

Mind in Furness Limited

Coniston House

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

The inspection visit at Coniston House took place on 24 October 2017 and was announced. The registered provider was given notice because it was a small supported living service. We needed to be sure people in the office and people the service supported would be available to speak to us.

Coniston House is a supported housing scheme for adults with severe and enduring mental health problems. The property comprises of six bed-sit flats in a quiet area, close to local amenities and bus route to the town centre. Communal areas include the kitchen / dining area, lounge, laundry, conservatory and large garden with patio area. The service is staffed 24 hours per day, seven days a week. The location is registered to provide accommodation for persons who require personal care. We had not previously inspected the service.

The service had a registered manager. 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.

During this inspection, we found staffing levels were regularly reviewed to ensure people were safe. There was an appropriate skill mix of staff to ensure the needs of people who were supported were met.

Staff received training related to their role and were knowledgeable about their responsibilities. We noted training around people's specific needs were delivered. Staff had the skills, knowledge and experience required to support people with their care and support needs.

Staff had received safeguarding training and understood their responsibilities to report any unsafe care or abusive practices related to the safeguarding of adults. Staff we spoke with told us they were aware of the safeguarding procedure.

The registered provider had ensured risks to individuals had been assessed and measures put in place to minimise such risks. A comprehensive plan was in place in case of emergencies which included detail about how each person should be supported in the event of an evacuation.

The provider had recruitment and selection procedures to minimise the risk of inappropriate employees working with vulnerable people. Checks had been completed prior to any staff commencing work at Coniston House. This was confirmed from discussions with staff.

Staff responsible for administering medicines were trained to ensure they were competent and had the required skills. There were appropriate arrangements for storing medicines safely.

People and their representatives told us they were involved in their care and had discussed and consented

to their care. We found staff had an understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

People we spoke with told us they were happy with the support given to ensure they received adequate nutrition and hydration.

We found people had access to healthcare professionals and their healthcare needs were met. We saw the registered provider had liaised with healthcare providers and responded promptly when people had experienced mental and physical health problems.

A complaints procedure was available and people we spoke with said they knew how to complain. People and staff spoken with felt the registered manager was accessible, supportive and approachable.

Comments we received demonstrated people were satisfied with their care. The management and staff were clear about their roles and responsibilities. They were committed to providing a good standard of care and support to people.

Care plans were organised and identified the care and support people required. We found they were informative about care people had received. They had been kept under review and updated when necessary to reflect people's changing needs.

People told us they were happy with the support they received in organising and participating in activities. People told us they were happy to have the choice to participate or refuse to take part in activities. The activities were arranged for individuals and for groups.

The registered manager had sought feedback from people and staff. They had consulted with people for input on how they could continually improve. The registered provider had regularly completed a range of audits to maintain people's safety and welfare.

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.

Staff had been trained in safeguarding and were knowledgeable about abuse and the ways to recognise and report it.

Risks to people were managed by staff, who were aware of the assessments to reduce potential harm to people.

There were enough staff available to meet people's needs, wants and wishes safely. Recruitment procedures the service had were safe.

People were supported to ensure their medicines were administered and stored in a safe manner.

Is the service effective?

Good ●

The service was effective.

Staff had the appropriate training to meet people's needs.

There were regular meetings between individual staff and the management team to review their role and responsibilities.

The registered manager was aware of the Mental Capacity Act 2005 (MCA). They had knowledge of the process to follow should restrictions to people's liberty be required.

People were protected against the risks of dehydration and malnutrition.

Is the service caring?

Good ●

The service was caring.

People told us the staff were kind and nice. Relatives spoke positively about the care at Coniston House.

Staff had developed positive caring relationships and spoke about those they cared for in a warm, compassionate manner.

People were involved in making decisions about their care and the support they received.

Is the service responsive?

Good ●

The service was responsive.

People received personalised care that was responsive to their needs, likes and dislikes.

The registered provider promoted activities to stimulate and maintain people's wellbeing.

People and their relatives told us they knew how to make a complaint. People felt confident the registered manager would deal with any issues raised.

