National Schizophrenia Fellowship

Amadeus House

Inspection report

18 Corfton Road
London
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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

About the service:
Amadeus House is a care home without nursing that at the time of the inspection was providing short-term, therapeutic support and accommodation to 14 men and women experiencing mental health crisis. The service can support up to 17 people. Local health and mental health services refer people to the service for support.

People's experience of using this service:
People said they felt safe and were supported by staff and managers who had time for them when they needed it, listened to them, and were caring and compassionate.

Staff treated people with respect and promoted people's independence, dignity and privacy.

People were involved in their support and risk management planning. People's plans were person-centred, outcome-focused and based on clear assessments of their needs.

The service worked collaboratively with other mental health services to provide effective, timely care and support to people.

Staff received induction, training and supervision and felt supported in their roles.

There was a clear vision for the service, using the 'recovery' model of support. Recovery-focused support aims to help people with mental health conditions to engage in an active life, regain hope and retain their independence and achieve a positive sense of self. There was a commitment and focus on providing good care and support. Staff and the management team were clear about their roles in delivering this.

The provider sought feedback from people, relatives and staff and used this to develop the service. Complaints were handled appropriately.

There were systems in place to monitor the quality of the service and managers acted when improvements were required. The managers reviewed incidents that had taken place in the service and the lessons learnt from these were used to reduce the risk of the incidents happening again.

Rating at last inspection:
We rated the service good at our last comprehensive inspection. We published our last report on 27 July 2016.

Why we inspected:
This inspection was part of our scheduled plan of visiting services to check the safety and quality of care people received.

Follow up:
We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. We may inspect sooner if we receive any concerning information regarding the safety and quality of the care being provided.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk.

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

Details are in our Safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our Effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our Caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our Responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our Well-Led findings below.

Amadeus House

Detailed findings

Background to this inspection

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

Inspection team:
One inspector conducted the inspection over two days.

Service and service type:
Amadeus House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The manager of the service had applied to be registered with the Care Quality Commission. The registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:
The inspection was unannounced.

What we did:
We used information the provider sent us in the Provider Information Return (PIR) to support our inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make.

We looked at information we held about the service including notifications they had made to us about

important events. A notification is information about certain changes, events and incidents affecting the service or the people who use it that providers are required to tell us about. We also reviewed all other information sent to us from other stakeholders for example the local authority and members of the public.

We visited the home and spoke with the manager, the acting service manager, three mental health support workers, and two mental health professionals who were visiting people at the time of the inspection. We also spoke to three people using the service and the relative of another person. We looked at records related to the running of the service. These included the care needs assessments and support and risk management plans of three people using the service, the staff files for seven support workers and records the managers kept for monitoring the quality of the service.

After the inspection we spoke with three other mental health professionals and one housing service professional involved with the service.

Good

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse
• The provider had suitable safeguarding systems in place. Safeguarding concerns were reported, recorded, shared with the local authority and investigated where appropriate.

• One person told us, "I certainly feel safe here. I feel safe from myself here, which is what I needed and wanted to feel." The provider had also developed a clearly worded guide for people on keeping safe in the service and out in the community.

• Staff demonstrated a good understanding of recognising and reporting concerns about harm or abuse, including female genital mutilation and elements of modern slavery, such as human trafficking. Staff were aware of whistleblowing procedures and were confident that managers and the provider would take reported concerns seriously and act on them. Staff had completed mandatory safeguarding adults and children training. Safeguarding was discussed in regular team meetings.

Assessing risk, safety monitoring and management
• People had risk management plans in place to reduce risks to their safety and well-being. The plans we looked at considered risks relating to people's mental health, managing their medicines, harm or exploitation by others, and substance misuse. People had signed their risk management plans to indicate that they agreed with them. People's plans were reviewed and updated weekly or sooner if required. One mental health professional told us they thought there was "good risk management" at the service and the staff were "very good at liaising with us about any changes" regarding people's safety.

• Staff carried out regular welfare checks throughout the day to monitor people's safety and well-being and we reviewed records of these. People confirmed the checks took place. One person said staff were "very polite" when conducting them. Staff also checked on individuals more frequently if there was an increased risk to the person's well-being.

• Staff undertook daily, weekly and periodical checks of the home to make sure the environment was safe. These included monitoring window restrictors, room checks, electrical and gas safety and water checks. The

provider also conducted an annual health and safety audit of the home. This was last completed in November 2018 and we saw the managers had taken the required corrective actions.

• There were appropriate fire safety systems and an up to date contingency and emergency plan in place to support the safe running of the service.

