

Southern Health NHS Foundation Trust

House 2 Slade House

Inspection report

Horspath Driftway,
Headington,
Oxford,
OX3 7JH
Tel: 01865 747455

Date of inspection visit: 6 and 14 August
Date of publication: 22/10/2015

Ratings

Overall rating for this service	Requires improvement	
Is the service safe?	Requires improvement	
Is the service effective?	Requires improvement	
Is the service caring?	Good	
Is the service responsive?	Good	
Is the service well-led?	Requires improvement	

Overall summary

We inspected House 2 Step Down on the 6 and 14 August 2015. Step Down is a care home with nursing for up to six people with a learning disability who may also have forensic needs. On the day of our inspection there were four people using the service. This was an unannounced inspection.

There was a registered manager in post at the service. 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 in September 2014 we required the service to make improvement with regard to the number of nursing staff available within the service to cover sickness and absence. As well as the quality and monitoring of the service. We found nurses were working unsustainable hours to ensure the nursing care was sufficient, and systems in place to monitor the quality and safety of the service were not being used effectively.

Summary of findings

It was also found that arrangements for senior management of the service were not always clear. The provider sent us an action following the inspection stating the action they would take to improve the service to the desired standard. At this inspection in August 2015, we found that these improvements had not all been made.

The provider did not have an effective system to regularly assess and monitor the quality of the service provided. The provider had undergone a number of changes at a more senior divisional level, which had contributed to a lack of clarity within the service. The culture within the service was not kept under review and the management at a more senior level despite a plan in place had not been clear at the point of the inspection. This affected staff morale and the well-being of the people using the service.

There were enough suitably qualified staff within the service to meet people's needs; however the nurses within the service were still having to work longer hours than desired to cover for sickness and absence. People medicines were managed safely. Medicines were stored appropriately and administered in line with documented procedures.

People were supported by staff who were well trained but did not always receive formal support and guidance that met their needs. Staff had a good understanding of the

Mental Health Act including more specifically the Mental Capacity Act (MCA) 2005. MCA is the legal framework to ensure people's legal right to make their own decisions was being adhered to.

People benefited from a caring staff team that understood their needs and involved them in decisions in relation to their care. People's needs were assessed and regularly reviewed. When people's needs changed the service responded and accessed the appropriate support when required from specialist professionals. People's complaints were recorded and acted upon effectively and in line with the stated complaints procedure. People raising complaints were happy with the outcome of their complaint.

People had access to activities that interested them and were encouraged to pursue work placements and hobbies that they wished to. People had choice of their day to day living and the running of the service.

We identified two breaches of the Health and Social Care Act 2008 (Regulated Activity) Regulation 2014 and one breach Care Quality Commission (Registration) Regulations 2009. You can see what action we have required the provider to take at the end of this report. The provider has agreed to voluntarily restrict their admissions until the necessary improvement has been completed.

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 not always safe

There were enough suitably qualified staff, but nursing staff were still having to work longer hours to accommodate sickness and absence.

People's medicines were managed safely. Medicines were administered and recorded appropriately and in line with documented requirements.

People's risk assessments were detailed and gave clear guidance for staff on how to manage and mitigate risks associated with people's needs.

Requires improvement



Is the service effective?

The service was not always effective

Staff felt supported, but did not always receive formal supervision support that met their needs.

People received support from people who understood their needs.

Staff received appropriate training to meet people's needs effectively.

Requires improvement



Is the service caring?

The service was caring

People were supported by staff they felt were caring.

People were involved in the decision relating to their care and understood the treatment options available to them.

Good



Is the service responsive?

The service was responsive

People's needs were assessed and regularly reviewed. People's changing needs were responded to.

People's complaints were acted upon appropriately.

Good



Is the service well-led?

The service was not always well led

The service were not using their quality and monitoring systems effectively.

The culture of the service was not being kept under review which was impacting on staff morale and the people that used the service.

Requires improvement



House 2 Slade 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 checked whether the provider was 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 the 6 and 14 August 2015 and it was unannounced. The inspection team consisted of an inspector and a specialist advisor.

