

# National Schizophrenia Fellowship NE Lincs Crisis (Field View)

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

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

NE Lincs crisis (Field View) is a short stay care service situated in a residential area of Grimsby in North East Lincolnshire. The service is registered with the Care Quality Commission (CQC) to provide accommodation and support for up to five people. The service provides three beds for crisis care support for a maximum of seven days and two beds for people who need respite support which has no specific length of stay.

At the time of our inspection three people were accessing the service for support. The service provides support for adults who have mental health conditions. The service offers five bedrooms over two levels. There is also a large communal lounge, dining / kitchen facilities, chill out / activity area, quiet seating space, bathroom and toilet facilities and outdoor garden space with a smoking shed. The service offers private parking for two cars and on street parking is also available.

The inspection took place on 7 March 2016 and was unannounced. The last inspection took place in January 2014 and the service was compliant with all of the areas that we assessed. At the time of our inspection the service had a registered manager in post.

A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The service understood how to keep people safe, however issues were raised about the lone working practices in place at the service. We recommended that the registered provider continues to review and monitor this and consider the impact on people's support and associated risks to staff when lone working.

There were policies and procedures to guide staff in how to safeguard people from the risk of harm and abuse. Staff understood how to report potential abuse and had received training to reinforce their understanding.

The registered manager and staff were following the principles of the Mental Capacity Act 2005 (MCA) and had a good understanding of the legislation and ensured people were not being deprived of their liberty (DoLS). We found that staff had been recruited safely and appropriate checks had been completed prior to them working with vulnerable people.

Staff had a good knowledge and understanding of the needs of the people they were supporting and people told us staff were considerate and kind. There was strong partnership links between the service and local mental health professionals and the service had a good reputation for providing an effective, valued service.

People told us the leadership at the service was approachable and supportive and people were encouraged to give their views and opinions on the service. The registered provider promoted an open and transparent

organisation and staff were supported through regular supervision, team meetings and yearly appraisals. Robust auditing systems were in place to assess and monitor the quality of the service 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?

**Requires Improvement** 

The service was not always safe.

The service operated a lone working policy which staff and people who used the service felt impacted on the time available to provide appropriate support and complete all the necessary tasks.

People were offered appropriate support with their medicines and we found these were stored safely.

Staff had a good understanding of how to recognise and report any signs of abuse and protect people from harm.

### Is the service effective?

**Good** 

The service was effective.

Staff received training in a range of subjects to enable them to appropriately support people and meet their needs. Staff were supported through regular supervisions and annual appraisals.

People received the care and support they needed and reflected their individual choices and preferences. People had good access to health care services and were kept updated and included in the care and support they received.

People's rights were respected and care was only provided when consent had been given. Staff understood the principals of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS).

### Is the service caring?

**Good** 

The service was caring.

There was a friendly, relaxing atmosphere within the service and staff assisted people to maintain their privacy.

People were fully included in their care and support and had choices about how they spent their day.

Interactions between staff and people who used the service were positive. Staff had a good understanding of people's individual needs and preferences.

People were treated with dignity and respect and their independence was promoted.

### Is the service responsive?

Good ●

The service was responsive.

People's needs had been assessed prior to using the service. Support plans had been developed and were continually updated and reviewed.

People received support in a person centred way that was tailored to their individual likes and preferences.

People were supported to continue their daily routines and maintain their independence.

The service had processes in place to support people with any concerns or complaints about any aspect of the service. Any complaints were responded to and actioned in a timely way.

### Is the service well-led?

Good ●

The service was well-led.

People who used the service, staff and professionals were asked their views and opinions about the service to assist with any improvements or changes.

Staff said they felt supported and listened to working at the service. The registered manager promoted an open-door culture and people told us the management at the service was supportive and approachable.

Regular audits and meetings took place to monitor the quality of the service to assist with improvements and raise standards.

# NE Lincs Crisis (Field View)

## 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 registered 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 7 March 2016 and was unannounced. The inspection was carried out by one adult social care inspector and a specialist professional advisor who had experience of working with people with mental health conditions.

Before the inspection, the registered provider completed a Provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make.

We checked our records to see what notifications had been sent to us by the registered provider. This showed us how they had responded to accidents and incidents that affected the people who used the service.

The local authority safeguarding and contract monitoring teams were contacted prior to the inspection, to ask them for their views on the service and whether they had any on-going concerns. No concerns were raised.

During the inspection we spoke with three people who used the service. We spoke with two staff including the registered manager. Following the inspection we contacted a further 10 staff and a number of local health and social care professionals to request feedback.

