

Croftlands Trust







Roper Street

Inspection report

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Ratings

Overall rating for this service		Good	
Is the service safe?	Requires improvement		
Is the service effective?	Good		
Is the service caring?	Good		
Is the service responsive?	Good		
Is the service well-led?	Good		

Overall summary

This was an announced inspection that took place on Saturday 10th October 2015.

Roper Street is part of the Croftlands Trust which provides care homes and personal care support throughout Cumbria. This service provides support to people in both Copeland and Allerdale. Most of the support provided is to people who have enduring mental health problems. Some people live in tenancies near to the office and have support from staff on an on-going basis. Other people who use the service have less intensive support in their own homes.

At this visit only four people were in receipt of personal care support but other people had housing, social and psychological support. We only looked at the support provided to people in receipt of personal care.

The home had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Summary of findings

Staff understood how to protect vulnerable people from harm and abuse. Staff were trained in this and in matters of equality and diversity. Staff told us that they could report any issues in confidence to the registered manager or the provider.

The service had a suitable emergency plan in place that had been recently updated. Accidents and incidents were managed appropriately.

We judged that staffing levels were appropriate to provide people with suitable levels of care and support.

Recruitment was managed appropriately. New team members had suitable background checks before they started to work in the service.

The organisation had a disciplinary process which was used when there were any issues of poor practice.

The staff in the project understood how to manage infection control and told us they had access to equipment and cleaning materials when necessary.

Medicines management in the service needed some improvement. The registered manager was aware of some issues and was dealing with gaps in the management processes.

This meant that the service was in breach of Regulation 12 (2) (g) because some elements of medicines management could have been unsafe for people in the service.

Staff received suitable training on all the issues that the organisation deemed to be necessary to keep people safe and well cared for. Staff told us they did e-learning and attended external training courses.

We saw evidence to show that staff received both formal and informal supervision. We also saw records of annual appraisals.

Staff showed a good understanding of mental health legislation. They received training that gave them knowledge of mental health issues.

The team did not use restraint in the service but had contingency plans to deal with any episodes of mental ill

health. People were, where appropriate, asked for consent for all interventions. Staff understood that they should always use the least restrictive interventions where people needed support.

Staff helped some people to shop and make meals. They encouraged people to eat healthily.

The office was in a secure building and there was accommodation for staff who slept-in overnight. The service had suitable telephone and IT systems.

We saw caring and sensitive interactions between staff and people who used the service. Staff were patient and showed a good understanding of the distress that mental ill health might cause.

People had ready access to advocacy. Staff were careful to ensure people had privacy and confidentiality maintained. Independence was promoted in all the support given.

Assessment and care planning were of a good standard. People told us that they were involved in all aspects of their recovery planning as well as their day-to-day needs.

People were encouraged to go out and to participate in community activities.

There had been no formal complaints or concerns. The organisation had suitable policies and procedures about this.

The service had a suitably qualified and experienced registered manager. The organisation was in the process of reviewing matters of governance in all their services. The proposed changes would help rationalise the management structure and allow the services to work more effectively.

This service had good, routine quality monitoring systems in place. Records were of a good standard.

We had evidence to show that the team worked well with local GPs and members of the mental health teams in the area.

You can see what action we have told the provider to take at the back of the full report.

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 not always safe.

Medicines management needed to be reviewed in the service so that people were given appropriate support with all of their medicines.

Staff had received suitable training in safeguarding.

Staff recruitment was done correctly. Staffing levels and staff disciplinary processes were suitable to ensure good staff support to vulnerable people.

Requires improvement



Is the service effective?

The service was effective.

Staff were suitably inducted, trained and developed so they were able to support people's needs.

The staff team understood their responsibilities in relation to mental health legislation.

Staff supported people to have good nutrition and to access health care support.

Good



Is the service caring?

The service was caring.

We observed staff interacting with people in an empathic and supportive way.

People had access to advocates to give them support.

