

## National Schizophrenia Fellowship

# Devon Enhanced Recovery Service

### Inspection report

4 Stewart Gardens  
Dawlish  
Devon  
EX7 0BQ

Tel: 01626863012  
Website: [www.rethink.org](http://www.rethink.org)

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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

### About the service

Devon Enhanced Recovery Service is a supported living service which provides care and support to people living in two 'supported living' settings, 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 four people were receiving 'personal care.'

### People's experience of using this service and what we found

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The service provided safe care to people. People felt safe and supported by staff in their homes. Comments included: "I feel safe here and would speak to the staff if I was concerned about anything." Comprehensive risk assessments were in place. Medicines were safely managed on people's behalf.

Care files were personalised to reflect people's personal preferences. People were supported to maintain a balanced diet. Health and social care professionals were regularly involved in people's care to ensure they received the care and treatment which was right for them.

Staff relationships with people were caring and supportive. Staff treated people with dignity and respect when helping them with daily living tasks. The service ensured people led meaningful and fulfilled lives.

There were safe staff recruitment and selection processes in place. People received effective care and support from staff who were well trained and competent.

Staff spoke positively about communication and how the manager worked well with them and encouraged their professional development.

A number of methods were used to assess the quality and safety of the service people received, and continuous improvements were made in response to the findings.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection and update: The last rating for this service was requires improvement (published 23 November 2018) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected: This was a planned inspection based on the previous rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Devon Enhanced Recovery Service on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

Follow up: We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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 was safe.

Details are in our safe findings below

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

# Devon Enhanced Recovery Service

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was conducted by one inspector.

#### Service and service type

This service provides care and support to people living in two 'supported living' settings, 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.

There was no registered manager in post. 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 current manager was in the process of registering with the Care Quality Commission.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or manager would be in the office to support the inspection.

#### What we did before the inspection

Prior to the inspection, we used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We also reviewed the information we held about the service and notifications we had received. A notification is information about important events which the service is required to send us by law. We used all of this information to plan our inspection.

#### During the inspection

We spoke with three people receiving a service and six members of staff. We spent time talking with people and observing the interactions between them and staff.

We reviewed three people's care files, two staff files, staff training records and a selection of policies, procedures and records relating to the management of the service.

#### After the inspection

After our visit we sought feedback from health and social care professionals to obtain their views of the service provided to people. We did not receive any feedback.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. This was because people using the services were not protected against the risks associated with their mental health and physical health care needs; people's medicines were not managed safely, and the provider did not have a robust recruitment process to ensure only suitable staff were employed. This inspection found improvements had been made and this key question rating has now improved to good. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Comprehensive risk assessments were now in place. People's individual risks were identified, and the necessary risk assessment reviews were carried out to keep people safe. For example, risks related to substance misuse and aggression had been assessed.
- Risk management processes considered people's physical and mental health needs and showed that measures to manage risk were as least restrictive as possible.

### Using medicines safely

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- People received varying levels of staff support when taking their medicines, from prompting through to administration. One person commented: "I am able to manage my own medicines, this has been agreed with staff and my GP."
- Staff had received medicine training and competency assessments to ensure they were competent to carry out this task. Staff confirmed they were confident supporting people with their medicines. The manager and other members of the management team checked medicine administration practice whilst working with staff and via records. This was to ensure staff were administering medicines correctly.

## Staffing and recruitment

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 19.

- There were now effective recruitment and selection processes in place. Staff had completed application forms and interviews had been undertaken. In addition, pre-employment checks, which included references from previous employers and Disclosure and Barring Service (DBS) checks, were completed. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. A staff member commented: "Recruitment was really good."
- There were sufficient staff to meet people's needs, and people and staff confirmed this.
- The manager explained staffing arrangements always matched the support commissioned and staff skills were integral to this to suit people's needs. They added that people received support from a consistent staff team. This ensured people were able to build up trusting relationships with staff who knew their needs.
- We asked how unforeseen shortfalls in staffing arrangements due to sickness were managed. The manager explained that regular staff undertook extra duties in order to meet people's needs. In addition, the service had on-call arrangements for staff to contact if concerns were evident during their shift.

