Richmond Fellowship (The)

Durranhill

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

This was an unannounced comprehensive inspection which we carried out on 20 March 2017.

We last inspected Durranhill in June 2014 when the provider had been the Croftlands Trust. At that inspection we found the service was meeting all of the legal requirements in force at the time. The service has since been taken over by The Richmond Fellowship in August 2016 and completed the CQC registration in February 2017. The Richmond Fellowship are a national mental health provider and have taken over other mental health services across Cumbria which were also formerly run by The Croftlands Trust.

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

Durranhill provides accommodation, care and support to 10 people. At the time of the inspection 10 people were using the service.

We found that at times staffing levels were insufficient and staff were not always deployed in such a way to fully meet people's needs. Some people living in the home were not receiving enough one to one time with staff to meet their therapeutic and social needs. People told us that staff were often busy in the office and didn't like to disturb them. Staff also reported that at times staffing levels could drop and this meant they struggled to meet people's needs. Occasionally this had been as low as one staff on a shift. Staff said that the new systems of The Richmond Fellowship were taking time to get used to and they had been spending more time in the office. The registered manager had an active recruitment drive to address these staff shortages.

People received support from staff trained in how to protect them from abuse. Staff knew how to recognise and report potential abuse if they had any concerns. Risks to people were assessed and centred on the needs and rights of each individual. Staff had sufficient guidance which they followed on how to manage identified risks to people.

People were supported by staff with the knowledge and skills required to meet their needs. Training was being developed that focused on a more classroom based model with a move away from e-learning. Staff reported that they found this face to face style of training more effective and encouraged a more consistent team work approach.

We have made a recommendation about staff training around therapeutic ways of working with people.

Staff received support and supervision to enable them to undertake their roles effectively. A system was in place for staff to receive supervision and appraisal and there were robust recruitment processes being used

when staff were employed.

Staff supported people in line with the principles of the Mental Capacity Act 2005. People consented to care and treatment and understood the reason for their admission to the home.

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

People were encouraged to maintain a healthy diet and received the support they required to develop their cooking and budgeting skills. Staff made referrals to healthcare professionals when a person's mental health showed signs of decline. People had access to services they needed to have their health and support needs met.

People were supported as appropriate to receive their medicines safely from staff assessed as competent to do so. Medicines were safely and securely stored at the service. People were supported to manage their medicines as part of a planned move to living independently in the community.

Staff communicated effectively with people and delivered their care in a friendly and compassionate manner. Staff encouraged people to do as much as possible to help them to maintain their independence. People's care was provided in a way that promoted their dignity and privacy.

People received care that was responsive to their needs. People were involved in the planning of their care, support and rehabilitation. Staff assessed and reviewed people's needs to ensure care was planned and delivered in a consistent way. Care plans were person centred and had set goals in relation to people regaining their independence. They were supported to pursue their interests and to take up new ones. However one to one time staff had to spend with people had been affected by the staff shortages.

The registered manager was approachable and open to ideas to develop the service. People knew how to share their views and to make a complaint if they were not happy about the quality of care. People said the manager was very approachable and took quick action to resolve any problems they had.

Staff understood their roles and responsibilities to support people towards independent living. The ethos of the service was to engage and empower people to manage their own mental health effectively as possible.

We have made a recommendation about standards of hygiene in the communal areas of the home.

The service was subject to regular checks and audits by the registered manager and by The Richmond Fellowship. However, we found that the auditing and monitoring system of the provider did not pick up on, or address, the issues we found at this inspection. We were particularly concerned about the staff shortages and the impact this had on the quality of the service people received.

Staff had mixed views on the support offered by The Richmond Fellowship with some feeling detached from the organisation.

We have made a recommendation about support and involvement of people using the service and staff.

We identified a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in staffing. You can see what action we told the provider to take at the back of the full version of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

There were not always sufficient numbers of staff on duty or deployed in such a way to best meet people's needs.

