

# National Schizophrenia Fellowship

## 148 Hornsey Lane

### 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

148 Hornsey Lane provides residential care for people who live with enduring mental health issues. The service can accommodate up to 12 people with mental health difficulties. . There were 12 people using the service at the time of this inspection.

The service transitioned early last year from the previous provider to National Schizophrenia Fellowship under the name Rethink.

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

People felt safe. There were processes in place to safeguard people from abuse. Risks to people's safety were assessed and reviewed. There was guidance for staff to follow to know how to keep people safe from harm. Staff understood their responsibilities and could recognise and report abuse.

Recruitment checks were carried out prior to care workers being employed by the service and we verified this.

We saw that risk assessments concerning people's day to day mental health and other support needs were detailed and were regularly reviewed. There were clear descriptions of potential risks and information for staff about action to be taken to reduce risks and how to respond if new risks emerged. The service liaised with other community based health and social care professionals in order to minimise and respond to potential risks and to help keep people safe from harm.

We also looked at infection prevention and control measures under the Safe key question. We look at this in all inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

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. The service was applying MCA appropriately. Physical restrictions under DoLS were not applied for at the service as some people using the service were subject to a community treatment order. This would mean that if they did not comply with their treatment in the community, they could be recalled to undergo further treatment on a secure hospital ward if necessary.

People's health care needs were assessed, and the service had included emerging or enduring physical health needs in people's care plans to ensure that potential health care needs were met. Care was planned and delivered in a consistent way in co-operation with community mental health services and other health and social care professionals. Information and guidance were provided to staff about what was expected of them and the procedures used at the service.

The service complied with the provider's procedures to carry out regular audits of all aspects of the service. The provider carried out regular reviews of the service and sought people's feedback on how the service

operated.

The provider worked well to ensure that people were included in decisions about their care. People's views about how the service was run were respected and taken seriously.

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

#### Rating at last inspection

This service was registered with us on 3 February 2022 and this is the first inspection. The last rating for the service under the previous provider was requires improvement published on 6 January 2022.

#### Why we inspected

This inspection was prompted by a review of the information we held about this service.

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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.

# 148 Hornsey Lane

## 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 Health and Social Care Act 2008.

#### Inspection team

This inspection was carried out by one inspector.

#### Service and service type

148 Hornsey Lane is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. 148 Hornsey Lane is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the CQC to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations. At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

Inspection activity started on 12 January 2023 and concluded on 23 February 2023. We visited the care home on 1 and 6 February 2023.

#### What we did before the inspection

We used the information the provider sent us since their registration, and they were in the process of completing a provider information return (PIR) that had been requested shortly before this inspection took

place. This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We reviewed other information we had received about the service since it was registered with the CQC. We took this into account when we inspected the service and made the judgements in this report. We used all this information to plan our inspection.

#### During the inspection

Before the inspection we looked at notifications that we had received and any communications with people, their relatives and other professionals. This included local authority safeguarding and commissioning teams, other health and social care professionals or the police.

We gathered evidence of people's experiences by talking with 4 people using the service. We also observed interactions with people using the service and staff, attended a house meeting, and reviewed records of communication that staff had with people's health and social care supporting professionals. We spoke with the registered manager, deputy manager and 3 members of the staff team as well as the operations manager. We also received feedback from the commissioning local authority.

As part of this inspection we reviewed 4 people's care plans and medicines records. We looked at records of training and supervision for staff. We reviewed other records such as complaints information, quality monitoring and audit information, maintenance, safety and fire records.

# Is the service safe?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff knew what the potential risks of harm were and acted to minimise any untoward event.
- Staff told us they had training about protecting adults from abuse and could describe what action they would take if a concern arose. It was the policy of the provider to ensure that staff had initial safeguarding induction training when they started working at the service, which was then followed up with periodic refresher training. Staff training records confirmed this.
- A small number of concerns about risk to individual people had been notified to CQC since the provider was first registered. These concerns were examined and resolved, and people's ongoing safety had been preserved. No other significant concerns had arisen since the service began providing care.

Assessing risk, safety monitoring and management

- The provider ensured that potential risks that people using the service faced were assessed and action was taken to minimise risk of harm.
- People using the service had person centred risk assessments. The risk assessments covered a range of safety and wellbeing needs, such as eating and drinking, assistance with medicines, moving and handling and environmental risks.
- People's risk assessments included guidance for staff on how to manage and minimise any risks identified.

Staffing and recruitment

- The recruitment procedures ensured that staff members were suitable for the work they were undertaking. Disclosure and Barring Service (DBS) checks had been undertaken for all staff. DBS checks provide information including details about convictions and cautions held on the Police National Computer. This information helps employers make safer recruitment decisions. References had been obtained from previous employers before staff started work.
- We verified that background checks had been carried out on two newly appointed staff, the other staff had originally been employed by the previous service provider.
- We looked at the staff rota for the previous 3 months. The deployment of staff at the home showed that staffing levels were suitable to meet people's needs. This included one to one support being offered to escort people to appointments if necessary and to attend meetings and other activities outside of the home. Support was flexible and took people's needs into consideration. Staff told us that agency staff were used to cover absences, but these were staff that knew the service and people living at the home very well.

