Richmond Fellowship (The)

Trinity Street

Inspection report

27 Trinity Street
Batley Carr
Dewsbury
West Yorkshire
WF17 7JZ

Tel: 01924456160
Website: www.richmondfellowship.org.uk

Date of inspection visit:
31 May 2018

Date of publication:
11 July 2018

Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

Trinity Street is a residential care home providing support and accommodation for up to nine people who have mental health related support needs. Accommodation is provided on the ground floor of three interlinked bungalows. Each bungalow offers communal use of a kitchen, laundry, lounge, dining room, bath and shower rooms and individual bedrooms for up to three clients. At the time of this inspection there were three people living at Trinity Street.

The registered manager had recently been recruited to another post in the organisation and had retained their registered manager status for this service. The incoming manager was in the process of registering. 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. There was a new manager in place who had made an application to be the registered manager.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and on-going monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

The manager and staff understood how to keep people safe. There were clear policies and procedures to follow for staff to raise concerns and staff were aware of these. There were good reporting and robust auditing mechanisms in place. Risk assessments were comprehensive and people's support plans were centred around their safety.

Staff were trained to give medicines safely, all training was monitored and competencies in all aspects of care and support were thoroughly checked. Staff received regular support from the manager through supervision, appraisals and regular team meetings.

People could chose what to eat, they were supported to develop healthy menus and shop accordingly. They chose when and where they ate their meals. People were encouraged to eat healthily and their nutritional intake was monitored.

People were involved at all stages in developing their support plans and in reviewing their progress on a weekly basis. People chose their own goals and how they wanted to be supported to meet these. People were supported to have choice and control of their lives in the least restrictive way possible. Mental capacity assessments were in place.

The manager was known throughout the home. Staff said management was approachable and supportive. The home had thorough governance processes in place.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remains Good	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

Trinity 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 2014.

This was a comprehensive inspection. It took place on 31 May 2018 and was unannounced. The inspection team consisted of one adult social care inspector.

Before our inspection visit we reviewed the service's inspection history, current registration status and other notifications the registered person is required to tell us about. Notifications are when registered providers send us information about certain changes, events or incidents that occur within the service. We contacted commissioners of the service, safeguarding and Healthwatch to find whether they held any information about the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. This information was used to assist the planning of our inspection and inform our judgements about the service.

We used a number of different methods to help us understand the experiences of people who lived in the home. We spoke to one person who lived at the home and one relative of someone who lived at the home. We spoke with the manager, the locality manager and three staff members. We reviewed three staff files, three people's support records and a variety of documents which related to the management and governance of the home. We also spoke to a visiting professional. We looked around the building and saw the communal kitchens, dining rooms, lounges and bathrooms and a vacant bedroom.

Good

Is the service safe?

Our findings

The person we spoke to and relatives told us they felt safe, the person said "I feel safe with the staff working here," and confirmed who they would tell if they did not.

Staff records showed recruitment was safe. We looked at staff training records and saw all staff received mandatory training via e-learning for safeguarding. Staff we spoke with were able to describe what they would do to keep people safe from abuse. A staff member said, "Care is based around risk management."

We looked at the 'crisis and safety management plan' for each person living at the home and saw this was discussed with people at their weekly key worker review sessions. We looked at the care and support records for everyone living at the home and saw they included 'protection and safety records' for all aspects of their support and activities. We also saw risk assessments for planned group activities, such as a trip on a canal boat. Knifes were stored safely and there was a process for handing these out to people using these under supervision and counting each knife on return. People were free to leave via any door and were free to return at any time however each resident had an agreed missing persons protocol in the event they did not return as planned.

The person we spoke with and staff told us there was enough staff. The manager explained how staff rotas were planned a month in advance. At the time of inspection the home had six empty bedrooms but the manager explained staffing had not been reduced as staff were being encouraged to undertake any additional training whilst staffing levels were higher than normal. The locality manager explained they wished to retain staff so people living at the home had experienced and consistent support.

