







Tees, Esk and Wear Valleys NHS Foundation Trust Durham and Darlington Crisis and Recovery 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?	Outstanding	
Is the service responsive?	Good	
Is the service well-led?	Good	

Overall summary

This inspection took place on 27 and 28 January 2015 and was unannounced. Durham and Darlington Crisis & Recovery House provides care and accommodation for up to 9 people. The provider for this service is; Tees Esk and Wear Valleys NHS Foundation Trust. The service specialises in the short-term care for people who would benefit from a planned admission to receive home treatment (that is not a mental health acute in-patient setting) which, due to social circumstance and family

dynamics, may be challenging to deliver in the community. On the first day of our inspection there were a total of eight people using the service. This had increased to nine on the second day.

This is the first inspection for this service since it was registered in November 2013.

The home had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

The service is also overseen by Durham and Darlington's crisis teams.

Staff and visitors we spoke with described the management of the service as open and approachable.

Throughout the day we saw that people and staff appeared very comfortable and relaxed with the staff and the registered manager.

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The Deprivation of Liberty Safeguards (DoLS) is part of the Mental Capacity Act 2005. They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom. We discussed DoLS with the registered manager; she told us there were no restrictive practices that would deprive a person of their liberty during their short stay at the service.

All people who used the service were assessed as having capacity before their admission. The crisis team member told us that the service was never used for detained patients under the Mental Health Act.

Staff we spoke with said they received appropriate training. We saw records to support this. Staff had received training in how to recognise and report abuse. We spoke with three staff and all were clear about how to report any concerns. Staff were confident that any allegations made would be fully investigated to ensure people were protected.

Throughout the day we saw staff interacting with people in a caring and professional way. We saw a member of staff supporting one person with an activity. They were interacting happily and laughing together. We saw

another had escorted a person to a hairdresser in the community. We noted that throughout the day when staff offered support to people they always respected their wishes.

We saw people smiling and happily engaging with staff throughout the two days that we were there.

We saw there was a daily activity programme that people had chosen to themselves. The support staff supported people to take part in group activities or on a one to one basis. We saw activities were personalised and we saw that people made suggestions about activities and outings at the daily meetings that took place.

People told us they were treated with respect and privacy was upheld. People received a wholesome and balanced diet and at times convenient to them.

Risk assessments were in place to support people to manage their medicines and manage their health in line with their personal intervention plans. The Trust had an effective complaints procedure which people felt they were able to use. We saw people who used the service were supported and protected by the Trusts recruitment policy and practices.

The service was clean and equipment used was regularly serviced.

The service had a quality assurance system, based on seeking the views of people. There was a systematic cycle of planning, action and review, reflecting aims and outcomes for people who used the service. However, other health and social care professional's views about the quality of service were not sought by the provider.

Staff told us they received regular supervision. We saw records to support this.

We found that people who used the service and others were fully protected from premises that were very well designed and maintained to a very high standard.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

There were sufficient numbers of staff on duty in order to meet the needs of people who used the service and the provider had an effective recruitment and selection procedure in place.

Thorough investigations had been carried out in response to safeguarding incidents or allegations.

Medicines were securely stored and staff medication assessments took place.

Good



Is the service effective?

The service was effective.

Staff training was up to date and staff received regular supervisions and appraisals.

There was evidence that consent had been obtained for people's care and treatment.

The provider was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). All people who used the service were assessed as having capacity before their admission.

Good



Is the service caring?

The service was caring.

Staff treated people with dignity and respect.

People were encouraged to be independent and care for themselves where possible.

People told us they were treated in a caring way at all times and we saw staff talking with people in a polite and respectful manner.

People had been involved in writing their intervention plans and their wishes were taken into consideration.

Outstanding



Is the service responsive?

The service was responsive.

Care records were regularly reviewed and risk assessments were in place where required.

We saw a varied and full programme of activities in place for people who used the service.

The service had a robust complaints policy and we saw that complaints were fully investigated. People we spoke with knew how to make a complaint.

Good



Is the service well-led?

