Gravers Care Home Ltd

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

Overall summary

The inspection took place on the 22 September 2015. It was unannounced. This was the first inspection of the service since its registration in November 2014.

Recovery House provides care and support to up to five people. There were four people using the service when we carried out our inspection.

Recovery House offers an innovative approach to mental health recovery, in a transitional care setting, based in the City of York, providing a 24 hour day recovery focused programme for up to five service users. The purpose of Recovery House is to address and support the individual recovery needs of service users. Depending on these needs, a service user stay can range from six months up to a maximum of two years, with the expectation that the service user will progress to more independent living arrangements.

Recovery House is a large Edwardian terraced town house, situated on Haxby Road, within walking distance of York city centre, local amenities, local and national transportation links and the York District Hospital. Over three floors the house has five large single occupancy bedrooms and shared communal living areas.

Summary of findings

Recovery House has 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. As the registered manager is also registered to manage another service there is also an acting manager in place.

People were supported to make decisions and to take risks and these were recorded in people's individual care plans. Staff had received training in safeguarding vulnerable adults and were clear about the policies and procedures to follow should an allegation be made.

There were sufficient numbers of staff on duty who told us they had gone through a thorough recruitment regime before their employment commenced. All of the people we spoke with including those using the service, relatives and other professionals spoke highly of the staff working at Recovery House.

People received their medication safely. They were supported and encouraged to manage their own medicines where possible.

Staff received induction, training and support to help them in their roles. People living at Recovery House and their relatives said that staff appeared skilled and knowledgeable.

People were supported to make their own decisions. All of the people living at Recovery House had capacity; any restrictions in place had been agreed to and recorded within people's individual care records.

People did their own shopping and cooking. They were supported in doing so by staff.

People told us they could access a range of health care services. They attended health appointments either independently or with staff if that was what they wanted. We saw that other health professionals were involved in people's care.

People spoke positively of the care and support provided by staff working at Recovery House. Families told us of the progression people had made and people told us they were treated with dignity and respect by staff.

People had detailed care records in place to record how they should be cared for and the support they may require. However, in some cases these records contained some outdated information and could be more structured in terms of recovery.

The home had good management systems in place to support people. People's views were sought and regular meetings were held to seek people's views. However, quality monitoring systems could be further developed so that all aspects of service delivery could be monitored.

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.

People told us they felt safe and risk assessments were completed to help maintain their safety.

There were sufficient staff employed to support people and feedback regarding staff was positive.

Medication systems were well managed and people were supported to manage their own medicines where possible.

Good

Is the service effective?
The service was effective.

Staff received induction, training and supervision to support them in their roles.

The provider understood the requirements of the Deprivation of Liberty Safeguards (DoLS) and people were able to share their views and consent to any care or treatment.

Good

Is the service caring?
The service was caring.

People told us that they received care which met their needs and this was reiterated by the relatives we spoke with.

People told us that they were treated with dignity and respect and we saw examples of this throughout our visit.

Good

Is the service responsive?
The service was responsive.

People were involved in discussions about their care. People had detailed care records in place to record how they should be cared for and the support they may require. However, in some cases these records contained some outdated information and could be more structured in terms of recovery.

Staff supported people to develop independent living skills and people told us they received personalised care and support.

People were supported in attending social, leisure, educational and occupational activities which were tailored to individual needs.

Good

Is the service well-led?
The service was well led.

The home had a strong management team who provided support to those living and working at Recovery House.

We saw that there were management systems in place which were used to review and improve the service provided. However, quality monitoring systems could be further developed so that all aspects of service delivery could be monitored.

Good

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 22 September 2015 and was unannounced.

The inspection team consisted of one inspector from the Care Quality Commission (CQC) and a professional advisor who had specialist experience of mental health services.

Prior to our visit we looked at information we held about the service which included notifications. Notifications are information the provider sends us to inform us of significant events. We did not ask for a provider information return (PIR) for this inspection, as we had changed the date that we had originally planned to carry out the inspection. This is a form that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make.

