

Wolverhampton City Council







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

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, and to provide a rating for the service under the Care Act 2014.

The inspection was unannounced, which meant the provider and staff did not know we were coming. Recovery House is a care home that provides social care

support for up to four people. Care and support is provided to people with mental health needs and enables people to regain independent living skills. At the time of our inspection three people used the service.

There is a registered manager in post. We saw that they provided good leadership, was proud of the service that was offered to people and supported the staff. A

Summary of findings

registered manager is a person who has registered with the Care Quality Commission to manage the service and shares the legal responsibility for meeting the requirements of the law with the provider.

People were positive about how they felt safe and protected from harm whilst they recovered and felt better. We saw staff assisted and supported people with kindness whilst enabling people to do everyday tasks and following their interests in the community. People told us they felt more confident to move to more independent living due to the support they received.

Staff knew how to identify harm and abuse and knew how to act to protect people from the risk of harm which included unsafe staff practices. There were also a number of arrangements in place to promote people's safety and support people in the right way at the right time. We saw that there were sufficient numbers of suitable staff who had received specific training to meet the needs of people who used the service.

Staff were aware of the requirements of the Mental Capacity Act (2005) and it was positive people were supported to make decisions about their lives. This included the reasons for being at the service and the goals they wanted to achieve. At the time of our inspection people were able to make decisions. We saw people were supported by staff where required to make their own healthy meals. People who were able to take their own medicines did this with staff support as part of people keeping their skills.

We did not observe people's liberty being restricted. The registered manager and staff knew how to make the appropriate applications under the Deprivation of Liberty Safeguards (DoLS) to protect people from unnecessary restrictions.

Links to community professionals and services in the community were promoted so that people benefited from their needs being assessed and met. People told us this enabled them to recover well. Health and social care professionals told us that it is a safe place where people can become well and is more homely than people going into other community settings such as hospitals. People told us that they were happy to be at the service until they were ready to move on.

Staff showed they had the knowledge to protect people from the risk of infections. The premises were checked so that any repairs and or adaptations were made where needed to meet people's needs.

The provider had responsive systems in place to monitor and review people's experiences and complaints so that improvements were made.

Arrangements were in place to monitor and check the quality of support people received. There was evidence that learning from incidents took place and any changes needed were put in place to continually improve the service people received.

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 is safe.

Staff we spoke with were aware of how to recognise and report signs of abuse and were confident that action would be taken to make sure people were safe.

People were part of their own support planning and knew the risks to their health and safety so that they could help to reduce these.

The numbers of staff that were arranged and planned for were in place and we did not observe people at risk of harm due to insufficient staff.

Staff had received appropriate training, and had a good understanding of, the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

People had their medicines at the right time, in the right way and by the right people so that people's health was not at risk of deteriorating.

The premises were clean and hygienic so that people were not at risk from cross infections or outbreaks of infections.

Good



Is the service effective?

The service is effective.

Staff told us they felt supported and the skills they had learnt and developed meant that people received effective support to meet their needs. People told us they were happy with the support received to enable them to achieve their goals towards more independent living.

People were encouraged to choose their meals and prepare these. When people needed support to eat healthy and nutritious diets this was given without placing restrictions upon what people chose to eat.

The premises met people's needs in order to promote their independence.

Good



Is the service caring?

The service is caring.

People told us staff were kind and they were happy to be at the service until they felt better. People were enabled to maintain relationships that were important to them and were involved in reaching their own goals.

Staff spoke respectfully about people and people's individuality was promoted with their privacy and dignity upheld in their everyday lives.

Good



Is the service responsive?

The service is responsive.

The services offered to people were flexible and responsive to people's different needs at the time they needed support in their lives.

Good



Summary of findings

People were encouraged to meet up with family members and meet new people as close links with the community were maintained.

People told us that staff knew their likes and dislikes and listened to people if they had any concerns.

Is the service well-led?

The service is well led.

The registered manager showed that they operated in an open and inclusive way. People felt listened to and their views were sought during everyday life as they received support and in meetings held. This meant people helped shape the services they received.

Staff told us they were able to speak with the registered manager about any concerns they had. They felt they were treated fairly and supported by them.

The registered manager had an effective quality assurance system in place and identified actions which had led to improvements in the service that people received.