Is the service well-led?

Good ●

The service was well-led.

People and staff felt the registered manager was supportive and approachable.

Staff worked in partnership with other professionals to make sure people received appropriate and timely support to meet their physical and mental health needs.

A range of quality audits and risk assessments had been completed and reviewed by the registered manager.

Coniston 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.

The inspection team consisted of an adult social care inspector.

Prior to this inspection, we reviewed all the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are submitted to the Care Quality Commission and tell us about important events the provider is required to send us. We spoke with the local authority to gain their feedback about the care people received. This helped us to gain a balanced overview of what people experienced accessing the service.

We observed how staff interacted with people and how they were supported during individual tasks and activities.

We spoke with a range of people about Coniston House. They included three people who received personal care support, one person who also lived at Coniston House and two relatives. We spoke with the registered manager and three members staff.

We had a look round the communal areas of Coniston House and with permission visited two people in their bedsits. We did this to make sure it was a safe and comfortable environment and observed how staff helped and communicated with people who lived there. We checked three care documents and two medicines records in relation to people who lived at Coniston House. We looked at three staff files and reviewed records about staff training and support.

We looked at documentation related to the management and safety of the service. This included health and safety certification, staff rotas, team meeting minutes and findings from monthly audits.

Is the service safe?

Our findings

All of the people we spoke with told us they felt safe with the staff and registered manager. One person told us, "I do feel safe living here, I am able to lock my door. Any trouble and I can go and see the staff." A second person said, "I am safe here." A relative told us, "[Relative] is very safe. They are the safest they have been in their life."

During this inspection, we asked about staffing levels. People who lived at Coniston House told us there were enough staff to help them. We spoke with staff about staffing levels and they did not have any concerns and felt there were sufficient on each shift to meet people's needs safely. One staff member told us, "Staffing has been increased; we needed more staff to give the residents more support."

We observed staff going about their duties. We noted staff were not rushing and had time to respond to people in a safe and timely manner. We saw the deployment of staff throughout the day was organised. We spoke with the registered manager about staffing. They told us they had introduced additional staffing during the day to meet people's needs. We discussed staff working alone during the evening and nights. It was explained that staff were able to access support from another service in the area and the registered manager was on call to attend should the need occur. We spoke with staff who confirmed on call arrangements were in place and support was available should it be required. This showed the registered provider had a system to keep people and staff safe and manage risk by having the appropriate support in place.

People were protected from the risk of abuse because staff understood how to identify and report it. Staff had information to help them identify abuse and respond in line with the provider's policy and procedures if it occurred. They told us they had received training in keeping people safe from abuse and this was confirmed in staff training records. Staff told us they would have no concern in reporting abuse and were confident the registered manager would act on their concerns. One staff member told us "I would not have a problem reporting people if I needed to." This showed staff had the knowledge to protect people by identifying and acting on safeguarding concerns.

We viewed three care records related to people who lived at Coniston House. We did this to look how risks were identified and managed. We found individualised risk management plans were carried out appropriate to people's needs. The plan contained early warning signs of people's deteriorating mental health. For example, one person's plan identified confusion and neglect of self-care as indicators of low mood. The plan also identified triggers and actions to take to support the person safely. One staff member told us, "We are a small unit we pick things up quickly. We have strong communication with the crisis and community mental health teams."

We saw leaflets in the communal areas of the service on, 'how to cope with hearing voices', 'Coping with loneliness' and 'safeguarding, 'mate crime'. Mate crime is a form of disability hate crime in which a vulnerable person is manipulated or abused by someone they believed to be their friend. This showed the registered provider had systems to guide staff and people being supported in managing risk appropriately.

We checked how accidents and incidents had been recorded and responded to at Coniston House. Any accidents or incidents were recorded on the day of the incident. We saw the recording form had the description of the incident and what corrective action was taken, along with how to reduce the risk of it happening again.