The home's communal areas were not always kept clean.

Staff knew how to protect people from abuse.

Risks to people were assessed and managed appropriately.

Pre-employment checks of staff were appropriate and ensured their suitability for the role.

People received the support they required with their medicines from staff trained to do so.

Is the service effective?

Good

The service was effective.

Staff received ongoing training, supervision and support to develop the skills and expertise required to undertake their roles. New areas of training were being introduced by The Richmond Fellowship to be more targeted to the support needs of people in the home.

People gave consent to care and treatment. The service met the legal requirements of the Mental Capacity Act 2005.

People were encouraged to eat healthily and accessed healthcare services to maintain their health and well-being.

Is the service caring?

Good

The service was caring.

People received person-centred care. Staff knew people well and had developed positive relationships with them.

People were treated with kindness and compassion. Staff upheld

people's dignity and respected their privacy.

Staff communicated well with people and knew their likes, dislikes and preferences.

People were involved in planning their care and were encouraged to be as independent as possible.

Is the service responsive?

Good

The service was responsive.

People received care that met their needs. People's needs were assessed and reviewed regularly. This resulted in many people being supported to move back into the community and to live independently.

Care plans were individualised and reflected people's preferences and interests. There were times when these could not always be met due to insufficient staff on duty.

People knew how to make a complaint and had access to the complaints procedure. People were happy with the response and outcome of complaints made.

Is the service well-led?

Requires Improvement

The service was not always well-led.

At the time of this inspection there was a registered manager.

The registered manager promoted an open and positive culture. People and staff were able to share their views with the registered manager.

Audit systems were being used to aid service improvement; however they had failed to identify the issues and concerns we found during our inspection.

The service had a close partnership with other healthcare professionals and established links with the community.

Durranhill

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 unannounced inspection took place on 20 March 2017 and was carried out by two adult social care inspectors.

Before the inspection, we reviewed the information we held about the service including statutory notifications sent to us by the registered manager about incidents and events that occurred at the service. Statutory notifications include information about important events which the provider is required to send us by law. We used this information to plan the inspection.

During the inspection, we spoke with six people using the service and one healthcare professional who was visiting the service. We also spoke with the registered manager and four members of care staff.

We viewed five people's care plans and their medicines administration records. We looked at four staff records and management records including staff recruitment, training, supervision and duty rotas. We reviewed records of complaints and safeguarding concerns, incident reports and audits to monitor quality of the service. We reviewed feedback the service had received from people and other healthcare care professionals involved in people's care.

We carried out general observations at the service and interactions between staff and people using the service and observed a staff handover meeting between shifts. After the inspection, we received feedback from four healthcare and social care professionals.

Requires Improvement

Is the service safe?

Our findings

People told us they felt safe living in Durranhill and the home provided them with a safe environment. They said they would speak to a member of staff if they had any concerns. One person told us, "Yes it is a safe place to live. It's quiet and there is a good atmosphere. There is no trouble." Another said, "Yes [service is safe]. It's got security." A healthcare professional told us, "Staff support people to live safely at the service and in the community."

We asked people about the staffing levels and how their needs were responded to. We received a number of negative comments and the majority of these were about staffing levels, at weekends. People told us, "Sometimes staff are really busy" and "They don't always have time, they will say I'm really busy but I'll catch you later, but then they don't always." Both staff and people in the home told us that there had been a number of times when only one member of staff had been on duty. This had been the case the weekend before we visited. We checked the staff rotas for the past four weeks and these confirmed that the home had not always been fully staffed.

The registered manager said that the minimum requirement for staffing of the home was two support staff with also 2 waking night staff. The registered manager was also on duty 9-5 pm week days. At weekends the manager was not routinely on duty but said he had covered a lot of shifts recently due to the staff shortages. The registered manager and support staff had worked extra shifts to cover the vacancies. For example, the staff rotas we looked at showed the registered manager worked three extra shifts the week commencing 20/02/17. A support worker did five extra shifts in the week commencing 13/03/2017 and there were three nights when only one staff member was on duty that week. Recruitment had recently taken place to increase permanent bank staff to work in Durranhill. The registered manager said they had not used agency staff as he felt it was important to provide people with continuity of staff members.

