

Imagine Independence

Crosby Women's Service

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

This inspection visit took place at Crosby Womens Service on 18 October 2016 and was announced. We told the manager before our visit that we would be coming. We did this to ensure we had access to the main office and the management team were available.

Crosby Women's Service provides accommodation for women with mental health needs who had usually spent a long time living in a secure service. The aim of the project is to support women to develop their own potential and to self manage their own mental health and wellbeing. The building resides in a residential area in Liverpool consisting of six self contained flats. Public transport links to Liverpool city centre are within easy reach. A variety of amenities are within a short distance, such as, shops, pubs, a bank and churches.

There was no registered manager in place at the time of the inspection. The previous manager only recently left. We saw evidence a candidate who was the current manager had been through the application process and was waiting to confirm they had been successful. 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 the last inspection in February 2014 the service was meeting the requirements of the regulations that were inspected at that time.

We found the service had systems in place to record safeguarding concerns, accidents and incidents and take necessary action as required. Staff had received safeguarding training and understood their responsibilities to provide safe care for people.

There were appropriate numbers of skilled staff deployed to meet the needs of women who lived independently within the building. Staff had been safely recruited to ensure people would be supported by suitable employees.

Thorough risk assessments had been developed to minimise the potential risk of harm to people whilst out in the community and within the service. These had been kept under review and had been reviewed with the individual at the centre of decision making. One staff member said, "It is important to mitigate any risks and each woman is involved in that risk management strategy."

Staff responsible for the administration of medicines had received training to ensure they had the competency and skills required. However all women self medicated and had control of their medicines with staff oversight. One woman supported by the service said, "I look after my own medication and if I need any advice or support it is here."

The registered manager understood the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). This meant they were working within the law to support people who may lack capacity to make their own decisions.

People were supported by caring staff who were supportive, caring and respectful. One woman said, "What jumps out is how caring and kind all the staff are."

Staff knew people they supported and provided a personalised service. Care plans were in place detailing how people wished to be supported whilst promoting independence. Women were involved in making decisions about the support and guidance they required. Records looked at and women we spoke with confirmed this.

People were provided with support and guidance to meet their aims and goals. For example staff provided guidance and support for people who wished to achieve education or gain employment.

People who received a service told us they were comfortable raising any issues, concerns or complaints with their staff and the registered manager. The service had arrangements in place to deal with these appropriately.

We found a number of audits were in place to monitor quality assurance. The organisation and manager had systems in place to obtain the views of people who were supported by the service.

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.

People told us they felt safe living independently because staff were around to offer support if required. Safeguarding procedures were in place and staff understood how to safeguard people they supported.

Assessments were undertaken of risks to people who used the service. Recorded plans were in place to manage these risks.

Systems were in place to make sure the manager and staff learnt from events such as accidents and incidents.

Staffing levels were sufficient with an appropriate skill mix to meet the needs of people supported by the service.

Is the service effective?

Good ●

The service was effective.

People were supported by staff that were sufficiently trained, skilled and experienced to support them to have a good quality of life.

The manager was aware of the requirements of the Mental Capacity Act 2005.

People received support to manage their diets according to their care plan.

Staff supported people to attend healthcare appointments and liaised with other healthcare professionals as required.

Is the service caring?

Good ●

The service was caring.

People who used the service told us they were treated with respect and dignity by staff and management.

Care and support had been provided in accordance with people's wishes.

People were supported to maintain and develop relationships with people who mattered to them.

Staff were respectful of people's rights and privacy.

Is the service responsive?

Good ●

The service was responsive.

Care plans were in place outlining people's care and support needs. Staff were knowledgeable about people's support needs, their interests and preferences.

People knew their comments and complaints would be listened to and responded to.

Is the service well-led?

Good ●

The service was well led.

Systems and procedures were in place to monitor and assess the quality of service people were receiving.

The manager consulted with the organisation, people they supported and relatives for their input on how the service could continually improve.

A range of audits were in place to monitor the health, safety and welfare of people.

Crosby Women's Service

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 visit took place at Crosby Womens Service on 18 October 2016 and was announced. We told the manager before our visit that we would be coming. We did this to ensure we had access to the main office and the management team were available.

The inspection team consisted of an adult social care inspector.

Before our inspection visit we reviewed the information we held on the service. This included notifications we had received from the provider, about incidents that affect the health, safety and welfare of people the service supported. We also checked to see if any information concerning the care and welfare of people being supported had been received.

During the inspection we visited within the building the independent flats of people (tenants) who were supported by the service. We spoke with three people who used the service. In addition we spoke with five staff members, the assistant director of the service and the manager. We also spoke with a clinical psychiatric nurse (CPN) who worked at the service part time.

We looked at care records of two people, training records of staff members and records relating to the management of the service. We also contacted other health and social care professionals. This helped us to gain a balanced overview of what people experienced accessing the service.