Using medicines safely
• People were supported to manage their medicines safely, with a focus on people managing and administering their own medicines. Staff worked with people and mental health professionals to assess the level of support that people required to do this, which was documented in their support plans. Mental health professionals visited the service to directly administer medicines when they had assessed and agreed with a person they needed that support.

• Staff supported people to be responsible for obtaining and safely storing their medicines.

• Staff completed medicines support training to competently support people with their medicines and the senior staff monitored this. Records of medicines support were completed accurately and managers checked these.

Staffing and recruitment
• There were enough staff deployed to meet people's needs. Some staff said it could get busy at times, but they felt supported by their colleagues and senior staff. One mental health professional said, "People feel staff are readily available." We saw staffing rotas that confirmed sufficient staffing levels were maintained.

• The manager was in the process of recruiting staff when we inspected. Staff recruitment records showed the provider completed necessary pre-employment checks so it only offered roles to fit and proper applicants. The provider was able to demonstrate these checks included addressing gaps of unemployment in applicants' work histories.

Preventing and controlling infection
• There were appropriate arrangements for preventing and controlling infection, such as addressing a problem with bed bugs in 2018. Arrangements included providing staff with gloves and aprons to wear, separate laundry bags for washing bed linen and staff disinfected door handles each day. Staff received training on infection control and food hygiene and safety. The manager completed an infection control audit each year and took remedial actions as required.

• Staff checked the communal fridges daily to make sure that people were not using out of date food. Fridge and freezer temperatures were checked and recorded each day to make sure they were suitable for storing food safely. The management team had also created guidance for people on how to store food safely.

Learning lessons when things go wrong
• Staff we spoke with understood how to raise concerns and felt confident that they would be listened to. One support worker told us, "It's helpful to know that you can come to them with concerns."

• The management team recorded and reviewed incidents that had taken place in the service. Lessons learnt from these incidents were discussed with staff in team meetings and groups supervisions to lessen the risk of the incidents happening again. The provider also had trained critical incident personnel who could support staff in the service in the event of a serious incident.

Good

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
• The provider made sure they could meet people's needs before they moved in as there was a robust process for assessing people's care and support requirements. This included working with other professional mental health services to identify people's needs as well as risks to their own well-being and that of others. The assessments of people's care needs informed their support and risk management plans. These were based on a 'recovery' model of support. Recovery-focused support aims to help people with mental health conditions to engage in an active life, regain hope and retain their personal autonomy, social identity, meaning and purpose and achieve a positive sense of self. People's plans were reviewed regularly with them to make sure that the service continued to meet their needs. One mental health professional told us, "When [people] come here they are in crisis and you can then see the crisis coming down significantly."

• Staff supported people to identify what they would like and needed to be achieve so they could move to longer-term accommodation without unnecessary delay. As well as mental health crisis support, we saw that these outcomes included accessing financial entitlements, housing and healthcare services.

Staff support: induction, training, skills and experience
• Staff we spoke with were competent, knowledgeable and felt supported by the managers to develop. New staff received an induction which included some mandatory training, an introduction to safe ways of working in the service, and then shadowing more experienced staff. Staff who had recently started said they were finding this helpful. These staff were also working through stages of the 'Care Certificate'. The Care Certificate provides an identified set of standards that health and social care workers should adhere to in their work.

• Staff and management training records indicated staff had completed a range of mandatory training so they were competent to support people. This training included information governance, maintaining professional boundaries and first aid. Managers arranged for staff to attend refresher training where this was required.

• Staff had also undertaken additional training so they could be confident to support people with their individual needs. This training included awareness of people living with both substance abuse disorders as well as a mental health condition, psychosis, suicide prevention, pest control, and statutory benefits applications.

• Staff received performance appraisals and regular supervisions. Staff said they found these helpful. Supervisions included discussions about staff performance and development, checking staff competency in some areas of practice, and asking staff what they felt could be improved. One support worker said, "It felt that it was a genuine interest and that my opinions were actually being listened to."

Supporting people to eat and drink enough to maintain a balanced diet
• People stayed at the service on a self-catering basis and the service did not routinely provide meals for people. However, support plans provided guidance on maintaining a balanced diet and staff would encourage people to eat healthily and support them to devise their shopping lists accordingly. There was also information on healthy eating, recipes and cook books in the communal kitchen. Staff also supported people to prepare a communal meal for other residents each Sunday. One person told us they "relished the opportunity to do that and be busy."

Adapting service, design, decoration to meet people's needs
• We looked around the home and found the building was clean, comfortable and met people's needs. There was a ground floor room to accommodate people with mobility needs.

• People had their own private rooms while two lounges, two kitchens that people shared and a garden gave people sufficient communal space. There was a separate room where people could meet with visitors, such as mental health professionals, in privacy if they chose.

