Vivre Care Ltd

Stockwood House

Inspection report

1 Cutenhoe Road
Luton
Bedfordshire
LU1 3NB
Tel: 01582 557755

Date of inspection visit: 28 September 2015
Date of publication: 24/12/2015

Ratings

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

Overall summary

We carried out an unannounced inspection on 28 September 2015.

The service provides specialist support and treatment for up to six people living with eating disorders. Some of the people receive care and treatment under the Care Programme Approach (CPA) and Community Treatment Orders (CTO), of the Mental Health Act 2007. There were five people being supported by the service at the time of this inspection and one person was in hospital.

There is a registered manager in post, who is also the provider of 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.

The provider did not always have effective recruitment processes in place and this put people at risk of being supported by staff who might not be suitable.

People were safe and the provider had effective systems in place to safeguard them.

Summary of findings

There were risk assessments in place that gave guidance to the staff on how risks to people could be minimised.

People were supported to manage their medicines safely.

There was enough skilled and experienced staff to support people safely.

The manager and the nurses understood their roles and responsibilities in relation to the care and treatment of people under the Care Programme Approach (CPA) and Community Treatment Orders (CTO).

Staff had received supervision and support that enabled them to support people appropriately, but this was not always clearly recorded.

People were supported to have nutritious food and drinks in order to maintain their health and wellbeing. They were also supported to access other health and social care services when required.

People were supported by staff who were compassionate and sensitive to their individual needs. Staff had received effective training so that they were able to understand people's complex needs.

People's needs had been assessed, and care plans took account of their individual needs, preferences, and choices. They were fully involved in planning their care and were supported to manage their health conditions.

People were supported to pursue their hobbies and interests, including acquiring qualifications.

The provider had a formal process for handling complaints and concerns. They encouraged feedback from people, their representatives, and health and social care professionals. They acted on the comments received to continuously improve the quality of the service.

The registered manager provided stable leadership, clinical expertise and managerial oversight. They encouraged staff to contribute to the development of the service.

The provider did not always evidence that they continually assessed the quality of the service provided.

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?

Requires improvement 

The service was not always safe.

The provider did not always have effective recruitment processes in place. However, there was enough skilled staff to support people safely.

There were effective systems in place to safeguard people.

People were supported to manage their medicines safely.

Is the service effective?

Good 

The service was effective.

The manager and the nurses understood their roles and responsibilities in relation to the care and treatment of people under the Care Programme Approach (CPA) and Community Treatment Orders (CTO).

People were supported to manage their health conditions by staff who had been trained and received regular supervision.

Staff understood people's care needs and provided the specialist support people required to maintain their wellbeing.

Is the service caring?

Good 

The service was caring.

People were supported by staff who were compassionate and sensitive to their individual needs.

People were supported in a way that maintained their privacy and protected dignity.

Information was available in a format that people could understand.

Is the service responsive?

Good 

The service was responsive.

People's care plans took into account their individual needs, preferences and choices.

The provider worked in partnership with people and other health professionals so that people's needs were appropriately met.

The provider had an effective complaints system.

Is the service well-led?

Requires improvement 

The service was not always well-led.

The registered manager provided clinical leadership and effective support to the staff.

Summary of findings

People who used the service, their relatives and professionals involved in their care were enabled to routinely share their experiences of the service.

The provider's quality monitoring processes were not robust enough to drive continuous improvements.

Stockwood 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 28 September 2015 and it was unannounced. The inspection was carried out by one inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed information we held about the service, including the notifications they had sent us. A notification is information about important events which the provider is required to send to us.

During the inspection, we spoke with one person who used the service because others chose not to speak with us. We also spoke with two nurses, one care staff and the registered manager, who was also the provider of the service.

We reviewed the care records and risk assessments for three people who used the service. We checked how medicines and complaints were being managed. We looked at the recruitment and supervision records for three care staff and one nurse, and training for all staff employed by the service. We also reviewed information on how the quality of the service was monitored and managed and we observed care in the communal areas of the home.

Following the visit to the home, we sent emails to six professionals who commissioned the service and we received responses from four of them.

Requires improvement

Is the service safe?

Our findings

The provider did not always have robust recruitment procedures in place because thorough pre-employment checks had not always been completed for all staff. Although checks, including reviewing the applicants' employment history, obtaining references from previous employers and Disclosure and Barring Service (DBS) reports had been completed for most members of staff, the provider had not obtained a reference from a new member of staff's last employer. The provider's explanation was that the member of staff had not provided their last employer as one of their referees. However, there was no evidence that they had explored the reasons for this omission. We found this put people at risk of being supported by staff who might not suitable.