People were encouraged to be as independent as possible.

Good



Is the service responsive?

The service was responsive.

All the service users had an assessment of need which was done with the staff team and mental health team colleagues.

Care plans and recovery plans were detailed and up to date.

People were encouraged to go out, to socialise and to participate in activities in the community.

Good



Is the service well-led?

The service was well led.

The service had a registered manager and a project manager. Both of whom were suitably qualified and experienced.

Good



Summary of findings

The organisation and the service had a suitable quality monitoring system in place.

Records were of a good standard.

Roper Street

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 201

This inspection took place on Saturday 10th October 2015 and was announced.

The provider was given 24 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in on a Saturday.

The inspection was carried out by the lead adult social care inspector.

Before the inspection we reviewed the information we held about the service, such as notifications we had received from the registered provider. A notification is information about important events which the service is required to send us by law.

We also received a Provider Information Review for the service. We had sent out questionnaires to people who used the service and to visiting professionals. We had an almost 100% return and satisfaction levels were high.

We also asked the local social work team and local health care providers for information about the service. We had contact with staff from health and the local authority who purchased care on behalf of people. We planned the inspection using this information.

We met with three of the four people who were in receipt of personal care. We spoke with them informally about the experiences of the support they received.

We read three of the four care files for these people and we looked at the records relating to medication support given to them. We also checked on the medicines kept on their behalf. We read care and recovery plans. We also looked at the records of money kept for people.

We spoke with the registered manager, the project manager and to two support workers. We looked at a recruitment file and four staff personnel files and five training and development files. These included induction, training, supervision and appraisal records. We also looked at some of the policies and procedures around staffing. We also received copies of staff rosters.

We looked at a range of records related to quality monitoring. We saw risk assessments and risk management plans for some aspects of the service.

Is the service safe?

Our findings

The people we spoke to told us they felt safe. People were happy with the levels of staffing in the project. People in the service could tell us that they felt safe and supported by the staff team. One person said that the staff “make sure I am on the right track...they are nice lasses.”

One person said: “There are staff around when I need them...they make sure I take my tablets.”

People were encouraged to manage their own medicines where possible. Staff worked with other professionals when people were reluctant to take their medicines.

We looked at medicines records and saw that there were some signatures missing from the medication administration records. We had been told about this by the management team before the inspection and this was being addressed appropriately through supervision.

We asked that a controlled drugs book be purchased in case any person was prescribed these strong drugs. This was done on the day of the visit.

We found a bottle of strong painkillers in the cupboard that, although not controlled, needed to be carefully accounted for and destroyed in a specific way. This medication had been discontinued for some months but was still in the cupboard. The medication had been checked as correct but staff said they had not counted the remaining tablets.

We also found that one person had been given a medicine ‘as required’ but the prescribing doctor had instructed the

person to take this twice a day. This medicine had been discontinued but was still in the cupboard. The staff were holding two types of medication for this person but told us that the person was self-medicating.

This means that the service was in breach of Regulation 12 (2) (g) because some aspects of medicines management might have been unsafe.

We looked at staff files and the records of training completed and we saw that staff had received training on Safeguarding. The staff we spoke with understood their responsibilities in keeping people safe. They were aware of risks in the community for people with enduring mental health problems.

We saw a copy of the roster for the service. We had evidence to show that the service was suitably staffed to meet the assessed needs of people who needed care support. These people had staff contact by day and night.

We looked at the recruitment file for a new member of staff. This person had been interviewed appropriately and that checks and references had been made. The Croftlands Trust had a robust recruitment process that kept vulnerable people safe.

We also had evidence to show that there was a suitable disciplinary process in place in the organisation. We saw evidence of this in files and in policies and procedures.

Staff completed on-line training in infection control. One person in the team took the lead in this and they explained to us how they would put this into practice. Staff were aware of the need for good personal protection to prevent cross infection. They had access to equipment and chemicals if necessary.

Is the service effective?