The service was well led.

Good



Summary of findings

The service had a robust quality assurance system in place and gathered information about the quality of their service from a regular audits and people who used the service but not other health professionals.

Staff we spoke with told us the registered manager was approachable and they felt supported in their role.

Durham and Darlington Crisis and Recovery 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 27 and 28 January 2015 and was unannounced. This meant the staff and service did not know we would be visiting. One Adult Social Care inspector and one specialist advisor took part in this inspection. A specialist advisor is a person who has personal experience of using or caring for someone who uses this type of care service. In this case, people with a mental health illness.

Before we visited the service we checked the information we held about this location and the service provider, for example, safeguarding notifications and complaints. No concerns had been raised. We also contacted professionals

involved in caring for people who used the service, including, commissioners of service, Healthwatch and local authority safeguarding staff. No concerns were raised by any of these professionals.

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 saw that the registered manager worked proactively with the Trust and other organisations to ensure they were following best practice.

During our inspection we spoke with seven people who used the service. The registered manager the service manager, three support staff the housekeeper and two crisis support team members.

We looked at the personal care and treatment records of three people who used the service and observed how people were being supported. We also looked at the personnel files for three members of staff.

Is the service safe?

Our findings

People told us they felt safe. One person told us, “I feel very safe and I have received good support here it has all been positive.” Six other people told us they felt safe and that their care, treatment and support continued to work well for them. People said they felt staff supported them and protected them from harm and any risks. One person told us, “When I came here, I was absolutely traumatised and to be quite frank, I don’t know what would have happened to me if I hadn’t come here. I have suffered with mental health issues most of my life. This place has saved me. I never knew such places existed; It’s like a new life line for me. I feel rested, secure and safe and I am now more confident about going home because I know that I will receive on-going support from the crisis team when I leave.” Another said, “Here I know I’m not in danger and I always feel safe.” One person described the house as, “A place of safety.”

Decisions about the clinical management and the safety of people are made by the multi-disciplinary mental health Crisis teams which included psychiatrists, mental health nurses, occupational therapists and social workers. Mental health professionals from the two Crisis teams visit the service daily, including weekends and holidays. The Crisis team spend time with each service user assessing their mental health, providing interventions and negotiating plans of care with people who used the service.

We saw that the crisis support teams provided staff at the service with enough information about people’s care, treatment and support needs so that staff had a good knowledge and insight about people’s individual needs to enable them to keep people safe. We saw that people’s needs were risk assessed and care was delivered in a way that ensured people remained safe.

The Crisis teams work across 24 hours and so could respond to deterioration in a person’s mental state or an increase in their level of risk. This may involve supporting the staff at the crisis house, speaking with the person using the service or visiting. The staff at the service told us that this system worked well and they felt well supported by the Crisis team staff.

The mental health nurses from the crisis teams also told us that they found the environment safe and that the staff at the service were able to manage risk well. If a person’s mental state deteriorated or risk increased the Crisis team would assess and arrange admission to inpatient care.

People were supported on a one to one basis to address previous risk taking behaviour. This was to ensure they understood the potential impact these behaviours could have on them being able to make safer choices in the future following their discharge.

We saw other organisations were involved with the discharge process. For example, housing associations, probation service and community psychiatric support service. The crisis support teams liaised with them in order to put any additional support strategies in place or joint risk assessment in order to maintain people’s safety, and these always involved the person.

We saw for some people they had a detailed risk self-assessment in place regarding the misuse of substances. We saw a very detailed initial assessment and handover prepared by the crisis support team that sometimes included potential self-abuse and all other aspects of their family life and the possible impact of people relapsing without intervention. We saw honest discussions around these issues took place and people were involved in any decisions agreed before admission to the service. When we spoke with people who used the service, they told us they viewed this place as a safe haven.

People had signed an agreement before admission to the service stating that they understood that they would continue to be responsible for managing their own medicines during their stay. This was monitored closely by the crisis teams during people’s stay. We also saw that these agreements were based on mutual respect and trust. For example, any over the counter medicine which individuals brought into the home, the expectation was that people would inform staff about these and keep them in the bedroom safe if deemed appropriate for their personal use.

