

Richmond Fellowship (The) North Ormesby Road

Inspection report

67 North Ormesby Road
Middlesbrough
Cleveland
TS4 2AH

Tel: 01642225108

Website: www.richmondfellowship.org.uk

Date of inspection visit:
29 October 2018

Date of publication:
22 November 2018

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection took place on 29 October and was unannounced. North Ormesby Road provides specialist mental health services for people with a focus on recovery. People who use the service live in self-contained flats in central Middlesbrough close by local shops, community and leisure facilities. The service provides care and support to people living in a 'supported living' setting so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support. At the time of our inspection seven people were living at North Ormesby Road, three of whom received support with personal care.

At our last inspection we rated the service good. At this inspection we found the 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.

There was a registered manager in post. We received positive feedback about the leadership and management of the service. Staff told us they received the training and support they required to give them the skills and knowledge they needed for their role. There were sufficient staff to meet people's needs. Recruitment policies minimised the risk of unsuitable staff being employed.

Risk assessments were in place to help reduce risks to people. The service also had a range of environmental risk assessments. Staff knew how to safeguard vulnerable adults. They were aware of the action they should take if they had any concerns. The service had systems in place to ensure people were supported with managing their medicines. Health and safety checks were carried out in relation to the communal areas of the premises.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People were encouraged to join in with group activities and events but if they chose not to do so this was respected.

People were supported to maintain their health and access healthcare services when needed. Support plans contained clear information about people's healthcare needs. People's independence was promoted. Staff encouraged people to maintain and develop their daily living skills in preparation for them moving on to a more independent living situation. Staff respected people's rights and maintained their privacy. People told us staff were caring. People's diverse needs were understood and respected.

Support was planned and delivered based upon people's support needs and preferences. Support plans were up to date and were regularly reviewed. Staff knew the people they were supporting well. The service had good links with the local community. People accessed a range of community and leisure facilities.

People and their relatives told us they knew how to complain if it was needed. A quality assurance system in place to monitor the quality of the service and make improvements where required.

Further information is in the detailed findings below.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

North Ormesby Road

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 comprehensive inspection took place on 29 October 2018. We gave the service 48 hours' notice of our inspection because people live in a small supported living scheme and we needed to be sure someone would be available to assist us with the inspection. Inspection activity started on 29 October 2018 and ended on 2 November 2018. It included telephone calls to people, their relatives and staff. The inspection was carried out by one adult social care inspector.

Before our inspection, we looked at information we held about the service. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information we held about the service, such as notifications we had received from the registered manager. A notification is information about important events which the service is required to send us by law.

We contacted the commissioners of the relevant local authorities, the local authority safeguarding team and other professionals who worked with the service to gain their views of the care provided by North Ormesby Road.

During the inspection we spoke with three people who receive personal care from the service and two relatives of people using the service. We looked at three plans of support and three people's medicine records. We spoke with six members of staff, including the registered manager, a manager due to have the service handed over to them on a temporary basis and four recovery workers who support people with their mental health recovery. We looked at four staff files, which included recruitment records. We also reviewed a range of records involved with the day to day running and quality monitoring of the service.

Is the service safe?

Our findings

At the last comprehensive inspection, we found the service was safe and awarded a rating of good. At this inspection, we found the service continued to be safe. People told us they felt safe and could let staff know if they were concerned about anything. One person said, "I feel safe here." Another said, "They [the staff] look out for you." The provider had safeguarding and whistleblowing policies in place to help protect people. Staff received training in how to safeguard vulnerable people from abuse. They knew what to do should they identify any concerns.

Risks to people's safety were assessed and actions had been taken to minimise these, without placing unnecessary restrictions on people. Risk assessments covered a range of areas such as self-injury, and the relapsing of people's mental health. Risks had been regularly reviewed. Support plans included clear information about how to respond to people if it appeared that they may be going into crisis.

Recruitment checks were carried out before staff started work, to ensure they were suitable to work with vulnerable people. This included seeking references from previous employers and a Disclosure and Barring Service (DBS) check. The DBS carry out a criminal record and barring check on individuals who intend to work with children and adults. This helps employers make safer recruiting decisions and minimise the risk of unsuitable people from working with children and vulnerable adults.