We spent time observing the interactions between the people who used the service and staff in the communal areas. We looked at three care records which belonged to people who used the service. We also looked at other important documentation relating to people who used the service such as medicines administration records (MARs) and accident and incident records.

We looked at a selection of documentation relating to the management and running of the service. These included three staff recruitment files, training records, staff rotas, minutes of meetings, quality assurance audits, complaints management, cleaning schedules and maintenance of equipment records. We also undertook a tour of the building.

# Is the service safe?

## Our findings

The people we spoke to who used the service told us they felt safe. Comments included, "Yes I feel very safe" and "I'm safe from the point of view of how the house is yes, but how the world operates no." A member of staff told us, "We provide support and emotional reassurance to make sure people are safe and feel safe." A healthcare professional said, "More often than not, people don't want to be discharged because they feel safe and supported in Field View."

People who used the service were protected from potential abuse as staff had received safeguarding adults training and understood the procedures to follow if they witnessed or had an allegation of abuse reported to them. Staff demonstrated a good understanding about what constituted abuse and were clear about their role and responsibilities and how to identify, prevent and report abuse. The service had a whistle blowing policy in place. Whistle blowing is where a member of staff can report concerns to a senior manager in the organisation, or directly to external organisations. Staff had a clear understanding of their responsibility around reporting poor practice and were familiar with the whistle blowing process. Staff told us they were confident that any whistle blowing would be dealt with and taken seriously by the registered provider.

We looked at staffing levels in place at the service and saw the service operated a lone working system, which meant only one member of staff was available on each 12 hour shift. We spoke with people who used the service about this and received mixed views about the availability of staff. One person said, "There are enough staff and they are very good." Other comments included, "There is enough staff although I worry about if there was a problem as staff are lone working, I have been told to not get involved and just call 999 if there was an emergency" and "The staff do too much, they expect too much from the staff here, it's not safe for staff to lone work by themselves, it annoys me as I know how much they support me."

We asked staff if they felt there was enough of them on duty and we received the following comments, "We manage but we do struggle when it's busy", "I don't believe there is, there is only one member of staff on at any one time responsible for supporting up to five service users. We have a big list of tasks which need completing, which at times can become challenging for one member of staff to complete. We have five service users we must provide emotional support for and to meet their needs and a helpline to run" and "We barely manage, I feel that service quality suffers as we are lone working and it's difficult and quite stressful for staff to manage a help line, 5 people in crisis and house health and safety tasks." A professional also told us, "The staffing levels are minimal at times at Field view day and night and this does seem quite concerning when they are responsible for potentially risky clients."

We spoke to the registered manager about staffing levels at the service and they confirmed that due to a reduction in funding from the local Care Commissioning Group (CCG) the service now operated a lone working policy. The registered manager confirmed that staff covered 12 hour shifts providing support for the people who used the service and were responsible for answering calls on a crisis response phone help line. The registered manager told us the service had good connections with the local crisis response team who were available to assist as and when needed and staff also had telephone access to managers out of hours. They went on to say the service had an emergency procedure which staff followed and people who used the



service would only be expected to contact 999 if the staff member was involved in a situation which meant they were unable to seek assistance themselves. The registered manager confirmed that she met with the CCG on a regular basis to provide a report on the service and discuss issues such as staffing levels.

We recommend that the service review staffing levels and the risks associated with lone working and continues to report to the CCG about the impact lone working has on the people who use the service and the staff.

People were supported by staff who were of good character and suitable to work in the care industry. We found there was a robust recruitment and selection process in place. The staff files we reviewed contained all the essential pre-employment checks required. This included obtaining two satisfactory references and background checks with the Disclosure and Barring Service (DBS) had been undertaken before staff commenced work at the service.

The care records we looked at contained detailed risk assessments that identified how the risks for each individual who used the service were managed. The service worked in partnership with the local mental health provider, Navigo and clinical risk assessments were carried out to assess the suitability of the service for each person being referred. The registered manager told us there was a joint approach to risk management from referral through to discharge. The service completed regular reviews of people's risk assessments and these were updated as and when required.

We saw the service had a contingency plan in place which provided advice and guidance for staff on how to respond to emergencies, for example, floods, fire or breakdowns in essential services like water, gas or electricity. There was a floor plan of the building and people who used the service who had limited mobility had personal emergency evacuation plans (PEEPs) in place. We looked at documents relating to the maintaining of equipment and health and safety checks within the service. We saw that checks were carried out and documented within the service on a daily, weekly, monthly and annual basis. These checks covered inspection of fire doors, emergency lighting, water temperatures and window restrictors.

