

Southern Health NHS Foundation Trust

Crowlin House

Inspection report

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14 December 2016

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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 Crowlin House on 13 and 14 December 2016. The inspection was unannounced.

The service is registered to provide accommodation for up to 18 people whose main need is in relation to their mental health. On the day of the inspection the service was fully occupied. The service is situated in Calmore near Southampton, close to local amenities. There are good transport links to Southampton and the surrounding area. There are three separate two storey buildings, each building has a communal lounge, dining room and kitchen where people can prepare food. There are six bedrooms in each building. One of which had three ground floor bedrooms. There is also a self-contained flat which can be used as part of a person's care pathway to develop independent living skills.

The service had a registered manager in place. 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 staff were aware of the procedure to take if abuse was suspected.

People's needs had been identified and the risks associated with people's care and support had been assessed and managed. Where risks had been identified these had been minimised to better protect people's health and welfare.

There were enough staff deployed to meet the care and support needs of the people living in the service. The management team monitored staffing levels on a regular basis to ensure appropriate numbers of staff were deployed.

Medicines were stored, recorded and disposed of safely and correctly. Staff were trained in the safe administration of medicines and kept relevant records. Medicines records were regularly audited.

The registered manager understood their obligations under the Mental Capacity Act 2005. Staff had received training and were fully informed of any changes at team meetings to ensure they continued to provide care within the framework of the act.

People told us the staff were caring and knew them well as individuals. We observed people and staff interacting in a relaxed and friendly way.

People told us they were offered choice about what they wanted to eat, where they wanted to eat and at what time they wanted to eat.

People told us they had been involved in reviewing their risk assessments and support plans and described

how staff encouraged them to build their independence.

People and their relatives thought that the service was well-led. They all spoke positively about the registered manager and the staff team.

There was a robust system of monitoring checks and audits to identify any improvements that needed to be made. The results of these audits were monitored by the management team, who acted on the results to improve the quality of the service and care.

Complaints policies and procedures were in place and were available to people and visitors. Relatives told us they were confident that they could raise concerns or complaints and that these would be dealt with appropriately,

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.

Staff knew how to recognise and report any potential abuse.

Medicines were managed safely and administered as prescribed.

The provider had a robust recruitment procedure in place to ensure people were suitably employed.

Is the service effective?

Good ●

The service was effective.

People received care and support from staff who had the skills and knowledge to meet their needs.

People were supported to access relevant health and social care professionals to ensure they received the care, support and treatment that they needed.

Staff had received appropriate training, and understood the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

Is the service caring?

Good ●

The service was caring

People using the services told us they found the staff caring and friendly. Staff at all levels supported people with care and compassion.

People were treated with dignity and respect and staff respected their right to privacy.

Is the service responsive?

Good ●

The service was responsive.

People's care plans were person-centred and regularly evaluated and reviewed.

People had access to a range of activities which suited their needs and preferences.

The provider had a complaints procedure in place and people told us they knew how to make a complaint.

Is the service well-led?

Good ●

The service was well led.

Notifications were routinely submitted to the Care Quality Commission when required.

Staff told us they were supported by the management team.

Quality assurance checks were carried out to identify if improvements were required.

Crowlin House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on the 13 and 14 December 2016 and was unannounced. The inspection was carried out by one inspector and an expert by experience.

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 also reviewed other information that we held about the service. This included the provider's previous inspection reports and notifications that the provider is required to send us by law, of serious incidents, safeguarding concerns and deaths. We used this information to assist us in the planning of our inspection.

During our inspection we spoke with nine people, two relatives, six staff members and the registered manager. We looked at the care records of five people, six staff files, training records, complaints and compliments, accidents and incidents recordings, medication records, and quality audits.

Is the service safe?

Our findings

People using the service told us they felt safe at Crowlin House. One person told us, "Yes I feel safe being here. The staff help me when I need it." Another said, "I get anxious but staff help me." A relative told us "[Person's name] is safe here. I trust the staff."

The provider had whistleblowing and safeguarding policies and procedures in place to help keep people safe. These provided staff with guidance on identifying and responding to signs and allegations of abuse. Staff we spoke with told us they had received training in safeguarding adults and demonstrated a thorough understanding on what constitutes abuse and what they would do if they suspected abuse had occurred. For example, one staff member told us, "If I ever witnessed any form of abuse at all, I would report it to one of the management team immediately." Another said, "I would report it immediately to managers, making sure I documented everything." Staff said they were confident that any concerns raised would be investigated appropriately and people using the service and staff would be supported through the process.