The registered manager told us that a number of staff had left due to the changes in organisation and for personal reasons but that he now had a recruitment drive underway and they were awaiting references and police checks before starting two new recruits. We were also told by the registered manager that there had been higher than normal sickness levels in the latter half of last year.

There were currently two vacancies on day shifts and two on night shifts. Both staff and the registered manager told us that this had been a difficult period saying, "It's been tough. We have worked some really long shifts, sometimes up to 60 hours per week, but the manager has always asked for volunteers to cover." Another told us that staff from Durranhill had been helping out other services who were also short staffed, telling us, "Yes staffing levels have been poor, we were doing too many shifts and covering two to three other RF projects. But things are looking up now."

A staffing restructure, prior to the Richmond Fellowship taking over the running of the service, had meant that the home had lost the role of the senior support worker/deputy and the input of a part time administration person, who had been shared between other services. This had added further to staff pressures. The registered manager had up until recently also been overseeing two other projects. Staff also

reported that extra time had been needed in the office to get used to the new systems and paperwork of The Richmond Fellowship. People in the home had commented that they felt staff spent too much time in the office. One person saying, "The staff are always in the office. Some come out but a lot of staff stay in the office." The registered manager said that the RF were reviewing roles of staff to consider whether staff were being effectively deployed and managed to best effect. We were told that the administration post was to be recruited replaced shortly and the role of senior/deputy was being considered by RF as part of the review."

While we could see that some plans were in place to improve the current staffing situation we found that the registered provider had not taken appropriate or timely steps to ensure that, at all times, there were sufficient numbers of suitably qualified, skilled and experienced staff deployed to meet people's needs. This is a breach of regulation 18 Staffing of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were protected from the risk of potential abuse. Staff knew how to keep people safe from abuse by identifying and reporting any concerns. A member of staff told us, "We lookout for signs such as behaviour changes and refusal to take medicines." Records confirmed staff had received training on safeguarding to ensure they understood how to protect people from possible harm. There were updated policies and procedures in place to inform staff on how to handle any cases of potential abuse. People and staff knew who to contact about any concerns as details of the local authority safeguarding team were displayed at the service.

Staff felt confident to report concerns to management and external agencies about potential abuse and poor care practices. The provider had an up to date whistleblowing policy in place. Team meeting records showed whistleblowing was discussed regularly in staff meetings. A social care professional we contacted said they had a good working relationship with the service and stated, "The service have been proactive in liaising with our safeguarding adults managers regarding concerns and have requested input for staff training around the Mental Health Act and how this relates to identifying safeguarding concerns; this was identified as a learning need by our team and the manager took action to address it."

People were protected from identified risks they could be exposed to. Healthcare professionals such as psychiatrists and care co-ordinators were involved in assessing and reviewing the risks to people to ensure plans towards rehabilitation and recovery were safe. Each person's assessment included their ability to manage their medicines, accessing the community, establishing relationships, and potential to self-harm. Staff knew triggers to people's behaviours which could cause them harm such as substance misuse and associating with wrong peers. Care records contained individual risk assessments and the guidance necessary to keep people safe without reducing their freedom unnecessarily.

We saw that there were arrangements in place to deal with foreseeable emergencies. For example, each support plan contained a crisis and contingency plan. A crisis and contingency plan contains instructions on what to do if a crisis occurs. For example if a person did not return to the service the plan guided staff on steps to take to ensure their safety.