We talked in detail with all four people living at the home. We also received feedback from three relatives and two health professionals. During our visit we spoke with the acting manager, one of the Directors and three staff. We also carried out a tour of the home.

We looked at three people's care records, two people's medication records and a selection of records used to monitor service quality.

We sought feedback from the local authority safeguarding and commissioning team at City of York Council, who did not raise any concerns regarding the service.

Good

Is the service safe?

Our findings

All of the people we spoke with described the staff as approachable and understanding. They told us they felt safe living at Recovery House and said they were well looked after by staff. Relatives also confirmed that people's safety was paramount.

All of the staff we spoke with were clear of the process to follow should they identify any safeguarding issues or concerns. They were aware of the whistleblowing procedure and said they would utilise it if they had any concerns. They had received training in safeguarding vulnerable adults. The service had policies and procedures in place to support staff; however the safeguarding vulnerable adult's procedure which we were shown during our visit did not have contact information for City of York Council (CYC) or the Care Quality Commission (CQC). We shared this with the acting manager who agreed to review and update the policy.

The home had race equality and equal opportunity policies in place which were understood by staff. This helped to protect people from discrimination. Information regarding people's age, disability, gender, race, religion or sexual orientation was included within the care planning process. Staff were respectful of people's dignity and this was confirmed by people living at the service.

We looked at the way in which risks were managed. People were supported to be as independent as possible and risk assessments were in place to minimise risks to people. We saw risk assessments for the environment which included personal emergency evacuation plans (PEEPs); these are documents which advise of the support people need in the event of an evacuation taking place. Fire drills had been completed in May and September 2015 so that staff and people living at the home knew what action to take if the alarms sounded.

We looked at maintenance certificates for the premises which included the electrical wiring certificate, emergency lighting checks and portable appliance checks. The gas safety certificate was unavailable but we were told that a recent check had been carried out. A copy of this was sent to us after the inspection. These checks helped to ensure the safety of the premises. Maintenance files would benefit from review as it was difficult to locate information and to easily identify when maintenance checks were required. There were no clear systems in place unlike other services in the Amitola group.

We looked at risk assessments for the environment, these included risk assessments on ligature points, using knives and digesting toxins. People also had individual risk assessments in their care files. These included going out independently, self-medicating and abstaining from alcohol. Risk assessments were signed by people living at the service and they were reviewed regularly. This helped to ensure people's safety. Individual risk assessments were held in people's care files and they were signed by the individual. When we talked with people living at the home they told us that risks were discussed and said that where there were any limitations on freedom, for example agreed limits of alcohol, that these had been discussed and agreed.

Staff working at the service, were lone workers at times. We saw that they had signed the policy regarding this. In the event of an emergency there was always a manager on call who could provide support to people and staff gave examples of how this had been accessed previously.

People living at the home were encouraged to be as independent as possible so shared domestic tasks for example; cleaning and washing up. Staff did however carry out daily checks on the kitchen to ensure that they complied with food hygiene legislation.

Any incidents were recorded and followed up in discussions during management meetings.

The registered manager did not hold copies of staff recruitment files at this location, as they were held at another service within the group. However we have checked the recruitment process in three other locations which fall under the Amitola umbrella and found that the required information was held.

We asked staff to tell us about the recruitment process; they confirmed that an application form had been completed, they had attended an interview and they told us that before they were able to begin work that two employment references and a Disclosure and Barring Service (DBS) first check had been obtained. This

Good

Is the service safe?

information helped to ensure that only people considered suitable to work with vulnerable people had been employed. Once staff had commenced employment they began an induction.

All of the people we spoke with, stated there were always adequate staff and they could always find someone if they needed any assistance. They were aware of whom the managers were and stated that they had no concerns about the staff. We were given copies of the last three weeks rotas for the home and saw that regular staffing levels were maintained. The home was typically staffed by one or two members during the day dependent on what people were doing and then there was a sleep over member of staff at night.