At the time of the inspection there were four people being supported by the service. We spoke with all four people who were using the service. We spoke with six care staff, the registered manager, a regional manager as well as the previous and existing director of services for the provider. We also spoke with four professionals.

We reviewed all four people's care files, records relating to staff supervision, training, and the general management of the home. Prior to the inspection we reviewed information we had about the service.

Is the service safe?

Our findings

At our inspection in September 2014 we found there were not adequate numbers of nurses to meet people's needs. This meant nurses were regularly working unsustainable hours. This was a breach of regulation 22 of the Health and Social Care Act (Regulated Activities) 2008, which corresponds to Regulation 18 of the Health and Social Care Act (Regulated Activities) 2014. The provider sent us an action plan about how they planned to improve the issue to ensure people's safety. At this inspection in August 2015 we found some improvement had been made however we found that some improvement was still required.

We found the registered manager was still having to work a number of hours as part of the core nursing team. This meant there were long hours still being worked in order to maintain adequate numbers in the event of sickness and absence. We were also told by staff that the service was "a couple of nurses short", "Down to two nurses" and that the registered manager was "still picking up a lot of shifts". The clinical ward manager who was supporting the registered manager told us that they hoped to bring another nurse to work full time at the home, on an agency basis initially. They also added that a nurse was due to return to work following maternity leave.

The current policy regarding administration of medicines within the service prevented care staff performing certain tasks. If these tasks were required, night staff had access to an on call system. It was identified that the staff responsible for on call duties did not live in close proximity to the service and would need to travel up to 40 minutes if required. The registered manager and a number of staff told us the on call system was mainly used as a verbal support system. However in the event of needing physical support to a concern the delay could prevent people getting the support they require and could have a negative impact on people. This risk was mitigated due to emergency services being able to respond to more significant concerns. We were also told that there was a plan to review the duties that support staff could carry out.

People told us they felt safe at the home. One person told us "I feel safe. Staff are very supportive." We found that risk

assessments were in place for people to ensure their safety and well-being. These risk assessments had clear guidance for what action staff should take to ensure people's safety. These risk assessments covered a wide area of complexity and were detailed and kept up to date.

Staff we spoke with had a good understanding of safeguarding, what constitutes abuse and what to do in the event of suspecting abuse. Safeguarding alerts were being raised appropriately by the service.

People's prescribed medicines were stored in accordance with pharmaceutical guidelines. We saw a fridge for medication storage with a record of checks to monitor that the temperature was in the correct range. The fridge thermometer had been broken, so there had been no temperature check for several days. A new thermometer was delivered during our visit.

People received their medicines as prescribed. We observed the nurse on duty wash their hands, check the MAR sheet and prepare medication to administer to a person. The nurse explained that medicines were all now administered from personal prescription containers, not the pharmacy prepared 'blister pack' system used previously. We saw that the nurse signed for medicine given.

We saw an example of a PRN protocol for an 'as needed' drug for a person. It contained clear directions and had been signed by the person's psychiatrist. Before medicines were administered, the nurse carried out physical observations (temperature, blood pressure and pulse). For example, health monitoring was carried out to ensure that systolic (upper) and diastolic (lower) blood pressure and pulse readings were within an acceptable range prior to giving the medicine.

The service followed safe recruitment practices. We looked at five staff files that included application forms, records of interview and appropriate references. Records showed that checks had been made with the Disclosure and Barring Service (criminal records check) to make sure people were suitable to work with vulnerable adults. Records were also seen which confirmed that staff members were entitled to work in the UK.

Is the service effective?