The premises were safe for people at the service. One person told us, "Yes, it [premises] has CCTV at the front and there is always staff here." However, areas of the premises were in need of update and re-decoration. We did see that the registered manager had an action plan and a programme of works planned to address these, and other areas of improvement to the home. There were regular audits of health and safety and up to date checks of the environment. Records and staff confirmed regular checks on people's rooms were carried out to check for repairs as well as to ensure people were safe and complying with the conditions of their stay at the service. These were done with the consent of people using the service and they were given

advance notice.

People in the home were encouraged to keep the home clean with staff support. We found some areas were not as clean as they needed to be such as the fridges and upstairs bathrooms. The registered manager ensured these were clean by the end of the inspection and told us that there was a rota in place for staff to check this. The home only had one cleaner who came in for two and half hours per week to clean the communal areas.

We recommended that the home reviews how to best meet minimum standards of hygiene and does not pose an infection control risk.

People were kept safe from the risk of avoidable injury. Staff recorded and maintained a log of incidents at the service, informed the registered manager and other relevant persons for appropriate medical support and intervention plans to keep them safe. The registered manager monitored and analysed accidents and incidents and ensured staff had sufficient information to reduce the risk of the accidents happening again. Incidents were discussed at team meetings, supervisions and team handovers to ensure staff learnt from them and to help protect people from the risk of unnecessary harm.

People had their support delivered by staff suitable for their role. The provider used appropriate recruitment procedures and carried out pre-employment checks to assess applicants suitability to support people. This included obtaining and verifying their previous employer's references, photographic identification, criminal record checks and their right to work in the United Kingdom. Records confirmed relevant checks were completed before new staff started work at the service. The registered manager and provider had used their disciplinary procedure on members of staff whose behaviour was not consistent in providing safe care to people.

People received support when necessary to take their medicines. People were supported to manage their own medicines as part of a planned move towards living independently in the community. Risk assessments were in place to ensure that people were doing this safely and identified risks had been mitigated when possible. One person told us, "They [staff] do remind me of my medicine. They give me my tablets but I have to know when to take them." Another said, "Yes they give you your medicine in the office."

Medicine administration records were accurate and showed people took their prescribed medicines. Staff carried out daily checks on medicine stocks to ensure people had taken the correct medicines at the right times. One member of staff was given a lead role to audit medicines on a regular basis. These measures had led to a reduction in medicines errors. Staff and records confirmed there had not been any medicine errors in the last three months. Records showed staff were trained in medicines management and their competency assessed by the registered manager. Staff followed guidance in the provider's medicines management procedure which ensured the safe storage and administration of people's medicines.

Good

Is the service effective?

Our findings

People were happy with the support they received from staff. People told us, "The staff are good and most have great attitudes, they don't judge." Another person said, "Staff treat people well here. I've been to other places where they don't respect you but they do here."

A healthcare professional commented about the staff team, "Durranhill staff do work closely with us from the adult social care team in mental health, they inform us of any issues regarding our service users promptly and since they have been taken over by The Richmond Fellowship the robustness of their policies and procedures around medication, care plans and interventions have significantly improved."

Staff were positive about the support received from the registered manager and expressed that after a difficult period when the home was short staffed they were now looking forward to building a new staff team. One staff member told us, "I love my job. I love coming to work and to see good results. Lots of people are now living successfully in the community and managing really well and not going back to hospital. Which is great."

There was a training plan in place which the registered manager used to identify when staff were due for refresher courses to help them remain up to date with their knowledge. We also found that systems and support to staff had improved since The Richmond Fellowship had taken over. This was particularly noticeable by the increase and quality of supervisions and training offered to staff.

Records and staff confirmed they had received training in safeguarding, infection control, health and safety, medicine management, mental capacity and fire safety. Staff we spoke to were very enthusiastic about the new opportunities for more training and felt it would be beneficial in supporting people with mental health support needs. One staff member told us they had recently attended face to face training and two national conferences organised by The Richmond Fellowship (RF). They said, "It was great to meet up with other staff from the RF. It was a full day on best practice. We are beginning to see what the RF can offer us as a staff team."

