National Schizophrenia Fellowship

Bath Road

Inspection report

77-79 Bath Road
Swindon
Wiltshire
SN1 4AX

Tel: 01793538074
Website: www.rethink.org

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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
Bath Road is a residential care home providing personal care to seven people who have mental health needs.

The care home accommodates 10 people across two houses that are joined together.

People's experience of using this service and what we found

People spoke positively about the service and the help they received from the staff team. They were encouraged to engage in activities and maintain social relationships with family and friends.Some people required prompting and motivating to take part in daily life and staff respected people's individuality.

People told us they felt safe receiving care from the service. Staff understood their responsibilities to identify and report any concerns. The provider had safe recruitment and selection processes in place.

People were supported to access the healthcare services they required. Staff had sought guidance and support from different healthcare professionals to make sure they were providing care which met people's health needs.

Staff had the right skills, experience and support to meet the needs of people who used the service. Staff worked well as a team and supported people to lead independent lives. People were provided with a balanced diet with a choice of meals.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People's medicines were managed safely and effectively. Accidents and incidents were investigated.

The service had a clear management and staffing structure in place. The provider had quality assurance systems in place to monitor the quality and safety 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
The last rating for this service was Good (published 14 March 2017)

Why we inspected
This was a planned inspection based on the previous rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Bath Road on our 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.

Bath Road

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 checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team
The inspection was carried out by one inspector.

Service and service type
Bath Road 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.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. 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 used this information to plan our inspection.

During the inspection
We spoke with three people who used the service, the registered and service manager and four members of staff.

We reviewed a range of records. This included two people's care records and their medicines and associated medicine records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including audits

After the inspection
We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We received feedback from one relative. We sought the views of six health and social care professionals who visited the service, however, on this occasion we did not receive their feedback.

Good

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. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- People said there were plenty of staff working at any one time and there was always someone to talk with or help them.
- People could go out independently, but required different levels of general daily living support. Two of the four staff we met said staffing levels could be better at the weekend as usually the registered and service manager did not work and there was no cleaner. They told us there was lots of records to maintain and to also clean the communal areas took time. Staff had not yet shared their views with the registered manager but were happy for us to feed their comments back to the registered manager.
- The registered manager confirmed they would look at the amount of records staff completed and would talk with the staff team about prioritising tasks on shift and ensuring staff spent time with people. They also informed us that there were two new staff going through an induction which would help the team as less agency staff would be used. With people happy with staffing levels we found no evidence that at the weekends people did not have enough staff support.
- The registered manager confirmed the recruitment checks had not changed since the last inspection. The recruitment records we saw showed the provider followed safe recruitment practices to ensure staff were suitable to work with adults at risk. Some of the recruitment records were kept at head office and the registered manager told us they would obtain copies of all recruitment documents to keep in the service.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living in the service. One person told us, "I feel safe living here as always staff here."
- Staff received safeguarding training. They knew how to identify and escalate any safeguarding concerns and told us they would report issues to their line manager. One staff member said, "I would report concerns to my manager and we fill in incident forms."
- The registered manager was aware of reporting any safeguarding concerns to the local safeguarding team and to the Care Quality Commission.

Assessing risk, safety monitoring and management

- Risks to people, such as risks surrounding smoking, risk to themselves or others and other individual needs were assessed and recorded. Information was clear for staff to know what the possible triggers were for people and how staff could support people to minimise the risks occurring.
- There were systems in place to manage risk surrounding the environment. We saw evidence of a number of checks, carried out internally and by external professionals, on areas such as, fire, water and equipment.

Using medicines safely

● Medicines were managed safely. There were safe systems for the receipt, storage, administration and disposal of medicines. Those medicines we counted were correct and matched the quantity recorded on the medicine administration records.
● People talked about the medicines they had been prescribed. They said they were happy staff gave them their medicines as they could forget to take them. One person commented, "I know the medicines I am on. I don't feel ready to look after them myself."
● Staff had been trained in administering medicines and their competency checked. The provider had a medicine policy in place which guided staff on how to administer and manage medicines safely.

Preventing and controlling infection
● The service had a cleaner during the week who used colour coded cleaning equipment to prevent cross infection.
● Staff received infection control training and had access to personal protective equipment such as gloves. The environment was fresh, clean and free of any unpleasant odours.

Learning lessons when things go wrong
● The provider had a system to record accidents and incidents. The registered or service manager checked these records to ensure appropriate action was taken.
● The management team and provider ensured the work practices had been reflected on when things could be improved. Action plans were developed when there were areas for improvement. For example, when an external fire company visited the service in 2018, the registered manager developed an action plan to record what needed attention and when improvements had been made.