A recruitment and induction process ensured staff recruited had the relevant skills to support people. We found the provider had followed safe practices in relation to the recruitment of new staff. We looked at four staff files and noted they contained relevant information. This included a Disclosure and Barring Service (DBS) check and appropriate references to minimise the risks to people of the unsafe recruitment of potential employees. All the staff we spoke with told us they did not start work with Coniston House until they had received their DBS check.

During our inspection, we looked at processes for managing the documentation related to the administration and storage of medicines. We looked at Medicine Administration Record (MAR) forms for two people and saw they were consistently completed as directed. Medicine audit forms were seen and checked as correct. Medicines were stored safely in people's private homes. One person told us, "I always have my tablets on time." A second person said, "Medicines are locked away in a box so you cannot take too much and the staff give it." A staff member commented on the administration of medicines, "I did an in depth course on medicines and have done refresher training." This showed the registered provider had systems to protect people from the unsafe storage and administration of medicines.

Is the service effective?

Our findings

During this inspection, we looked at how the registered provider ensured staff had the skills and knowledge to carry out their role. There was a structured induction process. When new staff were employed, they shadowed staff that were more experienced before they carried out tasks unsupervised. One member of staff told us, "They eased me in gently so I got to know people." A second staff member told us, "I did a lot of shadowing going out with staff and people who live here."

The registered manager told us staff had a day and evening induction. There was no timescale to the induction. It was dependant on how confident staff felt. Staff we spoke with told us they felt their induction gave them the knowledge and skills to support people effectively.

We saw the registered manager had a training plan to forecast staff training. Staff we spoke with and records we viewed showed staff received regular training to ensure they were able to provide effective support to people. For example, we saw staff had received training on The Mental Capacity Act 2005 (MCA), suicide awareness, personality disorders and self-harm. One staff member told us, "I am currently doing the care certificate; I am learning a lot from it." This showed the provider had a framework to train staff to meet people's needs effectively and support individual staff development.

The 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 can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA 2005. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA 2005.

The registered manager demonstrated an understanding of the legislation as laid down by the MCA and the associated DoLS. They were aware of the changes in DoLS practices and had policies and procedures regarding the MCA 2005 and DoLS. Discussion with the registered manager confirmed they understood when and how to submit a DoLS application and what processes to follow to update DoLS authorisations.

Throughout our inspection, we observed staff offering people choices and gaining consent to work with people to complete tasks and activities. For example, we observed staff offering choices around mealtimes. We observed discussions around mealtimes and where to shop for ingredients for the meal.

We observed how people were supported to have sufficient amounts to eat and drink throughout the day. The kitchen was shared between everyone who lived at Coniston House. When appropriate, staff supported people to make individual or shared meals. One person laughingly commented, "It's like having waiter service, all I have to do is wash up." A second person told us, "There is nothing wrong with the food here."

We asked staff how they felt supported by their management team. They told us they received supervision for formal support but could gain help and direction from the registered manager at any time. Supervision was a one-to-one support meeting between individual staff and the registered manager to review their role and responsibilities. The process consisted of a two-way discussion around professional issues, personal care and training needs. One staff member told us, "The supervisions are alright. We discuss any problems and training." A second person told us, "I ask a lot of questions, they are helpful." This showed there was a framework to support staff to carry out their roles and responsibilities effectively.

We looked at care records that showed people's healthcare needs were carefully monitored as part of the care planning process. Care records confirmed visits to GPs and other healthcare professionals had been recorded. On the day we visited, we noted one person was supported to go and receive their scheduled slow release injection. A second person followed an established routine and went independently to collect their medicines. As part of our inspection process, we contacted local health professionals who had knowledge of people who live at Coniston House and the staff supporting them. Feedback was positive stating people were supported effectively and staff were knowledgeable. This confirmed good communication protocols were in place for people to receive effective support with their healthcare needs.

Is the service caring?

Our findings

We observed a calm, relaxed atmosphere and saw people and staff interacted in a friendly, caring way. Staff demonstrated a patient, respectful attitude when they spoke with those who lived at Coniston House. One person told us, "I like living here all the staff are nice." Another person commented, "There is nothing wrong with the staff. The staff are nice."