Our findings

Most staff we spoke with felt supported but felt formal support could be improved. Comments included, “The team supports each other” and “You can get support if you need it, but it’s not as structured”. We reviewed staff files and found that records did not show staff received supervision and appraisal. We raised this with the registered manager who found that supervision records were not always put in staff files as required. We reviewed a selection of supervision notes which showed staff received supervision. However, there was not always adequate detail in these notes to reflect the support being given. Staff we spoke with told us, “The team has changed a lot and supervision isn’t as effective” and “Supervision feels more of a tick box exercise I don’t get much out of it anymore”. One staff member also told us, “Supervision isn’t as focused as it was, I get my notes back and have to raise the fact they didn’t really reflect what was said”. We discussed this with the manager who told us that any concerns through supervision would be raised with her but supervision records were not reviewed directly as part of her role.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People felt staff had the knowledge and skills to meet their needs. Comments included, “Staff are good, I get space to be myself” and “Staff are very good, they are aware of what I need”. These comments were supported by our own observations. Staff we spoke with had a clear and detailed understanding of each person’s care needs and provided support with skill and competence. For example, one staff member responsible for the on going monitoring of one person throughout the day clearly explained what they needed to do, what they would do if there was an issue and performed this task with sensitivity and care.

Staff we spoke with felt they received the training they needed to meet people’s needs. Comments included, “The training is very regular here, we could do more class based, but its good” and “There is always lots of training we could do”. Staff undertook mandatory training such as fire safety, first aid, and infection control. Staff told us they had received periodic renewals of mandatory training. We were told that the registered manager would be taking a specialist treatment course to bring “more forensic knowledge to the whole team”. One care worker said they hoped to take training in epilepsy awareness. Staff who wanted to obtain further professional qualifications were supported to do so.

The Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) did not apply to every person within this service, as would be usual in a care setting. MCA is the legal framework to ensure people’s legal right to make their own decisions was being adhered to and DoLS are in place to ensure that people freedom is not unlawfully restricted. This was due to some people within the service already being supported under varying legal frameworks. However where MCA and DoLS did apply to people the service had reviewed people’s care to ensure the least restrictive practises were in place. One person using the service was being reminded regularly of their freedom to ensure they did not feel restricted.

People benefited from a varied and balanced diet of their choosing. On the day of our inspection food was being prepared and contained fresh vegetables. People who had specific dietary requirements had these documented in their support plans. People had access to appropriate professionals as and when required. People were supported to attend GP appointments and visits to the dentists. The service also accessed support of other professionals such as speech and language (SALT) and district nurses when required.

Is the service caring?

Our findings

People felt the service was caring. One person told us “It’s nice, I find it really friendly” and “Staff will help you. The care’s really good here.” Staff spoke with people in a friendly and respectful way. We observed positive interactions between staff and people. One person on the day of our inspection went to the registered manager with a letter, despite being busy the registered manager took the time to stop and pay full attention to this person, acknowledging the positive news. This person was pleased by this interaction.

People we spoke with valued the relationships they had with staff. Comments included, “most staff are nice, they listen to me” and “they are nice staff”. However some people did acknowledge that relationship with staff had changed over time. Comments included, “staff are ok, but didn’t really know me like some staff used to, they aren’t the same, but they’re ok” and “they’re good, it used to be great but a lot changed”. During the course of our conversation with the staff team and supporting professionals, it was clear that each person being supported was thought of highly. Staff clearly wanted what was best for people and cared about their futures.

One of the core aims of the service was to support people towards more independence within their local communities. People were involved in regular meetings about their care and objectives to support this aim. Other professionals such as occupational therapists had been brought into the service as part of the team to develop people’s living skills. People we spoke with felt happy with their involvement. Comments included, “I feel responsible for myself which is nice” and “I can do more now than I ever thought I would”. We observed that people were able and encouraged to move freely around the home, make their own drinks and answer the door to visitors.

The service supported people through an equality framework to ensure that people supported by the service had the same access to health care and support services as everyone else. We saw these records were in place for each person using the service and were reviewed alongside each person support plans regularly.

People privacy and dignity were respected. Conversation between people and staff were respected and staff ensured the doors were closed if people wanted to speak with them. People we spoke with also felt their privacy was respected. Comments included, “I have my own room and staff are good at giving me space” and “I’m confident my business remains my business”.

Is the service responsive?

Our findings

People and professionals we spoke with felt the service was responsive. One person told us, “They keep an eye on me and do what they need to”. Professionals we spoke with spoke highly of staff responsiveness. Comments included, “each person is understood and staff know what to do if people aren’t well or need additional support” and “staff are very responsive, not just to people but to ideas we have, pleasure to work with”.

