

Home Group Limited

Natalie House

Inspection report

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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? | Outstanding ☆ |

Summary of findings

Overall summary

What life is like for people using this service:

Natalie House was exceptionally well led. The organisation had clear aims and objectives of the service it provided and how this would be achieved with people's involvement. People were supported in a caring and safe environment to work on individual goals around mental health recovery and independence.

The service worked in partnership with other professionals to achieve positive outcomes for people. There was a calm and positive atmosphere.

The service was clean and well maintained. People could enjoy communal areas such as the lounge, kitchen and garden or spend time in their rooms. Peoples choices and diversity were respected and promoted.

People's medicines were managed and administered safely. People were supported to work towards managing their own medicines where appropriate. People were involved in the development and review of their care plans. People were supported in how they wished to spend their time. Activities were arranged within the service and facilitated in the community.

Feedback was sought from people and staff through meetings, questionnaires and engagement. People were encouraged to share their opinions and be involved in shaping the service's development. Systems were in place to ensure regulatory requirements were met.

Rating at last inspection: Good (May 2016)

About the service: Natalie House provides fixed term accommodation and support for up to 10 people with mental health needs. At the time of the inspection there were six people living at the service.

Why we inspected: This was a planned inspection based on the previous rating. The service's rating remained Good.

Follow up: We will continue to monitor the service through the information we receive. We will inspect in line with our inspection programme or sooner if required.

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?

Outstanding ☆

The service was exceptionally well-led.

Details are in our Well-Led findings below

Natalie 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 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.

Inspection team: The inspection was carried out by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience's area of expertise was mental health.

Service and service type: Natalie House is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they 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 reviewed information we had received about the service since the last inspection in May 2016. This included details about incidents the provider must notify us about. We assessed the information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We sought feedback from the local authority and professionals who work with the service. We used all this information to plan our inspection.

During the inspection we spoke with four people living at the service and five members of staff, including the manager and regional manager. We also spoke with one health and social care professional. After the inspection we spoke with another health and social care professional and received feedback from five other health and social care professionals who work with the service. We reviewed two people's care and support records and four staff files. We also looked at records relating to the management of the service such as incident and accident records, meeting minutes, recruitment and training records, policies, audits and

complaints.

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm

People were safe and protected from avoidable harm. Legal requirements were met. People told us they felt safe. One person said, "I like it here, it's really comfortable and I feel safe."

Safeguarding systems and processes

- Staff understood the potential types of abuse and their responsibility if concerns arose. Staff had received training in safeguarding and were knowledgeable about the provider's safeguarding procedures.
- Referrals had been made to the local safeguarding authority when appropriate. Actions had been taken to safeguard people.

Assessing risk, safety monitoring and management

- Risk assessments were in place in areas such as health, finances and accessing the community. Risk assessments gave guidance on how staff should support people safely. Risk assessments documented how people's medicines could affect them.
- People were involved with their risk assessments. For example, one person did not agree with what had been documented. They worked with the service to amend this.
- Fire safety systems and checks were in place. A business continuity plan outlined guidance for unforeseen circumstances such as utility failure.
- Equipment and the environment were regularly checked for any required maintenance.

Staffing levels

- Rotas we reviewed demonstrated staffing numbers were kept at the level deemed safe by the provider. A staff member said, "Staffing is kept at the correct levels." An on-call system was in place to support staff out of office hours.
- The service was currently inducting three new staff members. People told us that this had meant a higher proportion of agency staff had been used recently.
- The provider followed safe recruitment processes to ensure staff employed were suitable for the role. We highlighted that gaps in employment for one staff member were not clearly evidenced. The registered manager demonstrated after the inspection that this had been reviewed.

Using medicines safely

- Medicines were administered, stored and disposed of safely.
- Medicines were administered in people's preferred way. The service supported people to administer their own medicines. One person said, "I do my own medication which is kept in my room under lock and key." Another person said, "Medicines are done by staff, but I am working towards doing them myself."
- We highlighted that further information about 'as required' medicines would be beneficial. The registered manager said this would be reviewed.

Preventing and controlling infection

- The service was clean and well maintained. A relative said, "The house was clean, very well equipped and organised."
- People were involved in keeping their space clean. One person said, "There is a rota for jobs to be done. I keep my room clean."
- Infection control procedures were in place which staff adhered to. Systems were in place in the kitchen to reduce cross infection.

Learning lessons when things go wrong

- There was a robust system for reporting accidents which ensured actions were taken to reduce reoccurrence.
- Reflections were made with individual staff and as a team. For example, when a medicine error occurred reflection with staff involved examined what had contributed to the error and the changes that could be implemented to prevent reoccurrence.

Is the service effective?

Our findings

Effective – this means 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. People told us staff were competent. One person said, I have a weekly meeting with staff to discuss my care plan."