• The provider assessed, identified and managed risks to people's safety in relation to the premises. This included recording, assessing and monitoring potential ligature points so that there was less risk that people may harm themselves.

Supporting people to live healthier lives, access healthcare services and support
• Staff supported people to complete a 'My Physical Health' check to identify if they needed support to address any health issues. Staff then provided tailored support to people to access healthcare services. This ranged from support to attend health appointments, to accessing medicines prescriptions, to advice on registering with a GP or arranging opticians and other appointments.

• Staff encouraged people to complete a smoking cessation interventions assessment when they entered the home. This meant people could be helped to stop or reduce smoking if they wanted to.

Staff working with other agencies to provide consistent, effective, timely care
• Staff worked collaboratively with social workers, housing professionals and, in particular, local mental health professionals to provide care and support to people when they needed it. Professionals' comments included, "You ring [about a] person and they know what's going on or clarify it with the manager" and "We treat them as colleagues, we feel they are part of a team."

• The service was working with statutory agencies to trial a new referral process, so a local mental health hospital could refer people directly to the service. This meant it could be quicker for people to access the service in the community.

Ensuring consent to care and treatment in line with law and guidance
The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

• People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service, such as protocols on safe medicines support and visitors, supported this practice. People's assessments of need showed staff had considered people's mental capacity to consent to their support arrangements. The provider had not made any DoLS applications as people had the mental capacity to agree to their care and support arrangements.

• We saw that the provider required people's recorded consent first to speak with others about the person's support. The relative of a person using the service also confirmed this to be the case and that staff were "respecting [the person's] wishes, which I think was important."

• Staff had completed training regarding the MCA and we saw that mental capacity was an agenda item for discussion in group supervisions. Staff could describe how they recognised people had the right to make their own decisions and how they could support people to have and understand the right information to make those decisions. Staff described how they had supported a person in line with these principles when the person was initially refusing medical treatment for an injury.

Good

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity
• People we spoke with felt staff treated them well. People said staff were, "Very smiley, caring, warm people to be around" and "have respect for people - they empathise with people and their problems." One person said, "I'm more stable because of the people here." A mental health professional told us staff were, "Very caring, very compassionate. There is a trusting relationship so that [a person using the service] was able to tell them anything." Another professional said that people using the service, "Feel staff are listening to them, validating them."

• Staff had received training in promoting equality and diversity in their work. This helped them to identify and discuss people's cultural needs with them. This included information in relation to their cultural background, religion, gender and sexual identity. Staff supported people with cultural needs that were important to them as part of promoting their mental health wellness. For example, a support worker explained about enabling a person to attend church as this was a particularly meaningful activity for them.

Supporting people to express their views and be involved in making decisions about their care
• Staff had enough time to provide care and support in a compassionate and personalised way. One person told us, "People do have five minutes for a chat. I asked for five minutes and I got more than an hour." Another person said, "They put aside certain amounts of time [for people] to spend with staff. It's very laid-back. It's almost up to you to decide how." One support worker said, "Listen without interrupting is huge." Throughout the inspection we also observed staff taking time to listen to people and speak with them in a calm, unhurried and supportive manner.

• We saw that people were involved in planning and reviewing their support. This gave people an opportunity to direct and make decisions about the support they received. People's family members were involved if people had previously agreed to this.

Respecting and promoting people's privacy, dignity and independence
• Staff promoted people's dignity. One person told us, "[Staff] have respect for people. They're transparent

enough to make you know it's genuine." Staff explained how they promoted people's privacy and dignity when providing care and support. This included supporting people at times that were convenient for them, building rapport with people, ensuring people were always involved in decisions about their support, and respecting people's wishes.

• We observed staff maintain people's privacy and confidentiality by making sure discussions with people took place in appropriately private settings. Mental health professionals who visited the service told us they had also observed this.

• Staff supported people to develop and maintain their independence. A mental health professional told us people "get practical support with housing, skills building, shopping, making appointments" and "if people are struggling a bit [with meals], they will step in and help them out."

Good

Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control; accessible information;

• The support plans we saw were person-centred and individual to each person. One person told us, "Recovery is about individuals and they cater for individuals." A mental health professional stated, "They seem to be able to assess and plan to meet people needs and then support the person to move towards their recovery, to support them to develop the skills that they need to take on more of a role themselves in their recovery." We checked daily records which indicated that people were receiving their support as planned.

• People's support plans included information about their personal history, interests and preferences, their protected characteristics, mental health and physical conditions. Support plans also set out goals people wanted to achieve and what was agreed with the person about how staff would support them with these. Staff told us that support plans helped them to work with people. One support worker said that support planning "orientates my work in one-to-ones with people, it does focus the one-to-one time with people around looking at safety and risk or more goal-orientated work."