People had comprehensive risk assessments in place to help keep them safe. The service ethos was based on supporting people to become as independent as possible and reflected in people's individual risk assessments. Risks were assessed in a positive way and encouraged people to take reasonable risks with appropriate support and understanding. The risk assessments we reviewed concentrated on people's strengths and positive risk taking to enable the person to be as independent as possible. For example, one person's risk assessment for accessing the community had clearly involved the person so that they understood what was required to mitigate the risks.

There were risk assessments in place relating to the running of the service and a list of emergency contact numbers was available to staff. Health and safety matters were regularly discussed at staff meetings. Each person had a Personal Emergency Evacuation Plan (PEEP) in place to provide information to emergency services in the event of an evacuation and had been shown how to evacuate the home in the event of a fire. Staff recorded all accidents and incidents and these were monitored and analysed by the registered manager; this included near misses and occurrences that may have escalated into an incident. The management team regularly checked that people's care plans had been updated in response to any incidents and measures to reduce the risk of the incident happening again had been recorded and were being implemented by staff. There was a team approach to any incidents in the service and staff worked together to maintain the safety of those who lived there.

The provider had a robust recruitment procedure in place. Records showed that appropriate checks had been carried out. This included completing Disclosure and Barring Service (DBS) checks before staff were employed to help them make safer recruitment decisions. References had been obtained and applications forms completed, a detailed employment history and proof of identity was also recorded. The registered manager confirmed that staff did not commence employment until all the checks had been completed.

There were enough suitably skilled staff deployed to support and meet the needs of the people living in the service. The management team responded promptly when people needed extra support and worked with

staff to ensure that people were supported by adequate numbers of staff. One person told us, "The staff support me with my medication. I don't have to wait." One staff member told us, "Yes there are enough staff, we work flexibly across the three units to support people."

There were robust procedures in place for the safe management of medicines. These covered all aspects of ordering, storing, administering and disposing of medicines safely. Staff had attended training in the safe administration of medicines. This included competency assessments by senior staff and assessed staff in the safe administration of medicines.

People had individual medicines profiles that contained information about their medicine administration record (MAR), any medicines to which they were allergic and personalised guidelines about how they received their medicines. Some people required their medicines to be administered on an "as required" basis. There were protocols for the administration of these medicines to make sure they were administered safely and consistently. Records were maintained and weekly medicine audits took place to check that stock levels and records were accurate.

The provider had plans in place to deal with foreseeable emergencies, such as loss of utilities or severe weather. The provider had carried out a fire risk assessment and staff were aware of the procedures to be followed in the event of a fire.

Is the service effective?

Our findings

People received care from staff who had the skills and knowledge to meet their needs effectively. One person told us, "I feel supported, staff supports me with my medication." A relative said, "We have been involved in developing the care plans for our relative."

Staff received an induction that consisted of shadowing experienced staff, meeting the people who lived in the home and reading their support plans and key policies and procedures. Staff we spoke with confirmed that they had undergone a thorough induction and we saw records of the induction that had taken place in staff files.

All staff mandatory training was in date and there was a plan in place for on-going training so that staff's knowledge could be regularly updated. Staff were positive about the training they received. For example one staff member told us, "We have the opportunity for various training and it has helped my confidence in being able to offer the right support to the people living here." Another said, "I am always doing training, which is a good thing."

Staff received regular supervision and an annual appraisal. All staff told us they found these a positive experience and valued feedback on their performance. We saw that supervisions and appraisals were recorded and signed by each staff member and their supervisor. One staff member told us, "Supervision is so supportive and helpful." Another said, "The management team are very visible and we get opportunity for informal supervision, if I have a question I just ask."

The Mental Capacity Act (MCA) 2005 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 and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the Mental Capacity Act, and whether any conditions on authorisations to deprive a person of their liberty were being met. We found the registered manager understood the principles of MCA 2005 and DoLS. Staff understood the need to gain consent from people and what to do if a person did not have the capacity to consent. Care plans contained assessments of people's capacity to make decisions. Staff we spoke to knew where to find information relating to MCA 2005 and this was regularly discussed in staff meetings.

People were supported to eat a varied, balanced diet that met their preferences and promoted healthy eating. One person told us, "The food is nice and I have different dishes each day." We observed one person cooking their own lunchtime meal, which they had chosen themselves. Staff told us, "We encourage people to be as independent as possible with cooking their food, but always support those that need it or ask for it."

People's healthcare needs were effectively monitored. We saw evidence of regular health checks taking place and people were supported to access a range of healthcare professionals such as dentist, mental health professionals and specialist nurses. We saw instances recorded in people's care records when staff had promptly contacted health professionals in response to any deterioration or sudden changes in people's health and had clearly recorded any actions taken.

Is the service caring?