Is the service safe?

Our findings

We spoke with women who lived as tenants in their individual flats within the building. They all told us they felt safe at Crosby Womens Service. Comments included, "I feel so much better and safe since moving here." Also, "The staff make you feel at ease and secure."

When we looked at information we received we found there had been no safeguarding concerns raised. Discussion with the manager confirmed they had an understanding of safeguarding procedures. We found by talking with staff they were aware of the process for reporting safeguarding concerns. One staff member said, "I know the procedure if I needed to do something." We confirmed by looking at records and talking with staff safeguarding training had been provided and updated when required.

We looked at staffing levels and how the service supported women. We did this to make sure there were enough staff on duty at all times to support women in their care. We found by talking with people staffing levels were sufficient to support people and provide one to one support if required. One of the women we spoke with said, "Always someone around to talk to if I feel a bit down. The staff are wonderful."

We found an appropriate skill mix of staff for example to meet the needs of people using the service. For example the organisation employed a community psychiatric nurse (CPN) who provided support for women on a daily basis. One of the women tenants said, "The support from trained professionals is excellent here. It has made me come on leaps and bounds." In addition the service employed 'peer support workers'. These were staff who had lived with mental health problems previously. We spoke with a peer support worker who said, "I feel I bring experience and knowledge that would help the women here." One of the women tenants said, "I feel I can talk with [peer support worker] more openly as she understands my problems."

Care plans looked at had risk assessments completed. Clinical risk assessments were in place to make sure people were kept safe and healthy. Where a risk was identified, for example working within the local community, a risk management plan was developed with staff and the individual. Information contained a description of the risk, what was likely to happen immediately before the risk becoming apparent. Also what actually happened and strategies to reduce the risk. A staff member said, "We have to have in depth risk assessments in place to ensure people are kept safe and protected." Risk assessments we saw provided clear instructions for staff members when providing support and care to women.

Accidents and incidents were recorded and discussed between the manager and staff. They were analysed by the management team and action to reduce risk and keep people safe were learnt from incidents.

Two staff files we looked at contained an audit to check recruitment requirements had been completed. This formed part of the manager's safe processes to protect people from employment of unsuitable staff. Records we looked at included references and criminal record checks obtained from the Disclosure and Barring Service (DBS). The service also involved women tenants in their recruitment process. For example they would support the manager to make a decision to employ staff following the recruitment process. A staff member said, "It works well having the women involved in the interview process."

We found each person managed their own medication. When we visited the homes of women we found they managed their own medication. One of the women tenants said, "I get my own medication from the chemist and manage it myself. The staff are around if I need any help."

We looked at the medication documentation for the tenants who took the responsibility for taking their own medicines. Women told us they would document the time at which they took their medication and staff would review records. We found care plans documented how each individual took their medication along with risk assessments and self-medication assessments, if appropriate.

The manager provided medication training to underpin staff knowledge and competency testing to review their abilities. The management team undertook audits, in addition to checks by the local pharmacy, to check procedures were safe.

Is the service effective?

Our findings

People who lived at Crosby Womens Service told us they were supported by staff who had the knowledge and skills required to meet their needs. They told us they felt members of staff understood the support they required. One of the women said, "The staff have been brilliant since I have lived here. They know how to treat people like me and I am confident they know what they are doing in terms of helping me." Another person said, "The support from staff and the psychologist has made me feel so much better."

Women were supported by staff who had the knowledge and skills required to meet their needs. For example we found staff training records identified courses they had attended and when training relevant to their role required updating. Staff told us training was provided to enable them to understand people who had mental health issues. One staff member said, "It is good the service employs professional people who understand the women we care for and their mental health issues." Another said, "We have had very good training to understand mental health problems and how to support people."

Staff were encouraged to develop their professional skills by accessing training that leads to qualifications. For example staff were currently encouraged to attend 'Personality Disorder' training. In addition staff told us they had completed 'National Vocational Qualifications' (NVQ). Also 'mental health awareness' training was available for all staff. This ensured staff had the skills and confidence to support women in their care. One staff member said, "We are actively encouraged to access training there is no restriction on training that is relevant to our role."

The manager had a programme of mandatory training that included, positive risk management, managing challenging behaviours, gender sensitivity and safeguarding training. Staff confirmed training programmes were updated on a regular basis.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

The manager demonstrated an understanding of the legislation as laid down by the MCA. We spoke with the manager from the service to check their understanding of the MCA and DoLS. They demonstrated a good awareness of the legislation and confirmed they had received training. This meant clear procedures were in place so staff could assess people's mental capacity. This enabled staff to assess people's ability to make decisions for themselves.