The manager described a recent issue with a new member of staff who senior staff did not feel was competent and described the process to support the staff member as well as protect the people living at the home. One staff member said, "All new staff are shadowed three times by a team-leader and manager to assess the six core competencies."

Medicines were stored safely and securely. We observed medicines being given. After the person had taken their tablets the MAR sheet was counter-signed by both the person administering the medicines and a senior. We checked two medicines and found the stock tallied with the recorded number of administrations.

The home had been recently refurbished in December 2017; it was in an excellent state of repair and was very clean and tidy. A relative said, "The place is absolutely spotless." The home had a domestic assistant to clean communal areas of the home and people who lived at the home were encouraged to clean their bedrooms and take responsibility for their own laundry and washing up. We found safe systems were in use for the management of laundry and cleaning equipment. Items were colour-coded, for example red mops were to be used in bathrooms. All cleaning products were stored securely.

Team meeting minutes showed issues identified and lessons learnt from the recent dispensing pharmacists medication audit, infection control checks, and Health and Safety checks. A staff member gave an example,

"If medication errors are identified we discuss these at handovers." We saw outcome evaluations from 'team practice sessions' were used to identify any learning from case summaries. Staff said, "We have started to peer support across the service to learn and share best practices."

Good

Is the service effective?

Our findings

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisation's to deprive a person of their liberty were being met.

We saw how people living at the home had capacity assessments undertaken before they moved in. At the time of the inspection there was no one living at the home who did not have capacity to consent to their care and support. Staff were able to describe how they applied the MCA for people and records showed signed consent forms in relation to capacity assessments.

Records showed people were involved in regular reviews and these were signed to show people had consented to the review each time it took place. They showed people had consented to what information would be shared and to whom information might be shared. Records also contained consent about involvement of each separate aspect of group activities, for example, the home had an open day and people had consented to being involved and whether they consented to be in any photos or mentioned in any articles about the day.

Staff records included detailed induction plans for new staff, individual training records and evidence of checks for the six core practical competencies relating to safe care and support. Staff participated in three 'team practice supervisions' per year where staff discussed case summaries and received practical training on these. Staff had supervisions every three months and an appraisal every six months. Staff described how they could choose to undertake additional training from the organisation's training portfolio as well as source their own training. The manager told us how they shared good practice changes in team meetings and supervisions and we saw evidence of this in records. This ensured staff had up to date skills and knowledge to enable them to meet people's needs in line with current standards of good practice.

Case notes evidenced people were encouraged to eat healthily and their daily food and fluid intake was recorded. People living at the home were encouraged and supported to develop menus, shop and cook. A person said, "I like growing vegetables, and [name of person] likes cooking, so that's our deal." A relative said, "[Name of person] is a trained chef, and is supported and encouraged to cook healthily."

We saw a handover file which contained important information for staff. This included handover notes, emergency numbers, staff rotas, daily worksheets, residents' weekly planners, appointments and activities, weekly menus and shopping lists. The detailed daily notes recorded on the electronic system were reviewed

by all staff when they started their shift. We spoke to a visiting professional who said, "There is good communication by the staff between my visits." This helped to ensure key information was shared and easily accessed by staff.

A person living at the home said, "I am supported to see my GP." We saw from case notes, people's health was monitored. Staff told us they were able to refer to external health care professionals if this was required and had frequent and good contact with the local mental health service 'crisis team' who provided immediate support and advice when required. This showed people using the service received additional support when required for meeting their care and treatment needs.

One person living at the home liked gardening and growing vegetables. They explained the locality manager had suggested the service changed the garden and had asked the person for their ideas. This resulted in the service buying a greenhouse as part of the garden refurbishment. People are encouraged to individualise their bedrooms. The manager described how people's ideas had been discussed and considered at the weekly residents' meeting when refurbishing the home. Residents' meeting minutes showed how people had helped to put their ideas in place.