We reviewed the medication administration process and found that only support staff who had undertaken medication training administered the medication. The medication administration sheets (MARS) were clear, contained a photograph of the person and details of date of birth and allergies. It was the ultimate aim that all people living at the home would self-medicate. We saw that people were supported in managing their own medicines. There was evidence of risk assessments and consent where people were self-medicating. The pharmacy that Recovery House used audited the prescriptions prior to dispensing the dosette box's to ensure there were no medicine interactions.

Although there was no formalised medication audit in place, an informal audit of counting the remaining medication prior to it being re-ordered took place. There were no controlled drugs in the service on the day of the visit but the staff member we spoke with had a clear understanding of how these would be stored, managed and administered. There was a clinical waste management contract in place including for sharps bins and staff were noted to wear personal protective equipment (PPE) when appropriate and were aware of the disposal method.

Although we did not formally review infection control during this inspection, we found that the service was clean and smelt pleasant. We found that as there were no designated toilets (as they were used by staff and people living at the home) that it may be of benefit to add this task to the staff cleaning rota.

Good

Is the service effective?

Our findings

We spoke with a relative who said "The service is very effective. They (the staff) are supporting people with everyday living." Another relative said "So far the experience has been very positive, both from X perspective and ours. X has been very happy since their first day and they (staff) are very supportive and helpful about them attending a nearby college as they attempt to progress their situation by getting back into education." They then went on to say "In their previous residences, X had never been keen on attending groups or therapies, however they have surprised us by attending the ones that are now available to them. They are also joining in with shopping, cleaning and cooking and seem to get along with the other people as well as the staff."

Staff working within Recovery House had a range of skills and qualifications which supported them in meeting the assessed needs of people. All staff had an induction when they started work. One staff member said "I shadowed other staff for the first two weeks of employment."

Staff attended a range of training courses. One member of staff told us they had completed training on first aid and fire safety. They told us that they had attended a number of courses with their previous employers which were still in date. We saw records for upcoming training sessions which included Mental Capacity Act (MCA) 2005 training, autism awareness and safeguarding adults. However, from the records we saw it was difficult to monitor which staff had completed which training and when training needed to be refreshed. We were told that the company had recruited a Training Coordinator who would be responsible for collating information and producing a training matrix so that they could more closely monitor the training needs of the staff.

People living at the service were also able to access training. One person told us that they had attended training courses in first aid and food hygiene. They said they had attended these with staff and said that they helped to prepare them for more independent living.

We spoke with staff about their skills and qualifications. Some staff were trained in psycho-social interventions (PSI) and the acting manager was a registered mental health nurse. Online mental health recovery training was also available to all staff.

It was evident that people who lived at Recovery House had been assessed in relation to mental capacity and appropriate plans and documentation were in place. Despite this it was noted that some people who lived within Recovery House did have a restriction on the amount of alcohol they could drink, although they had signed their agreement to this. People signed their consent to their care records and were involved in the review and update of these. We saw that people signed their agreement to risk strategies which were in place. People had advance directives in place so that their future wishes could be recorded.

The Care Quality Commission monitors the operation of the Deprivation of Liberty Safeguards (DoLS). DoLS are part of the Mental Capacity Act 2005 (MCA) and are designed to ensure that the human rights of people who may lack capacity to make decisions are protected. No-one living at Recovery House had a DoLS in place when we carried out our visit as they were all deemed to have capacity.

People told us that they were involved in the shopping and preparation of their meals. As people were being supported to move towards more independent living, they were encouraged to cook their own meals. During lunch, we observed people making their own lunches. We saw that people's dietary needs were considered. One person told us that they were a vegetarian. They told us that staff supported them in managing a low fat, vegetarian diet. This was recorded within their care plan.

