National Schizophrenia Fellowship

Elysian House

Inspection report

Colindale Hospital
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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

We carried out an unannounced inspection on the 18 June 2015.

Elysian House provides short-term, therapeutic support and accommodation for 12 people experiencing a mental health crisis. The service uses a recovery model of care and support. At the time of our inspection there were 11 people using the service.

There is a registered manager in post. 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.

At our last inspection on 2 January 2014 we found the service meeting the standards inspected.

Staff supported people to maintain their safety. Assessments were undertaken to identify any risks to a person's safety and management plans were in place to address those risks. Staff were aware of signs and symptoms that might suggest a person is becoming

Summary of findings

unwell. People were supported as appropriate to maintain their physical and mental health. People had support plans detailing the support they needed and the support they required from staff.

Staff worked with the community mental health team to ensure support was co-ordinated and appropriate to people's needs. On the day of our visit we observed some good interactions between staff and people living at the service. People told us that staff were caring and kind. People were given choice and their individual needs were being met by the service. Staff were caring and kind when interacting or assisting people.

People were treated with dignity and respect and their privacy maintained. We saw that staff knocked on people's doors and gave people time to respond before entering.

Staff encouraged people to be independent, we saw that people had access to kitchen facilities and prepared meals for themselves. People staying at the service had capacity to self-administer their own medicines. We saw that there was a system in place to keep medicines safe. The service acted immediately to ensure the well-being of one person who had run out of their medicines.

Staff had the knowledge and skills to meet people's needs, and had attended regular training. Staff told us that they felt supported by their manager and felt able to raise concerns. Recruitment processes ensured that staff were safe to work with people because the provider had carried out the necessary checks.

Systems for monitoring the quality of the service were effective. People were asked their views on 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 were aware of safeguarding procedures and actions to take to ensure people were protected from abuse.

Most people received their medicines safely and as prescribed.

Recruitment checks ensured staff were suitable to work at the service and meet people's needs.

Good

Is the service effective?
The service was effective. Staff received regular supervision and training. They told us they felt supported by their manager.

People were encouraged to prepare their own meals and develop their independence.

People were referred to other healthcare professionals to assist the service with meeting their individual needs.

Staff received training in the Mental Capacity Act 2008 and Deprivation of liberty Safeguards (DoLS) and understood how this impacted on the people they were supporting.

Good

Is the service caring?
The service was caring. We saw that people were well cared for and treated with dignity and respect.

People's likes and dislikes were recorded in their care records.

People told us that they were involved in decisions about their care.

Good

Is the service responsive?
The service was responsive. People took part in activities of their choice, however, some people felt that there could be more activities.

People gave their views about the service and knew how to make a complaint.

Good

Is the service well-led?
The service was well-led. People were protected from the risk of poor care and treatment because the provider had systems in place to monitor the quality of the service.

People told us that they felt able to approach the registered manager with their concerns.

Good

Elysian 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 took place on 18 June 2015 and was unannounced. The inspection team consisted of two inspectors.

Prior to the inspection we reviewed information we held about the service, this included notifications received from the service and other information of concern, including safeguarding notifications.

We observed interactions between people who used the service and staff. We talked to four people using the service, one visitor, and three staff members including the registered manager. We reviewed care records and risk assessments for four people using the service. Each person had a 'My support plan,' which detailed how they were to be supported. Such as, ways to structure their day and activities they would like to take part in. We reviewed training records and staff personnel files for five staff and reviewed medicine management records for three people.

Good

Is the service safe?

Our findings

People told us that they felt safe living at the service. One person told us, "I feel safe in this unit." Another person told us that staff help them with "reading instructions and helping with accessing further prescriptions from the treatment team". A visitor who had previously used the service told us that they felt supported by staff and safe at the service during their stay.

People were protected from the possible risk of abuse because staff demonstrated a good understanding of how to safeguard people living at the service. Staff had received appropriate training. Staff demonstrated appropriate awareness of safeguarding processes. They were able to tell us the signs and types of abuse they would look for that would indicate that people living at the service may be subject to abuse and the actions they would take. This included reporting in the first instance to the registered manager and if not satisfied with actions taken by the provider they would contact the relevant authorities, including the local authority safeguarding team, police and the Commission.