Using medicines safely

- The provider and manager ensured that anyone requiring help to take their medicines was provided with support from staff who received training and guidance to do this safely. Staff were assessed as competent to administer medicines before they were approved to do so.
- The medicines policy was detailed and described what action the service would take if medicines support was required.
- A person living at the home told us, "I feel safer taking my medicines as things have got a lot better."
- Consent to support people with medicines and details of the medicines that people were taking were included on care records.
- Care staff had received medicines training as a part of their induction programme, and they were assessed to ensure that they understood how to safely support when assisting people to take their medicines. This included a check of care staff competency to provide safe assistance with medicines.
- Some, but not all, of the people using the service also received depot injections, which are slow release injections of medicines used to alleviate symptoms of mental ill health. These were not carried out by staff as people were independently expected to attend a local clinic that provided these injections or community psychiatric nurses would visit to administer these. The service monitored that people were complying with their medicines regime and liaised with mental health services if this was not occurring.
- Medicines records were audited on a continuing basis to ensure that these were being completed and if any anomalies were identified that these could be quickly addressed.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- The provider had policies and procedures in place in respect of COVID-19 and infection control and prevention. We asked the registered manager about procedures if there should be an outbreak of COVID-19 at the home. They told us in detail about the control measures that would be put into place.
- The registered manager told us that since the service had been operating, they had not so far encountered any difficulties caused by the COVID-19 pandemic.

#### Visiting in care homes

- Visitors were allowed into the home and asked to provide assurance that they were free from COVID-19 infection before entering the home.

#### Learning lessons when things go wrong

- There was a process in place to monitor any accidents and incidents. The registered manager told us these were analysed to identify potential emerging themes for any improvements that may be needed. However, to date, nothing seriously untoward had happened for anyone using the service.



# 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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.
- People's care needs assessments included information about their ability to make independent decisions and what these decisions were about. Care plans included guidance for staff about the decisions that people could make for themselves. Staff members received training about the MCA and had clear guidelines to follow to ensure that they worked in adherence to the act.
- People currently using the service that lacked a degree of capacity to make some decisions for themselves had this information included in their care plan. Everyone living at the home had capacity to make many decisions independently.
- The staff team did not assume what decisions people could make and worked with them around decisions that could be more complicated to make, for example agreement to undergo physical healthcare checks or treatment should that be needed.

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

- The registered manager ensured that detailed assessments of people's needs had been carried out before they started to receive care and support from the service. Care plans were kept under regular review to ensure they remained up to date and reflected people's current care and support needs.
- The assessments considered a range of areas related to common risks as well as those potential risks that may be associated with their daily activities and being out in the community.

Staff support: induction, training, skills and experience

- The provider and registered manager ensured that staff were inducted and trained to support people using the service. The staff induction included working towards the care certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the

health and social care sectors. It is made up of 15 minimum standards that should form part of a robust induction plan.

- Staff training records provided details about which training courses staff had done, and when they did them. Staff attended regular training, for example, safeguarding outcome focused care and support, MCA and DoLS. Staff had a positive view of the way in which they were trained and supported to do their work. A support worker told us, "We get so many different types of training such as mental capacity, training how to use PPE properly and about changes in Covid."
- A programme of refresher training had been established and the registered manager had a system in place for monitoring when this would be necessary.
- Records confirmed that staff had regular supervision with the registered manager or deputy manager. Staff undergoing their induction had supervision more frequently at first then monthly throughout their initial probation period. An ongoing appraisal system was used, and this was used for all staff to assess their performance and development.

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

- The registered manager and staff team ensured that people's nutrition, hydration and dietary needs were assessed and that where support was necessary this was provided. No one presently required physical assistance to eat or drink.
- A person living at the home told us, "I can make sandwiches and snacks by myself when I want but I don't make big meals."
- A chef was employed at the home and we observed them asking people for suggestions for the menu during the house meeting.
- Information about people's eating and drinking needs, diabetes and preferences was included in their care plans. No one using the service currently had any significant issues about nutrition or hydration and this was in any case assessed continually to identify if any concerns may emerge.

Supporting people to live healthier lives, access healthcare services and support

- Care plans contained information about general and more individually specific healthcare needs, for example, diabetes.
- Aside from enduring mental health conditions some people had other physical health issues. People in this situation were supported by staff to manage these healthcare needs and attend check-ups and other appointments as needed.
- During our inspection we observed a volunteer and a support dog visiting, which was evidently enjoyed by some people who were present. The registered manager said that the aim of these visits was to promote people's sense of calmness and pleasure from an experience of something they might not have done before.

Staff working with other agencies to provide consistent, effective, timely care

- Staff liaised with other professionals to ensure that people's needs were identified and were then met.
- People's care plans included information about other health and social care professionals involved with their support, such as the local community mental health team.

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

- The home had ample communal space and each person had their own bedroom and shared communal bathrooms and toilets.
- The provider recognised there was a need for refurbishment of the home and had commenced planning for a refurbishment later in the year. This was being done in consultation with people living at the home.

