

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?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

The inspection took place on the 26 April 2017. The inspection was unannounced and was carried out by one adult social care inspector and one inspector from the mental health hospitals team.

We last inspected the service on 27 and 28 February 2015 and rated the service as good. At this inspection we found the service remained good and met all the fundamental standards we inspected against.

Durham and Darlington Crisis Recovery House is an NHS service and provides short term support for people experiencing a crisis in their mental health. The local mental health crisis nursing team oversee all support provided and the service is led by a registered manager with support provided by support time recovery workers.

There was a registered manager in post. 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 and associated Regulations about how the service is run.

There were safeguarding procedures in place. Staff were knowledgeable about what action they should take if abuse was suspected. The local authority safeguarding team informed us that there were no safeguarding concerns regarding the service.

The premises were clean. Checks and tests had been carried out to ensure that the premises were safe. People were supported to manage their own medicines and lockable facilities were in place in each room. The service had clear policies and procedures in place to ensure people were assessed and supported to do this safely.

We found that recruitment checks were carried out to ensure that staff were suitable to work with vulnerable people.

Staffing levels were provided to meet the needs of people using the service. Due to the nature of the service and fluctuating levels of people using the service, we saw that measures were in place to source additional staffing through the registered provider if needed. We observed staff carry out their duties in calm unhurried manner and people accessed the local community. Records confirmed that training was available to ensure staff were suitably skilled. Staff were supported through an appraisal and supervision system.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Part of the assessment criteria for this service was that people had capacity to make their own decisions and were free to leave the service at any time. Therefore the service did not have any people subject to DoLS authorisations.

People's nutritional needs were met and they were supported to access healthcare services when required.

We observed positive interactions between staff and people who lived at the service. Staff promoted people's privacy and dignity. There were systems in place to ensure people were involved in their care and support and treatment.

Care plans were in place which detailed the care and support to be provided for people. These were written and overseen by the crisis team of nurses and therapists based at West Park Hospital

People were supported to maintain their links with families and their community mental health support teams. We saw the service provided support for issues such as housing and staff were knowledgeable about signposting people to a range of services that they may need. There was a complaints procedure in place. Feedback systems were in place to obtain people's views.

The registered provider was meeting the conditions of their registration. They were submitting notifications in line with legal requirements. They were displaying their previous CQC performance ratings at the service and on their website.

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 remained safe.

Is the service effective?

Good ●

The service remained effective.

Is the service caring?

Good ●

The service was caring.

People told us their privacy and dignity were upheld.

We saw people were treated with respect and benefitted from positive relationships with the staff team.

People were supported to maintain their current relationships and were supported by staff in accessing the community.

Is the service responsive?

Good ●

The service remained responsive.

Is the service well-led?

Good ●

The service remained well-led.

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 checked 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 took place on the 26 April 2017. The inspection was unannounced. The inspection was carried out by one adult social care inspector and one inspector from the hospitals mental health inspection team.

Prior to our inspection, we checked all the information which we had received about the service including any notifications which the provider had sent us. Statutory notifications are notifications of deaths and other incidents that occur within the service, which when submitted enable the Commission to monitor any issues or areas of concern.

We contacted Durham local authority safeguarding and contracts and commissioning teams prior to our inspection. We also contacted Healthwatch. Healthwatch is the local consumer champion for health and social care services. We used their feedback to inform the planning of this inspection. We also obtained feedback from other three professionals working with the service such as care co-ordinators and community nurses.

The registered manager completed a provider information return (PIR) prior to the inspection. A PIR is a form which asks the provider to give some key information about their service; how it is addressing the five questions and what improvements they plan to make.

On the day of our inspection, we spoke with five people currently using the service. We also talked with the registered manager, two crisis team managers, three support staff and one relative. We examined two

people's care plans. We also checked records relating to staff and the management of the service.

Is the service safe?

Our findings

People told us they felt safe. People told us, "I feel safe here and comfortable raising any concerns," and "They are good staff I would be comfortable talking to them about anything." There were safeguarding procedures in place and staff were knowledgeable about what action they should take if abuse was suspected. The local authority safeguarding team informed us that there were no organisational safeguarding concerns with the service.

The building was well maintained. Electrical testing, gas servicing and portable appliance testing (PAT) records were all up to date. Risks to people's safety in the event of a fire had been identified and managed, for example, fire alarm and fire equipment service checks were up to date, and fire drills took place regularly. People who used the service had Personal Emergency Evacuation Plans (PEEPs), which meant appropriate checks and records were in place to protect people in the event of a fire.