The service had a robust system in place for recording and monitoring accidents and incidents. Staff told us they reported all incidents that happened within the service and also documented them onto the electronic RIVO database. The registered manager explained that the RIVO system helped collate all intelligence that happened at the service and this was then reported on to the charity's Integrated Governance Overview Group (IGOG).

We found the arrangements for the management of medicines were safe. Staff told us most people who used the service managed their own medicines and did not require support from staff. When people did require support each bedroom at the service had a safe which was used to store people's medicines. A member of staff explained that if people required supervision with their medicines the safe was set with a dual four digit code. Staff knew two numbers and the person knew two numbers to ensure practice was safe.

Staff had all received medicines training and the registered provider had a policy in place regarding the safe administration of medicines. Medicines were checked and counted when people started to use the service and again when they were ready to leave. One person told us, "Staff will assist with my medication if I needed them to but I do it on my own all of the time at home so that's what I do when I'm here."

We found the service was clean, tidy and well maintained throughout. Staff told us they were provided with appropriate personal protective equipment [PPE] which assisted to prevent the spread of infection.

# Is the service effective?

## Our findings

People told us staff working at the service were well trained and understood their needs and how best to meet them. Comments included, "Staff are very skilled and trained, they are very good" and "The staff are amazing, they go above and beyond and offer brilliant support to help me get back on track, feel well and get on with my life." One professional also told us, "I have always found the staff to be very helpful and professional. They are skilled and knowledgeable and have always provided an excellent service."

Our observations showed staff had a good understanding of the needs of the people who lived at the service. We saw people received effective care from appropriately trained staff. Staff told us the training provided by the service was good and supported them to competently do their job and understand how to support people effectively. The service had a training database which detailed when staff training had been completed and when it was next due.

Staff had received training in a range of subjects including, food hygiene, health and safety, medicines, infection control, fire safety, safeguarding children and adults, mental health awareness and equality and diversity. Staff had also received training in understanding the Mental Capacity Act 2005 (MCA) and how this works in relation to the Mental Health Act.

The 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.

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 is called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

We found the registered manager understood their responsibilities in relation to the MCA and DoLS and practice within the service adhered to legislation. The registered manager explained that they worked closely with professionals and all of the people who were referred to the service had capacity and the ability to leave the service when they choose as the service promoted an open door policy. One member of staff told us, "I understand about capacity and best interest but in this service everyone we support has capacity and are free to come and go as they please."

People told us that staff always asked for consent before providing support. The care records we looked at showed that people who used the service had consented to receiving support and consent documents were signed and dated to support these decisions. One person told us, "I do everything myself so don't need staff to ask my permission but if I did need anything I know they would ask me if it was ok first."

People who used the service were responsible for purchasing their own food and drinks. Staff told us they provided a basic supply food items for cases of emergency but most people came from their own homes so brought things with them. One person told us, "I choose what I want, when I want it. I cook for myself and sort out my own meals." Staff told us they would support people if necessary but it was very rare they had to offer that type of support. One member of staff told us, "The people who use the service are very independent and have the skills needed to be self-sufficient in a lot of respects. Most often than not it's emotional support and monitoring their general wellbeing." The service provided the facilities for storing food items and the preparing and cooking of meals.

People who used the service were supported to maintain good health and had access to health care services when needed. Most people had a care co-ordinator or professional involvement from local services who visited or contacted them daily to check on their progress. Everyone we spoke with told us they received daily contact from their allocated worker. One person told us, "I have access to whatever support I need whether it be GP, crisis or care co-ordinator. Any concerns or worries I have the staff are on hand to help. I prefer coming in here when I'm not feeling well, rather than the hospital."

We looked at a selection of staff files and saw staff had received a thorough induction when they started working at the service. One member of staff told us that the induction consisted of completing an induction booklet, online training and shadowing experienced colleagues. Staff also had to read the organisations policies and procedures to become familiar with the service structure and how the organisation operated. The registered manager told us that all new employees were enrolled onto the care certificate as part of their induction. The care certificate is a nationally recognised qualification to improve consistency, learning and training for people working in the care sector.

Records demonstrated staff received regular supervision meetings which discussed wellbeing, working relationships, roles and responsibilities and training and development. We also saw that staff received a yearly appraisal to review their overall work performance, achievements and future aims.