The registered manager told us the staffing complement for the service was six mental health recovery workers, two service managers and a locality manager who is also the registered manager. At the time of this inspection there were four mental health workers in post. We were told by the registered manager that the service was actively recruiting. There were arrangements in place to deal with staff shortages and emergencies, such as using the provider's bank staff that would be familiar with the service. We were told by the registered manager that they would only use agency staff as a last resort.

The registered manager told us that they were currently shortlisting and a new staff member would be joining the service in July. Another applicant had been made an offer of employment and the service was currently short listing for the remaining posts. .

The registered manager told us that there was always two staff on duty at night, one waking and the other sleep-in. During the night, staff carryout two hourly environmental checks, including health and safety checks. For safety staff have a phone with them at all times in case of an emergency. On the day of our inspection there were three staff on duty including a new staff member. The registered manager who was overseeing the service was also present.

People were protected from the risk of acquiring an infection. The service had an infection control policy which provided guidance for staff. We saw that the service was mostly clean, however we noted that some rooms had an offensive odour and we found carpets in some people's bedrooms were dirty. The registered manager had informed us of this in the information they provided to us prior to this inspection. We saw evidence the provider had started replacing the carpets with vinyl floors.

The service carried out risk assessments for people using the service. We saw that care records for people using the service included a safety management plan. The registered manager told us that a safety management plan was completed with people at the time of joining the service. Safety assessments assessed the safety to self and others and included risks to mental health, substance misuse, risk of depression, anxiety, hallucinations, paranoia and mood swings.

Service risk assessments were in place and covered areas such as, infection control, children visiting, cooking groups, lone working, ligature and anchor points (for people at risk of committing suicide). The registered manager demonstrated to us the system used by the service to record incidents. We saw that this was robust and detailed. There was evidence of learning which had been investigated and appropriate action taken by the service. For example, following an incident at another service managed by the provider the service installed window restrictors on the upper floor levels throughout the building. We saw that these were in place in people's rooms and in the communal areas of the building. In another example the learning outcome identified that staff must always contact the on call manager as soon as possible following an incident.

People at the service self-administered their medicines and were supervised by the home treatment team, who also administer medicines where this was required. Most people received their medicines safely and as prescribed. People self administering their medicines told us that they received these correctly. "[Staff] always remembers the tablets," one person said.

Good

Is the service safe?

We saw appropriate arrangements were in place to assist people to manage their medicines. The registered manager told us that each person signed a capability form, which was completed by the home treatment team at the time of admission to the service. This indicated whether people had capacity to self-administer their medicines. We saw evidence of this in people's care records. Staff told us medicines were obtained through the home treatment team and we saw that supplies were available to enable people to have their medicines when they needed them. We saw that people had lockable boxes where medicines were stored, although this was not fixed to the wall. Staff also conducted environmental checks to ensure that people's doors were kept locked when they were not in their rooms. These checks ensured that medicines were kept safe in people's rooms. People were given a leaflet produced by the provider, 'managing your medication.' This provided people with information on how to manage their medicines safely, including keeping medicines locked away.

The service worked with the community mental health team to ensure people had their medicines as prescribed. One person using the service told us that staff carried out two hourly checks on every room, checking that the doors were locked and if not they locked them and informed the person. They told us that staff spoke with them on a one to one basis and requested to see their medicines and discussed any concerns around their medicine needs. This involved the home treatment team who visited daily and was responsible for prescribing and administering medicine to people staying at the service.

We saw that the staff had taken appropriate action to ensure the well-being of people staying at the service. For example, one person had not received their medicines as required on the day of our visit. We were shown by the person that they had no medicine left in their safety box. The person told us that staff helped them with reading instructions and obtaining further prescriptions from the home treatment team. We saw that staff had contacted the home treatment team to chase the person's medicine. Staff had documented in the person's care notes to demonstrate that this had been acted on. This put the person at risk of a relapse because they had not taken their medicines as prescribed. Staff were aware of the effects on the person's mental health and told us they were monitoring them. This involved asking the person to remain in the main communal areas where the person sat with staff.

We looked at the personnel files of five staff. We saw that these contained some information to show that the necessary checks had been undertaken before staff joined the service. This included proof of identity and address and verifying references from previous employers. However, other information such as criminal records checks were kept at the provider's head office. The registered manager confirmed that these had been received for staff as she was responsible for checking these prior to employing staff.