People’s needs were assessed and reviewed regularly. Assessments were used to formulate support plans that clearly detailed people’s needs and preferences. It was recognised during the inspection by a visiting consultant, who was from the provider, that whilst the information was there, it may not always be accessible quickly. Due to the clinical nature of some aspects of the service, peoples support plans did not always appear personalised. It was not always clear when reading people files who the person was, what their aspirations were or what they enjoyed doing.

When people’s needs changed the service responded, for example one person needed support with their mobility. We saw that physiotherapists had been involved in assessing this person’s needs and an occupational therapist had been involved in ensuring the environment remained suitable. People we visited were all in good health but staff explained what action they would take should this change. Comments included, “we monitor people all the time, if there is any sign of a problem we raise it with the nurses to take action” and “You get to know people so well that the slightest little change in mood or health we can see it straight away and try and understand what’s going on”. People’s daily records supported these statements, there was clear evidence that people were being monitored closely and when concerns were raised they were acted upon. For example, in one person’s daily notes they were identified as ‘not being themselves’ we saw a GP was contacted and this person went for a check-up.

People had support plans in place that were detailed and kept up to date. There was a multi-disciplinary approach for each person. This involved professionals coming together regularly to discuss people’s forensic needs. People were also involved in meeting with their key workers to discuss day to day issues within the house to ensure their views were taken on board. We spoke with people who were clearly up to date with the support they received. One person we spoke with told us what meetings he had each week and what was being planned. This person told us, “The service is excellent and everyone involved wants to make my life better”.

People and staff told us about a range of activities in which people were engaged, for example gaining work experience in a shop and a café. Two people were due to go on a four night holiday with staff support later in the year. People had a weekly meeting to discuss plans and the budget. One staff member told us, “this is an important part of their learning to take responsibility and plan their own lives”. People we spoke with about this clearly appreciated their own space to feedback and all felt able to participate and choose what they did each week to promote their independence.

A person told us that, if they had a concern they knew where to take it. We saw that complaints had been raised and had been dealt in accordance with the providers procedures. For example one person had complained that a staff member had not allowed him access to medicine and food. This issue was investigated and this person’s support plan was amended to ensure that this person received consistent support from all staff. We spoke to this person who told us they were happy with the outcome.

The nature of this service was that people using it were often in transition from one service to another. This meant there had to be arrangements in place to effectively collaborate with other services. Since our last inspection two people had successfully moved out together into another service and a new person was in the process of moving in. We saw both these processes were well considered and supportive to each individual’s needs.

Is the service well-led?

Our findings

At our inspection in September 2014 we identified issues in relation to the management of the service in relation to the quality and monitoring. We found that issues identified through quality audits were not carried out. This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 that now corresponds to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We also found that arrangements in place for the overall management of the home were not clear and the senior managers we spoke with gave conflicting information. At this inspection we found whilst some action had been taken, there were still issues that required improvement.

We identified that whilst there was a plan in place to ensure a clearer structure of responsibility in senior management, this still wasn't fully clear on the day of our inspection. We spoke with senior managers who were able to discuss the plan with us; however managers at an operational level were not fully aware of these plans. The registered manager was not aware of the action plan following the last inspection.

We identified that the registered manager was still a core part of the nursing team which reduced the time available to carry out their management responsibilities. There had been no quality monitoring since March 2015. We raised this with senior manager who told us the monitoring of the service was carried out regularly through discussion with managers who had oversight of the service. However these discussions were not always recorded and senior managers agreed the effectiveness of this system would rely on the information fed into it and agreed the space should be more structured.

We spoke with a number of professionals who told us that the oversight of the service had been unclear. One professional told us, "Appears to be a difficulty for the trust at clinical services manager and division lead level which has meant people with knowledge of the service have left and directors that step in appear to be uncertain as to the purpose of stepdown" and "the service appears to be undervalued by the trust despite positive regard from external professionals."