When we reviewed staff training records and spoke to staff we found they had received training sessions on various mental health disorders. However there was limited training on therapeutic interventions and tools to help staff engage with people in a structured way. A healthcare professional also told us, "I think the staff would benefit from having some more specialist training in a range of interventions so that they are better equipped to manage challenging presentations and offer more appropriate options for managing emotions, thoughts and so on." People in the service said that while they were well supported by the service when it came time to move on and be more independent they would have liked more one to one time with staff.

We recommend that the service researches training based on current best practice in relation using therapeutic ways of supporting people living with mental health support needs.

All new staff had an induction to help them develop the skills and experience that they required. This

included completing the provider's mandatory training, reading the service's values, policies and procedures, meeting people who used the service and other staff and shadowing experienced colleagues to develop their knowledge and skills. Staff had completed induction before they started to work on their own. A new member of staff told us the induction and support had been good to help them into the role saying, "The manager has been great. He's easy to talk to and approachable. I'm never made to feel there is ever a silly question and it been done at my pace."

People received care from staff who were being better supported to undertake their role. We saw that the registered manager had scheduled all staff for supervisions for the next twelve months, and staff had all received at least one supervision since the RF took over. Staff were scheduled to have a supervision with the registered manager every eight weeks.

Staff understood their role to promote people's independence whilst they maintained good standards of practice. Recent supervision records showed staff discussed their well-being, case load, areas of personal responsibility and the support they needed to be effective in their role and to identify any training needs. Staff told us that the registered manager was very open and supportive.

Staff held reflective practice sessions with healthcare professionals to ensure they had up to date knowledge on how to support people with their complex mental health needs. The service also held team practice supervisions to review each person and the approach of staff. One staff member said, "The team practice session are great, we all have the chance to say what works, what doesn't. It helps with communication and making sure we are singing off the same hymn sheet. Consistency is really important for the people we support."

Staff received an annual appraisal where they discussed their responsiveness to people's needs and how to involve people in their care. The registered manager maintained a schedule of supervisions and appraisals and ensured any follow up actions were implemented. The registered manager told us that annual appraisals were all due to be completed by the end of March 2017.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Deprivation of Liberty Safeguards (DoLS).

We checked whether the provider was working within the principles of the MCA and whether any conditions on authorisation to deprive a person of their liberty were being met.

We found people were supported by staff who understood and applied the principles of MCA and the requirements of the DoLS. Records confirmed staff had attended training in the MCA and DoLS. In addition, people received their support that took into account any restrictions of their probation licence and where appropriate their section under the Mental Health Act 1983. This placed some restrictions on people's liberties and this was reflected in their care plans and risk assessments which identified how staff should respond to people's mental health condition to support them to make decisions regarding their care. Records showed the service involved external agencies and healthcare professionals, where appropriate and if the decision was complex to ensure a joint-working approach to capacity assessments. At the time of the inspection, people were not subject to DoLS.

People's health needs were met. We looked at people's written records. We saw that a full physical health check had been carried out as part of people's overall assessment. This physical assessment included information about people's diet. One person told us, "Yes, I am registered at the GP and go there when I am unwell." Another said that staff helped them to make appointments and telephone calls. Staff were knowledgeable about people's health needs and made referrals to healthcare professionals to enable them to receive appropriate care and treatment.

People were supported to have enough to eat and drink and to adopt a healthy diet that included fruit and vegetables. People prepared their own meals as they planned to move on to independent living. One person told us, "I cook for myself. I do my own budgeting now with staff help." Another person said, "I buy my own and keep it in my own cupboard. You cook by yourself in the kitchen. You can eat out." We saw that where appropriate support plans encouraged people to maintain a healthier lifestyle. This included information about food, support with exercising and helping people to learn cookery skills. We observed people cooking in the kitchen with some assistance and encouragement from a member of staff. A person told us they were pleased with the progress they had made as they gained confidence to prepare their own meals.