There was a safe system in place for support of people to manage their medicines. Staff at the service did not administer any medicines and people were provided with a lockable facility within which to store their medicines they had brought from home. People told us, "My medicines are kept safe and secure," and "I look after my own medicines as I self-medicate."

There were sufficient numbers of staff on duty to keep people safe. We discussed staffing levels with the registered manager and looked at staff rotas. Staffing levels varied depending on the needs and numbers of people using the service. Staff and people who used the service did not raise any concerns regarding staffing levels during the course of our visit. People told us, "The staff react quickly to any requests for help," and "I think there are enough staff here."

The registered manager told us that the correct recruitment procedures were carried out before they started work. We saw that Disclosure and Barring Service (DBS) checks had been obtained. A DBS check is a report which details any offences which may prevent the person from working with vulnerable people. They help providers make safer recruitment decisions. Two written references had also been received.

Accidents and incidents were appropriately recorded and risk assessments were in place for people who used the service via their crisis team care plan. These described potential risks and the safeguards in place to reduce the risk. This meant the registered provider had taken seriously any risks to people and put in place actions to prevent accidents from occurring.

Is the service effective?

Our findings

People told us that staff effectively met people's needs. They said staff were knowledgeable and knew what they were doing. People we spoke with told us, "The staff are good at their job, I am impressed," and "The staff are very reassuring."

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Everyone at the service had capacity to make decisions and therefore no-one was subject to any DoLS authorisations. We saw there were clear policies in relation to consent and people told us they were able to leave the service freely. One person said, "I can go to bed when I want," and another person told us, "I can visit my family down the road whenever I want to."

Staff informed us that they felt equipped to carry out their roles and said there was sufficient training available. One staff member told us, "I have just completed my Level 2 training in safeguarding adults and children and have just booked on to resuscitation training which is due." Records showed staff members had completed training in health and safety and other key topics related to the needs of people who used the service such as Mindfulness. Staff received support to understand their roles and responsibilities through supervision, observation of practice and an annual appraisal. Staff members told us, "I have regular supervision and an appraisal once a year", and "We have regular supervisions but we have very supportive management and so you can speak to someone at any time." Many of the staff had worked at the service for a considerable number of years. This experience contributed to the skill which they carried out their duties.

People were supported to receive a healthy and nutritious diet. Information relating to any specific dietary needs was included in people's care plans. People were generally positive about the food and we saw that people could get refreshments such as snacks and hot drinks at any time in the communal area. One person fed back they felt the menu could be more varied but they told us that they could request an alternative if they weren't happy with the menu items.

People told us and records confirmed that staff supported them to access healthcare services. We saw that people were supported to attend hospital appointments with support from staff on the day of our visit. One staff member told us, "It's great that we can support people on a one to one basis here with things like appointments and shopping, it's very rewarding to spend time with people sometimes just talking."

Is the service caring?

Our findings

At the last inspection this key question was rated as Outstanding. On this visit this key question was rated as Good.

People and one relative we spoke with told us that staff were caring. Comments included, "The staff are lovely, and very reassuring", "I feel very well looked after here," and "The staff are all very supportive." One community professional told us, "My clients have often given me positive feedback about their time in the Crisis House and in particular about the staff, including their compassion, kindness and care shown towards them."

One person we spoke with told us about a negative experience they had witnessed between staff members that had upset them and we fed this back to the registered manager who dealt with this effectively.

Staff spoke with pride about the importance of ensuring people's needs were held in the forefront of everything they did. One staff member said, "I love seeing the difference in people after their stay here."

We saw positive interactions between staff and people throughout our inspection. We witnessed staff supporting people in a positive, gentle and caring manner.

People's independence was promoted. People were encouraged to carry out housekeeping skills and to make choices in relation to activities. There was a daily meeting each day that people were encouraged to attend. People told us they decided on menus and activities as well as letting each other know who was in and out at of the service. One person told us, "We also talk about ideas to improve the service."

We saw that people were provided with key information about the service when they arrived. Each person received a welcome pack and people told us, "I had one in my room; it contains lots of information including how to make a complaint."

Staff were respectful in their approach. They treated people with dignity and courtesy. Staff spoke with people in a professional and friendly manner, calling people by their preferred names. We observed staff supported people when required and asked permission to sit and talk with people as well as knocking on people's doors and waiting permission before entering. People told us that staff promoted their privacy and dignity. One person told us, "I can go to my bedroom at any time and I know that staff will politely check on my every few hours to see if I am ok."