Staff skills, knowledge and experience

- Staff received regular supervisions known as, 'Brilliant Conversations' with their line manager. One staff member said, "They are supportive, relaxed and informal." These conversations reviewed areas such as staff well-being, training and development.
- Staff told us, and records confirmed that new staff completed an induction when they began at the service which was aligned with the Care Certificate. Specific inductions were also in place for agency staff and contractors. There was comprehensive supporting information for staff in an accessible format, which included photographs for staff to refer to when required.
- Records showed the regular training staff received in areas such as first aid, the Mental Capacity Act (MCA) 2005 and infection control.

Supporting people to eat and drink enough with choice in a balanced diet

- People received a meal voucher and were supported, if required, to shop and prepare meals for themselves during the week. The service provided meals at the weekend. People were involved in the choices on offer.
- People had continual access to a range of drinks and snacks. The service promoted healthy eating whilst respecting people's food choices. One person said, "I can make myself drinks and snacks."
- The service reviewed its provision, for example the establishment of a breakfast club to provide a healthy and nutritious start to the day, with people working towards being more independent with their food and drink requirements.

Staff providing consistent, effective, timely care

- The service had developed positive relationships with healthcare professionals. One health professional said, "The staff are very proactive with escalating concerns to ourselves."
- People were supported with their healthcare needs.
- Staff supported people with their mental health recovery goals.

Adapting service, design, decoration to meet people's needs

- The building had been considered in line with people's needs. Information to support people was displayed except in the communal lounge, which had been designed to be a relaxing, homely and comfortable space.
- People could personalise their room. A relative said, "They provided new bedding and towels and a toiletry gift which I thought was sweet."

- People were consulted about planned changes to the environment. There was a garden area, with seating and a quiet room that could be used for private meetings.

Ensuring consent to care and treatment in line with law and guidance

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). No-one currently living at the service required a DoLS.

- People said they made their own choices. One person said they chose, "What time I go to bed and get up. Whether to go out. What I want to eat."
- Staff we spoke with were clear about the principles of the MCA and how these related to their role.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed prior to admission. An introductory transition period was in place, so people could spend time at the service, getting to know other people, staff and their own space before moving in fully. This enabled people to choose if this was the right service for them.
- People's protected characteristics under the Equalities Act 2010 were identified. This included people's needs in relation to their culture, religion, diet and preferences for staff support. For example, we saw the service's guide for people had been produced in another language. A diversity board gave information to people, this month's theme was around the vegan diet. Themed meal nights had showcased and celebrated food from people's different cultures.

Is the service caring?

Our findings

Caring – this means 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. One person said, "Staff are brilliant, they are always there for me." A relative said, "The staff were professional, inviting and understanding." A health and social care professional commented, "It is a very caring environment"

Ensuring people are well treated and supported

- Staff were kind and caring. One person said, "All the staff are very caring." A health and social care professional said, "The staff are warm and friendly."
- The service had received 18 compliments in 2018. One compliment read, 'Staff are welcoming and friendly.' Another compliment said, 'Natalie House is by far and away the best place..... You have somehow managed to create a caring and effective environment.'
- The atmosphere was friendly and calm. People were relaxed and comfortable at the service and with staff.

Supporting people to express their views and be involved in making decisions about their care

- People met weekly with an allocated member of staff to review their goals and outcomes. One person said, "I have a weekly meeting and I can always book time if I want to."
- People told us staff were available to support them. One person said, "Staff are available to sit and talk to you."
- Information was available to people in accessible formats to aid their decision making and provider support and guidance. For example, a talk was arranged about sexual health.

Respecting and promoting people's privacy, dignity and independence

- People were supported to receive visitors in a way they chose.
- People's privacy and dignity was respected. One person said, "Staff always knock on my door and wait for me to invite them in."
- Encouraging and supporting people in their independence was fundamental to the service. One person said, "This is done through the care plan and achieving small goals, one at a time." Another person said, "They [staff] verbally prompt me to do things for myself." A relative said the service, "Allowed [name of family member] to gain independence."
- The service had clear systems in place to ensure confidentiality, which staff were aware of and adhered to.

Is the service responsive?

Our findings

Responsive – this means that services met people's needs

People's needs were met through good organisation and service delivery. One person said, "It's a really nice place to live. I am much happier and confident since I've been here." A health and social care professional said, "The needs of their residents are always paramount."

Personalised care

- People had a programme of activities which supported their individualised goals and aspirations towards recovery and independence. These included mindfulness, cooking, exercise, recovery college courses and accredited programmes of independence. Activities were undertaken both within the service and local community, with the aim that people had an established routine and network which could continue when they left the service.
- People were regularly consulted about activities at the service to ensure provision met people's current needs and preferences. Activities were monitored to review engagement.
- Care plans were person centred. People were involved in developing and reviewing their care plans. A recovery star was used so people could monitor and review their own progress. A health and social care professional said, "[Natalie House is] clearly focused upon recovery work and do take into account individual needs and level of pace."
- A peer mentor was available to support people in a variety of ways and through their recovery journey. This was in addition to support staff. A peer mentor was someone with personal mental health experience.
- People were given clear and accessible information about the aims of the service and were supported in their transition when they moved on from Natalie House.