Staff received supervision on a regular basis and annual appraisals. Staff we spoke with confirmed this. These were one to one meetings held on a formal basis with their line manager. Staff told us they could discuss their development, training needs and their thoughts on improving the service.

Care files of women supported showed they had been assessed and any support required with meal provision and food budgets was documented. Part of people's recovery programme was to be able to prepare and monitor their own food provision if required. For example one of the women told us they had learned to cook and were now managing their own food budget. Staff encouraged women to have some healthy option choices. It was clear people had choices of food and independently shopped for their own provisions and cooked their own meals.

People's care records included contact details of their GP so staff could contact them if they had concerns about a person's health. This meant information was available to staff should they need to contact a health professional in an emergency.

Care records also confirmed women had regular health checks through visits to the dentist and GP. Also we found evidence they accessed services for example the mental health and social work agencies if appropriate. This showed the service ensured women's health needs were monitored and any concerns would be dealt with.

Is the service caring?

Our findings

Women we spoke with liked the staff and all thought they were kind and caring. One person said, "What jumps out is how caring and kind all the staff are." The women told us staff treated them with respect and dignity. For example one person said, "They would not enter my flat without my knowledge or me inviting them in." Another said, "They do recognise this is my home and would not disrespect that fact."

We observed instances of staff interacting with people they supported. They treated people with respect and patience. People who wanted to talk with staff were not left ignored. Staff and health professionals who provided support were attentive and patient when talking with the women. One woman said, "I like chatting with staff and they never make excuses not to come and sit with me or go for a coffee if I want to."

We looked at care records and found they contained a lot of information about the person and their history. They were person centred and developed with the individual who was at the centre of what should be contained in their care plan. For example any choices of recreation or community engagement was chosen by the women with support from staff and management within a risk framework. One of the women tenants said, "I have been consulted all the way and made my choices clear with great support from staff." We saw evidence people had been involved in developing their care plans. For example people signed their support plan which indicated their involvement in the development of support and guidance they needed.

Women's preferences, interests and aims had been recorded. Support and guidance had been provided in accordance with people's wishes. This demonstrated women were encouraged to express their views about how their support was provided. Staff told us knowing the women's aims and wishes helped them provide support to achieve independence. For example in terms of employment or educational opportunities within the community.

We found evidence in records all aspects of the person's care plan were reviewed with the individual and updated on a regular basis. This ensured staff had up to date information about their needs which reflected the support and guidance they required.

We spoke with staff, management team and mental health professionals. We found they had a good knowledge of women they supported. They were knowledgeable about their background, younger days, family and their mental health disorders. Staff told us how they knew the behavioural triggers from getting to know the women well. They would discuss these with the clinical psychiatric nurse to monitor their behaviour in order to prevent further deterioration. One staff member said, "We are a small service with a large staff team so getting to know the women well is not an issue."

When staff spoke with us it was clear they had worked with the same people for some time and had become very familiar with their likes, dislikes, health and social care needs. A staff member said, "One to one support at times really helps build up relationships in such a small group."

Before our inspection visit we received information from external agencies about the service. They included

mental health services. Links with these external agencies were good and we received only positive feedback from them about the care and support provided by Crosby Women's Service.

For people who wished to have additional support whilst making decisions about their care, information on how to access an advocacy service was available.

Is the service responsive?

Our findings

Women who received support from Crosby Womens Service told us they felt support and guidance staff provided met their individual needs. They also told us they responded to any changing needs that may happen. For example one of the women said, "I think all the staff are wonderful. I was having a bad time recently and needed their support. They were brilliant, straight away staff helped during that period and the CPN was here helped me feel much better." This demonstrated the service responded when someone was not feeling well or required extra support.

Women who lived independently within the building had their social, health needs, communication preferences and general aims discussed with them. Staff told us people were comprehensively assessed. This was to ensure they were aware of the individual aims and goals each person wanted to achieve during their recovery programme. For example to be able to deal with a crisis independently or manage their own budget requirements.

The assessment framework used by the service included, the 'star recovery plan'. This was a validated method able to ensure women were empowered to, for example, self-care, build relationships within the community and seek employment. One women said, "I can do so much more now since being here. We work together with the staff from my recovery plan. I am in a relationship and my confidence is so much better."

We found staff supported women to become self-sufficient. This was by promoting independence to enable them to for example, arrange their own benefits, assisting them in setting up a bank account and manage their own budgets. One of the tenants said, "The support to help me manage my own affairs has been fantastic from all the staff. I feel a lot more confident when dealing with money matters." The women would normally spend between twelve and eighteen months at the service. However this was flexible and dependent on the physical and mental health of the person.

Some of the women had developed relationships. For example one woman had a partner and told us staff had supported them in that relationship. For instance with days out and overnight stays. We spoke with one women who said, "I have a boyfriend and we see a lot of each other the staff have been so supportive."