Staff we spoke with felt the service was well led, comments included. "We have a good manager" and "the manager

has her priorities right, she's good to work for". However some staff did not feel confident in the more senior management support of the home. Comments included. "There's been a lot of upheaval in the past eight months" and "The negativity from Southern Health has been quite demoralising." We spoke to the registered manager about this and their vision for the service and they spoke openly about wanting a caring service that supported people to obtain the skills that would support them into independence. This vision was shared by staff we spoke with and was also reinforced by professionals who were involved with the service. Comments included, "the service focusses much more on skills and not so much on days out, everything people do will support them when they move on" and "the manager has bought some good ideas, people come first and we want to develop their confidence as best we can". However the wider vision for the service appeared unclear. One professional told us, "as a service they seem very focused, but I don't think they are helped by what goes on above them, it just doesn't really seem to know what's happening". Another professional told us, "the commitment towards stepdown [Service also referred to as stepdown] at senior level, at times appears to be ambivalent. This uncertainty is a stressful time for both members of staff and also for the service users of stepdown as it creates anxiety for all".

Staff also told us that whilst they had confidence in the registered manager the service generally was not well led. Comments included, "there has been lots of change that has definitely effected the service, but we aren't told anything", "basic change management has not been respected, there has been a significant change in the way things work and we haven't been involved" and "the changes this year have affected things, we are lucky the challenge in the service has reduced, there is no accountability".

People in day to day control of the service were not fully aware of their regulatory responsibilities. We found that the key staff responsible for the overview of the service, in terms of the CQC requirements, did not fully understand what was required in terms of regulatory requirements. Both the registered manager and the regional operations manager told us they were not up to date with current requirements with CQC and required further training.

Some staff told us how culturally the service had changed and it wasn't always good for people using the service.

Is the service well-led?

Comments included, “you’d expect some kind of meeting with the team to make sure we are working together it hasn’t been happening”, “people were used to particular practise here, but that’s changed due to the staff approach being a bit different, nothing seems to have been done to make sure it gets better though, I have asked for a meeting for weeks”.

Staff felt they could raise concerns but these concerns were not always listened to. Comments included, “we have been asking for meeting to discuss definite issues in the team but they don’t happen”, “I feel able to speak up, but I don’t always get a response” and “things aren’t as positive as they used to be, the team used to be very close but can now get quite divided at times”. Professionals also commented on the impact of the changing culture has had on the service. One professional told us, “Many staff members at Stepdown were redeployed at short notice, with limited choice from another service on the site that had also closed. They then hit the ground running with a client group that not only had significant forensic needs”. We spoke with a senior manager involved with the service planning who told us, “people were thought about at every stage of the process”. However the impact of the change had not continued over the course of the changes.

On the day of our inspection there were a number of professionals in the service on behalf of the provider reviewing the quality and safety of the service records and day to day practise. This review had been triggered by an on going investigation into an incident that had occurred. We spoke to one of these professionals who acknowledged the nature of their visit was reactive and “a more preventative system was required”.

These issues are a breach of Regulation 17 of the Health and Social Care 2008 (regulated activity) 2014.

Statutory notifications were not always being sent by the provider to CQC. A Statutory notification is information shared with the commission regarding specific incidents that occur required by law to be notified. For example we identified a number of occasions where police had been involved in incidents. We had not been notified of these incidents. The registered manager told us they did not know what was required in terms of notification. Immediate action was taken to begin work on a system to ensure this issue was rectified.

This is a breach of Regulation 18 CQC (Registration) Regulations 2009 Notification of other incidents.

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.

Regulated activity

Accommodation for persons who require nursing or personal care
Treatment of disease, disorder or injury

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

The provider did not have an effective system in place to assess, monitor and improve the quality and safety of the services provided or assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity.

The provider had not completed there action plan as stated following the last inspection.

(17) (1) (2) (a) (b)

Regulated activity

Accommodation for persons who require nursing or personal care
Treatment of disease, disorder or injury

Regulation

Regulation 18 CQC (Registration) Regulations 2009 Notification of other incidents

The provider was not notifying the CQC of incidents.

Regulated activity

Accommodation for persons who require nursing or personal care
Treatment of disease, disorder or injury

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

Staff were not receiving supervision and appraisal support that met their needs and supported their development.

(18) (2) (a)