Improving care quality in response to complaints or concerns

- Complaints and concerns were investigated and responded to. The complainant received a full response to the findings and actions taken.
- A box for people and visitors to leave comments and suggestions was available. People had utilised this and we saw changes made as a result. For example, new items were purchased for the kitchen and laundry. These comments were also recorded in the complaint system which meant people received a full response.
- People knew the systems in place for raising complaints and concerns and felt comfortable in raising any issues. One person said, "Any problems and they are sorted quickly."

End of life care and support

- People could complete an end of life plan if they wished. This gave details of people's wishes, including considerations to cultural and religious preferences.

Is the service well-led?

Our findings

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

Service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements

- The registered manager was supported by the provider's systems and policies. One staff member said, "The management is well organised."
- Systems ensured people who used the service feedback and experience was reflected and formed change. A customer newsletter demonstrated how people had the opportunity to be get involved if they wished in influencing and shaping services at a provider level. For example, people had been involved in designing policies and procedures which were in a short and simple format so that they were accessible to all.
- An internal assessment was completed by people who lived in other services run by the provider. This 'Customer promise' assessment checked if the service was delivering its aims and outcomes and monitored people's experiences. Natalie House had received the highest internal rating of platinum. This process had inspired a person from Natalie House to get involved and train to be an assessor themselves.
- The provider had displayed their performance assessment rating at the service and on their website.
- Audits were in place to monitor and review the quality of the service. This included audits of areas such as care plans, medicines, incidents and accidents and health and safety. Actions identified were regularly reviewed to ensure changes had been taken and were effective.
- The registered manager was clear about the standards of care the service provided and had systems in place to ensure these were met. Regulatory requirements and any changes were communicated. Staff received quizzes to ensure their knowledge met expectations.
- The provider had well defined aims and objectives of the service provision and how these would be met in a person-centred way.
- Staff had champion roles. This meant staff had an allocated area of responsibility and expertise for example in, equality and diversity and safeguarding.
- The staff structure had roles which were clearly defined and accountable.
- A service development plan was in place which collated all areas of feedback gathered and the actions that were being taken to improve the quality of the service. These included a team building day for staff, sourcing volunteers, environmental improvements such as a new cooker, and garden shed and attending local care forums and provider networks.

Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong

- People, staff and health and social care professionals spoke positively about how the service was managed and led. One person said, "[The registered manager] is very approachable." A health and social care professional said, "[The registered manager] has done really well." A staff member said, "[The registered

manager] runs the service well."

- People's wishes were respected and where appropriate, included involvement from relatives. A relative said, "The staff were easily assessible and kept me informed which gave me the comfort of knowing [my relative] was safe."

Engaging and involving people using the service, the public and staff

- A monthly newsletter communicated and shared information about the service such as changes within the service, events and how to give feedback.
- Regular meetings were held with people. One person said, "We have resident's meetings when I can bring up things." People gave us examples of things that had changed as a result. People were encouraged to run the meetings themselves.
- A survey was completed with staff in 2017. This had led to changes in staff pay scales. In addition, changes had been adopted to the staff supervision format of 'Brilliant conversations'. Moving away from formal performance assessments to an individual approach which focused on the positive development of the staff member. The 2018 survey results were currently being compiled.

Continuous learning and improving care

- A 'Customer information and opinion day' had been arranged to offer an opportunity for people to discuss and feedback about the service. Questionnaires and refreshments were provided.
- Feedback was obtained from people leaving the service through exit interviews. A star wall in the garden enabled people to leave comments about their time at the service. These commented on the positive experiences people had at Natalie House.
- Systems were in place to support staff communication such as handovers, meetings, a diary and message book. This ensured staff were up to date and knowledgeable about all aspects of people's care and support. Staff were encouraged to share concerns and trial new ideas. One staff member said, "Communication is open."
- There was a positive atmosphere and culture. One person said, "It is caring and safe here. It feels like home." A staff member said, "I am proud to work here. We work well as a team."
- Reflections were made to ensure continuous learning. For example, by reviewing complaints and incidents and accidents.

Working in partnership with others

- An open day enabled people, previous customers, friends and family, the community and professionals to see what Natalie house offered and openly discuss mental health and recovery. A suicide prevention day had also been arranged.
- The service received excellent feedback from health and social care professionals who they worked alongside. Comments received were, "This is without doubt one of the very best mental health accommodation providers that we have in Southampton," "[The service achieves] outstanding results" and "A very good service, one of the best. It is effective and has good outcomes." These included people improving their physical health and taking medicines regularly. Professionals said concerns were promptly raised.
- The service supported nationally recognised charities and campaigns around mental health. Implementing the tools provided to support people in managing their mental health and raising awareness of mental health and recovery.