Rochdale Metropolitan Borough Council

Greave Project

Inspection report

Greave House
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Tel: 01706658559

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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

Greave Project is a residential mental health crisis unit for adults who are experiencing a mental health crisis. It provides up to three placements for adults requiring support to manage their crisis as an alternative to hospital admission. The unit consists of four studio apartments within a block of flats. Three of the studios apartments are for individual use and contain a kitchen, bathroom, bedroom and lounge area. One of the apartments is used as a quiet communal lounge. Within the building there is a staff sleep room, a shared laundry facility, a staff office, a manager's office and a large communal lounge.

At our last inspection the overall rating of the service was 'good'. At this inspection we found that evidence continued to support the rating of 'good' and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

The last inspection reported that the safe domain 'required improvement'. Improvements were needed to ensure the safe handling of medicines. The service was able to demonstrate during our inspection that the administration of medications was now safe.

At the time of the inspection there were two people using the service.

There was an appropriate safeguarding policy and procedure in place and staff had received training and were clear about their roles when asked about this during the inspection visit.

Staff were recruited through a robust procedure and there was a settled team in place with a low turnover of staff.

There was an open team culture that enabled the service to quickly identify and investigate any errors or concerns.

The care and support was delivered within current legislation, standards and evidence based guidance was readily available.

The staff team were experienced and had access to appropriate training.

Peoples support needs had been thoroughly assessed. Care plans demonstrated their involvement and care plans were flexible and could be altered to suit the persons changing needs.

The service produced a comprehensive welcome pack designed by people who had used the service and by staff.

The complaints procedure was accessible and there had been no recent formal complaints. The service had

received several compliments from people who had used the service.

The service was well-led. Staff and people who had used the service reported that the registered manger had a visible presence in the service and felt supported by them.

Feedback from people who had used the service was routinely collected at discharge and was collated and analysed.

The service was committed to continuous improvement. Audits and quality checks were undertaken on a regular basis and any issues or concerns were quickly addressed with appropriate actions.

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 has improved to Good. Improvements had been made to manage medicines safely and the recruitment process is now in line with best practice.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

Greave Project

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 was a comprehensive inspection. The inspection took place on 13th June 2018. We gave the service 48 hours' notice of the inspection visit because the location currently provides a service to two people and we needed to be sure that they would be in.

The inspection was carried out by two adult social care inspectors from the Care Quality Commission (CQC).

Prior to the inspection we looked at information we had about the service in the form of notifications, safeguarding concerns and whistle blowing information. We also received a provider information return (PIR) from the provider. This form asks the provider to give us some key information about what the service does well and any improvements they plan to make.

Before our inspection we contacted Rochdale Local Authority commissioning team and the local safeguarding team to find out their experience of the service. We also contacted the local Healthwatch to see if they had any information about the service. Healthwatch England is the national consumer champion in health and social care. This was to gain their views on the care delivered by the service. We did not receive any negative comments.

During the inspection we spoke with a registered manager, three members of staff and a Care Coordinator from Adult Care services in Rochdale. We spoke to two people who were using the service and looked at two care plans. We looked at three staff personnel files, training records for all staff, staff supervision records, monthly client satisfaction surveys, a selection of team meeting minutes, monthly records of audits and other documents related to the inspection.

Good

Is the service safe?

Our findings

At our last inspection in March 2016 we found that medication was not always administered safely and required improvement. The service demonstrated during this inspection that the administration of medications was now safe.

There were policies and procedures to guide staff in the safe administration of medicines and the service had updated the policy since the last inspection. The service held a copy of the latest guidance from the National Institute for Health and Care Excellence (NICE). This is considered to be best practice guidance for the administration of medicines.

All staff who administered medicines were trained to do so and had their competency checked regularly by the registered manager.

There had been four medicines administration errors since the last inspection. The registered manager explained how the errors had occurred and the measures the service had taken to avoid a recurrence. We found that the service had followed the appropriate procedure when dealing with errors and was transparent in reporting these to the correct agencies. The service had sought guidance from the local clinical commissioning team to reduce the possibility of errors relating to medicines occurring in future and could access an advice helpline for information.

We looked at medicines administration records (MARs) for both people using the service and found they had been completed accurately. There were no unexplained gaps or omissions. Two staff members had signed they had checked medicines into the home which helped staff check the numbers of medicines people had.

People were encouraged to self-medicate where appropriate following a risk assessment and consideration of the persons mental capacity. The risks relating to self-administration were explored during the initial assessment process and staff regularly checked that people remained safe to take their own medicines in the daily one to one sessions.

People using the service may require controlled drugs and there were safe systems in place to manage this including secure storage and a dedicated register for staff to sign for them. Controlled drugs are stronger medicines which require more stringent checks. Staff were aware of how to administer controlled drugs.

We noted that procedures were in place to ensure staff were aware of all people who entered the building in which the service was located; this helped to ensure the safety of staff and people who used the service.

Greave Project have a minimum of two staff on duty twenty-four hours a day and has a waking night service. This high staff ratio was necessary to support people who are in crisis. The registered manager told us that no agency staff were used. Absences were covered by other experienced council staff from other services through a bank system.

