

# National Schizophrenia Fellowship Herbert 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 ●

# Summary of findings

## Overall summary

### About the service

Herbert House is a residential care home providing accommodation and personal care to 13 people with support needs related to their mental health. The service can support up to 15 people.

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

People were happy with the support they received and felt safe living at Herbert House. Staff knew what to do to keep people safe and were confident any concerns would be taken seriously.

Risks to people's well-being and safety were assessed, recorded and kept up to date. Staff supported people to manage these risks effectively. People were supported to manage their medicines safely.

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 were supported to develop support plans that were specific to them. These plans were regularly reviewed with people to keep them up to date.

Staff respected people's privacy and dignity.

People were supported to maintain a good diet and access the health services they needed.

The registered manager provided good support for staff to be able to do their job effectively. The provider's quality assurance processes were effective and had resulted in improvements to the service.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was requires improvement (published 8 January 2019).

### Why we inspected

This was a planned inspection based on the previous rating.

### Follow up

We will continue to monitor information 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?

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.

# Herbert House

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We 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 completed by one inspector.

#### Service and service type

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

The 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.

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 all of this information to plan our inspection.

#### During the inspection

We spoke with seven people who used the service about their experience of the care provided. We spoke with three members of staff and the registered manager.

We reviewed a range of records. This included three people's support records and multiple medicine records. A variety of records relating to the management of the service were reviewed.

After the inspection

We received written feedback from a community psychiatric nurse who had contact with the service.

# 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 requires improvement. At this inspection this key question has improved to good. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

At the last inspection action was needed to ensure risks were assessed and managed effectively. Improvements had been made at this inspection.

- Risk assessments were in place to support people to be as independent as possible. They balanced protecting people with supporting them to maintain their independence. Examples included support for people to manage the risk of self-harm, smoking and fire risks and risks when accessing the community independently.
- People had been involved in assessing risks and their views were recorded. Staff demonstrated a good understanding of these plans and the actions they needed to take to keep people safe.
- Assessments had been updated and communicated to staff when people's needs changed.

### Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe at Herbert House. People knew how to raise concerns if they did not feel safe about anything and told us action was taken where necessary.
- The service had effective safeguarding systems in place. Staff had a good understanding of what to do to make sure people were protected from harm. Staff had received regular training in safeguarding issues.
- Staff were confident the registered manager would take action to keep people safe if they raised any concerns. Staff were also aware of how to raise concerns directly with other agencies if they needed to. Staff told us safeguarding was regularly discussed at team meetings and in their one to one meetings with the registered manager.

### Staffing and recruitment

- There were enough staff to meet people's needs. People told us staff were available to provide support when they needed it.
- Staff told us there were enough of them to be able to provide the support people needed.
- Effective recruitment procedures ensured people were supported by staff with the appropriate experience and character. This included completing Disclosure and Barring Service (DBS) checks. A DBS check allows employers to check whether the applicant has any convictions or whether they have been barred from working with vulnerable people.

### Using medicines safely

- Medicines were securely stored and people were supported to take the medicines they had been prescribed.
- People were supported to manage their own medicines where safe to do so. The provider used an

assessment process to determine the level of support people needed with medicines. This gradually built up people's level of independence.

- Medicines administration records had been fully completed. These gave details of the medicines people had been supported to take.
- Staff had received training in safe administration of medicines. Their practice had been assessed to ensure they were following the correct procedures.

#### Preventing and controlling infection

- Staff were trained in infection control and demonstrated a good understanding of the systems in place.
- The home was clean and staff were observed following good hygiene practice.

#### Learning lessons when things go wrong

- Incidents were recorded and had been reviewed by the registered manager. Actions included referrals to external health and social care professionals where necessary and changes to people's support plans. As a last resort the registered manager had given notice to people, when they were no longer able to safely live at Herbert House. This had been done in conjunction with the mental health teams to ensure people received on-going support.
- Staff took part in debriefing sessions where necessary following incidents. These were used to reflect on incidents and assess whether different actions would have resulted in better outcomes for people.

# 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 before they moved into the home to ensure they could be met. Assessments were completed with input from relevant specialists, including the community mental health team and hospital teams.
- People were supported to set goals to help them develop their skills and become more independent.
- People told us staff understood their needs and provided the right support for them.

Staff support: induction, training, skills and experience

- Staff said they received good training, which gave them the skills they needed to do their job. The registered manager had a record of all training staff had completed and when refresher courses were due.
- New staff spent time shadowing experienced staff members and learning how the home's systems operated as part of their induction.
- Staff completed assessments to demonstrate their understanding of training courses.
- Staff had regular meetings with their line manager to receive support and guidance about their work and to discuss training and development needs. Staff told us they received good support.

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

- Most people were supported to shop for food and prepare their own meals, to maximise their independence. People received a food budget and were supported to plan meals that provided a balanced diet.
- Where people needed support to prepare meals, staff did this with them. People were supported to make choices about the meals staff prepared and to follow any specific diets. People told us the food was good.