## Systems and processes to safeguard people from the risk of abuse

- People felt safe and supported by staff in their homes. Comments included: "I feel safe here and would speak to the staff if I was concerned about anything."
- Staff demonstrated an understanding of what might constitute abuse and knew how to report any concerns they might have. For example, staff knew how to report concerns within the organisation and externally such as the local authority, police and the Care Quality Commission (CQC). Staff had received safeguarding training to ensure they had up to date information about the protection of vulnerable people.
- The manager demonstrated an understanding of their safeguarding role and responsibilities. They explained the importance of working closely with commissioners, the local authority and relevant health and social care professionals on an on-going basis. There were clear policies for staff to follow. Staff confirmed that they knew about the safeguarding adults' policy and procedure and where to locate it if needed.

## Preventing and controlling infection

- Staff followed infection control procedures. Personal protective equipment was readily available to staff when assisting people with personal care. For example, gloves and aprons. Staff had also completed infection control training.

## Learning lessons when things go wrong

- There was evidence that learning from incidents and investigations took place and appropriate changes were implemented. For example, care plans and risk assessments had been updated following changes in people's needs. Actions had been taken in line with the service's policies and procedures. Where incidents had taken place, involvement of other health and social care professionals was requested where needed to review people's plans of care and treatment.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. This was due to staff not being provided with the training and support they needed to undertake their role. This inspection found improvements had been made and this key question rating has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 18 (staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- People said they thought the staff were well trained and competent in their jobs. One person commented: "The staff are very good here. Really supportive. They seem to know what they are doing."
- Staff completed an induction and probationary period when they started work at the service. The induction required new members of staff to be supervised by more experienced staff to ensure they were safe and competent to carry out their roles before working alone. A staff member commented: "My induction was very good."
- Staff received training, which enabled them to feel confident in meeting people's needs and recognising changes in people's health. They recognised that in order to support people appropriately, it was important for them to keep their skills up to date. Staff received training on a range of subjects including, safeguarding vulnerable adults, the Mental Capacity Act (2005) and equality and diversity. In addition, staff received training in topics specific to people's individual needs. For example, mental health awareness and conflict resolution. Staff had also completed nationally recognised qualifications in health and social care, including the care certificate. The care certificate aims to equip health and social care staff with the knowledge and skills which they need to provide safe, compassionate care. A staff member commented: "My training has been very good."
- Staff received on-going supervision and appraisals in order for them to feel supported in their roles and to identify any future professional development opportunities. Staff confirmed that they felt supported by the manager. A staff member commented: "The staff and manager are really supportive." This showed that the organisation recognised the importance of staff receiving regular support to carry out their roles safely.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff knew how to respond to people's specific health and social care needs. For example, recognising

changes in a person's mental health.

- Staff were able to speak confidently about the care they delivered and understood how they contributed to people's health and well-being. For example, how people preferred to be supported when their mental health deteriorated.
- People were supported to see appropriate health and social care professionals when they needed, to meet their healthcare needs. We saw evidence of health and social care professionals' involvement in people's individual care on an on-going and timely basis. For example, GP and mental health practitioner. These records demonstrated how staff recognised changes in people's needs and ensured other health and social care professionals were involved to encourage health promotion.

Ensuring consent to care and treatment in line with law and guidance; Assessing people's needs and choices; delivering care in line with standards, guidance and the law

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.