People using the service informed us that they could attend appointments within their GP as needed and that staff would support them if necessary. An annual physical health check was completed by their GP. Relatives confirmed that they knew people were supported with health appointments. A relative said "My relative informs us when they are ill. They are able to see their GP."

We saw from people's care files that health professionals were involved. We were told that there were good links between the service and the community psychiatric nurses who visited.

People were supported to manage both their physical and mental health. The staff gave an example of an individual whose medication was causing them a number of side effects. With support from the staff and a consultant

Good

Is the service effective?

psychiatrist the individual had been supported in reducing this medication. A relapse prevention plan was also in place so that appropriate support could be accessed quickly if needed.

We saw that detailed information was recorded in people's individual care plans regarding their physical and mental health.

We carried out a tour of the premises which included some people's rooms (where they gave us permission). The home was nicely decorated and furnished throughout. People were able to individually furnish and decorate their own rooms. People had access to communal space which included a lounge, a conservatory and a garden area. People told us that they could have visitors who they were able to see in private if they wanted.

Good

Is the service caring?

Our findings

People told us they were well cared for and liked living at Recovery House. Comments included "I love it here" and "The staff are very caring."

We received feedback from a relative who said "They (the staff) are very caring definitely." Another relative said "The ethos of the Recovery House has enabled X to live, contribute and thrive in an environment which reflects the very best of care principles. The staff are intelligent, highly motivated, appropriately challenging and unwaveringly committed to excellence in their professional roles and as human beings. X has been encouraged to develop and maintain everyday routines and skills and the staff have recognised and nurtured all the best traits of their personality and skills so they feel respected, safe and cared for. I know that my relative feels that they have made great progress. The staff have supported them in managing and challenging their condition, encouraging independence, positive interaction through social events, engagement in learning and work and travelling with confidence. The home also belongs to a wider caring community which has meant that X has never had to experience loneliness and has developed friendships. I realise that we have been very fortunate as a family to know that X has benefited from what is a unique innovative programme which sets standards of excellence in social care."

Communication between the staff and the people who use the service was observed to be friendly and caring. One person said "You couldn't ask for better staff." People were observed to be relaxed and comfortable in staff's presence. Staff within Recovery House appeared to know the people who live there. They knew people's preferences and we saw that this information was recorded within their individual plan of care.

We witnessed a morning community meeting which provided general support and included people's plans for the day and was used to share any general issues in the house. This was led by people living at the home and they recorded what had been discussed. One person said "We take it in turns to do the minutes; staff do the minutes for the afternoon." We observed people talking about things which mattered to them.

Both staff and people using the service told us that there was a joint approach to recovery. Staff told us that this included engaging with relatives so that support could be provided. They told us that they were aiming for a 'fix for life.' The staff encouraged people to talk about their mental health issues, whether this was in one to one sessions or as a wider group. People at the home also acted as mentors supporting other people in other services. One person told us that they went to other homes and gave talks to help inspire others.

A staff member said "Service users lead their own recovery." They told us that they focused on people's well-being and gave examples of how people had progressed since moving into the service. We observed people sharing their experiences which encouraged learning and support between the group. One person had managed to go on a trip abroad; another was now an extra at the Theatre. These were personal goals which the individuals had set and worked towards.

One person said "They (the staff) get us to think about what we want to do. I use the recovery star model. I find it useful." The recovery star is a care planning tool which acts in a visual way to support and measure change. The recovery star maps change across 10 domains. Examples include work, identity and self-esteem and responsibilities. Each of the 10 domains corresponds with the stages on the ladder of change providing a visual aid to track a person's progress from mental ill health to recovery.

Although people told us that the focus was to move towards independent living we did not see sufficient evidence that care plans were always recovery focused or that their progress was being measured. There were no clear stages of transition that people passed through prior to discharge so it was difficult to gauge where people were up to in their recovery and difficult to gauge how far from discharge they were. The feedback received from relatives and professionals demonstrated that progress had been made, but further development of records to evidence this progress would be beneficial. We shared this with senior staff members both during and after our inspection.

