

Together for Mental Wellbeing

Snowdon

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?	Good ●

Summary of findings

Overall summary

Snowdon is a residential recovery-based service which supports up to eight people who have a primary diagnosis of a mental health condition. Placements at the service ranged from six months to a maximum of approximately two years. There were eight people living at the service at the time of our inspection.

People's experience of using this service:

People were supported to develop the skills they needed to move on to more independent living. The support people received was tailored to their individual needs and wishes. With the support of staff, people had become independent in areas such as cooking, budgeting and managing their medicines.

Staff also supported people to identify and work towards individual goals they wished to achieve. These goals included obtaining independent accommodation, gaining employment and maintaining relationships.

Staff supported people to maintain good physical and mental health and worked effectively with other professionals involved in people's care. This included supporting people to attend appointments to express their views and to understand information about their care and treatment.

Staff had an induction when they joined the service and received the training and support they needed to carry out their roles. They understood their responsibility to keep people safe from abuse and felt able to speak up about any concerns they had.

There were enough staff deployed to meet people's needs and keep them safe. Potential risks to people had been assessed and plans put in place to mitigate these. If accidents or incidents occurred, staff took action to reduce the risk of similar incidents happening again. Medicines were managed safely.

Staff treated people with dignity and respected their decisions about their support. 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 supported this practice.

People had opportunities to give their views about the service and the support they received. House meetings took place regularly and people were encouraged to contribute to their reviews and meetings with their keyworker.

The service had effective leadership and management. The registered manager was available to people and provided good support to staff. The registered manager and the provider maintained an effective oversight of the service.

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

Rating at last inspection:

At the last inspection in 1 December 2016 the service was rated Good. The report of this inspection was published on 8 February 2017.

Why we inspected:

This was a planned inspection based on the previous rating.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led

Details are in our Well-led findings below.

Good ●

Snowdon

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. This inspection was planned 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 carried out the inspection.

Service and service type

Snowdon 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 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

This inspection was unannounced.

Before the inspection

We used the information the registered manager sent us in the provider information return (PIR) in June 2019. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We reviewed the evidence we had about the service. This included any notifications of significant events, such as serious injuries or safeguarding referrals. Notifications are information about important events which the provider is required to send us by law.

During the inspection

We spoke with four people who lived at the home and five staff, including the registered manager, three residential recovery workers and one senior residential recovery worker.

We checked care records for three people, including their assessments, care plans and risk assessments. We looked at four staff files and records of team meetings and shift plans. We also checked medicines management, accident and incident records, quality monitoring checks and audits.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

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

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Assessments had been carried out to identify and manage any potential risks to people. Where risks were identified, plans were put in place to mitigate these. For example, risk assessments considered any risks to people involved in going out independently and contained contingency plans to be used if people did not return when expected.
- Some people had a history of behaviours which put themselves or others at risk. Potential risks arising from these behaviours had been considered at assessment and people's support planned accordingly.
- There was evidence of learning when adverse events occurred. Any accidents or incidents that occurred were recorded by staff. Accident/incident records were reviewed by managers to identify action that could be taken to reduce the risk of a similar incident happening again. Two incidents had been recorded in 2019. Both had been reviewed by the provider's Operations and Development Manager, who had written a summary of learning/action points to be implemented by staff.
- The provider had developed a business continuity plan to ensure that people would continue to receive their support in the event of an emergency. This had been reviewed by the registered manager in August 2019.
- There was a fire risk assessment in place for the service which had been reviewed in December 2018. Fire drills were held periodically and fire safety systems were checked and serviced regularly.

Using medicines safely

- People were encouraged to manage their own medicines as this enabled them to be more independent. Staff provided the individualised support people needed to manage their medicines safely. People's medicines were reviewed regularly to ensure they continued to best meet their needs.
- People who needed support managing their medicines said staff helped them do this safely. One person told us, "I take lots of different pills. I don't know what they all are but the staff do. They bring a list [of medicines] when I go to the doctor."
- Staff attended medicines training in their induction and received regular refresher training. Their competency was assessed before they were authorised to administer medicines.
- Medicines were stored securely and there were safe systems for the ordering, administration and disposal of medicines. People's medicines records included details of any allergies and guidelines about the use of any medicines prescribed 'as required'.
- Staff carried out regular medicines checks and medicines management was audited annually by an independent pharmacist. The service had also been recently audited by the local NHS community

healthcare provider as part of the Medicines Optimisation in Care Homes project.

Staffing and recruitment

- There were enough staff on each shift to meet people's needs. People told us staff were always available and that they had access to support when they needed it.
- There were usually three residential recovery workers on duty during the day and always a member of staff on sleep-in duty at night. Fewer staff were deployed on daytime weekend shifts as people usually spent their days away from the service.
- The provider's recruitment procedures helped ensure only suitable staff were employed. Prospective staff had to submit an application form and to attend a face-to-face interview. The provider obtained proof of identity and address, references and a Disclosure and Barring Service (DBS) check in respect of staff. DBS checks help employers make safer recruitment decisions and include a criminal record check.