The service was accessible for people with limited mobility and provided two accessible rooms on the ground floor. The service also had a walk in shower room. We undertook a tour of the premises and outdoor space. Whilst the areas were tidy and well maintained we noted that the garden area contained a broken paving slab and two metal hanging basket brackets were left on the paved area. We pointed these out to the registered manager who said they would get them removed immediately. Since the inspection the registered manager has contacted us and confirmed that the items had now been removed from the service.

## Is the service caring?

### Our findings

Everyone we spoke with were positive about the care and support they received. People told us staff were caring and treated them well. Comments included, "The staff are very compassionate, very caring and have always got time for you", "They are all very nice" and "The staff are definitely caring. They make the service what it is and they all do a brilliant job. A health care professional also told us, "At all times staff have shown to be very understanding and demonstrated a caring attitude towards the people accessing the service."

Throughout the inspection we observed staff treated people with respect. People were happy and at ease with staff. We saw staff had a good rapport with people and demonstrated understanding and kindness. Staff were confident when supporting people and demonstrated a clear understanding of people's needs, backgrounds, strengths and anxieties and the level of support each person needed. One health care professional told us, "The staff have such a good approach to people and this service is an extremely valuable one. They not only support people in a safe environment but go above and beyond to support people's diverse needs."

Independence was promoted at the service and staff provided individualised support to meet the needs of each person. Staff told us the people who used the service made informed decisions about what they did with their time on a daily basis and the service operated an open door policy so that people could continue with their daily routines. For example, during our inspection we saw one person going back to their home so they could feed their cat and returned to the service later in the morning.

Staff told us people are treated with respect and staff let each person lead on how they wanted their care and support to be delivered. One staff member told us, "They are the experts in what works best." Training records confirmed staff had received equality and diversity training and staff gave us examples of how they promoted this including knocking on doors, offering private time and closing doors when discussing personal information. One member of staff told us, "I treat everyone as if they were a family member. I respect people's individual differences, allow them to have their say, ensure I knock on their room doors, provide a closed room to talk in and do not discuss matters in ear shot of others."

We observed people who used the service felt relaxed in the company of staff and the registered manager. Staff communicated effectively and people reacted positively. People were provided with information which was available in different formats. We saw notice boards in the entrance and information was displayed throughout the service.

Staff told us about the importance of people maintaining relationships with family and friends. Communal areas were available to enable people to spend time with their visitors, family and friends or alternatively people could use the privacy of their bedroom or a private space would be provided if they wanted. Visitors were welcomed at any time as long as respect was given to other people using the service.

The registered manager and staff were aware of the need for confidentiality with regards to people's records and daily conversations about personal issues. We found records were held securely and stored in lockable

cupboards. The registered manager confirmed the computers held personal data and were password protected to aid security. Staff had completed training about information governance.

The service had positive links with local advocacy services. Advocates are trained professionals who support, enable and empower people to speak up. During our inspection we saw an advocate was visiting a person at the service as they had requested to speak with someone independent for some support and advice.

## Is the service responsive?

### Our findings

People spoke positively about their time at Field View. Comments included, "I'm happy coming here, I get some me time", "I get the support I need which is enough for me" and "Excellent here, it's really good, you feel at home, we can go out when we like, staff are really nice."

The service had an accessible complaints and compliments procedure in place and staff also supported people to give their feedback. Staff told us they would support people to make a complaint if they were unhappy and they said they were confident that the management team at the service would deal with any concerns in the best way possible. We saw the service had information on how to make a complaint on display in the entrance. The registered manager explained that if complaints were received they were dealt with positively. They went on to explain that any complaint would be resolved as quickly as possible and at a local level initially.

We saw complaints relating to the service were recorded on the RIVO database and these were then evaluated to inform future learning. During the past 12 months the service had received four complaints, all of which have been resolved and closed. The service also received more than 90 compliments during the last twelve months. Most of the compliments referred to the positive support people received from staff who worked at the service. Words including, "Respectful, enthusiastic, committed, approachable, kind, listened, relaxed and understanding" were all used to describe staffs approach.

People who used the service were encouraged to give their feedback on the service they received and any improvements that could be made. People were asked to complete satisfaction questionnaires when they are ready for discharge from the service. This information was then evaluated and reported back to the local commissioners of the service to demonstrate how the service was performing. The service had a 'you said, we did' board on display which people could use to provide feedback. We saw that a number of people had suggested the service should have internet access. The registered manager explained that they had listened to what people wanted and an internet connection was being installed later that week.

The service also had an inspiration wall, which allowed people to express how they were feeling and leave positive messages for other people using the service. We saw that people had used this wall to draw pictures and leave messages about their own experiences and journeys.

