Community Care Trust (South Devon) Limited

Granvue

Inspection report

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Ratings

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

Overall summary

The inspection took place on 26 November 2015 and was announced. We gave the provider 24 hours' notice because it was a small service and people may have been out.

Granvue is a mental health service offering care and support for up to seven people with mental health needs. Granvue had five beds for people who were in need of urgent mental health crisis care, these were people who were referred to the service through the local NHS crisis team. There were two beds for people who may require a short, planned admission due difficulties in their lives which were impacting on their mental well-being. At the time of the inspection four people were using the service.

Granvue had a registered manager in place to manage the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered

Summary of findings

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.

During the inspection people and staff appeared happy and relaxed; there was a calm and pleasant atmosphere. People felt cared for and told us, "Staff are helpful and caring." Feedback about the service included " The staff at Granvue were very patient, the day staff and the night staff. They put my needs first! First class care" and, "All the staff were friendly and supportive."

People told us the staff at Granvue supported their recovery and helped them feel safe. Comments included; "I came here in crisis, felt unsafe in myself for a couple of days, had brief moments where I felt unsafe in my bedroom, came down and approached staff who really settled me"; "We have house rules, our own contract – I tell them when I'm going out, there's no smoking, no drinking, no self-harming" and, "I'm able to talk to them when I feel like it."

Care records were individualised and reflected their risks. People had control of their care and treatment with clear goals for their short admission. Staff responded to people's change in needs if they were physically or mentally unwell. People were involved in identifying their needs and how they would like to be supported. Staff provided support to people to enable them to self-manage their crisis, understand the triggers which led to their admission, and learn the skills they needed to reduce the likelihood of future relapses.

People's risks were managed well and monitored. The service worked closely with health and social care professionals where indicated, for example community mental health professionals. People were promoted to live their lives to the full whilst staying at Granvue and were encouraged to go out of the home and visit the local shops and family if they wished.

People were encouraged to maintain a healthy diet and commented "The evening meals were very good -they encouraged me to eat." The home was clean and tidy and staff followed infection control practices as required.

People's medicines were managed safely. People received their medicines as prescribed and on time. People were supported to maintain good physical and mental health through regular access to healthcare professionals, such as their GPs.

Staff understood their role with regards to the Mental Capacity Act (2005) (MCA) and the associated Deprivation of Liberty Safeguards (DoLS). Advice was sought to help safeguard people and respect their human rights. All staff had undertaken training on safeguarding adults from abuse. Staff displayed good knowledge on how to report any concerns and described what action they would take to protect people against harm. Staff told us they felt confident any incidents or allegations would be fully investigated. Where people had capacity and there were concerns about their safety if they left the home, meetings were held with professionals who knew people well to consider risk management strategies.

Staff described the management as being very open, supportive and approachable. People told us the management was a visible presence within the home. Staff talked positively about their jobs telling us they enjoyed their work and felt valued. The staff we met were caring, kind and compassionate.

Staff received a comprehensive induction programme. There were sufficient staff to meet people's needs. Staff were appropriately trained and had the correct skills to carry out their roles effectively. People shared "Staff are experienced, it isn't necessarily the training they've had, it is their experience."

There were effective quality assurance systems in place. Incidents were appropriately recorded, investigated and action taken to reduce the likelihood of reoccurrence. People knew how to raise a complaint if they had one. Feedback from people, friends, relatives, health and social care professionals and staff was positive; all felt listened too. Learning from feedback helped drive improvements and ensure positive progress was made in the delivery of care and support provided by the home. Feedback from people and professionals also ensured the service responded and adjusted to the local needs of the community.

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?

Good

The service was safe. There were sufficient numbers of skilled and experienced staff to meet people's needs.

Staff had a good understanding of how to recognise and report any signs of abuse, and the service acted appropriately to protect people. People felt safe.

Risks had been identified and managed appropriately. Assessments had been carried out in line with individual needs to support and protect people.

Medicines were administered safely and as prescribed. People were encouraged to manage their own medicines as soon as possible in preparation for discharge.

The home was clean.

Is the service effective?

Good

The service was effective. People received care and support that met their needs and supported them in their recovery.

Staff had received appropriate training in the Mental Capacity Act and the associated Deprivation of Liberty Safeguards. Staff displayed a good understanding of the requirements of the act.