Good



Recovery House

Detailed findings

Background to this inspection

We carried out an inspection at Recovery House on 30 July 2014. This inspection was undertaken by one inspector and was unannounced. This meant that the provider and staff did not know we were coming.

Before this inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed the information we held about the service. Providers are required to notify the Care Quality Commission about events and incidents that occur at the service which included injuries to people receiving care and safeguarding incidents. We refer to these as notifications. We used this information to plan what areas we were going to focus on during our inspection.

At this inspection we spent time with the three people who used the service and observed the support that people received to meet their different needs over the course of the day. We also spent some time with the registered manager and three members of staff who told us about people's support needs and what the service offered people. After this inspection we received comments from one health care professional and two social care professionals to find out about their views about the support and treatment people received.

We looked in detail at the care records of two people who used the service and at records maintained by the provider about staffing, training and monitoring the quality of the service.

Is the service safe?

Our findings

We spoke with all the people who used the service and they told us their reasons for feeling safe. One person told us, “Staff are very nice and have helped me to recover. I feel safe here and a lot better now.” Another person said, “While I am like this I feel safer being here, it would have taken me a lot longer to get better if I had not come here.” A further person told us, “Staff are nice, I am safe here, if there was something wrong they would listen.”

Safeguarding of adults formed part of the required training for all staff. The staff we spoke with understood the types of abuse and the risk of discrimination that people with mental health needs may experience. One person told us that staff had helped them to contact the right professionals when an incident had happened recently whilst they were in the community. Staff told us that similar incidents had taken place before, but they did not dismiss the person’s experience and helped the person to take appropriate action. This mattered to this person as they told us it made them feel safe with staff that cared about them

All the staff that we spoke with told us that they felt people were safe and understood the risks to individual people who used the service. These included understanding the signs of people becoming unwell, everyday support with collecting money and using kitchen equipment. All the staff told us that they had close links with other professionals. This included occupational therapists, social workers and advocates so that when a risk to a person was identified other expert advice and support was sought so that people’s health and safety was promoted.

All staff had received training in the Mental Capacity Act 2005 and knew that they had to obtain people’s consent to care and treatment. During our inspection we saw examples where staff encouraged people to make their own choices and decisions about how they wanted to spend their day and where they wanted to be. For example, one person made their own breakfast and another person made decisions about their plans for the day. When people required any verbal prompts staff communicated in a way that included people’s involvement in their care and support. This is so that people were enabled to develop their life skills in a safe environment in readiness for moving on to more independent living.

Staff had a good understanding of what their responsibilities were under the Deprivation of Liberty Safeguards (DoLS). A DoLS application may be made where it was felt necessary to restrict a person’s liberty to keep the person safe. The registered manager and staff were clear that if any person needed to be restricted due to the risk of harm this would be done with their best interests promoted and the right people involved. We did not observe anyone’s liberty and freedom restricted at this inspection. One person told us that when they wanted to do something important to them they could and we saw that the person did this over the course of the day.

Before people used the service their needs and risks were identified by a social worker and these were discussed with the registered manager. The assessment of each person’s needs and identified risks became part of people’s support plans with the full involvement of each person. All the people we spoke with told us what they needed to achieve before moving on from the service. For example, some people they told us they were now waiting to move to their own accommodation. This demonstrated that a positive approach had been taken not only to meet people’s needs but to work with each person to reduce any risks. This meant people were supported to achieve their goals of living more independently with their safety and wellbeing promoted.

All the people and staff we spoke with felt that there were enough staff to keep people safe and meet their needs. We asked the registered manager about staffing levels. They told us there was a stable staff group and that there were sufficient numbers of staff to keep people safe and meet their individual needs. One person told us, “If I need the staff there are always there for me which makes me feel safe whilst I am getting better.” We also saw that examples of people receiving personalised unhurried support, at the time they needed it during our inspection. For example, one person asked for staff support and staff responded in a caring way without any delay to the person’s needs.

There were procedures in place to keep people safe and protect them from the risk of harm. For example, we saw in the staff records that staff were only employed after essential checks to ensure that they were fit to carry out their roles effectively and safely were made. This was

Is the service safe?

confirmed by the registered manager and staff when we spoke with them. This showed that the provider had taken the necessary steps to make sure staff were suitable to be working with people who used the service.

All the people we spoke with told us that they received their medicines at the right time and were happy with the support staff gave them to take their medicines. One person told us, "I take my own medicines but I know staff are there if I need them to help me with them."