The crisis team ensured people were only taking prescribed medicines. Medicines were stored in a locked safe in people’s bedrooms.

Is the service safe?

Systems were in place to make sure that managers and staff learned from events such as accidents and incidents, complaints, concerns, whistleblowing and investigations. This reduced the risks to people and helped the service to continually improve.

We saw there were regular health and safety assessments carried out by the Trust's health and safety officers and the service health and safety champion to ensure people remained safe. For example a service ligature audit, first aid equipment and checks to make sure resuscitation equipment were in good working order. We saw dedicated fire instructions were displayed in peoples' bedrooms. This meant people would know what to do in the event of a fire.

The service had a safeguarding lead and champion. There were safeguarding policies in place, and we saw that all staff had received safeguarding training, for both adults and children. We saw there was also a child visiting policy in place.

The manager and staff told us there were enough staff to meet the needs of the people who used the service.

People who used the service told us, they had very regular one to one sessions with their named support worker and extra sessions as required with the crisis team. We observed that staff were always available should anyone wish to speak with them or when people requested support with a particular activity.

We found staff had been recruited safely to ensure a good skill mix was available to meet the needs of people. All staff completed a formal application process and their backgrounds were checked to ensure they were safe to work with and care for people. This included references from previous employers, checking for any criminal activity, and obtaining explanations for any gaps in employment history.

The service was safe, this was because there were effective systems in place to reduce the risk and spread of infection. We found all areas including the laundry, kitchen, lounges and bedrooms and en-suites were clean, pleasant and odour-free. Staff confirmed they had received training in infection control. We saw the home had procedures and clear guidelines about managing infection control. There was an infection control lead and champion who took responsibility for ensuring systems were in place to manage and monitor the prevention and control of infection. The staff had a good knowledge about infection control and its associated policies and procedures.

One of the expectations of people using the service was to maintain their independence by managing their own personal laundry and keeping their room and en-suite clean.

Is the service effective?

Our findings

The service was effective because staff had the knowledge and skills they needed to carry out their role and responsibilities. Staff told us they were supported as individuals and as a team. All the staff we spoke with were knowledgeable about people's specific conditions their care and support needs.

One support staff said, "We meet daily with the crisis team and this enables us to keep informed and up-dated about people's specific and holistic needs. Working jointly is essential and that is what makes this service so unique and special."

This showed that care was taken to ensure staff were trained, informed and supported to a high level to meet people's current and changing needs.

People who used the service and professionals spoken with believed that the service fulfilled its role effectively. A person told us, "I can't imagine a better place to recover." Another said, "It was more homely than hospital and more connected to the outside world." A different person described the crisis and recovery house as "Impressive, I don't think they can improve." A mental health nurse from the Crisis team told us that she found the crisis and recovery house 'relaxing and therapeutic' for service users.

We viewed three people's care records and found them to be comprehensive documents, which provided a good level of information about people's health, specific conditions, and their treatments. The plans were detailed and included clear protocols in providing specific aspects of care regarding people's health and wellbeing. The records included the person's preferred term of address and was signed by the person who used the service to show their agreement with the information recorded.

Key areas were regularly reviewed with the crisis team to ensure any changes in a person's treatment programme were recognised and addressed. Reviews took place with the person to ensure that their views were known, and to make sure their care and treatment continued to meet their needs and prepare them for discharge.

We found the staff at the service and in addition to the support they received from the crisis team's, received training specific to the carrying out of their roles. For

example, staff worked closely with the Trusts consultants, psychologists and other health and social care professionals to review people's progress. This ensured everyone remained focused on people's ongoing care and their rehabilitation. This also ensured people were accessing support from the right professionals and from staff who were skilled and competent.