People were supported to have their choices and preferences met by skilled staff.

People were supported to maintain a healthy diet.

People's health and social care needs were met.

Is the service caring?

Good

The service was caring. People were supported by staff that promoted independence, respected their dignity and maintained their privacy.

Positive caring relationships had been formed between people and staff.

People were informed and actively involved in decisions about their care and support.

Is the service responsive?

Good

The service was responsive. Care records were personalised and met people's individual needs. Staff knew how people wanted to be supported and what their goals for their short admission were.

People were able to engage in activities of their interest as soon as they felt able to.

People's experiences were taken into account to drive improvements to the service. There was a complaint's policy in place.

Is the service well-led?

Good

The service was well-led. There was an open, transparent culture. The management team were approachable and defined by a clear structure.

Staff were motivated to develop and provide quality care.

Summary of findings

Quality assurance systems drove improvements and raised standards of care.

Granvue

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.

The inspection was undertaken by an inspector for adult social care, a pharmacy inspector and an expert by experience on the 26 November 2015. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The inspection was announced, we gave the provider 24 hours' notice because the service was small.

Before the inspection we reviewed information we held about the service. This included previous inspection reports and notifications we had received. A notification is information about important events which the service is required to send us by law.

During the inspection we met and spoke with four people who lived at Granvue. We spoke with the registered manager of Granvue, the clinical manager for crisis prevention and residential services who managed the service on a daily basis, and four members of staff. We also looked at three care records related to people's individual care needs, discussed staff recruitment practices, looked at staff training records and reviewed records associated with the management of medicines. We reviewed quality audits undertaken by the service. We spoke with one mental health professional during the inspection.

During the inspection we participated in morning handover, observed the interactions between people and staff and discussed people's care needs with staff. We also looked around the premises.

Good

Is the service safe?

Our findings

People told us they felt safe living at Granvue House. Comments included, “Staff maintain an environment that is safe, clients are encouraged to take an active role in their own case which helps with the healing process and the future”; “I came here in crisis, felt unsafe in myself for a couple of days, had brief moments where I felt unsafe in my bedroom, came down and approached staff who really settled me”; “We have house rules, our own contract – I tell them when I’m going out, there's no smoking, no drinking, no self-harming” and “I’m able to talk to them when I feel like it – feels like it’s all pretend, feels like people are planning something against me, talking helps.”

At the beginning of 2015 Granvue changed from a rehabilitation and recovery service to a short term crisis service. Ensuring people’s safety was paramount to the service. Night staff told us they kept people safe through communicating well, working as a team and by spending time with the people who were staying at Granvue. Staff told us, “I spend time with them before they go to bed, assess how they are” and, “We (the staff team) are empowered to make decisions about the safety of the unit”. A traffic light risk assessment was in place to support staff to make safe judgments, for example if two new admissions had been admitted that might require closer staff observation staff had the ability to close the unit to admissions for people's safety.

The ethos of the unit was to enable people to take control of their own safety and provide a supportive environment for them to manage their own crisis (people admitted to Granvue were not detained under the Mental Health Act). Prior to an admission each person had an individualised contract which detailed how they would work with staff to keep themselves safe during their stay. One person told us “I feel safe, I had to sign a contract agreeing I would not self-harm or engage in dangerous activity while at Granvue.”

People were protected by staff that demonstrated they knew how to recognise signs of possible abuse. Staff felt reported signs of suspected abuse would be taken seriously and investigated thoroughly. Staff understood the correct procedures to follow and informed us incidents of a safeguarding nature would be notified to the manager, the relevant authorities and plans put in place to reduce the risks. Staff told us, “I’d report things to the manager or police.” All staff understood their roles to protect vulnerable people and had received training in safeguarding. Policies related to safeguarding were accessible to staff in the absence of the manager.

People felt they were kept safe by staff that were aware of their risks and put plans in place to minimise these. Staff told us any incidents of self-harm were shared with the staff team, incident forms completed and CQC notified where required. We heard during handover how staff kept people safe. One person had left the home the previous evening and not returned according to the agreement which had been jointly made with them. Staff quickly followed their internal procedures according to their missing person policy, attempted contact with the person and informed the police. The person was found safe and well and we heard staff reminding them to keep their phone turned on when they went out the following day.