Good

Is the service caring?

Our findings

People said staff were kind and friendly. People told us they were happy with the way staff treated them. One person said, "The staff have been great. They push you to do things and to motivate you." Another person said, "Yes, they [staff] always ask you how you are and if you are ok. It is friendly and relaxed here." A health professional said they found that staff were "welcoming and inclusive" to people at the service. Another care professional told us, "The support they give is very individualised and service user led but is also focused on getting people into the routine of living in a house and undertaking the jobs that are needed to do this. The goals they jointly set are realistic and this helps to build people's confidence and self–worth."

People had developed good relationships with staff. They told us staff knew them well and were supportive with their plans in relation to rehabilitation and recovery. One person told us, "Staff do listen and try to understand my point of view." Another person said, "They (staff) push me when I'm low and get me going again. They know how I want to move on with my life." A healthcare professional said the people's rapport with staff helped them to make progress with their plans towards independent living. We observed people were able to approach staff and talk freely about their experience of the service. For example, one person was showing signs of being unwell and staff closely monitored this person in a way that showed respect and was not too intrusive.

We observed people were comfortable around staff and responded positively to their questions. Staff spent time with people to explain why they had restrictions placed on them or why they should follow their agreed support plan. There was a high degree of staff prompting people to take ownership of their behaviour and to make the right choices that would lead to more positive outcomes for people's mental well-being.

People were involved in planning their care. Each person had a member of staff assigned to them as a keyworker to discuss their goals and the support they required to achieve this. For example, one person wanted "to self-medicate" and find a part time job. Care records showed people were asked about their choices, preferences, likes, dislikes and goals individual to them. Staff explored with people how they wished to spend their time. One person told us, "I make my own plans on how I spend my day. I let staff know when I go out so they know my whereabouts." Another said, "I do things that help keep me motivated and to occupy my time." People took part in activities of their choice at the service and were encouraged to spend less time in their room where possible. People were encouraged to maintain relationships important to them to avoid social isolation and in line with the conditions of their support plan and house rules.

People had their information kept confidential as appropriate. Staff understood the provider's policy and procedures on confidentiality and shared information with healthcare professionals on a need to know basis. They did not speak about people within hearing of other people and knew not to share sensitive information about them outside of the service. Information was stored safely and securely at the service. Computers and electronic files were password protected and paper documents were kept in lockable office and only accessible to authorised staff. We observed when staff held their handover meetings they closed the door and that they put away people's records if anyone came into the room.

People told us staff were respectful of their privacy and dignity. One person told, "Staff treat me as an individual and with respect. They don't invade your personal space" Another said, "Staff never go into my room and always say why they need to come up and see me in my room. They give you written warning when they do rooms checks." Care records described how staff should respect people's privacy and promote dignity. For example, staff had guidance about how to ask people to enter into their rooms or how to check if they had consumed alcohol or banned substances. This being carried out using a risk based approach and not being a blanket policy. Staff checked people's rooms regularly and encouraged them to keep their space tidy to uphold their dignity. We observed when staff discussed people's care needs, they did so in a respectful and compassionate manner.

People were encouraged to be as independent as possible and to make decisions about their daily lives. For example, the skills people needed to develop that included budgeting, numeracy and literacy, doing daily chores such as laundry and cooking. Records showed staff worked with people on their goals and helped them to stay focussed on the things they wanted to achieve such as gaining knowledge and acquiring new skills. We observed people could move freely at the service and had access to all communal areas such as the dining room and the kitchen which enabled them to develop their independent living skills.

There was information displayed in the home about advocacy services and how to contact them. The registered manager told us people had been supported to access an advocate where it had been felt they needed an independent ear or where conflicts had arose with family members. An advocate is an independent worker who can help speak up for people and ensure their rights are promoted.

Good

Is the service responsive?

Our findings

People received individualised care that met their needs. One person told us, "I know about my care plan. I was involved in writing it." Another person said, "Yes I have a care plan it helps me to know what to do and the next stage. The staff have helped me set goals."