People told us during the inspection visit that they felt safe when using the service at Greave Project, "I do feel safe, staff look out for me".

We checked to see how people were protected from the risk of cross infection. We saw that there were infection control policies and procedures in place. The service carried out a comprehensive infection control audit every six months and had adopted Rochdale Councils Infection Control Teams audit for this purpose. The registered manager also conducted additional monthly audits. During the inspection we observed that all areas of the service were clean and well-maintained.

The registered manager told us that the referring professional had to complete a risk assessment. This document identified areas of concern and the support a person might need to manage their safety and wellbeing. Both files that we examined contained thorough risk assessments.

The training matrix demonstrated that all staff had completed safeguarding training and staff had access to the local authorities safeguarding policy and procedure. This provided staff with guidance on identifying and responding to signs and allegations of abuse. Staff were able to tell us the correct procedure to follow should they witness or suspect abuse.

We looked at the systems in place to ensure staff were safely recruited. At the last inspection we noted that the recruitment policy did not meet the requirements of the current regulations because it did not make clear that additional checks were required when staff were recruited to work with vulnerable adults as well as children. The registered manager was able to demonstrate that this had been resolved and that all staff had been through Disclosure and Barring Service (DBS) checks. The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant. These checks will help to ensure people are protected from the risk of unsuitable staff.

We looked at the systems in place to ensure the safety of equipment used in the service. Records we reviewed showed safety checks in relation to gas, electric and legionella had been carried out at required intervals.

Inspection of records showed regular in-house fire safety checks had been carried out to ensure that the fire alarm, emergency lighting, fire safety blankets and fire extinguishers were in good working order. We saw that regular fire drills took place and a fire risk assessment had been completed in July 2017 by an external agency. The fire evacuation plan had been signed by people using the service and none required a personal evacuation plan as the result of any concerns regarding their ability to be evacuated safely in the event of an emergency.

Good

Is the service effective?

Our findings

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.

People were required to consent to their placement at Greave Project. From our discussions with people, our observations and a review of people's care records we saw that they were consulted with and, if able, consented to all aspects of their care and support.

Staff told us that they assumed capacity unless they had reason to believe otherwise. One staff member commented, "We don't tell people what to do, they make their own decisions. If necessary we have a best interest meeting to establish what is in their best interests if they do lack capacity around a particular decision". A best interest meeting takes place after a mental capacity assessment has established that the person lacked capacity for the decision that needed to be made.

The service had a corporate induction programme provided by Rochdale Council which included familiarising staff with the code of conduct, data protection, dignity at work, equality and diversity, managing stress, risk management and whistleblowing. The in-house induction covered service specific policies and procedures including infection control, first aid and medication.

Staff told us they received the training, support and supervision they required to be able to deliver effective care. Supervision is a one to one meeting between the registered manager and staff members that helps to ensure that an effective service is being provided. One stated, "I have done all sorts of training, I feel prepared to carry out my role". Another commented, "There is an open door policy, I couldn't ask for better support at all". We were also informed that staff were able to access clinical supervision and support from a psychologist to help ensure they provided people who accessed the service with effective support.

Induction, training and supervision were ongoing in the three files we reviewed and the training matrix was detailed and contained a wide range of relevant training. All staff had completed their mandatory training and staff had supervision every eight weeks in line with their policy and were able to seek additional support when required.

Staff who did not already have a National Vocational Qualification (NVQ) in health & social care or equivalent had the option of accessing the Care Certificate which is a set of standards that health and social care workers are expected to adhere to in their daily working life.

There were good communication systems in place to manage care effectively. The people who used the service had daily one to one sessions to discuss their support. One commented, "I speak to staff daily so I know they are thinking about me". The staff team had three handovers each day, a communication book, an

office diary and daily logs to refer to when required. The referring professional attended prior to a placement commencing, at a mid-point review and at discharge.

The service did not provide food but were proactive in supporting people when required. One person commented, "They've made sure I've eaten because of my health needs, and like to see I've been shopping for the right foods. They have helped me do a shopping list in the past".

The service was proactive in promoting access to local services that promoted healthier lives and support to access other health care services was provided when required. These issues were identified during the admission assessment and through the daily one to one sessions. There were posters, leaflets and brochures promoting local services on display.

The registered manager told us the service had been refurbished in 2016 and this included the provision of a ground floor flat which could be accessed by a person with mobility difficulties and included a wet room.

Good

Is the service caring?

Our findings

The service produced a welcome pack that included the service aims and objectives, a clear description of the staff role, a description of each staff member, how to access independent advocacy, how to complain and useful information such as where the nearest bus stop was and a map of the local area. This could be produced in an accessible format if the need was identified during the initial referral assessment. This complies with the Accessible Information Standard. All organisations that provide NHS care or adult social care are legally required to follow the Accessible Information Standard. The standard aims to make sure that people who have a disability, impairment or sensory loss are provided with information that they can easily read or understand with support so they can communicate effectively with health and social care services.

People we spoke to reported feeling supported by staff. One person told us, "The staff have always been very good with me even if I have not been good with them. I know they are professionals but they are also human".