# 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.

This is the first inspection for this newly registered service. This key question has been rated Good. 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 using the service were supported by staff who recognised their right to be treated with fairness and to have their diverse needs acknowledged and respected. All factors about them had been considered when planning and delivering care, including age, disability, cultural and religious beliefs.
- A person using the service told us, "I trust my keyworker and I know all the staff now."
- Staff had received equality and diversity training. We were told by the registered manager this training was designed to ensure staff understood the importance of treating people fairly, regardless of differences and to acknowledge people as individuals and complying with equalities legislation.

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

- There were systems and processes to support people to make decisions. People were encouraged to be involved as much as they could be in sharing their views and making decisions about their care.
- Staff supported people to express their views using their preferred method of communication. This was recorded in people's care records.

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence were respected. People's care plans described how staff should support people in a way that respected their privacy and dignity and encouraged people to maintain their independence.
- Staff supported people to manage as many aspects of their care as they could. Many people the service supported maintained a high degree of independence in much of their day to day life and staff were readily available to provide support when needed.
- Privacy was upheld in the way people's information was handled and who this information could be shared with, consent to share information with external professionals was obtained.
- The provider recognised people's rights to privacy and confidentiality. Confidentiality policies complied with the General Data Protection Regulation (GDPR) law. People's care records were stored securely both in writing and mostly on a secure computer system. People could be assured that the provider was taking the necessary measures to comply with keeping information secure and confidential as they are required to by law.

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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

- People received person centred care. People's care records contained meaningful information that identified their abilities and support needs. This ensured staff were knowledgeable about people's individual needs and preferences.
- A person living at the home told us, "I don't know why I am weighed." We passed this comment onto the registered manager so they could follow this up with the person.
- There were arrangements to make sure staff were informed about any changes in people's needs. Care plans were maintained electronically and on paper, and care staff could access and record onto care plans. Care plans were reviewed to monitor whether they were up to date so that any necessary changes could be identified and acted on at an early stage.
- People attended regular meetings with their keyworkers and discussions and outcomes were recorded. Keyworkers are members of staff who are allocated to coordinate the care planning and updates of each person's progress. Care plan files showed the discussion topics which were in line with their agreed care plan.
- We attended the staff afternoon shift handover on the second day of our inspection visit. Staff shared relevant information about what support had been provided to people on the early shift and events at the service and how the support would be managed for the rest of the day. This showed that staff planned their work in view of the current needs of people using the service.

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.

- The registered manager and staff were spoke with were aware of the importance of making information accessible to people. People's communication needs were described in their care plans so that staff knew how to best communicate with them.

Improving care quality in response to complaints or concerns

- The complaints policy and information provided to people gave a clear description of how complaints, concerns or other feedback would be responded to. This explained that the service took complaints seriously and were committed to responding and resolving any concerns raised.
- This is a newly operating service under by the current provider although the service itself had been registered as a care home for several years. At the time of the inspection the provider had not received any

formal complaints.

#### End of life care and support

- None of the people receiving care at the moment was receiving end of life care. The registered manager told us that end of life care training is available for staff in readiness for any end of life care needs that may emerge.

# 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.

This is the first inspection for this newly registered service. This key question has been rated Good. 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

- There were systems to ensure people had choice and control over their care. The registered manager made a point of approaching people to check on the quality of care provided and to ask people about their needs. They also asked people if there are any changes to support that people want to discuss and for their views about the staff supporting them.
- A support worker told us, "The leadership now is far more supportive than there was previously, it feels like we really do work as a team."
- The registered manager demonstrated through our conversations with them and written information we obtained that an open and inclusive approach to the running of the service was promoted.

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 leadership of the service complied with the duty of candour.
- The provider had supplied CQC with notifications of any untoward events as they were required by law to do. The registered manager was able to assure us that they knew about the events that they were legally required to notify CQC about.

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

- The service had a clear management structure in place consisting of the registered manager, deputy manager and support workers, including waking night care workers. The registered manager was knowledgeable about regulatory requirements and issues relating to the quality of the service.
- A support worker told us, "We are a small team and we work well together and recently there has been a lot of improvement."
- There was a process for ongoing oversight and governance and these processes were suitable in maintaining oversight.

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

- The service sought verbal feedback from people and those important to them and used the feedback to inform service quality and development.
- The registered manager told us that they had just started a consultation process with people living at the

home about a large refurbishment of the house being planned for later in the year.

- Due to the service still being relatively newly operating with the current provider, we were told by the registered manager that written surveys had not yet been carried out for everyone. We did observe during a house meeting that we attended people were reminded to tell any member of staff if they wanted to raise anything.
- The registered manager and staff we spoke with were knowledgeable about the characteristics protected by the Equality Act 2010.

#### Working in partnership with others

- There was evidence the service maintained a good working relationship with people using the service and, where relevant, their families. The registered manager and other staff we spoke with demonstrated that they knew when to seek professional health and social care input and how to obtain it.
- We received feedback from the commissioning local authority who told us that the new provider had managed very well and that the transition of the service to this provider had gone smoothly.