National Schizophrenia Fellowship

Sheffield Crisis 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?	Good

Overall summary

The inspection took place on 10 November 2015, and the inspection was unannounced. There were no breaches of relevant legal requirements at the last inspection of the service in March 2014.

Sheffield Crisis House provides short term accommodation for people experiencing a mental health crisis. People can access the service usually for up to a maximum of seven nights, however if treatment plans require a longer period this can be negotiated between the service and their providers. Staff provide 24 hour emotional and practical support to help people through their crisis. The service has six bedrooms (one has been adapted to support the needs of individuals with mobility problems). The bedrooms are provided over three floors of the building.

The home has a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Summary of findings

The staff of the service had access to the organisational policy and procedure for protection of adults from abuse. They also had the contact details of the authority in which the service is located.

The members of staff we spoke with said that they had received training about protecting children and adults from abuse which we verified on training records and staff were able to describe the action they would take if a concern arose.

We found there were the designated number of staff on during our visit, this helped to ensure that

staff were working with people who they had come to know and could quickly identify any changes to people's care and support needs.

We saw that risks assessments associated with people's day to day care, for example if someone was at risk of self-harming behaviour, were compiled and regularly reviewed and included what action should be taken to minimise these risks.

We saw there were policies, procedures and information available in relation to the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) to ensure that people who could not make decisions for themselves were protected. However due to the short term placements for people at the service when they are in crisis it may not be appropriate to make any DoLS applications for them.

People were supported to maintain good health. Staff are available and accessible on duty at the service 24 hours a day. Staff told us they felt that healthcare needs were met effectively and this was confirmed by a local GP who regularly visited the service.

The people that used the service praised staff for their caring attitudes. The care plans we looked at were based on people's personal needs and wishes. They had all been developed to meet the specific needs for everyone that used the service and were very person centred.

People's views were respected as was evident from conversations that we had with people using the service, relatives, visitors and staff. We saw that staff were involved in decisions and kept updated of changes and were able to feedback their views. The provider carried out regular reviews of the service and sought people's feedback on how well the service performed and outlined any the areas of improvement that were necessary to maintain the quality of the service

Summary of findings

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.

Staff demonstrated the necessary awareness of what to look for and to do if anyone using the service was at risk of abuse or harm.

People's safety and any risks to them were identified and reviewed and action was taken to minimise any potential risks that people faced.

The service had suitable numbers of care staff on duty throughout each day to maintain safe care.

People using the service are encouraged to administer their own medication within any risk assessments that this may require.

Good

Is the service effective?
The service was effective.

Staff received regular training, supervision and appraisal to ensure they had the skills and knowledge to meet the needs of people using the service.

People's consent to receiving care was obtained prior to any care task taking place, which we observed.

People were assisted to maintain a healthy diet and were able to exercise choice in what they ate or drank.

Healthcare needs were responded to effectively and effective arrangements were in place to obtain specialist mental health and general medical advice as and when required.

Good

Is the service caring?
The service was caring.

Throughout our inspection, staff were observed talking with people in respectful calm and dignified ways. We saw that when staff were providing assistance this was always explained, for example when assisting them with medication and preparing drinks.

People felt that they were cared for and had a good degree of trust with the care staff.

Good

Is the service responsive?
The service was responsive.

We found that people were engaged and involved in routine decision making for themselves and if they wanted to get involved with other people, or remain in their own rooms.

People's views, comments and complaints were listened to and received the appropriate response.

Good

Is the service well-led?
The service was well led.

Good

Summary of findings

The provider had a system for monitoring the quality of care. Surveys were carried by the service when people were discharged from the service.

The comments made by people using the service, visitors, stakeholders and staff demonstrated that people were satisfied with the service and the way that it operated. They also stated that the systems for the service were always open and transparent.

Sheffield Crisis House

Detailed findings

Background to this inspection

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

This inspection was unannounced which meant that the provider and staff did not know we were coming. The inspection was carried out by an adult social care inspector. We looked at notifications that we had received and communications from people that used the service and other professionals, such as the local authority safeguarding and commissioning teams and the local specialist NHS Trust nursing team.