The person we spoke with told us that they felt safe living at the home and that staff supported them safely. The provider had up to date safeguarding and whistleblowing policies. Whistleblowing is a way in which staff can report concerns within their workplace. Staff had been trained on how to safeguard people and they had good understanding of how to keep people safe. They were also able to describe the procedures they would follow if they suspected that people were at risk of harm, including reporting any concerns to the local authority safeguarding team and the professionals who commissioned the service.

There were personalised risk assessments for each person which identified the risks they could be exposed to and the steps to be taken to minimise the risks. These assessments included those for risks associated with inadequate nutrition, relapse in people's health conditions, self-administration of medicines, and the use of kitchen appliances. We saw that the risk assessments had been discussed with people who used the service and that they were reviewed regularly or updated as necessary, if people's needs changed. A record was kept of all accidents and incidents and, where an incident occurred, people's care plans and risk assessments were also updated to reduce the likelihood of it happening again. There were also processes in place to manage risks associated with the day to day operation of the service so that care was provided in a safe environment. A fire risk assessment, environmental risk assessment and business continuity risk assessment had been completed in June 2015. There was also evidence of regular testing of gas appliances, and an assessment of the safety of the electrical system had been completed in August 2015.

There was enough, suitably trained and qualified staff to support people safely. The person we spoke with said that there was always enough staff to provide the support they needed. The duty rotas showed that at least two staff including a nurse, supported people during the day. One care staff worked at night, but had access to additional support from a member of the senior staff who would be on call. In addition, the provider employed an occupational therapist, and an external art therapist provided support and treatment to people once a week. Staff told us that there was always enough of them to support people safely. One member of staff said, "People are mainly independent here, but we always have enough of us to provide support."

Some medicines were at risk of not being kept within the manufacturer's recommended room temperature. This was because the locked cupboard used to store one person's additional stock of medicines was in the utility room. There was no thermometer to check the temperature in this room and therefore there was a risk that when the tumble dryer was on, the temperature could rise above safe limits. The nurse told us they were working with the person and their GP to reduce the stock of prescribed medicine they kept at the service. In the meantime, the nurse said they would discuss with the person more suitable arrangements for storing the medicine. Apart from one person who was still being assessed, everyone managed their own medicine regimes, with some people requiring minimal prompting by staff to take their medicines. Most people kept their medicines in their bedrooms, but others chose to keep it in the home's medicine trolley. They signed their own medicines administration records (MAR) to indicate that they had taken their medicines and these were audited monthly by the nurses.

Good

Is the service effective?

Our findings

The person we spoke with told us that staff had the right skills to provide the support and treatment they required. They said, "All the staff are good, they never lose their patience." The feedback we received from professionals emphasised that this was a very specialised service, with one professional saying that it was the only service of its kind in the country. Other comments from professionals indicated that they found the service to be effective in supporting people to manage their health conditions. One professional said, "They work with people with most complex needs and they clearly get good results."

The manager and staff were proud of the work they did to empower people to develop the skills and knowledge they needed to manage their conditions. Although they emphasised that it took time for people to make progress, they told us of a person who had made so much progress that they were able to move to their own home and had been discharged from all care services . The staff clearly had good understanding of eating disorders and had developed effective strategies to support people to achieve good outcomes from the care and treatments provided. Staff said that this was due to the level of training and support they received.

We saw that the provider's training programme included an induction for new staff and regular training for all staff. We noted that new staff had been registered to complete the Care Certificate and a new member of staff told us their induction had been 'the best they had done so far'. A training schedule for 2015 to 2016 showed that staff had completed a mixture of face to face training and e-learning in a variety of relevant subjects. The provider also supported staff to attend conferences on 'Eating Disorders' so that they could learn about new approaches in supporting people living with these conditions. Learning from these conferences was shared with the rest of the staff during team meetings. Staff told us that they had received sufficient training to enable them to support people appropriately. The nurses also told us that they had opportunities to develop their skills and knowledge in order to maintain their registration with the Nursing and Midwifery Council (NMC). They were also having ongoing discussions with the provider about how they could best provide evidence of continuous development for the purposes of revalidation with the NMC. In addition, the provider had also supported a member of staff to gain a qualification in art therapy. We found the training offered had been effective in developing staff's skills and knowledge. This view was supported by a professional who said, "The staff appeared to be competent and experienced."

Although staff told us that they received regular supervision, there was not always evidence of this in the staff records we looked at. This was because the monthly psychological supervision that staff received was carried out by an external provider and no records were kept within the service about these meetings. These meetings had been planned until August 2016, but the record did not tell us how many staff received supervision each month. Also, the service's own supervision meetings were not always evidenced to show that staff had four to six supervision meetings annually, in accordance with the provider's own supervision policy. However, we saw that staff had appraisals in 2014 and the provider was working towards completing these for 2015.