Staff had a good knowledge and understanding of each individual which they used to mitigate risks people may face while living at the service. Staff shared people’s concerns about what had led to their admission during handover, risks were known and discussions held regarding how to minimise people’s risks. For example, one person was very worried about debt and this was impacting on their risk of self-harm. Staff spent time supporting the person with meetings and phone calls that needed to be made during the inspection to help them feel more in control of the situation. Another person was worried about their housing situation and this had impacted on their mental health. Staff were supporting them to consider alternatives and make calls to enable the situation which led to their admission feel within their control. They shared “I am feeling safer now. My paranoia is at bay. I was very scared.”

Staff were observant of people’s own communication styles and behaviours which might indicate they were troubled. Some people suffered from paranoia and staff spent time reassuring these people who they were to reduce their anxiety and support them to feel safe at Granvue. People told us “I was so scared about coming to Granvue, now I don’t want to leave.”

There was good communication amongst staff through verbal and written handovers to share information about people’s needs, appointments, and any events which might be worrying them. This supported safe care. Discussions were then held with staff and plans were put in place to

Good

Is the service safe?

minimise any potential risk to people and staff. People's health professionals such as their community mental health nurses / OT's (CPN's and occupational therapists) and psychiatrists were involved at all stages of people's admission and reviewed people regularly to ensure Granvue remained the right option for people's recovery. This helped ensure the safety of people and staff and reduced the likelihood of an incident.

Staff were confident in managing situations and aware of people's behaviour which could impact on others. Staff were firm regarding what was considered acceptable behaviour and people's individual contracts detailed how they would work alongside staff to keep themselves safe. For example one person's contract detailed their agreement to not leave Granvue if they were feeling unsafe, if they were delayed when out to inform staff, and if they were late, there were jointly agreed actions staff would then follow. There were also house rules within the home to keep people safe. For example many people enjoyed a smoke at the service but no smoking was permitted in the building, there were clear rules regarding the use of illicit drugs and legal drugs which impacted on people's mental health. There were guidelines in place for the safe use of the internet to ensure people or others were not put at risk. These rules were known and respected to keep people safe.

Staff informed us that new admissions to the home were carefully considered to ensure the mix of people in the house remained as stable and safe as possible. Previous care plans and risk assessments were known prior to admission to help ensure risks had been considered. People's mental health professionals were involved in discussions about admission and regularly reviewed people during their short stay. Staff told us the past year and changes to the service had meant they were constantly learning from admissions and situations which had occurred, this reflective practice helped keep people and staff safe. Staff said, "We have debriefs and we learn from previous incidents". The staff at Granvue also recognised their limitations, when people might not be able to work within the self-management philosophy at that point in their lives, and when alternative placements needed to be considered to keep everyone at the home feeling safe.

People were free to come and go as they pleased at the home. Visitors were greeted by staff, asked to sign in and had their identity checked before they were allowed further. This helped keep people safe. People had individual rooms and were able to lock their personal belongings away.

Personal evacuation plans were in place for people at Granvue and accessible at the entrance to the home. They detailed any specific health needs emergency services might need to be aware of for example mobility, sensory needs or medicines which might affect people's ability to leave the home quickly by themselves. Clear fire exit signage ensured people knew how to leave Granvue in the event of a fire.

Granvue was clean, tidy and welcoming. People told us "It is always clean and tidy. I am quite happy with the overall environment and there are enough staff." The environment was homely and people's safety had been considered. We saw there were window restrictors on the upstairs windows and pipe work was boxed in to help keep people safe whilst they were staying at Granvue. In the event of an untoward incident staff had access to ligature cutters.

Staff were recruited safely and people were supported by suitable staff. People commented that they felt staff were skilled and experienced. The Community Care Trust (the provider) followed safe recruitment practices ensuring appropriate checks were undertaken before staff began work. Disclosure and Barring Service checks (DBS) had been requested for all staff and staff signed an annual disclaimer. Staff confirmed these checks had been applied for and obtained prior to commencing their employment with the service.