We observed staff actively listened to people and responded in an appropriate manner. For example, when chatting, we noted they spoke with the person as an equal contributor during their conversation. They listened to the person, acknowledged what they were saying and feeling. They offered sensitive and appropriate responses. People who used the service and staff were relaxed in each other's company.

When we spoke with staff about people they worked alongside, we received positive, fond responses and reactions. For example, one staff member told us, "I love it working here. I like helping people."

Staff respected people's dignity and privacy. We saw staff were mindful about the security of people's records. For example, people's care records were stored in an office and kept secure when they were not being used. We saw staff respected people's privacy by knocking on their doors and waiting for a response before entering.

When we looked around the building, we saw people were supported to personalise their private space. For example, one person had photographs ornaments and pictures in their bedsit. A second person had a dartboard, sports trophies and examples of their arts and crafts on show. One person told us, "It's like a hotel here." Rooms were clean and tidy which demonstrated staff respected people's belongings

People told us their relatives and friends could visit anytime and were made welcome. One relative told us, "It's always calm. It has a lovely, relaxed atmosphere." We also noted people were encouraged to maintain relationships away from Coniston House. People visited close family independently on a regular basis. This showed the registered provider supported people to maintain positive caring relationships with their loved ones.

People supported by the service told us they had been involved in their care planning arrangements. We saw people had signed consent to care forms which confirmed this. One relative told us, "[Registered manager] keeps us informed of any changes or any meetings that are taking place." Within care plans, we noted 'all about me' and 'family and relationship' information. For example, we saw where people had been to school, spent their early adult life and who was significant in their lives. One plan identified one person liked to watch television in the evening sat with staff members. One person told us they liked the fact staff knew all about them and were able to chat about their past. This showed the provider had listened and guided staff to interact with people in a caring manner.

We spoke with the registered manager about access to advocacy services should people require their guidance and support. The registered manager told us they knew how to access advocacy services and

would support people to access these services should they wish to. The registered manager commented, "We have supported people to use advocates in the past." Advocates are independent people who provide support for those who may require some assistance to express their views. Advocacy services helped to ensure people's rights to make decisions about their care and support were promoted. At the time of our inspection, no one had an advocate.

Is the service responsive?

Our findings

People were supported by staff that were experienced, trained and responded to the changing needs of people in their care. Staff had a good understanding of people's individual needs. Staff we spoke with were able to share people's likes, dislikes and coping skill which showed their ability to be responsive and deliver care that was person centred. One relative told us, "Mentally [relative] is the best they have been. They have remained stable, I am absolutely delighted." A second relative said, "I never get the feeling they don't understand [relative]. They have a good grasp of what they need."

Before we spoke with people as part of our inspection, the registered manager shared topics of conversation people enjoyed. One person's speech sometimes became hard to understand when they became excited. We were given prompts to remind the person to use that promoted positive communication. This showed the staff team had knowledge and understanding of people and supported them to initiate and maintain relationships.

During our inspection, we looked at three care plans. Each person's plan looked at physical health, mental health, family contacts and relationships. The plans were written to be responsive and balance people's right to independence against the legal frameworks that protect adults who may be vulnerable. Each care plan held personalised information that guided staff to be responsive to their physical and emotional wellbeing. For example, one person required assistance with budgeting and needed staff to work in partnership with them. A second person needed reassurance around a perceived physical illness. The registered provider had responded by seeking medical support to reassure the person.

People had access to external healthcare professionals in order to maintain their wellbeing. We looked at records, which detailed visits and appointments people had with outside health agencies. We saw people received the appointments they needed. One person shared the date of their next appointment with the registered manager who wrote it down so staff were aware. This task was a documented outcome in the person's care plan to promote their positive mental health. The registered manager told us, "We keep people out of hospital. We are good at early recognition. I am proud of the service we provide."