During our inspection we also spoke with four people using the service, four visiting professionals to the home, three members of the care staff, the registered manager of the service and the area manager for the home.

As part of this inspection we looked at four people's care plans. We looked at the recruitment, training, appraisal and supervision records for the staff team. We reviewed other records such as complaints information, quality monitoring, audit information, maintenance, safety and fire safety records.

Good

Is the service safe?

Our findings

All of the people we spoke with who lived at the home told us they felt safe. For example, one person said, “They (the staff) are all amazing people, I have a very nice room, it is like a five star hotel here.” Another person said, “I’m well cared for and I have felt safe here.”

A professional visitor to the home told us, “The people that are admitted here are having a crisis in their mental health and the service helps to keep them safe and support them until they are fit enough to move home or be admitted into hospital or alternative accommodation.” Another person said that, “The home provides a safe, wonderful environment.”

A tour of the premises evidenced that the home was clean and any risks to people that used the service were minimised within clear risk assessments. The staff had clear rotas detailing their responsibilities to maintain a safe and clean environment.

People told us they were free to move around the home, which we saw during our visit. One person that used the service said, “It’s just like living at home without all of the problems there!”

People thought there were enough staff available to support them with their needs and the staffing levels at the home had not changed since our previous inspection. On the day of the site visit interviews were taking place to further employ additional members of staff to support the service.

The service had access to the organisational policy and procedure for protection of children and adults from abuse. They also had the contact details of the Local Authority Safeguarding team in which the service was located.

The members of staff we spoke with said that they had training about protecting people from abuse and they were able to describe the action they would take if a concern arose. Training records and interview with management and staff identified that initial safeguarding induction training had been provided when they started to work at the service, which was then followed up with periodic refresher training. When we looked at staff training records we found that this was happening and that staff who were overdue for refresher training had been identified for this training to be arranged as a priority.

At the time of this inspection there were five safeguarding concerns which had been recorded. We found that where concerns had arisen that these were responded to properly and approrate action had been taken where necessary.

During our inspection we looked at four care plans. We found individual risk assessments for self-harm, harm to others, alcohol and drug use had been carried out for each person. Risk assessments were being reviewed regularly. If a person had been re-admitted to the crisis service all of their paperwork and risk assessments were updated to ensure that they were accurate.

We saw that people were supported with their medicines and these were stored securely in safes in their individual rooms Staff had received medication training and although they don’t administer prescribed medication at the home they do encourage and support the people that use the service to take their medication safely. Each personal bedroom has a lockable safe to store their medication in, they have a four number key entry, the person using the room picks two numbers and the staff pick to and these are not shared, this enable the staff to make sure that medication is stored safely and cannot be mistaken, or be misused.

Staff informed us that there was no covert administration of medicines. Each person’s medicines administration was reported accurately and appropriately. There were no controlled drugs at the service at the time of the inspection.

The most recent infection control audit, carried out by the provider showed the service operated well in keeping people safe from the risk of infection. During our visit we checked the communal areas of the home which were all clean and well maintained. We saw records of health and safety checks of the building and the appropriate certificates and records were in place for gas, electrical and fire systems. The provider had emergency contingency plans for the service to implement should the need arise.

Good

Is the service effective?

Our findings

On the day of the site visit people who used the service we spoke with talked positively about the service. Once person said, "Amazing group of people (staff) here when I didn't think it was possible."

We saw that staff asked people for their consent before carrying out care tasks. People told us that interaction with them by staff was good and we saw this during our visit. The care plans that we looked at also showed that people who used the service had signed to agree to their care and support plans.

The service did not provide meals to people that used the service, however the staff encouraged people to prepare their own meals and drinks to support their independence and motivation to care for themselves in a healthy way. There was a shared kitchen at the home that all of the people had access to. Staff would support people to buy the food that they want while they were resident at the home.