Good

Is the service caring?

Our findings

We observed friendly, respectful and professional interactions between people and staff. A person living at the home explained how they had been supported in a new relationship with their partner. They said, "Staff have supported me with this relationship, they have been very supportive."
A visiting professional commented, "Staff want to engage with [name of person] but [name of person] is reluctant and likes to do their own thing." A staff member explained, "We offer lots of support but sometimes [people] decline things such as talking groups, they all have a key worker session once a week," and, "We spend our time dependent on what [people] want to do."

A person living at the home said, "A copy of my support plan is kept in my room so I can have a flick through when I want," and explained, "I get involved in my CPA [Care Programme Approach] meetings and I know about advocates but I don't need one at the minute."

A 'residents' meeting' had taken place every month and minutes from the latest one these meetings were available on the noticeboard in the kitchen. There were set agenda items such as feedback, alcohol and drug issues, policies and procedures, cultural and spiritual beliefs, activities, health and safety, the suggestion box, housing management, and residents' issues. A person living at the home said, "We can say what we want at the resident's meeting, we're always asked to contribute."

The manager explained about a referral received for someone who identified as questioning their sexuality and how the service had considered plans to support them. This evidenced how the service would support people's equality, diversity and human rights.

We saw evidence people's support plans were developed by them. Plans included peoples' goals, such as living independently, with separate targets and outcomes measured against these. We saw how people could see from an 'outcomes wheel' how much they had progressed each month. For one person a target was for them to be supported in being healthy enough to play a 90 minute game of football. Plans had been reviewed each month.

One person living at the home was responsible for their own medicines and in a move towards independence was being supported to order these from their GP. This person had a locked cabinet in their bedroom where their medicines were kept.

We observed during conversations and interactions people's wishes were respected at all times. A person living at the home said, "My bedroom is my own, no one is allowed in without my permission." A relative said, "[Name of person] can go where he wants, there seems to be enough staff but sometimes you have to look for them."

Good

Is the service responsive?

Our findings

A staff member said, "Yes, we do meet people's lifestyle choices and religious and cultural needs," giving an example of changing the time of the residents' meeting to meet a person's cultural needs. A visiting professional said, "I have a good relationship with staff in between my visits, it's working well and staff raise any concerns straight away," and, "I have no concerns with how staff manage the support…Staff have been responsive in recognising [name of person]'s cultural needs."

One person told us they had a copy of their support plan in their room. Staff told us people's electronic records contained the information they needed to enable them to meet people's needs and described how these are checked at the start of every shift. We saw how the manager receives a report every week showing any records that have not been updated. We saw Trinity Street did not have any missed updates.

Each of the support plans we reviewed provided detailed information to enable staff to provide safe, effective, person-centred care to people. We saw evidence of people's likes and dislikes being considered as part of their support needs. For example, one person liked to cook and wanted support to attend college to do so; their support plan included these details. One person wanted support to maintain their relationships with their religious community and how they wanted this to be met was detailed in their support plan. We saw people's wishes were respected. People's communication needs were evidenced within their care records. The manager explained how they would provide information to people in different formats if required.

Residents' meeting minutes showed how concerns raised by people living at the home were discussed and addressed. The home had a feedback policy. All people living at the home received a copy of this. Information about how the home deals with feedback was also contained in the information booklet which was given to people and their relatives. This evidenced there was a process in place should a complaint be made, to ensure they were managed effectively. The home had a suggestion box in the reception area and suggestions were discussed at the residents' meetings. At the time of the inspection there had not been any complaints about Trinity Street.

At the time of inspection there was no one living at the home who required end of life care. Staff were able to give an example of how a person was previously supported at the end of their life when living at the home. The manager explained that discussions regarding end of life care were not always appropriate due to the nature of some peoples care and support needs.

Good

Is the service well-led?