Staff carried out an assessment of each person's needs to ensure that they received the support they required. People's introduction to the home was carried out in a planned way that involved assessments and reports from other services the person had transferred from. We saw that there was close liaison with other agencies and services that knew the person to ensure that the service could meet the person's mental health needs. Other needs such as physical health were included. We noted that the information from the assessments was used to formulate people's support plans.

People's care plans described how they wanted care provided and contained details about their background, medical history, current needs, daily routines and preferred activities. Records contained information on each person's mental health including diagnosis and the behaviours that may trigger a decline of their mental health. Staff had sufficient guidance on how to monitor people's mental health and the action to take if they had concerns to ensure they received appropriate care.

The predominant purpose of people's support plans was to aid their recovery from mental ill health and to rehabilitate them back into the community. The support plans focused on people's current skills and looked at developing these and learning new ones. We saw how the home supported people to develop positive social networks by engaging in voluntary work, physical exercise and education. People were supported to manage their own behaviour and to gradually take on more responsibility for their own lives. After a typical length of stay of two years, people leave Durranhill able to control their medication, finances, tenancy and care. We were told by health professionals who worked closely with the home that this had been done with a good number of people.

People received care appropriate to their needs. For example, one person had an incident at the service and staff had guidance on how to monitor and support the person appropriately. Records showed the person had received support as planned and appropriate to their needs. One person told us, "My care plan gets reviewed and I talk through it with (name) the manager." Where appropriate, staff had involved healthcare professionals and other agencies when reviewing people's needs to ensure that care delivered was agreed and met their needs. Records of keyworker sessions showed a monthly review of each person's goals and progress with their rehabilitation.

Care and support plans were mostly up to date and reflected the support people required with their health. However, due to the recent staff shortages we were told by staff that this had impacted on their ability to keep the care plans up to date and on the time they had to spend with people. This had particularly impacted staff availability to take people out of the home to take part in activities. We saw that one person was given additional funding for staff to them out and take part in things they enjoyed. Two other people in the home had joined in going to the gym and going out for lunch.

People told us staff discussed with them how they wanted their needs met and the skills they needed to develop. For example, staff had supported a person to enrol for a vocational course to enable them to get paid employment. People planned how they wished to spend their day and were free to do what interested them. The lounge had board games as well as DVDs and books and magazines for people to read and enjoy. We observed people go out to visit friends and return from college. One person was keen to tell us how the service had helped them to keep a pet in the home. This person was also keen to keep hens in the large garden. The registered manager and keyworker were supporting this person to research how to keep them and to set this up as a target to work towards.

People told us the registered manager encouraged them to express their views about the service and addressed any issues they raised. One person told us, "We have residents meetings. We talk about activities, house issues and help sort out any problems at the meeting."

People knew how to make a complaint if they were not about happy about the quality of the service. One person told us, "I had an issue and [name] the manager was great. He listened and talked it through and got it sorted straight away." Another said, "Yes the manager or your keyworker or link worker would sort out a complaint." There was a complaints procedure in place and people told us they had access to it.

Requires Improvement

Is the service well-led?

Our findings

The home had a registered manager who was fully aware of their registration requirements and had ensured that the Care Quality Commission (CQC) was notified of any events which affected the service.
They had ensured that notifiable incidents were reported to the appropriate authorities and independent investigations were carried out if necessary. We found they understood their responsibilities under the duty of candour and about being open and transparent on how they delivered people's care.

People and healthcare professionals spoke positively about the registered manager and said the service was managed well. One person told us, "The manager does a very good job with us." Another said, "He understands but is assertive when needed." Staff said there was a transparent and inclusive culture at the service. They told us they were able to talk to the registered manager about any concerns they had. The registered manager promoted an open door policy which enabled staff to talk about any issues arising at the service.