Good

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. This meant 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 and identified prior to them moving into the service. We saw information from the referrer and the registered manager met with the person who might move into the service to ensure their needs could be met. However, the registered manager had not used the provider's pre-admission assessment. Following on from the inspection, the provider sent us the pre-admission assessment that should be used and confirmed this will be completed for any new referrals. The assessment was in line with best practice and would enable the assessor to clearly record people's needs and outcomes.
- People told us they had been a part of the assessment and admission process and felt involved in moving to the service.
- People's care plans gave staff information in areas such as people's background history, likes and dislikes, healthcare needs and how people would like to be supported.

Staff support: induction, training, skills and experience

- There were systems in place to support new and existing staff. Staff confirmed they received an induction to the service when first working with people and records confirmed this. Staff explained they had spent time observing experienced staff before working unsupervised.
- Staff continued to receive a range of training to meet people's needs. One staff member said the training was, "Useful." Some training was specific to the needs of people using the service. For example, we saw two staff were studying for a level three apprenticeship in mental health and the staff team had recently received face to face training on oral health awareness as there was new national guidance on this subject.
- Staff were supported through regular one to one and group supervision. Staff said these meetings were "Good" and they could talk about work and their roles.

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

- People were involved in decisions about their nutrition. People were supported to eat healthily, and staff cooked the evening meal where people all sat together to socialise.
- Staff helped people, if they were interested, to learn to cook their own meals. This was particularly important if people were moving on to more independent living.

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

- People were supported to access healthcare resources which included attending appointments. One person confirmed, "Staff come to my appointments to help me."
- People's care and support was planned and coordinated when people moved between different services.

● The registered manager worked closely with the multi-disciplinary team who supported people to ensure any issues were discussed in a timely manner. Regular meetings took place to build positive working relationships and to ensure referrals to external professionals were made as and when necessary.

Adapting service, design, decoration to meet people's needs
● Bath Road had several communal areas including a garden for people to be with others. We saw people sitting in the smoking area chatting during the inspection.
● People could lock their bedrooms for privacy and could personalise bedrooms as and when vacant rooms became available. One person said they liked their bedroom and that staff checked it with them to ensure it was clean.
● Although people did not have their own private bathrooms, those we viewed were clean, bright and accessible for people. This included a bath and walk in shower room so that people had a choice.

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 when this is in their best interests and legally authorised under the MCA.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

● People told us staff respected their rights to make their own decisions. One person said, "I can choose what I want to do."
● Staff had undertaken training about the MCA and DoLS and were aware of how to apply this legislation. Staff were clear they gave people choices and respected people's decisions.
● People were visited by an independent mental capacity advocate (IMCA) if they had a DoLS in place. The registered manager was fully aware of their responsibilities to review if people needed to be assessed by the relevant professionals. This was to ensure people's rights were protected and their safety considered.

Good

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. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were positive about living in the service and confirmed staff were supportive and friendly. Comments included, "Staff listen and respect you" and "Best thing about here is you can do what you want, you have freedom."
- A relative was happy with the care their family member received. They told us, "Overall the care for [person] I am happy with."
- Interactions we observed between staff and people were courteous, patient and kind. Staff spent time talking with people and answering their questions.
- Staff told us they respected people's differences and provided them with person-centred care that reflected their protected characteristics. For example, staff supported a person in going to church. The Equality Act 2010 introduced the term "protected characteristics" to refer to groups that are protected under the Act. It is unlawful to treat people with discrimination because of who they are.

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

- People were involved in the development of their care plan and met regularly with their keyworker (named member of staff). This enabled them to speak about any issues and discuss any areas where they needed support.
- People were involved in the meetings held in the service. One person confirmed, "Resident meetings are held, and I can speak up if I need to."
- People attended review meetings held with the community mental health team, so their views could be listened to and taken into account. This enabled people to feel they were a part of making decisions about their lives.

Respecting and promoting people's privacy, dignity and independence

- Staff respected the privacy and dignity of each person and people gave us examples of they how they did this. People confirmed staff always knocked before entering their bedrooms and gave them space when they needed it.
- Staff explained how they respected people were different and had varied needs. One staff member said they aimed to, "Help build people's confidence." Staff understood some people required more assistance with daily living skills whilst other people needed minimal prompting and motivating to engage in daily tasks.
- Staff encouraged people to be as independent as they wanted to be. The registered manager told us staff had worked with one person to develop their confidence and skills. This included managing their own

medicines and volunteering. The person over a period of time gained enough experience and skills to move out of the service and live a more independent life.