We looked at records which showed that staff received regular training, supervision and appraisal to ensure they had the skills and knowledge to meet the needs of people using the service. Staff attended regular training which included infection control, safeguarding children and adults, moving and handling, equality and diversity, safe handling of foods and fire safety. Many of the staff training records showed that they also had degrees in Psychology and Social Work.

All of the staff that worked at the service had been registered to complete the Care Certificate. Staff were positive about the range of training opportunities available to them.

Staff interviews and records showed that they had received supervision four times a year. When we looked at a sample of the staff supervision records this supported the evidence that this had taken place. The staff we spoke with found this time helpful in support of their work and had a good understanding of the aim of supervision.

Staff had an understanding of their responsibilities under the Mental Capacity Act 2005. The MCA (Mental Capacity Act 2005) is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people's best interests.

Deprivation of Liberty Safeguards (DoLS) are part of this legislation and in place so that where someone is deprived of their liberty they are not subject to excessive restrictions. Senior staff were also aware of the Deprivation of Liberty Safeguards. The care staff we spoke were able to tell us what these areas meant in terms of their day-to-day care and support for people.

Due to the short term crisis nature for admissions to the service no Deprivation of Liberty Safeguards decisions had been approved for people using the service.

We observed people that used the service preparing their meals, one person said, "I like cooking I was a chef for 17 years, tomorrow I think I will cook a meal for everyone if they want, don't know what but will have to go out and buy the ingredients."

The home was periodically visited by the local authority in partnership with the local NHS trust specialist mental health nursing teams. This team visited the home to admit new people and to make sure that the correct care plans and support pans were implemented.

Staff were on duty at the service 24 hours and the service was regularly visited and supported by the local mental health teams. Discussions with the management of the service also identified that they also had good contacts with GP's and local general health teams to support any physical health problems for people that used the service.

The service had also recently developed a series of coffee and cake mornings at the service, the managers explained that this was to encourage people that had previously visited the service to contact them and gain any further support that they may require either because of social isolation, or their anxieties of living independently in the community. The first of these was to take place at the service the day following our site visit (11 November 2015).

The service had developed governance meetings. These include involving other professionals that were involved in the service and people that use the service were also invited to the meetings to allow them to air their views. The management of the service stated that they use these meetings to identify any improvements that were required to make peoples experience of the service more positive.

Good

Is the service effective?

We spoke with the professionals that visited the home and they told us they thought that staff worked well and that staff were respectful and very responsive and confident in the answers to questions that were asked.

Good

Is the service caring?

Our findings

People spoke very positively about the care they received and about the care staff in general. A visitor to the service stated, “The service is much improved since it first opened, staff are very good and understand how to work with people with experiencing a mental health crisis.” A person that used the service stated, “The staff are wonderful, a dream, I couldn’t wish for more.” Another person said, “They are never judgemental.”

We saw that care delivered was of a kind and sensitive nature. Staff interacted with people positively and used people’s first name. Dignity and privacy were seen to be respected and people living at the home, and outside professionals said they experienced privacy and dignity in all of their interactions with people that used the service. Opportunities to exercise choice were evident; this was supported through direct observation and observation of care plans and risk assessments.

Care plans we viewed provided the opportunity for people, and relatives, to tell staff about their life history and this was added to whenever new information was provided. We found that care plans showed the degree of involvement that each person had with reviewing their care needs.

Each person had their own room, which could be individually personalised by bringing in ornaments and pictures, it would not be possible for people to introduce their own furniture due to the short term placements at the service. The management stated that if individuals required specialised equipment during their stay at the service this would be provided. The home was decorated with pictures that people that used the service had completed as part of their therapy and rehabilitation plans.

The care staff worked twelve hour shifts, four days on and four days off. This helped to maintain a consistency for people that were admitted to the home and enabled them to build up good supportive relationships with the staff.

People’s religious, cultural and personal diversity was recognised by the service. The home had links with local places of worship. In the main hallway of the home the service provided a wide range of information leaflets for the Sheffield area including maps and places of interest.