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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- Before people received any care and treatment they were asked for their consent and staff acted in accordance with their wishes. People's individual wishes were acted upon, such as how they wanted their personal care delivered.
- People's legal rights were protected because staff knew how to support people if they did not have the mental capacity to make decisions for themselves. People's capacity to make decisions about their care and support were assessed on an on-going basis in line with the Mental Capacity Act (MCA) (2005).
- People's capacity to consent had been assessed and best interest discussions and meetings had taken place. Care records demonstrated consideration of the MCA and how the service had worked alongside health and social care professionals when there were changes in a person's capacity to consent to care. For example, a best interest meeting had taken place to discuss a person's management of finances.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to maintain a balanced diet. Staff helped people where necessary to prepare main meals and snacks. One person commented: "I cook my meals, favourite is my Sunday lunch. I do all my own shopping."
- Care plans and staff guidance emphasised the importance of people having a balanced and nutritious diet to maintain their general well-being. Staff recognised changes in people's eating habits and in consultation with them contacted health professionals involved in their care.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained good.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity; Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- People said staff were kind and caring. People commented: "The staff are pretty good. We all get on really well" and "I like living here, its home. The staff are nice."
- Staff relationships with people were caring and supportive. Staff spoke confidently about people's specific needs and how they liked to be supported. Through our conversations with staff it was clear they were very committed, kind and compassionate towards the people using the service. They described how they observed people's moods and responded appropriately.
- Staff adopted a strong and visible personalised approach in how they worked with people. They spoke of the importance of empowering people to be involved in their day to day lives. They explained it was important people were at the heart of planning their care and support needs. People confirmed they had a care plan, which was discussed with them and no care was given without their consent.
- Staff treated people with dignity and respect when helping them with daily living tasks. People commented: "I think they (staff) are very good at treating me with dignity" and "One of the ways they respect my privacy and dignity is they respect that I only want women to look after me and that's what they do."
- People's bedrooms gave them privacy and space to spend time on their own if they wished. Bedrooms and the home generally reflected people's specific interests, such as pictures on the walls. Staff told us how they maintained people's privacy and dignity when assisting with care. For example, by knocking on bedroom doors before entering and being discreet, closing the curtains and gaining consent before providing care.
- Staff promoted people's equality, diversity and ensured their human rights were upheld. For example, staff recognised how choice was important to people to ensure their individuality.
- Staff adopted a positive approach in the way they involved people and respected their independence. We observed how staff involved people in their care and supported them to make decisions. For example, how they wanted to spend their day.
- Staff supported people in an empathic way. This was demonstrated in their conversations with people they cared for and in their discussions with us about people.
- Staff spoke confidently about people's specific needs and how they liked to be supported. They demonstrated how they were observant to people's changing moods and responded appropriately, which showed how well they knew people. For example, if a person was feeling anxious. They explained the importance of supporting them in a caring and calm manner by talking with them about things which

interested them and made them happy.

- Staff showed a commitment to working in partnership with people. They spoke about the importance of involving people in their care to ensure they felt consulted, empowered, listened to and valued. They explained that it was important that people were at the heart of planning their care and support needs and how people were at the centre of everything.

## Is the service responsive?

### Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as requires improvement. This was due to the service failing to ensure it provided care and treatment that was appropriate to meet people's care needs. This inspection found improvements had been made and this key question rating has now improved to good.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 9 (person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- People received personalised care and support specific to their needs and preferences. Staff understood the importance of seeing each person as an individual, with their own social and cultural diversity, values and beliefs. Care plans reflected people's health and social care needs and demonstrated that other health and social care professionals were involved. All staff took pride in their work and our conversations with them showed they worked as a team to create a better quality of life for people.
- Care files included personal information and identified the relevant people involved in people's care, such as their GP and mental health practitioners. The care files were presented in an orderly and easy to follow format, which staff could refer to when providing care and support to ensure it was appropriate. Relevant assessments were completed and up-to-date, from initial planning through to on-going reviews of care. Staff commented that the information contained in people's care files enabled them to support them appropriately in line with their likes, dislikes and preferences.
- Care files included information about people's history and preferences. This included, a timeline of significant events which had impacted on them, such as difficulties with their physical and mental health. This meant that when staff were assisting people they would know what kinds of things they liked and disliked in order to provide appropriate care and support.
- Care plans were up-to-date and were clearly laid out. They were broken down into separate sections, making it easier to find relevant information, for example, physical and mental health needs, personal care, moving on and behaviour management. Staff said they found the care plans helpful and were able to refer to them at times when they recognised changes in a person's physical or mental health.
- Activities formed an extremely important part of people's lives. People engaged in a wide variety of activities, mainly independently. For example, going to the gym, fishing and go-karting. People were

encouraged to maintain relationships with their friends and family, and care plans documented the importance of this.

#### Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff were able to communicate with and understand each person's requests and changing moods as they were aware of people's known communication preferences.
- Care records contained clear communication plans explaining how people communicated, and information about key words and objects of reference they used to express themselves.

#### Improving care quality in response to complaints or concerns

- There were regular opportunities for people, and people that matter to them, to raise issues, concerns and compliments. This was through discussions with them by staff on a regular basis. The complaints procedure set out the process which would be followed by the provider and included contact details of the provider and the Care Quality Commission. This ensured people were given enough information if they felt they needed to raise a concern or complaint.
- A system was in place to record complaints. Complaints were acknowledged and responded to in an appropriate time frame and other professionals informed and involved where appropriate.

#### End of life care and support

- People's end of life preferences and choices were explored where appropriate. These included their cultural and spiritual needs.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. This was due to the service failing to operate effective systems to assess, monitor and improve the service; failing to maintain accurate, complete and contemporaneous records in relation to people's needs and failing to assess, monitor and mitigate risks to people's health, safety and welfare. This inspection found improvements had been made and this key question rating has now improved to good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Audits were completed on a regular basis as part of monitoring the service provided. For example, checks reviewed people's care plans and risk assessments, medicines, incidents, accidents and health and safety. This enabled any trends to be spotted to ensure the service was meeting the requirements and needs of people being supported. Where actions were needed, these had been followed up. For example, care plans had been updated and maintenance jobs completed.
- The organisation's quality assurance team and Head of CQC registered services for the South had been involved with the service to support the staff team. The support focused on addressing the breaches of regulation following our last inspection. This included, developing people's care plans and risk assessments, recruitment practices, staff training and support, coaching staff on how to complete care records and the general running of the service. The support provided has enabled the service to no longer be in breach of regulations.
- The service had notified CQC in full about any significant events at the service. We use this information to monitor the service and ensure they respond appropriately to keep people safe. The provider had displayed the rating of their previous inspection in the home, which is a legal requirement as part of their registration.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Staff spoke positively about communication and how the management team worked well with them, encouraged team working and an open culture. Staff confirmed they were kept up to date with things affecting the overall service via team meetings and conversations on an on-going basis. Additional meetings took place on a regular basis as part of the service's handover system which occurred at each shift change.
- The service had implemented a duty of candour policy to reflect the requirements of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Health and Social Care Act 2008 (Regulated Activities) (Amendments) 2015. This set out how providers need to be open, honest and transparent with people if something goes wrong. The management team recognised the importance of this policy to ensure a service people could be confident in.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People's views and suggestions were sought to improve the quality and safety of the service and the care being provided. Resident meetings took place which took into account people's views. People had completed quality assurance surveys. The survey asked specific questions about the standard of the service and the support it gave people. All comments were positive. The management team recognised the importance of continually improving the service to ensure it met people's individual needs.
- People's equality, diversity and human rights were respected. The service's vision and values centred around the people they supported. The organisation's statement of purpose documented a philosophy of maximising people's life choices, encouraging independence, recovery and people having a sense of worth and value. Our inspection found that the organisation's philosophy was embedded in Devon Enhanced Recovery Service. For example, people were constantly encouraged to lead rich and meaningful lives and plan for the future.

Working in partnership with others

- The service worked with other health and social care professionals in line with people's specific needs. Staff commented that communication between other agencies was good and enabled people's needs to be met. Care files showed evidence of professionals working together. For example, GPs and mental health practitioners. Regular reviews took place to ensure people's current and changing needs were being met.