Our findings

People in the service were satisfied with the levels of skill and knowledge staff had. They told us that they received suitable levels of support. People told us that: "They help me to shop and to make my dinner." We were told that staff supported them to get access to both mental and physical health care.

We asked staff about the levels of training and support they received. Staff told us that they were happy with the training offered. They said that they had ongoing e-learning and that each member of the team studied a topic which they would cascade to their team members. We saw a record of training for the service and we saw that this was suitable.

Staff said that they had both informal and formal supervision. We looked at a number of supervision records and saw that staff could discuss the individual care of service users, any issues in the team dynamics, their training needs and any personal matters that might impact on their working life. Staff received annual appraisal.

We spoke with staff on duty and we could tell from our conversations that staff understood mental health legislation, good practice with vulnerable adults and were very aware of supporting people in the least restrictive way.

We saw other evidence to show that the registered manager and her team looked at issues of mental capacity as well as mental ill health. They took advice and guidance

from the mental health team if they were concerned about anyone being deprived of their liberty. The team did not use restraint but had contingency plans in place if anyone was to become mentally unwell.

A mental health professional told us: "Staff at Roper Street on a local level are great at

Communicating and receptive to new ideas and discussion." A member of staff said: "The team works well together and we work on our strengths." This person told us that they regularly discussed who should be the 'key worker' for individuals so that "the best fit is there for everyone."

The care files showed that people were asked for consent. Some care and recovery plans were signed. Where people had restrictions recorded on file this was because they were subject to legislative conditions related to the Mental Health Act.

During our inspection we saw people being supported to shop for food and given help with meal preparation. People told us that they were helped to eat as well as possible. No one had any issues around maintaining a normal weight.

Care plans and daily records showed that people were supported to access the local GP and other health specialists like dentists, chiropodists and opticians. Staff were very careful to encourage and support people with their appointments with psychiatrists and community psychiatric nurses.

The office was in a secure building. A member of the staff team slept in the building at night. The office had suitable telephone and IT systems in place.

Is the service caring?

Our findings

We did not ask people in the service directly about how caring they thought the staff were. It was evident from the way they responded to the staff team that there was a mutual respect between staff and service users. People were relaxed with the staff and we saw the staff had a good rapport with individuals.

We observed staff who treated people with a great deal of respect and with patience. Staff spoke in-depth about each individual's qualities and strengths. Staff understood the difficulties people had but the focus was on strengths.

A professional told us: "I have found all of the staff at Roper Street to be caring

and genuinely compassionate towards the people in their care." Staff said they worked well together and as a team they tried not to "be condescending or judgmental...and we all respect them and give them as much privacy as we can. We also want to help people to be well and to be as independent as possible...small steps sometimes but we can see improvements."

We saw staff involving people with appointments, shopping and cooking. It was evident that people supported by this service directed their own daily lives.

Staff encouraged, prompted and guided people. We saw examples where staff had made suggestions, assisted people to get support from health professionals and we saw that this had helped people to deal with issues that had been problematic.

We heard staff patiently explaining things to people. Staff reminded people of restrictions or of arrangements that they had agreed to. This was done in a non-confrontational way. People accepted this support.

Each person in the service who received personal care support also had a case worker. Usually this was a social worker or mental health nurse. People also had advocates who would help them if there were any matters that they were finding difficult to deal with.

We noted that each person's flat was treated with respect. Staff did not enter people's own properties uninvited unless there was some imminent danger. In one case where there were some risks involved this had been dealt with through an amended tenancy agreement and good multi-disciplinary care planning.

People went out independently. Staff had risk assessed this and they encouraged and promoted independence. People in the service used a recovery star model which promoted empowerment and independence.

Is the service responsive?

Our findings

People in the service told us that they had been "asked about what I want... And I have read the plan but I am not bothered... Staff know when I need help."