There were sufficient staff to meet people's needs. A member of staff told us, "Staffing levels are fine." People told us there were staff available to help them when they needed it. Senior staff were on call out of hours for staff on duty to contact if support was needed.

There were safe systems in place for the management of medicines. People were supported to manage their own medicines as much as possible.

Regular health and safety checks had been carried out in relation to the premises such as portable equipment testing (PAT) and gas safety. Fire safety and fire alarm testing checks were carried out regularly. Contingency plans were in place should the service be disrupted, for example if telecommunications failed. Staff received infection prevention and control training and had access to personal protective equipment, such as disposable gloves.

The provider monitored accidents and incidents. We were provided with examples which showed the provider had learned from incidents and made improvements.

Is the service effective?

Our findings

At the last comprehensive inspection, we found the service was effective and awarded a rating of good. At this inspection, we found the service continued to be effective. One person told us, "It's a good service. When I'm in a distressed state of mind they are always there to give the support and they are always there to help."

Staff received the training they needed to support people effectively. A range of training was provided to staff in areas the provider deemed mandatory including equality and diversity and manual handling. In addition, staff completed service specific and developmental training to build up their specialist skills in working with people, such as self harm and injury. Staff provided very positive feedback about the training and developmental opportunities they received. New staff received an induction and shadowed existing staff until assessed as able to work independently.

Staff told us they felt supported through supervision meetings with the registered manager and could approach them if they had any issues or required support. Regular team meetings took place and staff confirmed they could raise issues at these.

On admission to the service the provider assessed each person's needs, and used this to identify the areas of support. Plans covered areas including living skills, physical and mental health and identity, self-esteem and confidence. Plans were regularly reviewed.

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. We checked whether the service was working within the principles of the Mental Capacity Act 2005. In the community, applications must be made to the Court of Protection however no applications had been made. We were informed by the registered manager that the people supported had capacity to make their own decisions. People had signed their agreement to the support they received with their medicines. Staff demonstrated awareness of the MCA and understood the importance of seeking people's consent before providing care. People confirmed to us that staff offered them choice and respected their wishes.

Staff supported people with their health needs, and ensured they had access to healthcare services when required. One person told us, "Staff help with appointments and things." We saw examples which showed the provider worked in partnership with other agencies to support people with their health needs where required. This included psychologists and community psychiatric nurses.

Staff told us they encouraged people to follow a healthy lifestyle as much as possible. People were supported to plan, prepare and cook their meals where needed. The aim of the service was to promote independence. A communal kitchen was provided offering people the opportunity to socialise and eat together when they chose to do so.

Is the service caring?

Our findings

At the last comprehensive inspection, we found the service was caring and awarded a rating of good. At this inspection, we found the service continued to be caring.

People spoke very highly of staff who supported them and told us they were caring. One person told us, "They are always there for me when I need them." We received some mixed feedback from relatives. One relative said, "The staff team are all lovely." Another relative said, "I did get on well with all the staff but I have had a couple of run-ins with them." The registered manager told us they were planning on meeting with the relative to discuss their concerns. Staff showed they understood people's wishes and support needs well.

Staff understood the importance of people's right to have privacy and their dignity upheld. A staff member told us, "We can make suggestions but people make their own choices." Personal information was stored securely, to help maintain people's confidentiality.

People's independence was promoted in all areas of their lives. Staff ensured people were involved in all aspects of daily living, such as shopping, cooking and cleaning. Some people managed these tasks independently and others needed assistance. Support was provided flexibly in line with people's needs. One person told us, "I used to need them [staff] more than I do now but I do go and see them when I need something, like help with a letter." People could access advocacy services when needed.

People were supported to maintain relationships and have contact with family and friends. Staff showed an understanding of the importance of making people feel valued. The provider ensured people were involved in developing the organisation through co-production. For example, some people attended a 'Working Together Forum' to contribute to and to help shape the providers values and vision. The registered manager kept staff up to date with any changes in best practice and shared information regarding national and local initiatives relating to mental health.

Staff completed equality and diversity training. Information about people's diverse needs were recorded in people's files.