We spoke with three members of staff the manager and the Trust service manager. Everyone told us training was on-going. We looked at staff training records which confirmed staff had completed a range of training. This included training about risk assessments, report writing, drug and alcohol abuse, challenging behaviour, epilepsy, non-violent crisis intervention, mental health awareness, mental health and aging, health facilitation, self-harm, psychosis, personality disorder, eating disorders, dignity, respect, equality, deprivation of liberty safeguards and the Mental Capacity Act. We also saw staff had annual refresher training in health and safety issues, for example, moving and handling and food hygiene and first aid. Staff also received suitable training in specific subjects to carry out their role and responsibilities, such as the impact of domestic abuse and how to manage concerns and risks in this area. Staff were also trained in supporting people with complex mental health diagnosis, dealing with behaviours that challenged, and supporting people seeking to detox and recover from alcohol and drug misuse.

This meant the service enabled staff to take part in training which was relevant and appropriate to their roles, so they could carry out their roles effectively. Staff told us they had regular monthly supervision meetings with the registered manager. They included looking at the staff member's performance, any problems they had as well as achievements and training needs. The staff we spoke with said they felt supported by the manager and could speak with her at any time for support if they needed to. All of these measures meant staff were adequately supported which contributed to meeting the care and welfare needs of the people in their care.

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act 2005. They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom. We discussed DoLS with the registered

Is the service effective?

manager; she told us there were no restrictive practices that would deprive a person of their liberty during their short stay at the service. All people who used the service were assessed as having capacity before their admission. The people using the service were doing so voluntarily. There is no provision to provide care against a person's wishes. If there were concerns about a person's mental state or capacity the Crisis teams provided clinical input. If required, the Crisis teams arranged assessment under the Mental Health Act. If detained under the Mental Health Act, the individual would be moved immediately to inpatient care.

People told us that they received enough to eat and drink and were supported to maintain a healthy diet during their stay. We saw there was a dedicated fridge for use by people that was available to them at any time of the day and night. There were drinks and snacks available 24 hours a day, such as biscuits and fruit, which were restocked as required. We also saw that people's cultural needs were respected and catered for when necessary. The housekeeper told us they had regular conversations with people and actively encouraged them to contribute to the menu planning. If people were out at appointments, food was kept back for them. One person told us that the staff allowed her to eat in private as she found it difficult to eat with others, and prepared food suitable for her needs.

We observed the lunchtime which was relaxed where staff and people ate together. There was plenty of appropriate banter, laughter and conversations about events and activities.

People told us the food was good, healthy and plentiful and their dietary needs were taken into account. They confirmed they were able to ask for alternatives to the menu.

People were supported to maintain good health during their stay, and they had access to external local health care services as required. People could have private consultations with other health and social care professionals and attend other rehabilitation services as requested. We saw that there was a range of health promotions and leaflets displayed around the service for people to access.

The property was fully refurbished to a very high standard before it opened in November 2013. A lot of thought had gone into the design to ensure it suited the individual and collective needs of people who used the service, including those with a physical disability. People also had access to a well-designed landscaped garden that had raised beds, seating, a gazebo and a greenhouse for people to use.



Is the service caring?

Our findings

People told us that the staff team were very caring and positive and that they had developed a very good and trusting rapport with them. People told us their care was very much individualised. One person told us, if there was a problem, the staff would 'go that extra mile to deal with it.' Others told us, they felt they were important and were listened to by the staff at the service which made them feel valued.

One person told us they had been involved with various health professionals for many years. They told us they had lost count of the number admissions they had to acute mental health wards. They said the staff here had empowered them to take control of their life in a way that was non-judgmental but one that still challenged them as required. They said, "For the first time in years I feel I have been cared for. This has really prepared for me to face life back at home. I know I will have the right support from the crisis team to help me cope and the staff here have told me I can call them at any time." Another person told us, "The staff really do care; they have helped me to gain confidence as a person, wife, parent and grandparent. I am going home tomorrow, I feel rested and I have learned some good coping strategies that I have found to be very beneficial."

Another service user said, "The staff were great and easy to approach and talk to; we're all one big family, using the example of how staff and people using the service make each other drinks."