Our findings

The home did not have a registered manager in post. The current manager had submitted an application to CQC but at the time of the inspection, the application had not yet been reviewed by CQC. 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 service benefitted from good leadership and communication. People and relatives spoke positively about the manager and the management team. Staff told us they felt very well supported by management. One member of staff said, "I'm definitely listened to and supported by the manager, and "They [the manager] don't dismiss things, they think about it, check and always get back and support that way." Another said, "I feel listened to and always get an explanation…The service is well managed for the staff team and for the people who use the service."

The manager described how they saw the locality manager on a weekly basis and spoke to them most days. Staff we spoke to knew who the senior managers were and said they would feel comfortable speaking to them. This meant staff felt involved with the management of the service.

The manager and the staff we spoke with were all able to describe the home's new agenda (following remodelling) and how they supported people living at the home to gain independence. A staff member commented, "The aims have changed recently…these were well communicated, they 'flowed down' to everyone." People living at the home also spoke positively about this. We saw how the remodelling had been undertaken in conjunction with the local health Clinical Commissioning Group. Staff were able to explain how they worked with professionals such as care co-ordinators, approved mental health professionals, and the crisis team to ensure support plans were reflective and responsive to the needs of the people living at the home.

The manager undertook a health and safety audit every month. This was a comprehensive audit of all aspects of the service, and was sent to senior management there was an overview of how the service was being managed. The manager used a tracking system to make sure staff supervisions and appraisals were completed on time.

The service had a central risk register in place. People, with their consent, had risks associated with their care and support recorded on this. There was a clear audit trail for accident and incident recording. Staff explained how they updated the electronic system, which was used by all staff, and how this was flagged to the most appropriate level of senior management dependent on the level of severity. Suggestions and actions were provided by the organisation's health and safety officer and these were discussed at team meetings to show lessons could be learnt. This showed risks were understood, monitored and managed.

'Person in charge' visits were undertaken regularly and at random by other managers in the organisation.

We saw how actions from these were provided to the manager who completed an action plan and discussed these at team meetings. These visits also provided an opportunity for sharing learning across the organisation.

Staff were supported to progress. The current manager had progressed through the service. They explained, "Progression in the role is discussed in appraisals and the staff can undertake training in Gateway to Management, Recruitment & Selection, and Managing Health and Safety."

'Best practice meetings' took place regularly to share the 'good stuff'. The locality manager described how Trinity Street was an exemplar service to others in the organisation. The organisation had also developed peer mentoring for managers across the organisation. There was an annual service satisfaction meeting and business plans were produced from these to develop improvements.

A residents' survey took place annually and we saw from action plans how the organisation took action from these. Staff surveys took place every two years, the most recent dated September 2016. The organisation shared the outcomes with staff in team meetings. We saw the findings from the survey were linked into business improvement action plans for Trinity House.

'Working Together Forums' were held for people across the organisation. These were national meetings where people and staff got to say how things were working in the service and what improvements could be made. One person currently living at the home had attended two of these events. People were also encouraged and supported to undertake peer mentoring to support others living in the service. There was an internal newsletter called 'Sparks' which was sent to people and staff to tell them about what was happening in the service. There was also an 'announcements' page of the internal intranet which people and staff use as well as an electronic 'thank-you box' for both people and staff.

'Mental Health Open Days' were organised and run by the people living at the home (with support). People decided all aspects of the days such as the theme, the invitations, the catering and decorations. On one day the local MP attended and on another the mayoress was involved.

The manager explained how, because the service no longer had 12 beds, the Local Authority would not undertake an infection control visit. We saw how the manager had arranged for the Local Authority to provide them with paperwork so the manager could undertake their own assessment and how the Local Authority had agreed to check this assessment.

We saw evidence of the home working with other local charitable organisations such as the Safe Anchor Trust, celebrating Eid with Batley mosque, running a McMillan Coffee Morning, participating in the community Get Together Event as part of the Jo Cox memorial and celebrating a 'Pride' event by having a movie night.