Systems and processes to safeguard people from the risk of abuse

- Staff received safeguarding training and understood their responsibilities in protecting people from abuse. Staff were able to describe the signs of potential abuse and the action they would take if they observed these. Safeguarding and whistle-blowing were discussed at team meetings and staff reminded of their responsibilities in these areas.

Preventing and controlling infection

- Staff helped people keep the home clean and hygienic. Staff attended infection control training in their induction and had access to personal protective equipment, such as gloves and aprons, when necessary.
- There was an infection control risk assessment in place for the service which had been reviewed in February 2019. Staff carried out infection control checks periodically and had last done so in July 2019.

Is the service effective?

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

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

- People's needs were assessed before they moved in to ensure the service was suitable for their recovery. The registered manager told us the assessment process was supported by information provided by professionals involved in people's care and treatment, such as the community mental health team.
- People thinking of moving to the service were invited to visit for a day to meet other people and to assess whether the service was suitable for their needs. If the initial visit was successful, people were invited for a five-day stay during which their needs were assessed more thoroughly.
- People's support was delivered in line with relevant national standards, including guidance on mental health and well-being produced by the National Institute for Health and Care Excellence (NICE). Any changes to the way in which support was provided were discussed and shared with staff at team meetings.
- The PIR set out how the registered manager kept up-to-date with relevant national guidance and standards, stating, 'Manager is registered with the Social Care Institute for Excellence as well as MHRA drug safety update emails. Manager has recently joined the local Skills For Care Registered Manager Network and attends regular meetings for CQC registered managers at National Office.'

Staff support: induction, training, skills and experience

- Staff had access to appropriate training for their roles. New starters had an induction which included mandatory training such as health and safety, safeguarding and food hygiene. The induction also introduced staff to the provider's core principles of promoting community involvement and person-centred support.
- Staff had access to training relevant to mental health recovery, such as understanding psychosis, personality disorders and self-harm. Staff were expected to complete the Care Certificate, which is a set of nationally-agreed standards that health and social care staff should demonstrate in their work.
- Staff received regular one-to-one supervision which they said provided useful opportunities to discuss their practice and training needs. One member of staff told us, "We go through training, discuss ways forward with clients, improving our own work and any concerns we have. They are usually every six to eight weeks but I could ask for supervision if I wanted one."
- Staff communicated effectively with one another. There were systems in place to ensure that staff were up-to-date with people's health and support needs, including daily handovers and a communication book. There was a plan in place for each shift which ensured accountability for key tasks such as managing medicines and supporting people to attend appointments.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- Staff supported people to maintain good health, including mental health, and to access healthcare services when they needed them. This included registering people with a local GP and supporting them to attend appointments if necessary. One person told us staff supported them to attend appointments and to understand information from healthcare professionals. The person said, "I go to the hospital a lot. They always come with me. They talk to the medical staff. Sometimes what the doctor says goes over my head."
- Staff worked with other professionals to ensure people's healthcare needs were met. This included GPs, care managers and the community mental health team.

Supporting people to eat and drink enough to maintain a balanced diet

- Each person had a weekly food shopping budget and received support from staff to buy and cook their own meals. Staff supported people to develop cooking skills and encouraged people to maintain a balanced diet and a healthy weight.

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

- Each person had their own bedroom and access to a shared bathroom and kitchen. The service had comfortable communal living spaces and a large, well-maintained garden. People told us they were happy with the accommodation the service provided. They said they had access to all the facilities they needed and could personalise their bedrooms as they wished. One person said of their bedroom. "It's got everything in it that I need."

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, and some hospitals, 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- People's care was provided in line with the MCA. All the people living at the service had capacity to make decisions about their care and had recorded their consent to their support. No-one was subject to DoLS authorisations.
- Staff received training on the MCA and understood how this applied in their work. Staff told us they always sought people's consent before providing their support and people confirmed this.
- The rules people agreed to live by at the service were set out in a licence agreement. Rules included no smoking or alcohol in the building and visitors welcomed until 10pm.
- People told us the house rules were clear and reasonable. One person said, "All the rules are reasonable. If I want to go out in the day I can and you can have friends over until 10 o'clock at night." Another person told us, "We have rotas for jobs like cleaning. We do two jobs a day, which I think is fair. Today you might have the bathroom to clean and tomorrow it might be sweeping the veranda. I share a bathroom with [person], we share cleaning it."

Is the service caring?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

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

Respecting and promoting people's privacy, dignity and independence

- Staff treated people with respect and provided support in a way which maintained people's dignity. People told us they could have time alone when they wanted it and that staff respected their privacy.
- The service focused on encouraging and enabling people to manage their own support. For example, people were supported to manage their medicines and their personal finances.
- The skills people had developed at the service had enabled them to move on to more independent accommodation. People had also been supported to achieve positive outcomes such as gaining employment and maintaining relationships.