People were involved in the care planning process. Meetings and reviews were carried out to involve people in all aspects of their support. People told us, "I have one to one chats with staff and this really helps me."

One relative we spoke with told us they were given regular updates about their relative and said they could ring at any time and that visiting times were clearly explained to them. This showed the service supported people to maintain key relationships.

At the time of our inspection no one accessed the services of an advocate, but we saw more informal means of advocacy through regular contact with families. There was information displayed about advocacy and specific services available to support people with their mental health in the community on display. Advocacy services help people to access information and services, be involved in decisions about their lives, explore choices and options and promote their rights and responsibilities.

Is the service responsive?

Our findings

People told us that staff were responsive to their needs. One person told us, "I think the service is perfect for patient's needs." One relative told us, "I cannot fault the staff for the updates and information they give to me." One community professional told us, "Staff are very much aware of risks and how to manage these, they are proactive in liaising with both the crisis team and other community teams. The service has consistently met the needs of my clients who have spent time in the Crisis House."

We saw that the crisis support team were involved to make sure admission to the service was appropriate 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.

All assessments and intervention plans were written by the crisis nurse team. We saw that a member of the crisis team visited the service on at least a daily basis and there was always someone available to offer support and advice to staff and to visit the service in case of crisis. We saw that a safety summary was in place which gave an assessment of the risks presented by people and the risk reduction measures the service put in place.

A staff handover procedure was also in place. Information about people's health, moods, behaviour, appetite and the activities they had been engaged in were shared. This procedure meant that staff were kept up-to-date with people's changing needs.

Staff recorded any changes in people's condition, professional visits and social activities on a twice daily basis.

We found the registered provider protected people from social isolation. People told us they agreed activities for the day during a communal morning meeting and we saw that what was decided was then displayed for everyone to see. There were also games, books, a computer, TV and other leisure opportunities for people to enjoy at the service.

There was a complaints procedure in place. None of the people or relative with whom we spoke said they had any complaints or concerns. All staff members we spoke with were aware of how to support people to make a complaint through the Patient Advice and Liaison Service (PALS). Staff members we spoke with also knew how to contact chaplaincy support and advice in relation to housing and other issues which people may present.

Surveys were carried out to obtain people's feedback via an electronic tablet which fed directly to the Patient Advice and Liaison Service if any negative comments were received the registered manager would be alerted to this.

Is the service well-led?

Our findings

At the time of our inspection visit, the service had a registered manager in place. A registered manager is a person who has registered with CQC to manage the service.

We saw that records were kept securely and could be located when needed. This meant only staff from the service and the crisis team had access to them, ensuring people's personal information could only be viewed by those who were authorised to look at records.

The service had a positive culture that was person centred, open and inclusive. Staff we spoke with told us they were happy in their role and felt supported by the management team. Comments included, "We are a team who are very supportive of each other," and "We have a good support network." People told us they were happy with the service. They said, "I wouldn't change anything here," and "I have been told I can ring for help and support after I have left here which is reassuring."

Staff were regularly consulted and kept up to date with information about the service and the registered provider. Staff meetings took place regularly and we joined a meeting that had been scheduled to take place on the day of our visit. We saw staff were given updates about the service and were encouraged to share their views. Minutes of meetings were then made available for all staff members who could not attend.

We looked at what the registered provider did to check the quality of the service, and to seek people's views about it. The registered provider via the Patient Experience team carried out a quality visit to the service. This provided a report on the quality of care at the service and was based on discussions with people, staff, observations and a review of documentation.

The registered provider carried out a range of audits within the service to check the quality and safety of the environment. This included health and safety, the kitchen and records relating to people and staff members.

Meetings took place daily and people who used the service were able to contribute and make choices regarding menus and activities. People were also asked for their views of the service using an electronic questionnaire which fed into the registered provider's Patient Experience service and where any negative feedback would be brought to the registered manager's attention for action.

This demonstrated that the registered provider gathered information about the quality of their service from a variety of sources.

The service had good links with the local community. People who used the service accessed local shops and leisure facilities. We saw staff supported people to maintain their own community links wherever possible by supporting people to attend appointments in their own local areas.

The registered provider was meeting the conditions of their registration and submitted statutory notifications in a timely manner. A notification is information about important events which the service is

required to send to the Commission by law.