People consented to their care and treatment as they all had the mental capacity to give informed consent. Staff understood their roles and responsibilities in ensuring that people consented to their support and treatment. They respected people's choices and views and supported them in a way that respected their rights. One member of staff said, "Most people have come to us from restrictive environments in hospitals, but they have more freedoms here to decide how they want to be supported." We noted that some of the people were being treated under the Care Programme Approach (CPA) and Community Treatment Orders (CTO), of the Mental Health Act 2007. The manager and nurses understood their roles and responsibilities to ensure that people were compliant with their prescribed treatment and that they engaged regularly with the professionals that commissioned the service.

As part of people's health needs, they needed a lot of support and prompting to eat nutritionally balanced food and consume adequate fluids. Although this was a sensitive issue to speak to people about, the person we spoke with told us that they prepared their own meals with staff support and could choose what they wanted to eat. As a registered dietitian, the manager provided the clinical expertise necessary to support people to eat well. The nurses also had a lot of experience of working with people living with eating disorders and they provided the

Good

Is the service effective?

leadership and support the rest of the staff needed to meet people's needs appropriately. They told us how most people had managed to maintain their weights for longer than they had ever done in the past. We saw that people's weight was checked weekly and people were mainly compliant with this.

People were supported to access additional health and social care services, such as GPs, occupational therapists and an art therapist so that they received the care and treatment necessary for them to achieve good physical health and maintain their mental wellbeing. Records indicated that the provider responded quickly to people's changing needs and where necessary, they sought advice from other health and social care professionals. When a person's health had deteriorated, we saw that they took appropriate action to refer them to a hospital for specialist treatment. There was evidence that the provider worked in collaboration with the professionals who commissioned the service in order to achieve positive outcomes for people who used the service. A professional commented that initial communication difficulties with the staff had improved and they now received regular reports from the service. We also saw evidence of this in the records we looked at.

Good

Is the service caring?

Our findings

The person we spoke with told us that staff were caring and sensitive to their individual needs. They also said, "I'm happy here. I feel that staff are on my side rather than it being a battle." They also had particular praise for the new nurse adding, "The new nurse is really good, she has real passion for her work." The person also told us that the care at the home was unlike their unpleasant experiences of care in the past, where they felt forced to recover from their illness rather than being supported to manage their illness at a pace they could cope with.

We observed respectful interactions between staff and people who used the service. There was a relaxed and friendly atmosphere within the home, and staff demonstrated compassion towards people they supported. They spoke about people in a respectful manner and demonstrated passion for the work they did to support people to achieve their goals. A member of staff said, "We give people the opportunity to take control of their lives." They also told us of how a person who had never travelled abroad had been encouraged to apply for a passport. They said that on achieving this, the person said that it had made them have an 'identity'. This was a good example of how staff were helping people to achieve things beyond their expectations.

People were actively involved in making decisions about how they wanted to be supported. Their choices had been taken into account and respected by staff. They could choose how they wanted to spend their time and we saw that most people went out regularly without staff support.

We noted that one person chose to remain in their bedroom for most of our visit. The manager told us that they did this because they enjoyed spending time with their cat, which was not allowed in the communal areas due to the risk to others of having an allergic reaction. Weekly meetings with people who used the service also enabled them to be actively engaged in decisions about how the service was run. Records showed that most people attended these meetings regularly and contributed towards discussions about various issues, including cleaning duties and plans for recreational activities.

The person we spoke with told us that staff supported them in a way that maintained their privacy and protected their dignity. Although people who used the service were mainly independent in meeting their personal care needs, staff told us that they prompted people in a way that respected their individual choices and diversity. Staff also told us that they maintained confidentiality by not discussing people's care outside of work or with agencies that were not directly involved in the person's care.

Information was given to people in a format they could understand. We saw that people had been given a 'Service User Guide' when they moved to the home and this contained the information they needed to understand the ethos of the service, how it was managed and what they needed to expect from the staff that supported them. Some people had care coordinators, who acted as their advocates to ensure that they received the care and treatment they required. Information was also available about an independent advocacy service that people could access if required.

Good

Is the service responsive?