Good

Is the service effective?

Our findings

People were able to come and go as they pleased. One person told us, "I like fresh air, we can go out." We saw on the day of our inspection people went out visiting family and taking trips to the shop.

Staff received regular supervision and some had received an appraisal. They felt supported by their manager. This was confirmed by staff personnel files. This gave staff the opportunity to discuss their roles and responsibilities, and to highlight any further support or training they required. One staff member told us that the manager was "really helpful and supportive".

Staff told us that they felt that they had the right skills and knowledge to perform their role. Prior to starting work staff had completed an induction. Records reviewed confirmed that staff had completed mandatory training which included safeguarding, equalities and diversity, mental health awareness, health and safety and professional boundaries. Other training included conflict management, infection control, food hygiene and DoLS. Staff also told us that they were able to book training through the organisation's human resources self-service electronic portal. Senior staff completed training in leadership and management. Staff records confirmed that they had completed mandatory training.

We saw that most people had signed a service licence agreement giving consent to their care and treatment. Where people did not have capacity they were assessed and a best interest meeting held. Where restrictions were imposed this was documented in people's care records. For example, people admitted to the service under a specific section of the Mental Health Act 1983 were required to comply with the conditions for them to remain in the community and avoid being returned to hospital. We saw that the relevant documented arrangements were in place, signed by a healthcare professional prior to people leaving hospital. People staying at the service were required to sign a rights and responsibilities form. This also refers to the conditions of this specific part of the MHA relating to leave in the community. This allowed the service to provide support appropriate to people's needs and monitor that these arrangements were being followed.

People using the service were independent and most were able to prepare their own meals. We saw that people purchased their own food and this was encouraged by the service. People were allocated their individual storage boxes to store their food and had access to a communal fridge. Staff told us that a stock of dry food, such as rice and pasta, was kept for people who did not have food when they arrived at the service or people with no benefits or funds. We saw that food allergy information was displayed on the wall in the kitchen area. Staff told us that this was a requirement of the Food Standard Agency and included information, such as foods which may contain nuts. We saw that people's cultural needs for food were supported, such as observance of people's religious needs to abstain from food.

People were involved in their care and their independence was encouraged by the service. For example, the laundry facilities were available and people did their own washing. We saw that people had signed support plans to indicate their involvement in their care and treatment.

The registered manager told us that the average length of stay was 14 days, although some people stayed longer due to issues with accommodation. The service had employed an enablement officer to assist people with housing applications where this was required. This helped people to find housing when they were ready to be discharged from the service.

We saw that a staff handover took place on the day of our visit. This allowed staff on duty to receive an update on people using the service, including any concerns throughout the day.

People were supported and referred to other healthcare services as required. We saw that the service worked closely with the mental health trust and people suffering relapse were referred to the team in a timely manner. This ensured that people were supported and their well-being maintained. Each person had a 'my physical health' plan detailing their medical condition and health checks. This also included an action plan. We saw that the service had developed guidance for staff to assist them when completing the necessary care records. However, this was not always followed by staff and we found some minor gaps in records, for example in one care plan the action plan had not been completed to show what support would be provided and in another one this had. We made the registered manager aware of this during our inspection, she told us that the records would be reviewed and concerns discussed with staff.

Good

Is the service caring?

Our findings

People told us that they were well looked after by staff. One person told us, “I feel the staff look after me well but activities are poor and I wish there was more to do.” Another person commented, “Nice caring staff.”

We observed that staff treated people with dignity and respect. Staff were interactive, polite and communicated with people in a respectful manner. This was confirmed by a recent survey analysis which showed that 98% of people staying at the service said that staff treated them with dignity and respect.

Staff respected people’s privacy. We saw staff knocked on people’s doors and waited for a response. Staff did not enter people’s bedroom without their permission, unless there were concerns about their safety.

Referrals to the service were made via the mental health trust from the hospital or the community. Personal histories were provided by the referring agency. This included information about people’s relapse indicators. For example, we saw that for one person this included poor sleep and appetite, isolation and becoming irritable. Each person also had progress notes, care plan and risk assessment provided by the home treatment team before joining the service. Staff had access to this information through a central database, this was then used to discuss and develop an individual support plan and risk assessment.