We spent time with one member of staff who supported people with their medicines to enable people to take their prescribed medicines, at the right time and in the right way. They told us that they had been trained to administer medicines. Records confirmed that staff who administered medicines had been assessed as competent to undertake this activity. We found that medicines were stored securely. The audit of the administration records showed that people had their medicines as they were prescribed. A monitoring system was in place that enabled any problems with the administration of people's medicines to be picked up quickly and addressed. This meant that the provider had systems in place to help make sure people received their medicines safely.

There were regular checks completed that meant that the premises reduced the risks for people who used the service. Maintenance checks and health and safety checks of the home were completed by the registered manager so that any repairs and faults could be reported. Fire risk assessments were in place. These identified that checks were completed which ensured the fire prevention systems worked and any deficiencies were identified.

People told us that the home was always clean and that they were encouraged to assist in maintaining some aspects of cleaning. For example, people used the vacuum cleaner in their rooms as part of keeping their daily living skills.

Staff gained knowledge from infection control and they put this into practice. For example, we observed all staff washed their hands appropriately between tasks. There were cleaning rotas in place and checks were made of cleanliness and hygiene practices by the registered manager. We saw that staff had undertaken infection control training. This demonstrated that the practices we saw and the arrangements in place reduced the risks of the spread and outbreaks of infections for the people who used this service.

Is the service effective?

Our findings

People who used the service praised the levels of care and support they received from staff whilst following their plans. One person said, “They [the staff] have helped me to get better. It would have taken longer to get better if I had not come here.” Another person told us, “Helped to recover here with staff who know me.”

When we talked with staff, we asked them about their experiences of working at the service. One member of staff told us about how positive their induction had been and how their supervision had been supportive as it gave them a chance to review their learning. They told us, “They (the registered manager and staff) have been really supportive. I always feel I am not alone.”

All the staff that we spoke with told us that they had received all the training they required to meet the needs of people who used this service. The information received from the provider matched the training topics that staff had told us about. The training topics included, moving and handling, health and safety and control and restraint. We also saw from the training planner that training and any updates were provided regularly to support staff in providing effective support to people.

All the staff we spoke with had a good understanding of people's preferences, routines and support needs to promote people's independence. During the day we saw staff supported people with their laundry and meals. Staff were able to describe how they supported people and changes in behaviours that may indicate that something was wrong.

We observed that people were supported to prepare their own meals with the choices that they had made. People had access to snacks, fruit and drinks outside of mealtimes. Times for eating were flexible around the person to fit around how they felt or what they were doing. For example we saw people making their breakfast at different times to suit themselves. Staff told us about the support that would be available to people such as healthy eating plans. One person who used the service told us how they were supported by staff to cook healthier food. When people needed specialist support to promote their health needs

we saw that this was obtained from professionals in this area, such as, dieticians. This demonstrated that staff had taken a personalised approach to meeting people's nutritional needs.

During our inspection we saw and heard many examples of where staff applied their knowledge to effectively support people to meet their health and independence. For example, one person's management of their health needs had been effective as they no longer required a certain medicine. For another person they received support to improve their health and staff had sought an aid so that this person could try this as another way of assisting the person to stay healthy and well. This showed that staff support had been effective as people's health had been improved and staff used preventative ways to support people.

The registered manager and all the staff that we spoke with told us they had excellent relationships with community professionals. For example, one person had not managed their health needs well before they came to the service which meant that there were risks to their health and safety. However, staff sought the involvement of the district nurses and over a period of time the person's health needs improved. The person had also learnt with the support of staff and district nurses how to do their own daily health checks and they played an active role in reducing the risks to their health. This meant that other professionals were also involved in the management of people's needs and the risks that can be associated with supporting people to live more independently. One social care professional confirmed that this was the case. They told us that the staff supported people who used the service so that their individual choices, wishes and needs were met.

We found many examples which showed that the design and the layout of the premises met the individual needs of people who lived at the service. One person told us, “I like my room; it has everything I need in it.” Another person said as they were making a meal in the kitchen, “All the things (equipment) I need is here so that I can make my own meal without too many difficulties. I can also do my own washing with the staff in there (pointed to laundry room)” We also saw there were areas of the home that could be used to hold private meetings and quiet rooms were also available.