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

- People were encouraged to be involved in planning their own care. The PIR stated, 'All service users are involved in every aspect of support planning and risk management, creating their own goals and steps to achieving them, signing off that they are in agreement with what is contained in plans.' We found evidence to support this in the care plans we checked.
- People were encouraged to make choices about their day-to-day lives and staff respected their decisions. Throughout our inspection staff were involved in discussions with people about the support they needed. People told us that staff listened to and respected their views about their support.

Ensuring people are well treated and supported; equality and diversity

- People were supported by a consistent staff team who knew them and their needs well. Staff engaged positively with people during our inspection, sharing conversations and encouraging.
- People told us staff were kind and helpful. One person said of staff, "If I need help with anything, they are quite willing to help." Another person told us, "The staff are very good. They are always helpful and they smile at you. It makes you smile when you see them smiling."
- People told us staff respected their rights and choices. Staff attended equality and diversity training and spoke of the importance of respecting people's choices about their support. Details of advice and support groups were displayed in the home, including support for people from the LGBTQ+ community.
- People were supported to maintain relationships with their friends and families. Some people's relatives visited regularly and some people were supported by staff to contact their families.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

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

- People's support was planned according to their individual needs and wishes. Each person had a keyworker with whom they worked to identify goals they wished to achieve. People met their keyworkers regularly to review the progress they were making towards achieving their goals.
- People's support plans were reviewed regularly to ensure they continued to reflect their needs. People were encouraged to be involved in planning and reviewing their support and could choose to have their families involved in their reviews if they wished. Healthcare professionals were also invited to attend reviews when appropriate.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People told us they had opportunities to go out and to take part in activities they enjoyed. They said staff had helped them find out about activities in the community. One person told us, "We go out quite a lot but there are things you can do here. We have board games like Monopoly and we have chess. There's an extensive list of books in the common room."
- Some people attended social events run by local mental health projects where they met friends. Staff told us that some people benefited from volunteering for local mental health projects. For example, one person provided IT training for people who attended a local mental health scheme.
- The provider operated a peer support scheme. This involved people who used the service providing peer support to others experiencing poor mental health.
- People had access to support after they had moved on to more independent living. The service provided outreach support to people for up to eight weeks in their new homes.

Improving care quality in response to complaints or concerns

- People told us they knew how to raise concerns and were confident that any complaints would be taken seriously. They said they were regularly asked at house meetings whether they had any complaints they wished to raise.
- The provider had a written procedure which set out how complaints would be managed. This was given to people when they moved in to the service. The provider's PIR, submitted on 6 June 2019, reported that there had been no complaints in the previous 12 months. The registered manager told us that no complaints had been made since that date.

Meeting people's communication needs

From August 2016 onwards, all organisations that provide adult social care are legally required to follow the Accessible Information Standard (AIS). The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs had been assessed and any support they needed to communicate their views recorded on their support plans.
- The PIR set out how the provider ensured people's communication support needs were identified and met, stating, 'Information and communication needs are identified and assessed during the initial referral and assessment, with appropriate resources accessed and utilised. Printed information can be provided in a range of languages and formats including easy read, large print and braille.'

End of life care and support

- No-one was receiving end-of-life care at the time of our inspection. The service was not designed to support people who needed end-of-life care but the registered manager said people who developed life-limiting conditions would be able to remain at the service as long as their needs could be met. The registered manager told us staff could access end-of-life care training and support from healthcare professionals if required.

Is the service well-led?

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

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; Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- People and staff told us the home was well-run. People told us the registered manager was approachable and willing to speak with them when they wished.
- Staff reported that the registered manager provided good support to the team and listened to their views. One member of staff said, "[Registered manager] is very open to talk to. If you have any issues, she listens."
- Staff told us the registered manager made clear the expectations of them in their roles and encouraged their views about how standards could be improved.
- The registered manager had fulfilled their responsibilities as a registered person, including duty of candour and the requirement to notify CQC of significant events.
- The provider had effective systems of quality monitoring, which ensured that people received safe and well-planned support. Staff regularly audited areas including health and safety, medicines management, accidents and incidents, complaints and safeguarding. Checks were also carried out to ensure staff training and supervision were up-to-date and that people had been involved in planning their support.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People had opportunities to give feedback about the service. People were encouraged to express their views at house meetings, which took place regularly. The minutes of house meetings showed that staff asked people for feedback about the allocation of household tasks and for ideas for group activities.
- People were able to express their views about their individual support during regular meetings with their keyworkers. People told us their feedback was listened to and acted upon by staff.
- Team meetings took place regularly and were used to ensure staff provided people's support in a consistent and effective way. The minutes of these meetings showed the registered manager and staff had discussed people's needs, their progress towards achieving their goals and any issues affecting them. Staff told us they were encouraged to speak up at team meetings if they had any concerns or suggestions about how people's support could be improved.

Continuous learning and improving care; Working in partnership with others

- The service had developed effective working relationships with professionals involved in people's care,

including people's care managers, service commissioners and the community mental health team.

- The registered manager met with other managers of services operated by the provider to keep up-to-date with good practice and developments in the care sector.