There were sufficient staff employed to meet people's needs safely and at all times. People told us there were enough staff to meet their needs and keep them safe. Staff had time to spend with people on a one to one basis and support them to attend appointments. Staff also confirmed there were sufficient staff on duty. Staff were flexible when there were shortages in events such as sickness; this provided continuity for people. For example, there was a "bank" of staff who were available to provide short term cover minimising the use of agency staff. There was an on call system which supported staff in the event of an emergency, staff shortage or they required advice. We saw during our inspection that staff had time to sit and talk with people throughout the day, help them make phone calls and participate in meetings with their mental health professionals. Health professionals felt there was enough

Good

Is the service safe?

staff to support their visits and to support people to attend health care appointments. All staff carried out their work in an unhurried and calm manner. Staff told us there were enough staff on duty to support people to participate in community activities where this was required.

People's medicines, were managed, stored and disposed of safely. People arriving at the setting were assessed to be sure they had enough medicines for their short stay and details of medicines brought into the setting were recorded. People were given medicines as prescribed and it was clear when medicines had been given, including when required medicines such as paracetamol. People were encouraged to manage their own medicines leading up to discharge and were supported by staff to do this safely. Relevant risk assessments were in place to support this. All staff handling medicines had appropriate training and refresher training was available if needed. Staff audited their medicine processes and strengthened their documenting and procedures where needed and following feedback from pharmacist colleagues.

Good

Is the service effective?

Our findings

People confirmed they felt staff were well-trained. Professionals were confident staff had the skills they needed to support people. Staff said they had been supported at the start of their employment by a thorough induction to the home, information about the people who lived at the house, and the philosophy of the home. The induction included essential information about the service, health and safety and how to respond if there was an accident. The Care Certificate induction was due to be implemented for new staff. This is an identified set of standards that health and social care workers adhere to in their daily working life to promote consistency amongst staff and high quality care. A staff member commented "I had an induction, it went through the policies, fire safety, lots of e-learning modules; I felt supported." Other staff who did not have previous mental health experience felt the training provided and support given, enabled them to learn quickly how to care for people well.

Staff had undertaken additional health and social care qualifications. Mental health awareness training, conflict resolution, breakaway training, fire and food hygiene were among courses staff had attended. All staff were receptive to training which would enable them to provide care to the best of their ability. Staff said they found the training provided on personality disorders particular helpful. People told us, "Staff are experienced, it isn't necessarily the training they've had, it is their experience."

All staff confirmed they felt supported in their roles. Regular supervision was in place for staff and annual appraisals. All staff felt there was an open door policy where they could approach the senior staff for advice at any point for guidance and support. Staff felt they worked well as a team and there was always "a good exchange of ideas between staff." Staff told us they all had different skills and experience and used this to support each other.

People when appropriate, were assessed in line with the Mental Capacity Act (2005) (MCA) and associated Deprivation of Liberty Safeguards (DoLS). The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. DoLS provides the legal protection for vulnerable people who are, or may become, deprived of their liberty. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. No one at the home was subject to a DoLS authorisation when we visited.

Staff showed a good understanding of the main principles of the MCA and had undertaken training in mental capacity. Staff were aware of when people who lacked capacity could be supported to make everyday decisions and when people's capacity fluctuated due to their mental health. Daily notes evidenced where consent had been sought and choice had been given. Staff knew when to involve others who had the legal responsibility to make decisions on people's behalf and understood the role of advocates in supporting people to make informed decisions and help them have their views heard.

The philosophy at Granvue meant people were central to all decisions about their care and treatment. Staff understood the need to obtain consent and involve people in any decision making. Staff understood the difference between lawful and unlawful practice. People were given freedom of choice to live as independently as possible during their stay at Granvue.

A large kitchen was freely accessible to people who lived at Granvue. People helped themselves to breakfast and lunch and we saw the kitchen was well stocked. Tea, coffee and drinks were freely available. Appliances to support people to make cooking easier, such as a microwave, were available. Staff usually cooked the evening meal because people were unwell but they could help if they wanted. One person told us "If you need assistance with food they (the staff) will help you; some staff are a bit rubbish at cooking!!" others said "The evening meal is nice" and "Very nice dinners." Staff encouraged people during the evening meal to eat something if they had lost their appetite and enabled people to have social interaction if they were isolating themselves due to their health problems. One person said: "The evening meals were very good - they encouraged me to eat." Staff told us this worked well at Granvue stating, "Encouraging people to come down for dinner helps get some people out of their rooms, we sit together and chat."