When improvements were identified to the design and layout of the premises to meet people's needs we saw that

Is the service effective?

these had been carried out. For example, an extra handrail on the side of the stairs was put in place so that people who needed extra support had this. One person who was using the stairs told us, “This does help me to feel more

steady.” We also saw that a new bath had been fitted with a side access so that people’s physical needs were met. This showed that people’s independence was promoted as the suitability of the premises continued to meet their needs.

Is the service caring?

Our findings

All the people who used the service at the time of our inspection told us that staff were kind and they were happy to be at Recovery House. One person told us, “I am happy to be here” and “They (the staff) are all nice to me.” Another person said, “They (the staff) help you to settle in” and “They (the staff) help you to feel comfortable.”

One health care professional told us that staff were very good and very compassionate towards people who used the service. They said that staff seemed to know and showed respect for people when they spoke about their needs. They also told us that staff were very good to people and it was positive that the person they were visiting had health needs that had improved whilst they were at the service.

All the people we spoke with told us they felt happy and cared for by staff who knew what they found difficult in their lives and where they wanted to be when they left the service. One person told us about their new accommodation that they would be moving to once this was ready. Another person said, “When I am better I want to go home and lead a normal life.” All the people told us that they had been involved in all the choices and decisions made about how to improve their skills in becoming more

independent. We also saw that this was the case when we looked at some care records as they showed people had been very much part of their plans and agreed to the support and work they needed to do to achieve their goals.

When we spoke with staff about people who used the service they showed respect and cared about people. One staff member told us, “I give people respect and choices, not speaking down to people.” Another member of staff said that they enjoyed their work and felt as though they were, “Helping people to move on in their lives.”

We observed staff treated people with dignity and respect. During the day we observed positive interactions between staff and people who used the service. Staff had gentle conversations with people about their plans for the day and advice was given that supported people with any of their choices in a supportive way. We saw conversations where laughter was shared. The atmosphere felt relaxed and positively where people received personalised care. For example, people’s own individuality was promoted as people wore clothes and jewellery that were expressions of their personalities and interests in life. This demonstrated that people were treated as individuals.

People told us that their family and friends were welcomed. One person met their family member when they went for the day at a centre where planned activities took place. This showed that they continued to have close links with people that were important to them.

Is the service responsive?

Our findings

All the people who used the service felt that staff responded to their support needs and they were listened to. One person told us, “If anything was wrong they (the staff) would listen to me and help to put it right.” Another person said, “The staff know what my needs are, my likes and dislikes. They (the staff) help me when I need it with my medicines and I can do my own washing but if I needed anything they (the staff) are always around.”

There was a personalised approach to meeting people’s needs so that they received support in the right way for them. We saw that people had been involved in their plans so that their individual preferences and abilities matched the level and type of support people received to reach their goals in readiness to move on. People also had access to information about how their needs could be met and what they could expect from receiving a service. Staff also told us that people they could visit and or stay overnight at the service to gain experiences of what the service was like. These different approaches helped people feel in control of the decisions made to meet their needs and shaped how support was delivered.

During our inspection we saw examples where staff encouraged people to make their own choices and decisions about how they wanted to spend their day and where they wanted to be. For example, one person made their own breakfast and another person made decisions about their plans for the day. When people required any verbal prompts staff communicated in a way that included people’s involvement in their care and support. This is so that people were enabled to develop their life skills in a safe environment in readiness for moving on to more independent living.

The registered manager and staff all agreed that the service provided responded well to people’s needs to prevent crisis and or deterioration in people’s mental health needs. For example, staff told us about how some people’s behaviour and or actions could result in them being at risk of harm without staff support. There was also support to give people’s main carers a break from their caring role. One person in their feedback said, “If I needed to talk to someone staff were there to listen, chat about any problems and concerns.” This showed that the services offered to people were flexible to respond to people’s needs at the time they needed support in their lives.

We found that one person regularly attended a service in the community to take part in social interests. They often went to see a friend they had made at the centre. The person told us that they liked to go to the centre and enjoyed the fun and interesting things that they did there. This showed that people were supported to remain part of the local community and develop relationships.

We looked at some of the comments made by people who used the service as feedback and in the weekly forums. These were positive about the support people received. One person stated, ‘Very happy with staff. I have found it helpful being at Recovery House it’s a safe environment and also very homely.’ Another person said, ‘I want to go home now, I have been happy here at Recovery House.’