• People's communication needs were identified and recorded in their plans and supported by the service. This included the person's ability to read and any visual or hearing impairments, and the support they required with this. We also saw there was guidance available for staff on providing accessible information to people.

• Staff told us they encouraged people to do things during the day, such as making and attending appointments and assorted activities. One support worker said, "We make sure that people have some structure in the day." Staff also arranged weekly activities in the home, such as yoga sessions, baking, board games, art sessions and a film night. These provided opportunities for people to socialise if they wanted to and daily records showed people had participated.

Improving care quality in response to complaints or concerns

• There was an effective complaints handling system in place. Records showed that people's complaints had been responded to appropriately and in a timely manner. For example, we saw the manager had responded to a person's complaint about a member of staff's perceived tone of voice.

• People told us that they had been given information about how to make complaints and knew how to raise concerns. We also saw information and leaflets on how to make a complaint were available to people in the home's communal areas.

Good

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

• There was a clear management structure in place. This consisted of the manager, the acting service manager, a senior support worker and mental health support workers. Staff said they felt supported by the senior team and they could get support and advice when they needed. Staff comments included, "It's helpful to know that you can come to them with concerns" and "I've always felt well supported when I had a difficult situation, it's not all on you."

• There wasn't a registered manager in post at the time of the inspection, but the newly appointed manager had applied to be registered with the Care Quality Commission.

• One mental health professional told us the managers "have the skills and ability to focus on the things that they want to do." The manager told us they were supported by their head of service through regular one-to-one supervisions and group registered manager supervisions. The provider had recently launched registered manager and service manager network meetings to support managers. This helped ensure managers were aware of and involved in strategic developments, such as reviewing support planning documentation and changes in medicines support and dispensing practices. The managers attended regular Skills for Care registered manager network forums to keep informed about adult social care practice.

• There were assorted quality assurance systems in place to monitor and maintain the quality of the service. This included an unannounced audit carried out by the provider's quality assurance team each year. We saw that managers had taken actions in response to the last audit's findings in April 2018.

• The managers provided monthly reports on the quality of the service to statutory mental health services. These reports included feedback from people using the service and information about incidents that people

had experienced. Managers used this reporting to monitor the quality of the service and make improvements. For example, the managers had recently set up regular meetings with mental health professionals to promote better communication between the two agencies.

• The manager and provider had made sure the service's latest Care Quality Commission inspection rating was displayed conspicuously at the home and on the provider's website.

• The managers consistently informed the Care Quality Commission of important events that happened in the service in an appropriate and timely manner.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility
• People told us they were happy with their care and support. Mental health professionals said they thought the service met people's individual needs well and that people had also told them they were happy with the service. Professionals' comments included, "They're fantastic, to be honest… The experience of the service and what people receive is above and beyond what we've expected."

• The management team had a clear vision for the service, with a commitment and focus on providing good care and support. The culture of the service was open and positive. Staff spoke about the service with a sense of pride and satisfaction. Staff comments included, "It is very service user-led working", "I think we are good at responding to people's distress - I think that is the most important thing for people here", and "staff are very good at supporting each other."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; continuous learning and improvement
• Monthly resident involvement meetings provided a forum for people to talk about the service and improvements they would like to see. We saw that staff had responded to people's suggestions. The service also regularly hosted local patient experience and advocacy groups, which enabled people to share their experiences and influence the development of local mental health services.

• People were asked to complete satisfaction surveys when they left the home. We saw most people had made positive comments about their experience of the service and that managers had acted on suggestions for improvements.

• There was assorted information about local support services and facilities accessible to people in the communal areas.

• The service manager was supporting a staff member to become a 'carers involvement champion' to further involve people's relatives in the running of the service.

• The service was exploring ways to gauge the longer-term outcomes people might experience from using the service as a way of learning how the service may continue to improve. This included the senior support worker contacting people to discuss how their well-being may have benefitted up to six months after they had left the service. However, people had not remained in contact with the service or had been reluctant to re-engage with the service as part of their recovery after their mental health crisis.

• The managers held regular team meetings which enabled staff to comment and make suggestions about the service. We saw staff regularly discussed issues such as improvement ideas, people's well-being, safeguarding, teamwork and professional boundaries.

Working in partnership with others

• The service worked collaboratively with other agencies so people received joined up care and support. Mental health and housing professionals said that the service worked with other agencies, especially with statutory mental health services. Professionals' comments included, "It's a brilliant experience to be linked with them in the last year" and "they really do go above and beyond to liaise with other agencies."