Our findings

People who used the service told us they received good care. One person told us, "Staff are friendly and approachable." Relatives told us, "Staff are always courteous and helpful." Another said, "I have always had positive communication and interactions with the staff."

We found that staff respected people's privacy and dignity. Staff explained how they always knocked on people's rooms before entering. Some people kept their doors locked and staff would not enter these rooms without the person being present and their permission to do so.

Staff spoke about the people who used the service in a manner that emphasised their respect for them as individuals. One member of staff talked passionately about supporting people to become more independent and move on. One staff member told us, "The whole team supports each person to become as independent as possible." A relative told us, "The staff are very caring they work at the person's pace and this can be a long process, but they have supported [person's name] excellently and hopefully we will see them taking the next step soon."

Staff responded to people when they asked for assistance. We observed a staff member stopped what they were doing in order to listen to the person and help them immediately.

The provider placed no restrictions on when people could visit or for how long. People and their relatives told us the service welcomed visitors at anytime of the day. One relative told us, "I have never been asked to stay away or only call at certain times."

Is the service responsive?

Our findings

People had comprehensive assessments before they came to live in Crowlin House to determine if the service could meet their needs and ensure that they had sufficient information to make the decision about whether they wanted to live there. The pre admission process was focussed on the support needs of the person. The service involved the person, their family and any current support providers or health professionals. They worked with the individual and offered short stays and supported the person to transition at their own pace, whether that took days or weeks. Findings of the pre admission assessment were discussed with staff and the person's support needs and any potential risks were discussed.

Care files contained details of people's mental health relapse indicators and crisis contingency plans. These helped to ensure a consistent approach from the staff team. People's care plans and assessments were regularly reviewed with them. One person told us, "I have regular support meetings and we discuss everything." Staff we spoke with had an in-depth knowledge and knew what to do if a person was to go into crisis. One person told us, "All of them know when I am becoming unwell and help me." A staff member told us, "We get to know the person and you can see any changes in behaviour and be pro-active in supporting them to avoid a crisis."

People were supported to take part in activities in order to socialise and build their living skills and independence. There was an activities room where people could be involved in a variety of activities. We saw people had made a variety of items that had been sold at the fete in the summer. One person told us how they enjoyed this group and used it to write letters, make paper flowers and do origami. We observed staff asking if people were going to be there for Christmas and whether they would like to have their Christmas lunch in their own houses or whether they would all like to come together in one house. We observed staff supporting a person to cook a meal and encourage them to be as independent as possible but support them when they asked for it. People were also supported to participate in activities within the local community such as shopping, leisure facilities and hairdressers. Where possible, people were supported to do these independently. One person told us they were ready to move on and live more independently and staff had helped them with this process.

People told us when they had made complaints the support staff had listened and taken appropriate action to resolve them. One staff member told us, "If we can resolve the issue easily we will. Or record it and tell the management team. A copy of the provider's complaints procedure was placed on the notice board. This meant that both people using the service and their relatives had direct access to this information.

We saw evidence to demonstrate that all complaints were reviewed and monitored on a regular basis and that the manager for the service checked any complaints received as part of their regular quality audit.

Is the service well-led?

Our findings

People and relatives told us they felt the service was well led. One person told us, "Staff are friendly and approachable." Another said, "If I go to the office staff are very helpful." One relative told us, "We are kept informed by phone or email, the service is well led."

There was a management structure in place which provided clear lines of responsibility and accountability to the staff, relatives and people using the service. The registered manager had overall responsibility for the service and was supported by a small dedicated team of senior staff. Staff were complimentary about the registered manager, describing them as approachable and supportive. One staff member told us, "The manager is very good, supportive and really listens to what you have to say."

There was a relaxed and positive culture within the service. Interactions between people, staff and the management team were professional yet friendly. Staff told us the culture at the home was open and transparent. Staff told us the registered manager was very open to new ideas and trying them. We saw team meetings were held regularly. Items discussed included the wellbeing of the people, any complaints received, health and safety and any changes to the provider's policies. The registered manager also used team meetings as an opportunity to discuss staff training and development; This meant there was a team approach to service improvement at the home.

There were systems in place to regularly monitor the quality and safety of the service being provided. These included checks on people's medicines records, their care plans and risk management plans. Incidents that had occurred and health and safety within the home were also monitored. Checks carried out enabled the registered manager to provide a safe and improving service.

The registered manager and management team consistently notified the Care Quality Commission of any significant events that affected people or the service. They were fully aware of any updates in legislation that affected the service. The service's policies and operating procedures were reviewed on an on-going basis, were up to date with legislation and fully accessible to staff for guidance. Records were kept securely and confidentially.