We found the service had established links within the local community such as employment services and education establishments as part of each individual's identified activity recovery programme. The women tenants had accessed these services as part of their identified assessment plan choices. One women said, "We have found work that I enjoy. It is part time and voluntary at the moment but it is what I wanted to do. I feel I have a purpose."

One of the innovative ways the management team had developed the service was to support people on their 'outreach support programme'. This was a service to help women who when ready to move to independent living were supported through the process and following weeks if needed. They would respond to any problems the individual may have. Once the women had moved to their new home the outreach

programme would begin. This would involve regular visits from staff within the Crosby Womens Service for up to three months. This service would be in place until the clinical team, the individual and staff team were happy to leave the service altogether.

Part of the role of the staff team would offer guidance, emotional support and advice throughout the transition period. In addition a 'respite living room' at Crosby Womens Service was available should the person feel the need to return in a crisis. A staff member said, "We feel this is a really good development of our service that we offer support and guidance when the women move out and they don't feel alone without any support."

We found information on how to make a complaint was available for the women tenants. The tenants were encouraged to give their views and raise any complaints or issues with the manager. The manager made contact with every person who lived independently within the building on a regular basis. This was in order to obtain their views and to give people the opportunity to raise any concerns they may have. The manager told us constant engagement with people developed relationships and encouraged people to discuss any complaints or concerns they had. The manager told us they continually had contact with people and any issues raised would be dealt with straight away.

We found the complaints policy the manager had in place was current and had been made available to all people who received a service. This detailed what the various stages of a complaint were and how people could expect their concerns to be addressed.

Is the service well-led?

Our findings

Staff told us they found the management team at Crosby Womens Service was supportive and led the service well. Comments from staff included, "It is challenging but the support from management is fantastic." Also, "[Manager] is always on hand and makes herself available for any issues big or small, so yes this place is extremely well led." We spoke with one of the women who were supported by the service they said, "Great support from social workers, CPN's and especially the management team here who support me so well."

There was no registered manager in place at the time of the inspection. The previous manager only recently left. We saw evidence a candidate who was the current manager had been through the application process and was waiting to confirm they had been successful. The manager told us they had completed their interviews and was waiting for confirmation of their registration. Staff told us the manager was supportive and approachable.

Crosby Womens Service had a statement of purpose which outlined the service provided. It also set out the service's mission statement to constantly work to ensure Crosby Womens Service should always strive to promote independence. Also support each woman to make sure they were prepared for independent living whether that was to live within their community or to find employment. Throughout our visit we observed the manager and staff acted according to these values when providing support and guidance to women in their care.

We spoke with members of the management team about the culture at the service. One of the team said, "Each person we support is the centre of all we are trying to achieve for them. We want them to feel at ease, relaxed and confident to move on to live on their own in the community."

Staff told us the manager always supported staff when shortages occurred due to holidays or sickness. Due to the nature of the service they told us they did not use agency staff. One staff member said, "[Manager] is part of the team always. She joins in with the women and us all the time."

Staff spoken with demonstrated they had a good understanding of their roles and responsibilities. Lines of accountability were clear and staff we spoke with stated they felt the management team and especially the manager worked with them and showed leadership. Staff told us the manager was always supporting them and was involved in all aspects of the women's support. One staff member said, "Definitely the best manager I have worked with and has been very supportive towards me."

We found the manager had a number of ways to obtain the views of women who lived independently within the building. For example suggestion boxes were placed around the communal areas of the building. This was so women who wished to raise any issues or make suggestions to improve the service were able to do so anonymously. "A staff member said, "We don't get many responses but they were there for the women to access." Also surveys were completed by the women and we looked at results from surveys completed in 2015. All were positive and included, "The dedication of staff and the management is tremendous."

Staff meetings and meetings with women tenants were held regularly and minutes of meetings kept. Staff we spoke with told us they were productive and useful. Staff told us any issues or suggestions raised had been discussed and action taken where appropriate. For example from the July staff meeting further cleaning supplies had been identified as needed for different areas of the building to meet infection control guidelines. We found this had now been put into place. One staff member said, "The meetings help raise things that we can do in order to improve and provide a good service." Also from the 'resident tenant' meetings identified suggestions had been actioned and put into place. For example one of the women said, "We thought the monthly communal meals were good and we brought this up at the meeting."

Regular audits were being completed by the manager and by the organisation. These included, care plans, health and safety issues and the building. Any issues raised by the audits would be addressed by the manager and improvements made where required to make sure the service continued to develop. We found an audit of the service policies and procedures had been reviewed they found however not all staff had signed to say they had read the new updated policies. The manager told us this had now been completed by all staff.

Legal obligations, including conditions of registration from CQC, and those placed on them by other external organisations were understood and met. There were good relationships with healthcare professionals and services involved in people's care and support.