the relevant people involved in people's care, such as their GP, psychiatrist and community mental health team. Relevant assessments were completed and up-to-date, from initial planning through to on-going reviews of care. Each file had a 'review planner', which indicated the review cycle of each care document. For example, risk assessments, crisis intervention, medication and financial risk assessments,

recovery star, support plans and physical health check documents; all had different review cycles ranging from monthly to annually and we saw they were all up-to-date. Care files included information about people's likes and dislikes. This was important because we saw that staff were knowledgeable about what kinds of things people liked and disliked, which ensured they provided appropriate care and support.

Care plans reflected people's health and social care needs and demonstrated that other health and social care professionals were involved. We saw many examples where people were supported in a personalised way. In one instance, a person was not confident to go out for shopping without support from staff. The person was supported by staff to develop a support plan. On the first day staff accompanied this person to the shops; on second day staff waited at the entrance, while the person selected and paid for the goods; the following week the person went to the shops without staff support and since then has been shopping without staff support.

There was a complaints procedure in place and people told us they knew how to complain and would do so if necessary. All people had a copy of the procedure, which they received with their welcome pack. People told us they would speak to the manager if they had any complaints. One person told us, "Staff have shown me the complaint procedure. They told me if I have a complaint or a suggestion I should put forward." Other people knew how to complain and felt their complaints would be acted upon. They told us their concerns were responded to and addressed, for example, staff facilitated an advocate for a person who was not happy with the medicines they were taking; they carried out a medicines review and the medicines were changed for this person.

# Is the service well-led?

## Our findings

People commented positively about staff and the management team. They told us the management team and staff were always available if they needed support. One person told us, "I have been here for some time; staff have been supportive."

The management team was also described in complimentary terms by staff. Comments included, "The management team is good. You never have the feeling that you are bothering them and that is very reassuring."

The service was committed to providing a person centred approach. The organisation's statement of purpose documented a philosophy, which set out what was expected of its employees, including valuing equality and diversity, privacy and dignity, choice, independence, and respect. We saw this philosophy was embedded in the service through talking to people using the service and staff and the records we examined. For example, we saw evidence people were involved in the delivery of care; people were supported to make choices about the service they received, and we saw the service respected and maintained the dignity and privacy of people who used the service.

The management team operated an open culture within the home. Members of staff were aware of the whistleblowing procedure. They told us if they needed would report any concerns or ill treatment of people to external agencies if the provider did not take appropriate action. Staff confirmed that they had attended staff meetings and felt that their views were taken into account.

Meeting minutes showed staff meetings were an opportunity for management to update staff on new developments and also to remind them of their responsibilities. For example, recent minutes documented a discussion about The Care Act 2014; The Care Certificate; MCA and DoLS. Staff told us meetings were also an opportunity for them to air any concerns.

There was evidence that learning from incidents and investigations took place and appropriate changes were implemented. The provider used this electronic system to record all incidents, accidents, serious untoward incidents and complaints. The manager told us all incidents were subject to a 10-day review to capture any learning and thereafter putting in place additional control measures. For example, in one instance, a safety plan of a person using the service was changed following an incident. This demonstrated that the service was responsive in dealing with incidents which affected people.

Systems were in place to ensure that people received quality care. We saw quarterly contract monitoring report for January 2015 to March 2015, and service experience survey results of January 2014 to January 2015. People gave positive feedback on a number of care dimensions, including, dignity and respect, choice, equality and diversity, involvement and independence.

Audits were completed on a regular basis. For example, the audits reviewed people's care plans and risk assessments and incidents and accidents. This enabled any trends to be spotted to ensure the service was meeting the requirements and needs of people being supported. Where actions were needed, these had been followed up.