Each person had an assessment of their needs and strengths. This had been done initially by members of the mental health team. The staff team in the Roper Street had developed these initial assessments. Risk assessments were on-going so that any changes were acknowledged and dealt with.

Every person who was in receipt of personal care had a detailed and up-to-date care and support plan. Each person also had a recovery plan. We could see that this planning had helped people to become more independent, deal with any challenges and helped people to stay as stable as possible.

People told us that they were encouraged to go out. Most people enjoyed spending time in town. Sometimes on their own and sometimes with staff. People were encouraged to join in any local activities.

The staff on the project also encouraged the four people who lived in Roper Street to socialise with each other. Sometimes they made a meal together and had social evenings. Staff were aware that people with enduring mental health problems could sometimes be quite isolated and they encouraged people as be as engaged in life as possible.

No one in the service had any complaints on the day. There had been no formal complaints received by the service and the Care Quality Commission had not received any concerns or complaints about this service. There were suitable policies and procedures in place if a person had a complaint. People saw the registered manager and the project manager on a regular basis. They also had access to advocacy, caseworkers and senior officers of the Croftlands Trust.

We had evidence to show that this staff team worked well with local mental health teams and we had contact from a mental health professional who told us that they appreciated the project manager who "greatly supports effective working between agencies".

Is the service well-led?

Our findings

The service had a suitably experienced and qualified registered manager. The organisation had undergone considerable change in the last year and the registered manager had been given a different role in the organisation. She was responsible for a number of projects and was the line manager for other registered managers. The organisation was planning to register the project manager as the responsible person for Roper Street.

The project manager was also suitably qualified and experienced. We had evidence on the day to show that she was respected by people in the service and by the staff team. We had also received a returned survey where a professional commented: "I particularly value working with the project manager at Roper Street. Her consistent professionalism, knowledge of the people who she works with and her genuine care, commitment and decency when dealing with people is much appreciated..."

We spoke to people in the service and to the staff team. They told us that they looked to the management team for guidance. Staff told us that this they were in the business of "empowering people" and "treating them as I would like to be treated." They said that the management team helped them to "get away from the idea that people with mental health needs are different from us."

Staff told us that they could discuss any elements of practice with either of these managers. They said that management often instigated conversations with them that would lead them to question their practice. This was done both in supervision and informally on a day-to-day basis. We were told that they felt these managers were role models and that the key values were about being non-judgemental, praising people and empowering them.

The Croftlands Trust was developing new quality monitoring systems which would amend and improve existing systems. We saw that there were already quite

robust systems in place. The project manager routinely checked on care plans, records of progress, medicines and on things like staff training and development. Routine checks had identified some of the issues around medicines and actions were being taken to improve how medicines were managed because the management team acknowledged that there was a lapse in quality in this area.

People who used the service, staff and professionals were, from time to time, sent satisfaction surveys. These were analysed and suggestions made were considered for future planning. People who were supported by the Croftlands trust were encouraged to participate in workshops and groups that could influence future development of the organisation.

The service had both internal and external audits in place. There had been careful consideration by the organisation about future planning for this service. There had been consultations with service users and with mental health professionals to make sure that the organisation was meeting levels of need in the area.

We looked at some of the routine things that the staff team dealt with in Roper Street. We saw good records of daily work that needed to be done to keep tenants safe. This included security and fire safety. We also checked on money kept on behalf of tenants and this was suitably accounted for and regularly audited.

During our visit we looked at a number of different types of records. We found that they were easily accessible, up-to-date and clear. Care files and other records were being transferred to a new electronic system which could produce analysis and records for the staff team. The organisation was working on a system whereby each service user could access their own file with a secure password. Each staff member had their own password to the electronic system. The aim was to create a 'paperless' office.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Regulation 12 (2) (g)HSCA 2008 (Regulated Activities) Regulations 2014 Safe care and treatment.</p> <p>People who use services were not protected against the risks associated with unsafe or unsuitable medicines management because medicines were not always given as prescribed and were not disposed of in a timely manner.</p>