People engaged with a range of healthcare in the community if this was required during their short stay. For example, most people were already registered with a dentist, GP and optician but if they became physically

Good

Is the service effective?

unwell during their stay or had an on-going health needs staff at Granvue would support people to access healthcare professionals as required, for example one person had seen a physiotherapist during their admission.

The health professional we spoke with was positive about the home and the links which had been developed in the past year. They commented Granvue supported people's mental health needs, prevented hospital admissions and provided support in a less clinical and more homely environment. One health professional told us the person they worked with had been given vouchers which they could utilise at their own identified need for example specific dates which were hard for them. They told us the service had worked with some people who had spent long periods in care away from their home. The service Granvue offered meant this person was supported for short periods closer to home and then enabled to continue with their life. Good outcomes had been achieved for local people.

People were supported to attend their mental health reviews, which were usually with the crisis team or people's mental health care co-ordinator if they were a short planned admission. Staff felt this was important so they could help people understand what was said and they knew how best to support people with any recommendations made.

Care records and discussions with staff indicated prompt discussions were held quickly when changes to people's mental health or wellbeing had been identified. Staff were aware of when to seek advice quickly from people's mental health professionals and felt confident doing so. Other care records indicated people were visited by the health and social care professionals involved in monitoring their health and placements.

Good

Is the service caring?

Our findings

People told us that they felt listened too, cared for and they mattered to staff. Comments we received and feedback we reviewed included: "The attitude and professionalism of staff is fantastic"; "I'm very grateful for everything they have done for me"; "All the staff are welcoming"; "The support and listening was vital for my wife"; "Warm, friendly supportive staff"; "Staff are helpful and caring. The staff at Granvue were very patient, the day staff and the night staff. They put my needs first! First class care" and "All the staff were friendly and supportive."

Staff were supportive, caring and showed genuine fondness and positive regard for people at Granvue. We reviewed many thank you cards to the service. People commented staff were "Listening and genuinely care"; "Staff have all shown me how people with mental health difficulties should be treated" and, "Thank you for all being so long suffering, caring, tolerant, caring, supportive, respectful and great – you've played a major part in my recovery."

Staff demonstrated the skill of building therapeutic, trusting relationships quickly as people only stayed at Granvue for short periods. Staff empowered people to manage their own crisis and supported them through listening. Staff also gave people time to reflect and develop skills for the future and the challenges they may face.

The staff showed concern for people's welfare at Granvue. We observed staff member's value base was person centred and compassionate. Staff understood and recognised people's individual needs and worked alongside people to help them identify the triggers to their crisis and learn how to manage these in the future. Staff told us they cared for people by "Taking time out with them; we work to each other's strengths in the team."

People's needs in terms of their mental health, race, religion and beliefs were understood and supported by staff in a professional and non-discriminatory way. Staff were knowledgeable about all the people at the service and able to tell us about people's background histories and the event's in their lives which had led them to needing support at Granvue. Staff spent time to sit and talk with people and listen to their concerns. One person said "They spend time talking to me".

People told us their views were respected by staff. People said: "Staff are trying very hard. They are kind and respectful"; "Your staff are great. You should be proud of them" and, "The help I received from all staff was excellent. They had time to spend with me and help me through difficult times." Staff supported people's choices even when this was difficult, for example if they had relationships or behaviours which impacted on their health. Staff promoted people's ability to make their own choices if they had capacity but encouraged them to see potential risks and consequences of their behaviour, actions and lifestyles.

Staff needed to be skilled at quickly grasping the issues which had led to people's crisis. Good communication skills including listening and observational skills were central to this. Staff disclosed this was challenging at times, some people had poor concentration and they were difficult to engage. One to one staff time enabled people to consider solution focused ideas for their personal problems. For example, one person said: "One thing they've done is said they would give me some options at the end of the week – that's really good." Most people felt staff had enough time to talk to them, one person felt it depended how busy they were and what else was happening at the house, other people said "They're doing their best, they are kind" and "I've had time to talk about my feelings and things that have happened."

People's privacy and dignity was respected. Staff knocked on people's doors before they entered their bedrooms. People told us they were able to lock their rooms if they wished, and the language used in interactions was considerate and polite. Conversations were held in private where needed or discreetly in communal areas.