All the people we spoke with told us that they had no complaints but if they had they would feel happy to speak with the registered manager or staff. The provider had a complaints procedure in place. We saw that this was available in other formats and in different languages so that people had access to information to support their needs.

Is the service well-led?

Our findings

All the people we spoke with during our inspection were positive about the staff, registered manager and the support they received. People told us they could not identify any areas for improvement but if they did have any they would be happy to talk with the staff or the registered manager. One person said, “They (the staff) are here when I need a little support but they also help me to become better at things for when I move. This is a really good thing about here.”

The registered manager told us that because there was a small staff team they spoke with staff frequently during each working day. We saw that this was the case as during our inspection the registered manager supported staff and spent time with people who used the service. For example, staff checked with the manager about people’s planned appointments and spoke with one person about their plans for the day. Because of this they were involved in everything and any issues, complaints or incidents were resolved quickly.

When we talked with staff, we asked them about their experiences of the work they did. Staff told they felt listened to and supported in their roles by their colleagues and the registered manager. They said that there was a good learning environment and support for professional development. One member of staff told us, “We do whatever we can do for service users.” Another member of staff said, “We all work together” and “This service helps people to move on in their lives.” The registered manager and staff were proud to work in a personalised service that met people’s needs at the times they needed support the most.

Staff we spoke with told us that if ever they had the need to whistleblow on poor standards of care that they would have no hesitation in doing this. All the staff we spoke with told us that the registered manager’s door was always approachable and that if any concerns were raised the registered manager listened and acted promptly if this was required.

The registered manager reported important events that affected people’s welfare, health and safety to the Care

Quality Commission (CQC) and other appropriate bodies so that, where needed, action can be taken. This practice ensured people are not harmed as a result of unsafe care, treatment and support.

When policies and procedures were reviewed and updated. Staff told us that these were shared at meetings so that staff were aware of how these impacted upon their roles and responsibilities. This meant that the registered manager and provider had effective arrangements in place to ensure information was current and up to date.

We found evidence of learning and improving the experiences of people who used the service. There was a clear quality monitoring structure, such as, auditing procedures so that standards were monitored and improved where necessary. For example, at the recent infection control audit the score was 97% and there were some actions for the registered manager to complete. The registered manager showed us that these actions had been taken so that people were safeguarded from risks of infections. This showed that the registered manager was able to analyse the quality of support and service that people had received and had taken action when required to make improvements. These practices ensured people were not harmed as a result of unsafe care, treatment and support.

People who used the service were actively encouraged to give feedback about all aspects of their experiences of the care, treatment and support they received. For example, there were weekly forums for people who used the service to attend to share their views and experiences. This enabled the registered manager to make any changes if they were needed and to be made aware of what was working well.

The registered manager had also created another opportunity for people to provide their views and experiences of the care and support that had been provided. People were asked to take part in a short questionnaire to reflect upon the service they received and we saw that comments made were positive about how the service had supported people to move on in their lives. For example, one person stated, ‘This has really motivated me to take control of my life again.’

When we asked health care and social care professionals for their views and experiences of the service provided to people we received without exception positive comments.

Is the service well-led?

One social care professional stated, 'I find the manager and workers extremely helpful and approachable. They are all very experienced in mental health social care and very flexible in their approach. They demonstrate an understanding of the recovery model and work in a proactive way with service users. My experience of Recovery House overall is that it is a well organised and managed service.'

During our inspection we saw and heard many examples where the registered manager and staff had effectively engaged with other professionals. This enabled people's support needs to be responded to by the right person at the right time to assist people towards recovery and feel better before moving on in their lives.

We found that the registered manager and staff had a continuous dialogue with both health care and social care professionals and weekly mental health management

meetings were held. At these meetings any issues and or concerns were discussed together with opportunities for staff to seek advice, guidance and share good practice. We also saw and staff told us about the regular training and meetings held which helped staff to be aware of current best practices.

All staff who we spoke with understood their roles and responsibilities in meeting people's needs. The registered manager told us they would not hesitate to take action if staff practices were not effective in meeting people's needs. For example, they would discuss this with the individual member of staff and arrange further training if this was required. This showed that the registered manager was passionate about people receiving a personalised service that was tailored to meet each person's individual needs and was of a high quality.