Is the service responsive?

Our findings

At the last comprehensive inspection, we found the service was responsive and awarded a rating of good. At this inspection, we found the service continued to be responsive.

Feedback from the people we spoke with showed the service was responsive to people's needs. One person told us, "When I can't go to the staff because I'm not well, they come to me and make sure I'm alright."

The provider developed a support plan for each person, which gave staff information about how to support the person in line with their individual needs and preferences. Support plans were comprehensive and regularly reviewed. People said they had been involved in their development. The aim of the service was to aid people's recovery and develop and maintain their independence. Support plans included details of people's desired goals. These were broken down into short term manageable steps. For example, one person wished to lose weight and their short-term goals in this area included putting together a folder of healthy eating recipes, attending a healthy eating cookery group and cooking some healthy recipes with staff support.

People and staff told us how support plans changed in line with people's recovery. Staffing was provided flexibly to meet the needs of people on a day to day basis. Handovers took place between staff which meant they had the up to date information they needed to support people well.

People accessed mainstream leisure and community facilities such as the local pubs and shops. Events were also held within the service which enabled people to socialise should they chose to do so. These included barbeques and a walking group. People accessed educational and voluntary activities to develop their skills and confidence. The provider promoted people's health and wellbeing by involving people in a range of awareness raising events such as a 'Friends against scams' session. An initiative which aims to protect and prevent people from becoming victims of scams. People and staff also took part jointly in a substance use awareness session with a local substance use organisation. Notice boards displayed information about public health campaigns. A diversity and social inclusion notice board was kept up to date with details of events from different religions and cultures.

Tenants' group meetings were held. We saw these covered areas such as planning events and service updates. Minutes were kept of the meetings for people who had not been able to attend.

End of life procedures were in place should they be needed. At the time of our inspection no one was receiving end of life care.

People and their relatives told us they would feel confident about raising any concerns or complaints, should they have any. One person told us, "I think I could go to someone if I needed to complain." A relative said, "I've not needed to complain but if I did I would ring the manager or go higher." No formal complaints had been received by the service in the year prior to our inspection, but there was a formal system in place to manage complaints, should any be raised.

Is the service well-led?

Our findings

At the last comprehensive inspection, we found the service was well-led and awarded a rating of good. At this inspection, we found the service continued to be well-led.

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. The registered manager was due to temporarily leave the service and at the time of this inspection they were handing over to an acting manager.

All the people we spoke with expressed satisfaction with the service. They spoke positively about the management of the service. One person told us, "It's a good service." We received some mixed feedback from relatives. One relative told us, "It is a really good service." Another told us, "It was fine until about six months ago. It's sometimes good, sometimes bad...communication is fine." The registered manager told us they were working on addressing this issue with the relative involved.

Discussions with staff indicated there was a positive culture within the organisation. A staff member told us, "The management is supportive including those higher up. I feel well supported." Staff were clear about the vision of the service and told us how they were working towards the service aims of supporting people with their recovery.

A quality assurance system was in place and the registered manager and provider completed regular checks to monitor the quality of the service provided. This included support planning, health and safety, medicines and the environment. The audits gave the provider and registered manager an overview of the service. This enabled trends to be identified and actions taken to address any shortfalls.

The provider sought feedback by conducting surveys, to seek the views of people who used the service. We looked at the responses from these surveys and found that they were very positive. Feedback from people supported had resulted in changes made to service provision. For example, the communal area of the building had been redesigned in consultation with people supported.

Regular staff meetings took place. Minutes of these meetings showed that staff were encouraged to raise any support needs they had. Team meeting minutes covered areas such as incident analysis, referrals, training, support plans and safeguarding.

We received positive feedback from professionals who worked with the service. One health professional told us, "This service is second to none, I can't praise them highly enough. I'd have any of my patients here." Another told us, "I can't recommend it enough." The provider worked in partnership with other organisations and built links within the community. For example, people were supported to fund raise for various charities.

Services that provide health and social care to people are required to inform the CQC of important events that happen in the service in the form of a 'notification'. The registered manager had informed CQC of

significant events in a timely way by submitting the required notifications. This meant we could check that appropriate action had been taken.