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

- The service had systems in place to plan referrals to external services and to maintain care and support. Staff worked with local health services to ensure people received the support they needed. Examples included their GP, dentist, psychiatrist and mental health nurses.
- People told us they were able to see their doctor and other health professionals when needed.
- Staff had recorded the outcome of appointments in people's records, including any advice or guidance. These were discussed with people during regular key working sessions to ensure people understood the outcome of appointments.
- A community psychiatric nurse told us the service worked very well with them, providing effective support



to meet people's needs.

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

- People were involved in decisions about the premises and environment. People said they were able to decorate their rooms to their individual taste. One person said they had been provided with a ground floor room to meet their specific needs.
- The registered manager told us there were plans to make improvements to some of the communal areas of the home. People were involved in making decisions about these changes.

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.

- At the time of the inspection everyone using the service had capacity to consent to their care and treatment.
- People told us staff respected their rights and gained consent before providing any support. We observed staff working in this way during the visit.
- Staff had received training in the MCA and demonstrated a good understanding of its principles.

# 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 treated with kindness and were positive about the staff's caring attitude. Comments from people included, "Staff have the right attitude, they're supportive" and "The staff are excellent. It's very good here."
- We observed staff interacting with people in a friendly and respectful way. Staff responded to requests for support. Staff were aware of people's different needs and responded to them in an individual way.
- People's diverse needs, such as their cultural or religious needs, were reflected in their support plans.

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

- Staff supported people to make decisions about their support. There were regular individual meetings with staff, where people expressed their views and set out what they wanted to happen. This information was used to support people to develop individual support plans.
- Staff had recorded important information about people, including personal history, plans for the future and important relationships. Staff demonstrated a good understanding of what was important to people and how they liked their support to be provided.

Respecting and promoting people's privacy, dignity and independence

- People were supported to be as independent as possible, including support to manage their medicines independently, access community facilities and manage household tasks.
- Staff ensured personal information was securely stored and were careful to ensure sensitive information was discussed discreetly.

# 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 requires improvement. At this inspection this key question has improved to good. 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

At the last inspection action was needed to ensure support plans were always kept up to date.

Improvements had been made at this inspection.

- People had clear support plans, which set out how their individual needs should be met. The plans were specific to people and contained detailed information for staff. People regularly met with their keyworker to review their plans. Plans included goals people were working to achieve and had been updated where needed.
- Staff knew people's likes, dislikes and preferences. They used this detail to provide support for people in the way they wanted. A community psychiatric nurse told us, "The staff there really tried hard and worked in creative ways to help and engage people."
- People were supported to make choices and have as much control and independence as possible.

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.

- Staff had identified people's communication needs and included them in the support plans.
- Staff provided assistance where necessary for people to access written information.

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 were supported to take part in a range of activities they enjoyed. Examples included social groups, in-house activities and trips out. The registered manager told us they were working with a similar nearby service to try to increase people's opportunity for socialising and prevent isolation.
- The registered manager had established links with local community groups and was planning to start work with people in developing the garden.
- People were supported to maintain relationships with family and friends. This included supporting people to travel to visit and keep in contact through phone and email.

Improving care quality in response to complaints or concerns

- People told us they knew how to make a complaint and were confident any concerns would be dealt with. The complaints procedure was given to people when they moved into the service and was displayed on a

noticeboard.

- Records demonstrated complaints had been investigated by the registered manager. Complainants had been given a response, setting out the actions that had been taken to resolve their issue.

End of life care and support

- The service was not providing support to anyone at the end of their life. The needs assessment process when people moved into the service highlighted any specific needs or wishes they had.

# 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 requires improvement. At this inspection this key question has improved to good. This meant 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; Continuous learning and improving care

At the last inspection improvements were needed to ensure there was a registered manager in post and the service was consistently managed.

Improvements had been made at this inspection.

- There was a registered manager in post, who had provided consistent management of the service over the previous year. Staff were positive about the changes, with comments including "It's better now there is stable management. We are getting back to where things were and we can see the improvements" and "We are in a much better place than last year, with consistent management and clear direction."
- The provider had effective quality assurance systems in place. These included, reviews of support records, medicine records, support plans, staff records and quality satisfaction surveys.
- The provider had a quality team, which was used to assess the service provided. This had included a comprehensive assessment of the service in line with the inspection process.
- The results of the various quality assurance checks were used to plan improvements to the service.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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 registered manager had promoted a person-centred approach in the service. This was evidenced through the content of staff meetings, supervision, appraisals and the training staff received.
- Staff praised the registered manager and told us the service was well run. Comments included, "We have good support from [the registered manager]" and "They manage the service well. They are thorough and always willing to help us out."
- The registered manager had a good understanding of their responsibilities under the duty of candour.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The service involved people effectively in a meaningful way. The registered manager responded to issues raised in quality surveys and let people know what action they had taken.
- The registered manager had established links in the local community to support people to increase their social opportunities. People were supported to be active members of their community and participate in local events.
- The provider was a member of relevant industry associations to ensure they were updated in relation to

any changes in legislation or good practice guidance.