Good

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 now remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People confirmed they had seen and understood their care plans. One person said, "I have seen my support plan and it tells staff what to do."
- We viewed a sample of daily progress records and saw staff were frequently recording what people were doing each day, but this was mainly task focused. The registered and service manager acknowledged this could be improved. The provider's head of Care Quality Commission registered services for the South region confirmed to us that daily records were being reviewed to include more person centred information.
- There were regular reviews of people's care records and review meetings were held to ensure the staff continued to meet people's needs. Relatives confirmed they were involved with the person's care and could speak with staff if they needed to.
- Staff clearly understood people's right to express how they wanted to be supported. People had capacity to give their opinions on how they wanted to lead their lives. People told us they knew staff were available to help them manage day to day life.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's care plans noted people's communication needs. For example, in one person's care plan it was recorded that, 'Staff need to talk slowly' to ensure the person could understand what staff were saying.
- Information could be amended to ensure people understood written information. The registered manager described where one person required a pictorial version of fire evacuation to remind them how to respond in the event of a fire.

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

- To avoid social isolation people were supported to maintain contact with their relatives and friends. Two people spoke about seeing their family on a regular basis. One person commented, "My family take me out twice a week which I enjoy."
- People we met said they didn't want to engage in adult education or do any voluntary work. All seven people living in the service could go out without the support of staff. One person said they liked going out on the buses and browsing around charity shops, whilst another person said they enjoyed watching television.
- Staff recognised there was always the need to encourage people to engage in activities and access

community places. Some people needed more prompting than others and the staff team knew which people needed more help with daily life. We saw photographs of where people with staff had gone on a train for a day out to the seaside. People told us they had enjoyed this trip out.

Improving care quality in response to complaints or concerns

● People told us they knew how to complain but they had no reason to do so. They told us they would talk with staff, in particular the registered manager if they were unhappy about something.

● The provider had systems in place to record complaints and address them in a timely manner.

End of life care and support

● At this inspection no one was receiving end of life care. Should someone require end of life care, the registered and service manager would work with the relevant external professionals to see if they were able to meet such needs.

● If people wanted to, they could develop with staff an advance healthcare directive. This specifies what actions should be taken if the person was no longer able to make decisions for themselves because of illness or incapacity.

Good

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

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People were complimentary about the running of the service. One person commented, "The manager is very good, I can easily talk to her."
- The registered and service manager were committed to continuing to provide a person-centred service that valued and respected people and their rights.
- Staff were passionate about supporting people to lead a varied life. One staff member said, "I love working with people." They saw their role as advocating for people to achieve their goals.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider met their responsibilities in relation to duty of candour. Duty of candour requires that that providers are open and transparent with people who use services and other people acting lawfully on their behalf in relation to care and treatment.
- Services that provide health and social care to people are required to inform the Care Quality Commission (CQC), of important events that happen in the service. The registered manager was aware of their responsibilities and had systems in place to report appropriately to CQC about reportable events.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The registered manager had been in post over two years and were supported by a service manager and a head of CQC registered services for the south region. There was a clear management and staffing structure and staff were aware of their roles and responsibilities.
- There were effective quality assurance systems in place. These included, audits of care plans, medicine records and health and safety. These provided an overview to ensure improvements were made where necessary. Additional audits were carried out by the provider's quality team and they reported on their findings so the registered manager could act on any areas identified for improvement.
- The registered manager promoted continuous learning, they held meetings with staff to discuss work practices, development needs and staff's well-being. They had arranged for professionals to visit staff to talk about areas for example, the forthcoming changes with legislation on the Deprivation of Liberty and Mental Capacity Act. Also, a community healthcare professional had visited staff to talk through best practice when supporting people with their oral hygiene.

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

● Group, one to one meetings and satisfaction surveys were offered for people to engage in, so they could give their feedback on the quality of the service. Some people were more involved than others, but all had the chance to contribute their views.

● Where people had relatives, they were involved in supporting people and one relative confirmed, "I find the staff very friendly, and the manager very helpful if I have any issues."

● Staff said they all worked well as a team. Although they told us improvements could be made to the amount of time they spent on record keeping, they did feel listened to and were confident in sharing their opinions with the registered manager. One staff member said, "The service manager is also available to ask questions."

Working in partnership with others

● The staff team worked in partnership with key organisations including the local community mental health trust that commissioned the service, the GP practice and other health and social care professionals to provide joined up care.

● The registered manager attended meetings with other managers to share best practice and identify if improvements could be made to Bath Road.