We found that most support plans had recently been reviewed and signed by people using the service. People and records confirmed that staff involved them in their care. We saw that support plans were signed by people receiving support which showed their involvement in their care. Support plans contained information about people’s likes and dislikes. Staff understood people’s needs and were able to tell us about people’s preferences.

People had ‘my support plan,’ this demonstrated the areas of support people required, including activities. We saw that the service used the Mental Health Recovery Star recovery management model. This is designed for adults managing their mental health and recovering from mental illness. Outcomes included areas such as managing their mental health, social networks, relationships and personal goals. This was used to determine where people were in their recovery and to review their progress using a scoring system.

People had access to advocacy services for independent advice. This information was detailed in an information leaflet given to people as part of the welcome pack, when they joined the service.

Good

Is the service responsive?

Our findings

People told us that they would like more activities. On the day of our visit we saw people going out to visit family and friends.

Staff told us about the activity schedule which included playing football and puzzle games. People took part in preparing Sunday dinner, this encouraged positive interactions amongst staff and people who used the service. The registered manager told us that they were taking up a challenge of getting in volunteers to help with activities. Plans were also in place to set up a vegetable patch to encourage people outside in the summer.

Staff were aware of people's preferences and provided support in line with this. For example, we saw that staff respected people's need to remain in their rooms until later in the morning. We spoke with one person who told us that they preferred to have a longer lay in.

We saw that a festival calendar detailing different cultural events for 2015 was displayed in the communal hallway of the service. This helped staff to identify cultural specific events to assist them to ensure people's individual cultural needs were met.

Relationships were encouraged by the service. We saw the service was responsive to people's needs. For example, one person at risk of isolation was supported to be closer to family. People were supported to maintain contact with family and friends who were able to visit anytime. There was a visiting policy in place and relatives and friends were able to visit in line with this.

We saw evidence that weekly residents' meetings took place. Minutes of a meeting held in June 2015 showed that people were involved in discussions about the running of the service. This covered areas such as room checks, kitchen hygiene and activities. Meetings were held with people using the service.

People told us that they knew who to complain to if they wanted to make a complaint. We saw that there was a complaints procedure in place and displayed in the communal hallway. We reviewed the complaints received by the service. The registered manager had responded to these in a timely manner and the outcome communicated to the person making the complaint.

Good

Is the service well-led?

Our findings

We saw that the service was well-led. The registered manager had been in post since October 2014 and was also responsible for another service. Staff told us that they were kept up to date with changes in the organisation and spoke positively about the registered manager. One staff member commented, "You can approach her, she is very knowledgeable, I'm confident in her skills and management." Another staff member spoke of the registered manager as being "really helpful and supportive".

Clinical governance meetings were held monthly with the home treatment team. We saw the meeting in June 2015 included discussions about key performance indicators (KPI) in, for example, admissions, discharges, length of stay and incidents.

Health and safety daily checks were carried out on people's rooms and weekly checks which included window restrictors. A health and safety audit was completed in March 2015 by an external organisation. The visit was unannounced and resulted in an action plan. We noted that actions recommended had been completed, for example, the purchase of lift signs to indicate that the lift was not to be used in the event of a fire.

Monthly audits included service user files and annual infection control. We saw that infection control audits had resulted in the services making changes, such as the purchase of coloured mops to reduce the risk of spreading infection.

We saw that unannounced manager's visits were carried out every three months. As part of this staff were asked questions about their role and the service, and any improvements required were included in an improvement action plan. The registered manager attended monthly service working group meetings with other registered managers to provide peer support.

Systems were in place to ensure that people received quality care. We saw that people completed a satisfaction surveys during their stay and when leaving the service. On the day of our inspection the registered manager prepared a report titled 'service experience survey results'. This showed that all 65 people who completed the questionnaire felt staff listened to them, with 93% saying they were involved in deciding their support and 100% felt staff listened to them.

The service had a whistle blowing policy in place, staff understood what this meant and said they would report any concerns in the first instance to the registered manager, and they also knew the external agencies to contact, including the local authority, Police and the Commission.

People were provided with a welcome pack when joining the service. This included a licence agreement, a leaflet about the service, the referral process, provisions, local factsheet containing information about transport, local shops, places of worship and advocacy services. We saw that the service had a 'service guide'. This gave details such as service description, aims of the service, rights and responsibilities, consultation, feedback and involvement. This ensured that people had information about what to expect from the service.