The care records we looked at were personalised and focused on individual need and outcomes. Each of the records was based around the recovery star model for assessment. The recovery star is an innovative tool for supporting and measuring change and outcomes when working with people. Care records contained the initial assessment and referral and details about each person's situation which covered, what's working, what's not working, hobbies/ interests, goals and safety management plan.

People told us they felt informed and included whilst they were at the service. One person said, "I'm in total control when I'm here. Staff talk to me and give me updates, and my care co-ordinator calls or visits at least every day to check on my progress to see when I'm ready to go back home." A health professional also told

us, "The referral process and information sharing is excellent and responsive to meet individual's needs. Communication with the staff is effective and people really do appreciate the service and the support it provides."

The service offered a range of therapeutic activities for people to participate in including drawing, painting, reading, music, talking therapy, crafts and outdoor relaxing. During the inspection we saw people painting, colouring and watching TV. One person told us, "There are activities such as books, TV and games but I prefer my own space and I wouldn't want too much going on." Another said, "It's relaxing here and that's why I like it. It helps me get away from life's stresses and gives me some time out from the busy world."

The registered manager told us they were in the process of creating a computer / activity room following feedback from people. They went on to say the area would provide a comfortable space where people could socialise if they choose to, access the internet or participate in other activities.

## Is the service well-led?

### Our findings

People and professionals told us the service was well run and organised by the management team in place. Comments included, "Yes it's very well managed, no improvements needed" and "The staff and managers are great, although I do see how stretched they are and I wish they had more funding." A health care professional told us, "It's a well-managed service and staff seem to know how to respond in a crisis or emergency."

The service had a registered manager in place who had worked at the service for over 12 years. The registered manager said they promoted an open and transparent culture within the service and encouraged staff to give feedback and speak openly if there were any issues. Regular team meetings were held at the service and feedback was welcomed from people who used the service, staff, relatives and visiting professionals.

Staff told us they worked well as a team and received good support. Comments included, "We have a good culture here, we support each other very well and are a close team" and "The registered manager is absolutely fantastic, we also have a service manager, they are both really approachable and you can call them anytime". A few staff told us the managers worked part time and felt this had a negative impact on the service. One member of staff told us, "I don't feel we have enough management as both of our managers are part time. One works here three days and the other works two days and there are no managers at weekends. The managers we have are competent it's just I don't feel there is consistency and it would support staff more if they were present at the service on a regular basis."

We spoke to the registered manager about the management structure who explained they worked hard to ensure management support was present at the service Monday to Friday. They said staff had the contact details of the on-call manager who was available at any time to offer support and guidance if required. The registered manager went on to say that they were in discussions with the operations manager about the management structure at Field View and were reviewing if improvements could be made.

Staff told us they enjoyed their work at the service and gained a real sense of achievement knowing they had successfully supported people when their lives had hit crisis. One member of staff said, "I do love my job. I'm immensely proud of what we achieve for people here." The registered provider offered incentives for staff who worked for the organisation, these included childcare vouchers, travel to work loan schemes and staff champion awards. These schemes were provided to offer benefits to staff and help staff feel valued.

The registered provider promoted the organisations values which included, hope, understanding, commitment, expertise and passion. The values underpinned the way in which staff practiced and aimed to support and understand the impact of mental illness, and the effects of stigma, myths and misconceptions about it. The registered manager was aware of their responsibilities to notify the CQC and other agencies of incidents that affected the safety and wellbeing of people who used the service. We checked our records and saw that notifications had been submitted in a timely manner.



There were systems in place to assess and monitor the quality of the service provided. The registered provider had a robust audit programme in place and daily, weekly, monthly and annual audits were carried out for areas including, care records, risk assessments, environment, cleanliness and incidents and accidents. The registered provider also completed service reviews and unannounced health and safety audits.

The service was proactive in highlighting the work and achievements made at the service and the registered manager attended a number of meetings and focus groups including registered services working group and annual workshops. The registered manager also received monthly practice updates and newsletters. This assisted the registered manager to keep updated with changes in legislation and follow best practice.

The registered provider had achieved Investors In People Gold Award in 2014 and the service had recently welcomed a visit from a local MP and the shadow minister for mental health. The service worked in partnership with professional from local services including community mental health teams, outreach team, recovery team, acute wards, drug and alcohol action team and the early interventions team. The feedback we received from professionals at these services was positive and praised the management and staff team for their "Valuable contribution in supporting and enabling people at critical stages in their lives."