People's personal and private information and health care records were kept safely and their confidentiality protected. People's privacy was maintained by staff. Respecting people's dignity was paramount and central to the philosophy at Granvue. One person said, "Friendly and approachable staff. Respecting my privacy and confidentiality."

Advocacy services were available for people to support their views to be expressed where appropriate and information was accessible to people on services available. The staff also supported people to have their voice heard during review meetings to ensure their point of view was heard.

Good

Is the service caring?

We were told by people that friends and family were welcomed and encouraged to visit. One family had written to the home saying they had felt included and informed by the reassuring manner of staff commenting “A friendly home environment.” During the inspection some people returned home for the day to care for their animals, others went out with family members.

Staff also felt cared for at Granvue although some admitted they had struggled to adjust to the change in service. Staff did not view this as negative but it had meant different skills were needed and they were constantly learning. All staff felt their jobs were rewarding and they made a difference to people saying, “Sometimes I meet people in the street after they have left, they give me a hug – it makes a difference, shows we are doing something right! and “It’s a rewarding job, the feedback is so positive about what we do here.”

Good

Is the service responsive?

Our findings

People's needs were assessed prior to coming to stay at the service. This ensured the service was able to meet people's needs and Granvue staff also considered the current mix of people living at the house. Staff completed a telephone assessment prior to people coming to live at Granvue as people were triaged for admission by the mental health professionals involved in their care. Relevant information was obtained from the health and social care professionals involved in their care, particularly the crisis service, who retained medical responsibility during people's admission. A thorough risk assessment was conducted and the goals of admission were known at the outset of people's stay.

Care records contained detailed information about people's health and social care needs, they were written using the person's preferred name and reflected how the individual wished to receive their care. Staff confirmed residents at Granvue came first and their needs were met in an individualised way as far as the service was able to. People had a person-centred care records which detailed their reasons for admission, their previous risks and the particular areas each person required support with during their short stay for example housing needs or support with their medicine. People commented they had received "Individually tailored support."

People were involved in planning their own care and making decisions about how their needs were met. Feedback from people included, "Clients are involved in decision making about their care and future needs which is important and encourages holistic wellbeing through talking therapies, listening meetings and providing emotional support." Everyone had their own individualised placement agreement and a short term plan which was reviewed at the end of the first week of their stay. People had as much involvement as they wished and were encouraged to take full control over their lives and care. People's wishes and unique goals were central to their care. There was a joint understanding that staff were there to enable people to take the first steps to develop skills to manage their own wellbeing and needs.

People told us they had been given the opportunity to be involved in care planning although some stated they found it hard to focus on this task. Care records reflected what staff had shared with us about people and what people told us about their lives. Each care record highlighted people that mattered to the person for example their family. They contained essential information about people's backgrounds and their needs. Staff had a good understanding of both people's past histories and the potential risks. Staff we spoke with confirmed what was written in people's care plans about their particular needs.

Staff confirmed handovers were thorough and care records were accessible so staff had up to date information. Daily records were personalised and not task-orientated. People were central to how the days were planned and organised. Staff understood people's diverse needs and adjusted their approach accordingly. If people required or preferred gender specific staff to support their needs staff would accommodate this where possible.

Care was co-ordinated as people moved between different services. The deputy manager or staff on duty made contact with people's relevant health and social care professionals when needed so there was a smooth transition of people's care. People told us they could see their GP whenever they needed to, saw their mental health professionals, and had reviews with their psychiatrist if this was required during their stay. Care was consistent and co-ordinated. We saw reviews were held for people with their relevant health and social care professionals during the inspection. Staff supported people to attend appointments if this was required to share verbal information with hospital or community staff and provide reassurance to people during this process.

People were encouraged and supported to maintain links with the community to help ensure they were not socially isolated. During the inspection people returned home to see their dogs, had lunch and did Christmas shopping with family. Staff supported people less independent to go to the shops. People stayed in touch with friends and family through their mobile phones and social media and there was a house phone. Due to the nature of people's short stays activities were planned around people's personal goals. For example, people could engage in WRAP planning (The Wellness Recovery Action Plan or WRAP, is a self-designed prevention and wellness process that anyone can use to get well, stay well and make their life the way they want it to be) if they were well enough, attend the local mental health recovery groups or relax in their rooms. Some people enjoyed the communal areas and chatting to other's at the home or watching TV.