One person described the staff as, "Smashing, I give them all ten out of ten." A mental health nurse who visited regularly said, "The staff were warm people, they do care and that people speak highly of the staff."

A former patient of the service wrote to the lead inspector and told us: "In my opinion this service has had the largest positive effect on my mental health over the last few years, and due to time spent jointly chatting with staff, myself and my parents, it has greatly improved my parent's understanding of my illness. I find it the most helpful service available in the area when I am unwell which I think is mainly due to the fantastic staff and the consistency of the service. They always take time to listen in a non-judgemental way and give you support in whatever

areas you need. It is a very peaceful and calm place to stay which in combination with such supportive staff, is just what you need to start getting back on track when you are unwell."

One staff member told us, "As a team we are passionate about meeting people's needs and we are always thinking of creative ways to do this, either through research, training and listening to other professionals in the field."

During our visit we saw staff were extremely caring, polite and respectful towards people who used the service. We saw one person who was being discharged home on the morning of our visit, hugged and embraced all the staff on duty before leaving. This showed us that people felt safe and cared for by staff that they could trust and respect.

Staff and people were observed to greet each other warmly and in a relaxed friendly manner. The atmosphere was lively and yet calm and the interactions between staff and people were respectful and caring. People said they felt not only comfortable but also cared for by staff during their stay. We saw the service provided holistic care, but was not so informal that they didn't address issues with people where needed. We saw care that was both gentle and caring and challenging at the same time. We saw many examples of the staff looking for different and creative ways to ensure people felt well cared for and well supported. There was a strong 'can do' attitude from the staff who worked in partnership with people, the crisis support team, health and social care professionals and other community organisations to find a satisfactory solution to any issues. They did this while still addressing the necessary intervention to support rehabilitation and prevent relapse. For some people the team worked closely with housing associations to ensure appropriate accommodation was in place to aid people's recovery following their discharge from the service.

Staff encouraged people to express their views and ensured they were actively involved in making decisions about their care. Prior to moving into the service, each person's needs were assessed thoroughly by the crisis support teams. We saw that each person's needs had been assessed with them so they could make an informed choice.



Is the service caring?

People's privacy and dignity were respected and promoted. People had their own rooms and all had en-suite facilities. They told us staff respected their privacy and never entered their room uninvited.

Is the service responsive?

Our findings

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Staff encouraged people to express their views and ensured they were actively involved in making decisions about their care. Prior to moving into the service, each person's needs were assessed thoroughly by the crisis support teams. We saw that each person's needs had been assessed with them so they could make an informed choice.

Is the service responsive?

People's privacy and dignity were respected and promoted. People had their own rooms and all had en-suite facilities. They told us staff respected their privacy and never entered their room uninvited.

Is the service well-led?

Our findings

We looked at the electronic care records of people who used the service. We saw people's needs had been individually assessed, and this was used to complement the care plan profile and the intervention plans. These plans were used to guide staff about how to meet people's needs. We saw personalised and comprehensive risk assessments were in place to support people. These included self-harm, risk of suicide or risk to others. We saw specific coping strategies were in place for some people to prevent relapse and to minimise hazards and risks. For others, they required time out from their home environment to prevent or diffuse a crisis.

We saw that the crisis support team and other appropriate professionals were involved to make sure admission to this service was right for people who were experiencing a crisis relating to their mental health, where they could receive increased support away from their home environment, and in doing so avoid a mental health acute inpatient admission. The service was also used as a temporary step down, following a hospital admission. When we spoke with people who used the service, they told us they had been fully consulted and involved in the admission assessment and had agreed and signed their intervention plans. This demonstrated how the provider ensured every effort was made to meet people's individual needs, promote their wellbeing and maximise their resilience through the development of improved coping strategies.

We saw the service philosophy of care was based on supporting people experiencing severe acute mental health difficulties where they could treat and support people in the least restrictive environment. And where people will be cared for in a safe, non-judgemental and non-stigmatising way that will aid their recovery.