The two care plans we reviewed demonstrated that staff worked with people to identify the goals they wanted to achieve whilst using the service. Individuals were asked to sign their support plan to indicate their agreement to the support. The people we spoke to reported being involved and being asked for their consent. One commented, "I consented to my care plan and to the staff helping me with my medication".

The service took peoples experience of the service seriously. They were offered a discharge feedback survey which the registered manager collated and analysed monthly. The registered manager also carried out a telephone survey, in November 2017, with people who had previously used the service and stated that they are always looking for new ways to obtain feedback to help improve the service.

The interactions between staff and people using the service, that we observed during the inspection, were appropriate, professional and caring. This included an open door policy where people were observed accessing the staff office when they needed to.

Staff we spoke with demonstrated a commitment to providing high quality support and care. One staff member told us, "I do my best to support people as I would care for my own family, people are often going through a very difficult time and they deserve that".

A visiting professional stated, "Staffing is stable, which is beneficial to people. I have seen some very positive relationships formed".

The registered manager showed us a recent staff survey which asked staff to imagine being someone that was using the service. The survey asked what would be important to them and how they would like to be treated by staff.

The service encouraged access to independent advocacy through the admission process, in the welcome pack and with posters in reception. Independent advocacy services safeguard people's rights and support

them to have a voice in their care.

Good

Is the service responsive?

Our findings

The registered manager explained the referral process, we looked at two care files and examined the referral protocol. The process was clear, quick and thorough. The referral was acknowledged by telephone within one hour of receipt followed up by a recorded decision within two days. This efficient process was important as people who were in crisis needed to access the service quickly.

The information held within peoples care files were detailed and person-centred. Their support needs had been assessed and support plans had been written in line with their needs. The referral form included relevant information on equality and diversity, physical health, substance misuse, forensic history, current risks, the Mental Capacity Act, up to date information on their medication, personal and social history, their psychiatric history, reason for the referral and what the person wanted to achieve from the referral.

People always agreed to the admission and the support plan was completed with them and explored how staff could help people to achieve their outcomes and what strategies could support this. A signed agreement was formally recorded and included conditions which the person agreed to, such as staff being able to enter the person's flat if they were considered to be at risk, for example.

The referral protocol referred to a zero-tolerance policy regarding abuse of staff. This could be extended to include people using the service and this could be further supported by a zero-tolerance policy on bullying.

There was a preadmission and post admission checklist in the care plans for staff to complete for each person using the service and this was audited monthly by the registered manager to check that tasks were being completed. This was important to ensure that the admission and discharge process was thorough and that high standards were consistently maintained.

The Five Ways to Wellbeing was embedded in the service and people were actively encouraged to adopt it so they could work on building their resilience. The Five Ways to Wellbeing is a set of evidence-based actions to improve people's mental wellbeing and was developed by The New Economics Foundation. The service also utilised The Warwick-Edinburgh Mental Well-being Scale. The Warwick-Edinburgh Mental Well-being scale was developed to enable the monitoring of mental wellbeing in the general population and the evaluation of projects, programmes and policies which aim to improve mental wellbeing.

Daily one to ones with people enabled the service to be flexible and to respond quickly to new or emerging issues and risks. One visiting professional confirmed that, "Everything is dealt with in a timely manner" and people using the service confirmed that the one to ones were useful.

The service had received no formal complaints. One person commented, "I would have known to speak to the manager if I had a complaint". The incident report file demonstrated that any concerns were recorded clearly, investigated quickly and relevant people consulted.

The registered manager told us that the referral process identified equality and diversity issues so that

arrangements could be made to meet people's needs. They also told us they would also arrange access to formal interpreting services when necessary.

Good

Is the service well-led?

Our findings

There was a registered manager at the service. A registered manager is a person who has registered with the CQC 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 statement of purpose set out the aims and objectives of the service clearly and concisely. The support that we observed and examined was consistent with it.

All the staff we spoke with demonstrated a good value base and were committed to their work.

We spoke with three staff members during the inspection and they reported feeling both valued and supported in their roles. One commented that, "Managers are great, very supportive and approachable".

We examined team meeting minutes and staff reported that they were useful. They took place every eight weeks and the last one took place in May 2018. The agenda focused on key issues such as health and safety and safeguarding and asked staff for their views and ideas on what was working or not working well. There was clear evidence from previous meetings that issues raised had been responded to. There was a team meeting in October 2017 that specifically focused on the new medication procedure and medication records.

Both staff and people using the service were involved in the development of the service through regular surveys and systematic collection and analysis of discharge feedback forms.

A visiting professional commented, "I can't speak highly enough of the management, they are great, the manager is willing to engage and is involved in every aspect of the care planning process".

Feedback from a Psychologist stated, "The progress that the client has made at Greave has been absolutely huge, this is by far the best she has been…her level of inappropriate use of services has reduced dramatically".

Audits and quality checks were integral to the registered managers approach and were proactively used to improve the service. These were varied and routine and included risk assessing safety hazards, auditing medication processes, checking staff competencies, incident reporting and a monthly audit to check if the service is meeting the regulations outlined in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.