Good

Is the service responsive?

Our findings

Professional visitors were present at the service for most of our inspection and we saw that they were made to feel welcome.

People told us that they do not have televisions in their own rooms; however there was a television in the main lounge. They said, “It’s like home and if I want to go to my room I can relax better if there isn’t a television there.” There were games and activities available at the service if people wanted to use them to divert their thoughts and help with their recovery.

A visitor to the service said, “It’s more important when someone is in crisis with their mental health to provide a safe and supportive environment.”

When we asked people about concerns or complaints we were told, “I’ve got nothing to complain about’, another person said ‘If I was unhappy about something would talk to the staff.” People were confident that if they raised any concerns they would be listened to and would be acted on.

We looked at four care plans and we saw that prior to the admission of people to the home, a detailed care needs assessment had been carried out. This meant that the registered manager and the care staff could be sure the needs of the individual would be met at the home, before offering them a place. In addition, the assessment process meant that staff members had some understanding of people’s needs when they began living at the home.

The care plan format provided a framework for staff to develop a care plan tailored to people’s individual needs and were very person centred. The format made it possible to see the most important information about current and most immediate needs. There was documentary evidence that supported if the people that used the service had previously spent time there, then all of their care plans and risk assesments would be updated for the new admission to the service.

People’s individual care plans included information about life history, communication, risk assessments and guidance about how personal care should be provided. The care plans provided evidence of effective joint working with community healthcare professionals. We saw that staff were proactive in seeking input from professionals such as medication advice and deteriorating mental or physical health problems. and to ensure people received safe and effective care.

On the day of the site visit we observed two telephone calls to the service where people wanted information about people that they thought were resident at the service. Both members of staff dealing with these issues confirmed that they could not disclose any information as they could not confirm who was calling and authority from the people in the home had not been obtained to share their information and to maintain confidentiality.

It was evident from the comments that were made by people living at the home and other visitors that they knew how to complain and felt confident that they would be listened to. We looked at the complaints records since the last inspection. No complaints had been received by the service since that time. On the contrary there were many contacts letters and cards to the service thanking them for their support and professional care and praising the quality of care and the overall service provided.

One person told us, “It doesn’t matter even if it’s in the night, the staff are busy but stop whatever they are doing to talk to you and help you nothing is too much trouble for them.”

The mobile phone reception in the local area was poor. Therefore the service provided a cordless telephone landline so that the people that used the service could maintain contact with their families, friends, and carers

Good

Is the service well-led?

Our findings

People living at the home told us, “All the staff are very good and everyone even the managers make themselves available when you need them.”

Another person that used the service stated, “I’m very happy with this place, this is the best one I have seen, it’s the first crisis house I have been in but I have seen my sister in lots of them.”

There was a clear management structure in place and staff were aware of their roles and responsibilities. Staff felt comfortable to approach the registered manager and senior staff. We were told by staff that, “We are always talking, so keep up to date with everything in the home.”

We found that there was clear communication between the staff team and the managers of the service. People’s views were respected as was evident from conversations that we had with people and those that we observed.

The provider had a system for monitoring the quality of care. On discharge all people that used the service were given a survey to complete, in packs in their individual rooms they also had copies of the services complaints system. This included action to be taken to address any shortfalls in the expected level of performance of the service. The management of the service stated that these surveys would in the future be also sent to obtain the views from stakeholders were also gathered although this was a more continuing basis this would include the local NHS trust nursing team, social workers and the local authority that had regular contact with the home. Currently this was gained verbally when they visit the service, however it would be progressed to the new more formal level of recording views through surveys. This would make improvements easier to identify.

We looked at examples of some of the systems in place for monitoring the service such as weekly ligature assessments, cleaning, equipment checks, fire systems and health and safety.

The provider had an organisational governance procedure which was designed to keep the performance of the service under regular review and to learn from areas for improvement that were identified.

A professional visiting the service stated, “I can’t think of any way in which the service needs to improve.”

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

This section is primarily information for the provider

Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.