People told us that they were treated with dignity and respect by staff. One person said "I don't have to watch what I am saying here." Another person told us that they kept their door locked and held their own key. They said staff never entered their room without them knocking and being invited in. We observed people being supported in a dignified manner.

Good

Is the service caring?

People told us that they could see their relatives or friends in private. They could spend time in their own room or could access any of the communal areas within the service. Records were held in a locked office so that confidentiality was maintained, staff were clear of the importance of this.

Good

Is the service responsive?

Our findings

People told us that the service was responsive. One relative said, “So far the experience has been very positive, both from our relative’s perspective and ours. They have been very happy at Recovery House since their first day and staff are being very supportive and helpful about them attending a nearby college as they attempt to progress their situation by getting back into education.” They then went on to say “In their previous residences, X has never been keen on attending groups or therapies, however they have surprised us by attending the ones that are now available to them. They are also joining in with shopping, cleaning and cooking and seem to get along with the other residents as well as the staff.” People told us they were able to see their friends and relatives and that these relationships were supported and encouraged by staff.

Each person had an assessment on admission to the group of homes but this had not always been updated when people moved between services in the group. All of the people living at Recovery House had previously been resident at other homes in the group.

We looked at care records. We saw that care alerts were included in people’s care files. These included specific information that staff needed to be aware of for example; if someone was on a community treatment order (CTO), or a restriction order, and the conditions for compliance with this. A CTO is an agreement under the Mental Health Act which means you can leave hospital, but with certain conditions. A restriction order enables you to live in the community, but there are conditions which you must comply with. We saw that care records included recovery and rehabilitation plans, therapeutic activity plans and mental health crisis plans. Care records also contained a section of the skills, knowledge and attitudes required by the care team. There was clear information recorded regarding people’s mental health and the strategies required by staff to provide appropriate support. Care records were detailed and clearly identified the level of support required.

We reviewed case notes, care plans and risk assessments. The files were at times difficult to read and contained historic information and there was limited evidence of recent reviews of care plans or evidence of any decrease in the level of risk. The care plans did not always capture the people who lived within Recovery House individualised objectives and plans for the future and the notes in the daily client notes appeared to be very generic with no clear link to care plans. This meant people's progress and improvement was difficult to track. We shared this with the acting manager during our visit who agreed to review and update the care records.

We saw that regular Care Programme Approach (CPA) reviews were held. These reviews are carried out by a range of health professionals who are involved in an individual’s care. They are specifically for people who are receiving mental health services. People using the service were involved in reviews of their care.

We saw that people living at the service signed their agreement to house rules. These included mutual respect, privacy, rotas for household tasks, talking to staff openly and honestly, positive conflict resolution and rights and responsibilities. People signed their agreement to setting alarms so that they could start the day and implement some structure and routine. They agreed not to answer their mobile phones in recovery sessions. People also adhered to a weekly timetable although staff when asked did confirm that if someone chose not to participate then this would be respected and we observed this during our visit. A member of staff said “Independence is promoted; the expectation here is that people are as self-managing as possible.” They told us they were trying to promote a relaxed environment where people were encouraged to do their own shopping, cooking, washing and cleaning. They told us that there was joint approach to recovery.

The service operated a keyworker system. People knew who their keyworkers were and understood their role. They told us that regular discussions took place with their keyworker.

Staff we spoke with could tell us about the needs and preferences of the people living at Recovery House. Staff explained how they used daily meetings, care plans, team meetings and daily handovers to make sure they had up-to-date information about the people they were supporting.

Recovery House had a number of communal rooms that people who lived there could use. This included a kitchen and conservatory area. There was equipment available for

Good

Is the service responsive?

people to fill their time including books, WIFI, exercise DVD's and board games. People who lived at Recovery house were able to personalise their bedrooms and had a key so they could safely lock their belongings away.

People had a budget so they could plan, shop for and make their own meals and reported that this worked well. One person said "I have confidence to shop and make things now."