Good

Is the service responsive?

People told us they felt confident raising concerns and complaints with staff. One person said their only complaint was the quality of WIFI in some of the bedrooms. Another person told us they thought they had raised a complaint but realised this had not been raised as a formal complaint, they were being supported by staff during the inspection to voice their concerns in a formal way.

The provider had a policy and procedures in place for dealing with any concerns or complaints. This was made available to people, their friends and their families. A recent audit had made improvements to the complaints process to make it more accessible to people. This included the complaints policy being part of the welcome pack in people's bedrooms and the complaint's policy being visible in one of the communal areas. A suggestions book was also going to be placed in a prominent area of the home to ensure people's suggestions were recorded. Staff confirmed any concerns made directly to them, were communicated to the deputy manager, notified centrally to the provider's governance lead and were dealt with and actioned without delay. We were informed there had been an anonymous complaint which had been feedback to staff for their ongoing learning and awareness.

Good

Is the service well-led?

Our findings

The registered manager, clinical manager of the crisis and recovery services and deputy manager took an active role within the running of the home and had good knowledge of the staff and the people who used the service. There were clear lines of responsibility and accountability within the management structure. The service had notified the Care Quality Commission (CQC) of significant events which had occurred in line with their legal obligations.

Questionnaires were given to people to share their views and experiences of care. We reviewed the monthly feedback which was highly positive. People were encouraged to complete feedback forms prior to their discharge; this enabled them to share their views and experiences of the care they received. All staff frequently took the time to engage with people on a one to one basis, this enabled people to share any concerns they may have. A few of the many positive remarks about what the service did well included "Helping with people's wellbeing and safety. Just to say many thanks for your support and the way you all supported me in this time in my life"; "Respecting me as a person for who I am, what my needs are in life. Future plans, involving family, friends, needs of my mental health"; "Caring about what matters to us"; The house is a nice place to be."

Staff felt the clinical manager and deputy manager were approachable, kind and everyone was very positive. Staff shared, "There's good leadership, they are approachable and here"; "We're able to make decisions; we're empowered to do so." People were encouraged to voice their opinion and they felt listened to when they did. Throughout the inspection we saw people comfortably talking to the management team.

Information from feedback and audits was used to aid learning and drive quality across the service. Daily handovers, staff supervision, staff induction and staff meetings were seen as an opportunity to reflect on current practice and challenge existing procedures. For example, proactive plans were developed during the inspection process following feedback from the pharmacist inspector. Some staff admitted they had struggled in some areas over the past year, they felt they could share this and additional training had been sourced.

The provider promoted an open culture where positive, therapeutic relationships between staff and people were valued. The management team promoted the ethos of honesty, learning from mistakes and admitted when things had gone wrong. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment.

The philosophy of the home was to treat people as individuals and respect individuality. The service remit had changed over the past year, some staff had needed time to adjust and with support had risen to the challenge and were keen to learn and support people at a different point in their mental health journey. Staff confirmed they were encouraged to raise their questions and concerns and knew these would be listened to. They informed us the management was visible and dealt with any issues quickly.

Staff told us they were happy in their work, were motivated by the management team and understood what was expected of them. Staff turnover was low and staff felt valued by the training and supportive environment. The clinical manager and deputy manager role modelled good practice and worked alongside staff when required, this helped embed recovery and self-management values. They wanted to support people and staff to voice their opinions and feel involved in how the home developed and adapted to meet the needs of the local community.

There was an effective quality assurance system in place. The registered manager, clinical manager and deputy manager were open to ideas for improvement and kept up to date with changing practice and legislation such as the new Care Certificate for staff. Close links were established with the local NHS and local authority, pharmacist and health and social care professionals. Advice and suggestions for improving practice were listened too and embedded into practice.

Audits were carried out in line with policies and procedures for example there were medicine audits, cleaning schedules and daily checks, audits of the environment and maintenance checks. Where issues had been identified changes were made so that quality of care was improved. Staff reflected on situations which had occurred, how they had been managed these, and whether anything else could

Good

Is the service well-led?

have been done differently in particular situations. A visible noticeboard held important information for staff, current polices and information on the whistleblowing procedure if staff required this.