The Richmond Fellowship had taken over the running of the service several months prior to our visit however some staff said that although they were clear on the registered manager's vision and values they were less clear about The Richmond Fellowship and systems. One staff member said, "After an initial flurry of activity the contact from The Richmond Fellowship seems to have dropped off. We feel like we are an outpost up here. Some of the training and events are down south and hard to get to." Staff also spoke of a culture change and the systems of the RF being much more professional. One staff member said, "RF are really tight and strict on reporting. Things get sorted quickly. We are better run because of it."

From our observations and reviewing systems in the home we felt that the staffing structure and support systems needed to be strengthened in order to give the registered manager the required time and support. We could see he was working very hard and was very committed to the role but lacked a robust operating structure to run the home. For example, since the senior staff role had stopped the registered manager had responsibility for all staff supervision in the home. The registered manager told us that The Richmond Fellowship were considering reinstating the senior role and the part time administrator post.

The registered manager discussed his plans to review and improve the deployment and effectiveness of staff. We noted from our observations across the visit that staff were very office based and they told us that the new systems of The Richmond Fellowship were taking time to get used to and they had been spending more time in the office as a result. The registered manager said that some of this would be resolved when the home was fully staff and the new roles set up but he was also looking to address staff practices as part of this review.

The registered manager ensured staff were supported to deliver effective care to people. Staff held meetings with healthcare professionals to ensure they were providing effective care to people. Staff understood their role and responsibilities to provide good care to people and the need to inform the registered manager of any concerns. Staff told us they felt valued at the service and had confidence in the ability of the registered manager to drive improvements at the service. The registered manager ensured there was effective

information sharing about people's needs. There were daily staff handovers at the beginning of each shift, regular use of the diary and updating of the communication book to highlight changes to people's health and medicines and scheduled appointments.

People's records were subject to regular checks and audits to ensure they were accurate and reflected the support people needed. Care plan audits included a review of people's progress with their goals, risk assessments, keyworker sessions held, attendance at the psychiatrist surgery and meetings with their care coordinator. The registered manager used the findings to ensure people received the support they required with their rehabilitation and progress towards independent living.

People received their support in line with the provider's vision and values. This extract taken from the provider website stated their aims were: "That people in our society have the opportunity to live fulfilled and constructive lives. With the belief that recovery is possible for every individual."

When we checked minutes of residents meetings we saw that these were focused on reiterating rules and giving out information. We discussed with the registered manager how residents' meetings could be led more by people using the service and he agreed to explore ways that this could be facilitated.

The registered manager carried out audits to identify any shortfalls in service delivery. Records showed regular audits completed of care planning, record keeping, health and safety, staff training and development. The registered manager followed up with staff any areas for improvement identified in the audits such as ensuring key-working sessions were up to date and that care plans and records were accurate. However we found that the auditing and monitoring system of the provider did not pick up on the issues we found at this inspection. We were particularly concerned about the staff shortages and the impact this had on the quality of the service people received.

We recommended that the provider review ways of offering more effective support and increased involvement for both people using the service and for staff to give them a voice in the running of the service and The Richmond Fellowship.

The service worked in partnership with healthcare professionals. One healthcare professional had written to the registered manager and stated, "They [staff] are able to offer support to people who are beginning to relapse and prevent full blown relapse and long periods of hospitalisation." Staff confirmed positive relationships with healthcare professionals and other agencies and were clear in how they should work together to deliver high standards of care to people. Records showed people had become more confident and the service saw a reduced risk of a relapse with their mental health because of the interventions provided by the partnership working.

The registered manager ensured staff were kept up to date about developments in the care sector. Policies and procedures were up to date and contained guidance for staff on how to support people in line with legislation and best practice as advised by professionals. Staff shared knowledge gained from training courses attended to improve their practice and develop the service.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The provider had failed to deploy sufficient numbers of suitably qualified, skilled and experienced staff to make sure they can meet people's care and treatment needs. 18(1)