People told us that their days were very structured. One person said "I don't get bored here. I get up and have a structured day. One person told us that they volunteered in a café. The focus of the service was to support people with living independently and to help them find volunteer or other work so that they could get used to the routines that they would expect once they progressed to independent living. Another person told us that they had applied for a job and had been successful. They were looking forward to starting this.

There were a range of support groups and activities available. These included sound healing, mindfulness, reiki, and cognitive behavioural therapy (CBT). Support groups were run within Recovery House and these were facilitated by support staff with an emphasis on cycle of change, recovery model and motivation. The staff working at the service said that they were using the approaches founded by 'Ron Coleman and Karen Taylor' who had provided training and support to staff on recovery. A relative told us "We visit the home weekly. We know that the service has discussed future independent living." People we spoke with were quite clear that this was the aim of the home. People attended a range of social and leisure activities of their choice. They went out both with staff and independently.

People told us that their cultural needs were taken into consideration and that they were escorted to church or could go to church if they desired.

The service had a complaints procedure, and people living at the service said that they would have no issue in raising any concerns. We spoke with two relatives both told us that they had no concerns at all. No complaints had been received but we saw that there was a policy and system in place. One person said "I have a complaints leaflet. I could talk to staff."

Good

Is the service well-led?

Our findings

People unanimously told us that the service was well managed and led. They told us that this was consistent across the organisation.

The registered manager and acting manager both played an active role in the running of Recovery House. It was evident they knew the people who lived there and had a positive relationship with them. Staff members who we spoke with told us they found the management 'approachable' and said that any issues that cropped up would be "Discussed straight away and it wasn't necessary to wait until supervision." A staff member said they felt 'listened to' and were able to contribute to change which made them feel respected and appreciated.

We spoke with a professional who said "I felt reassured that any concerns I had I could refer back to staff who would be able to advise me." Another person said "I have had very supportive conversations with one particular staff member. There is an obvious feeling of full support from the staff members towards residents and all interactions I have had with them have been nothing but positive."

A number of meetings were held at the service. This included daily meetings which people living at the service attended. We observed the morning meeting taking place; people discussed what they would be doing throughout the day, discussed what was going well, as well as any concerns. They took turns at minuting these meetings themselves. One person told us "We have individual meetings, we discuss goals and we work on the bits we want to improve on."

In addition to daily house meetings taking place, there were weekly allotment meetings to discuss what people wanted to do at the allotment. Planning meetings were also held to discuss progress and to plan future sessions at the service.

Family satisfaction questionnaires had been sent out although the results had not yet been collated but the relatives spoke positively of the relationship between themselves and the service and they felt they were kept informed and involved. A relative said "Staff are available for us to talk to and if we feel there is anything we need to work out they are flexible enough to write it into the daily program to be discussed. We've also started having family meetings which have been good."

Staff told us they were able to make suggestions and utilise different ideas from the team. There was a daily shift handover so that staff were kept up to date of any changes. Staff meetings were held and we saw minutes of these. In addition staff received one to one support during supervision meetings and they also had an annual appraisal to discuss their performance.

We asked how the service kept up to date with research and changes to legislation. In addition to the house and staff meetings being held, management meetings were also held each week. These meetings were used to discuss improvements and any changes. We were also told that staff were able to attend conferences and could access best practice in psychosis via a local college. People living and working at the service spoke of a positive culture. One member of staff said "The ethos is mutual respect and inclusivity."

We asked to look at audits. We saw that audits were carried out on the premises and on medication but there was no system in place to monitor the quality of the care being provided. The registered manager may benefit from reviewing their auditing procedures so that all aspects of service delivery can be monitored. We shared this with the acting manager during our visit and with one of the Directors following our visit. They agreed to review the quality systems in place.

We saw that notifications were submitted to the Care Quality Commission as required. These are forms which enable the registered manager to tell us about certain events, changes or incidents.