One person who used the service said, "The staff are fully aware of my needs and they are very helpful. For example, one staff took me on a home visit and to the shops in their car. These are the little things that make it a lot better." Another person said they, "felt able to speak with staff anytime twenty-four seven, and that no matter what time of day, there was always someone to talk to."

We saw staff recorded the support provided to people each day in the electronic daily records. The daily records we looked at were remotely accessible to other appropriate

health care professionals within the Trust via the electronic system known as PARIS. This was particularly useful for those involved in people's care including the crisis support teams. We found these were detailed and were used collectively to monitor any changes in people's care, treatment and support needs. This meant the service was able to identify changes and respond to those changes quickly and aid transition between services if necessary. A member of staff demonstrated how they could access the notes written by the Crisis support team after their visits and so see the outcome of their review and the plan for each service user. The staff where necessary added their own notes to the same system. We observed that this system worked well allowing access to comprehensive information about each service user that was timely.

People's own views about how they wanted their care and treatment to be provided and the things that were important to them were recorded in these records. This demonstrated that people's personal wishes and aspirations for their ongoing care, treatment and support were planned with them. We saw their wishes for their future following discharge had also been taken into account. Some of these areas were also discussed with people who used the service during a daily 'protected time' meeting that took place daily. Attendance at this meeting was voluntary. With permission from people who used the service, we were invited to sit in on one of these sessions. This time was also an opportunity for people to plan their day, what to eat, choose activities, attend appointments, plan people's discharge, arrange home visits, and outings. This also gave people the opportunity to meet and greet new people to the service and talk about their experiences during their stay. People told us they found these meetings to be beneficial and very worthwhile.

People told us they were involved in their care, consulted and kept up to date. Every person was complimentary about the staff and the efforts they took to make their intervention plan work. They stated their care was person centred and individual to them. They said their needs were met quickly and their requests dealt with properly and sensitively. One person told us, "I have recently experienced a family bereavement, the response and support from the staff team has been so good. My time here has provided me with a period of stability and rest, and they have even helped my family with some practical arrangements."

Is the service well-led?

Activities were personalised for each individual. We also saw there was a daily activities plan and a range of at least three daily activities available for people to take part in. Examples of regular activities included art and IT classes. One person described how a member of staff supported them to attend a hairdressing appointment. Another person said “I really enjoy the group activities and the film nights. I enjoy card making and I have helped others with this craft. Another showed us some of his paintings that he completed. He told us he found painting was a new found hobby and found it very therapeutic; he said he intended to continue with this when he got home.

Staff also told us that team work was really good, as was communication within in the service. They said this supported people as they moved through the various stages of their treatment until it was time to leave. One staff told us, “We are always evolving, always learning, this is valuable to the growth of the service, listening and involving people about their care and support and always being flexible.”

People were assured they would receive consistent co-ordinated person centred care when they were ready to leave the service and move on. One person told us they were ready to move on and plans had been put in place to meet their needs after they left the service. They told us they were very happy with how this had been planned and supported by the staff and the crisis support team. They felt they had been kept informed with what the next step was. They said the staff were actively supporting them in the move on process.

People who used the service described to us how they felt able to complain. One person said, “I would complain if I had anything to complain about. But I would have to scrape the bottom of the barrel to find a complaint about anything in this place.” Another person said, “I feel they listen to me. There is lots of information displayed about the process and how to access an independent advocate which is great, but I have truly nothing to complain about. The support I have received has and still is, exceptional.”

We checked complaints records. This showed that procedures had been followed when complaints had been made. The registered manager told us the service routinely listened and learnt from experiences, concerns and complaints to improve the quality of the care.

The complaints policy was seen on file and the registered manager when asked, could explain the process in detail. The policy provided people who used the service with clear information about how to raise any concerns and how they would be managed. We saw the complaints procedure was available in an audio format for people to help them understand the information. People also had access to a translation service if needed. The staff we spoke with told us they knew how important it was to act upon people’s concerns and complaints and would report any issues raised to the registered manager or the crisis support teams. One staff described how they had reported a safeguarding incident following concerning information that that had been disclosed to them.