Our findings

People who used the service required specialist support and treatment to manage their conditions. We noted that prior to moving to the home, people's needs had been assessed and appropriate care plans were in place so that they received the support and treatment they required. The person we spoke with told us that they had been involved in planning their care and that their needs were being met. They said, "This place is about managing your illness, rather than recovery. I have been involved in the whole process and I feel very much part of it." We noted that the senior staff reviewed people's care plans weekly and where necessary, these were updated to reflect changes to their care or treatment needs. The provider also worked closely with the commissioners of the service and we noted that they sent regular reports to the professionals involved, to evidence what progress people had made. Some of the people's care and treatment plans were also reviewed regularly during the Care Programme Approach (CPA) meetings arranged by the commissioning services.

People were supported to pursue their hobbies and interests. The person we spoke with talked fondly about the voluntary work they did in a local shop. They said that they did this to develop skills towards living independently, as they hoped to live in a flat of their own in the future. We saw that another person attended college and had successfully completed one course before starting another. A professional said that the achievements people had made were a tribute to the skilled staff, who were able to support people with such complex needs effectively. They added, "I don't know how they recruit, but hats off to them." A member of staff said that they encouraged people to fully engage with community activities, adding, "They can go out as much as they like here." Another member of staff said, "We support people to appreciate what full life is about, as sometimes they do not feel that they deserve it." Staff also told us about a special event they always held at Christmas time and which they invited people's relatives to. Some of the people also regularly visited their family members and people's relatives were always welcome to visit the home whenever they wanted.

The provider had a complaints system in place and we saw that people had been given information telling them what to do if they wished to raise a complaint or if they had concerns about any aspect of their care. This had been included in the 'Service User Guide' they were given when they first moved to the home. There had been no recorded complaints in the last 12 months prior to the inspection and the person we spoke with said that they had not had any reason to complain. They said, "I am happy here and I therefore have nothing to complain about."

Requires improvement

Is the service well-led?

Our findings

Although the provider had completed a number of audits to assess the quality of the service they provided, we found that they did not have a system in place to enable them to continuously monitor if appropriate standards were being maintained. Also, some of the records were not kept up to date to evidence that they were meeting the required standards. For example, there was not always evidence to show how often staff had received supervision, including from the external supervisor. There was no clear supervision plan or structure to enable staff to understand when their supervision meetings were due. The training schedule did not show which staff had completed the planned training and whether some of the training had expired. The provider had access to the e-learning account and could check if staff had completed their training within the agreed timeframes. However, they did not have a system to regularly check this.

There was a registered manager in post, who is also the provider of the service. The registered manager split their time between this and another of their services, which is located on the same road and staff could work between the two services. The manager was supported by two nurses who provided the leadership, guidance and support required by the rest of the staff to provide good care to people who used the service. It was clear from our observations that the provider promoted an open, friendly and supportive culture within the service. People had a good relationship with the manager and the rest of the staff on duty on the day of the inspection. They spoke freely with them and would joke at times. For example, the person we spoke with jokingly told the manager that when we had gone, they will negotiate their payment for giving us positive feedback.

Staff also told us that the manager was professional, approachable, supportive and that they, people who used the service or their representatives could speak to them at any time without a need to make an appointment. They also told us that they worked well as a team, were encouraged to contribute towards the development of the service, and that their competence and experience were valued. Monthly staff meetings were held where relevant information was shared, including learning from training and conferences some staff might have attended. The provider had also arranged external support for staff to enable them to explore and deal with some of the challenges of supporting people with complex needs, which staff found beneficial to their emotional wellbeing and professional development. The provider had employed a number of new staff in preparation for the opening of their other service. One of the new staff said, “This is a lovely company to work for. They are very supportive and encouraging. I feel I can progress here.”

The manager told us that the ethos of the service was ‘to help people manage their health conditions’. We saw that the manager was involved in the management of people’s care and treatment in their professional capacity as a dietitian. The comments from the professionals emphasised how specialised the service was and that they were not many like it in the country, with one professional adding, “More resources like this are needed.” All the professionals we received feedback from commended the provider and staff for achieving good results in supporting people to make progress they had not previously achieved in other care settings. One professional said, ‘I can’t rate this service highly enough. Through the balance of structure, highly skilled staff, effective treatment and a caring, homely set up, they have managed to do wonders for people using the service.” They went on tell us how a person they supported had benefitted greatly from being at this service. Another professional said, “The work they do is invaluable in keeping people who would normally be treated in a hospital, doing well in the community.”

There was evidence that the provider encouraged people, their relatives, and health and social care professionals to provide feedback about the service by sending annual surveys,so that they had the necessary information to make continuous improvements.The results of the survey completed in 2014 showed that everyone was mainly happy with the quality of the service provided. We saw that the provider had developed an action plan to address some of the areas they required to improve on. This year’s survey was yet to be sent out.