We asked about activities at Coniston House. We observed one person was supported with their food shopping. One person was given support to arrange transport for an errand. One person told us, "I like to be busy." They left Coniston House to attend a class provided by a nearby mental health service. People told us they visited family, went to the pub and went shopping regularly. We saw photographs of conservation walks that had been attended and in the garden, there were bird boxes made at 'men in sheds' classes.

We saw timetables that guided staff on what daily activities and support people required. One staff member told us, "Tasks are structured and allocated. We help people when they are struggling." A second staff member said people could choose whether they wanted to complete an activity or remain at home and relax. They stated it was their job to encourage people to participate but respect their choices. This showed the registered provider recognised activities were essential and provided a varied timetable to stimulate and maintain people's social health.

We found there was a complaints procedure, which described the investigation process and the responses people could expect if they made a complaint. Staff told us if they received any complaints or if they had any concerns or complaints they would approach the registered manager. One person told us, "I have no complaints and probably would complain if I had to." A relative commented, "We have never had any issue whilst [relative] has been there [Coniston House]. I give them eleven out of ten." A member of staff told us they had made a complaint and the registered manager listened and acted on their concerns. This showed the registered provider had a procedure to manage complaints. At the time of our inspection, the registered provider had received no recent complaints. □

Is the service well-led?

Our findings

Everyone we spoke with was very positive about the registered manager at Coniston House. The provider demonstrated good management and leadership. For example, one relative said, "We can't speak highly enough of the support [relative] gets. I go to bed with peace of mind." One staff member we spoke with told us, "[Registered manager] is a very good manager, very accessible very approachable." A second staff member said, "I can go to [registered manager] anytime for reassurance."

We noted the registered manager had sought feedback from people by using questionnaires. Feedback included, 'We have a lot of involvement at Coniston House. I really like the service you provide.' In addition, we noted, 'I don't think you can improve, it's very good and I am happy.' We also noted one person had stated they wanted a new carpet. Two people had stated at the time of the questionnaire being sent, they were not aware of the complaints policy. The questionnaires had a response section for when the registered manager reviewed the information gathered. We noted quotes for new carpets had been obtained. We also noted the complaints policy would be discussed at the next 'residents' meeting.

We read minutes that indicated regular meetings for people who lived at Coniston House had taken place. One person told us, "We always talk things over in the meetings and get to know what is going on." Subjects discussed at the last meeting included the complaints and compliments policy, going out for a meal and baking. This showed the registered provider sought people's views and responded appropriately and timely to guide their delivery of quality care.

We saw minutes, which indicated regular staff meetings, took place. Topics discussed included, training, safeguarding, health and safety, policies and procedures. Staff told us they attended staff meetings and they were given the opportunity to share their views. One staff member told us, "Staff meetings are good. We get together and discuss issues as a group." A second staff member commented, "[Registered manager] puts out an agenda, we can put anything on it, so we can have our say." This showed the provider offered opportunities for staff to contribute and guide the service being offered.

The provider completed a range of audits as part of their quality assurance for monitoring the service. They completed regular audits of all aspects of the service, such as, water temperature, legionella, fridge temperature and risk assessments. They completed health and safety checks of the building, which included weekly checks on the emergency lighting. There were ongoing weekly fire and carbon dioxide checks. This showed the registered provider had a way of looking at their practice to see if any changes were required to drive improvements and offer quality care and support.

We found the provider knew and understood the requirements for notifying CQC of all incidents of concern and safeguarding alerts as is required within the law. We noted the provider had complied with the legal requirement to provide up to date liability insurance.

There was a business continuity plan to demonstrate how the provider planned to operate in emergency situations. The intention of this document was to ensure people continued to be supported safely under

urgent circumstances, such as the outbreak of a fire. We noted each person had a personal emergency evacuation plan. These were personalised 'escape plans' for individuals who may not be able to reach a place of safety unaided or within a satisfactory period of time in the event of any emergency.

We looked at policies and procedures relating to the running of the service. These were in place and being reviewed by the registered provider at the time of our inspection. Staff had access to up to date information and guidance. We found procedures were based on best practice and in line with current legislation. Staff were made aware of the policies at the time of their induction and had full access to them.