Richmond Fellowship (The)

Durranhill

Inspection report

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Date of inspection visit:
13 June 2018

Date of publication:
15 August 2018

Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

This was an unannounced inspection that took place on 13 June 2018. We previously inspected this service in March 2017 and found the following breach of the Health and Social Care Act; Regulation 18 Staffing. We rated the service as 'Requires Improvement'. Following the last inspection, we met with the provider and asked them to complete an action plan to show what they would do, and by when, to improve the service.

Durranhill is a period property set in large grounds to the east of Carlisle city centre.

Durranhill is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The home had a suitably qualified and experienced temporary manager in place. At the time of our inspection they were not the manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The staff team understood how to protect vulnerable adults from harm and abuse. Staff had received suitable training and could talk to us about how they would identify any issues and how they would report them appropriately. Risk assessments and risk management plans supported people well. Arrangements were in place to ensure that new members of staff had been suitably checked before commencing employment. Any accidents or incidents had been reported to the Care Quality Commission and suitable action taken to lessen the risk of further issues.

The manager had ensured that there were now sufficient staff to support people. Staff were suitably inducted, trained and developed to give the best support possible. We met experienced and confident team members who understood people's needs as well as new staff who were keen to learn.

Medicines were appropriately managed in the service with people having reviews of their medicines on a regular basis. People in the home saw their GP and health specialists whenever necessary.

Good assessment of need was in place and the staff team analysed the outcomes of care for effectiveness. We saw people enjoying the food they had cooked with staff support.

The home required refurbishment, the provider was working closely with their landlord to improve this and agreed to refurbish the home within 12 months.

The staff team were aware of their responsibilities under the Mental Capacity Act 2005. People were supported to have maximum choice and control of their lives and staff supported them in the least

restrictive way possible; the policies and systems in the service supported this practice.

We observed kind, patient and suitable support being provided by staff who knew people well. They made sure that confidentiality, privacy and dignity were maintained. People were encouraged to maintain and develop their independence and encouraged people to follow their own interests and hobbies as part of their rehabilitation. No one was receiving end of life care when we visited but there were plans in place and training available should the need arise.

Support plans provided detailed and relevant guidance for staff in the home. People in the service were involved in the writing of support plans and were able to influence the content. The management team had ensured the plans reflected the person centred care that was being delivered.

The manager demonstrated good vision and values. Staff were able to discuss good practice, issues around equality and diversity and people's rights. The service had a comprehensive quality monitoring system in place which was used to support future planning.

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 staff available to meet people's needs.

Staff were knowledgeable about abuse and knew how to report it in order to keep people safe.

Medicines were managed appropriately.

Is the service effective?

Good

The service was effective.

People's needs were being thoroughly assessed.

The staff were well-trained, competent and confident in their approach.

People's nutrition and hydration needs were being met.

Is the service caring?

Good

The service was caring.

People were able to access advocacy services if they wished.

Staff treated people with dignity, respect and kindness.

People were supported to live independent lives.

Is the service responsive?

Good

The service was responsive.

People's support plans reflected their assessed needs.

People engaged in meaningful one-to-one activities.

There was a complaints policy and procedure in place.

Is the service well-led?

Requires Improvement

The service was well-led.

The manager had a clear vision for the future of the service.

People were consulted about the way the service was run.

The quality assurance system helped support continuous improvement in the service.

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 checked 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 provide a rating under the Care Act 2014.

This inspection took place on 13 June 2018 and was unannounced. It was carried out by one adult social care inspector.

Prior to the inspection we gathered and reviewed information we held about the service including statutory notifications we had received. Statutory notifications contain information that the provider is legally obliged to send us, for example if someone is seriously injured. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We spoke with health and social care professionals and asked their opinion of the service.

We observed people's support in all areas of the service. We spoke with three of the people who used the service and five staff including the manager, the locality manager and care staff. In addition, we reviewed three care records and various other records relating to the running of the service such as training records and equipment maintenance logs.

Good

Is the service safe?

Our findings

When we previously inspected Durranhill we found that they were in breach of the Health and Social Care Act 2014. They had not met Regulation 18: Staffing. This was because there were insufficient staff on duty. Findings from this inspection showed that due to the increase in staffing and the positive feedback from people who used the service and staff we judged that Durranhill was no longer in breach.

At this inspection staff told us, "Everything has improved, staffing is a lot better. People we spoke to were satisfied with staffing levels with one person commenting, "Staff are here 24 hours a day so if you have a dip in your mental health you have someone to talk to."

The manager and locality manager were present throughout the inspection. They explained staffing levels had been increased, particularly at night. We looked at the staff duty rota which confirmed this. In addition, we saw that the service was sustaining these staffing levels consistently. Effective recruitment processes were in place to check new staff were suitable to work at the home. Checks carried out included requesting and receiving references and a Disclosure and Barring Service (DBS) check. The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions. Where required, such as following receipt of information from DBS, risk assessments or additional checks were carried out to assess the staff member's suitability before they started working at the home. Where individual staff members conduct was not deemed satisfactory by the provider disciplinary processes were followed.

We spoke with members of staff and asked them how they safeguarded the people who used their service from abuse. Staff were able to tell us about different kinds of abuse such as physical, financial or emotional. They told us they would speak with the registered manager if they suspected abuse was taking place. This meant staff knew how to identify and report abuse. The manager demonstrated their knowledge on how to report and investigate issues relating to abuse and safeguarding. We saw from our records they appropriately raised any concerns with the local safeguarding authority. The policies and procedures relating to safeguarding were accessible and included guidance on whistleblowing. Having whistleblowing guidance meant that staff were aware of how to confidentially raise concerns about the conduct of colleagues.

The provider had systems for the safe management of medicines. Only specially trained staff, whose competency had been assessed, administered people's medicines. We saw records relating to the receipt, administration and disposal of medicines were accurate. Medicines were stored safely with checks in place to review storage arrangements. For example, daily temperature checks of the fridge where medicines were stored helped ensure they remained safe to use.

Risk assessments had been carried out when needed to help keep people safe. Examples of completed risk assessments included the use of fire risk assessments and security arrangements in the home. Risk assessments clearly identified who was potentially at risk and the control measures in place to reduce the impact on people. Evidence was available to show these had been reviewed at least annually.

Health and safety related checks were completed regularly to keep the premises and equipment safe for people. This included fire safety checks, fire drills and checks of electrical, gas and water safety. There were also policies and procedures for dealing with emergency situations.

Regular infection control audits were completed to check cleanliness was maintained. We viewed the records of previous audits which showed systems were in place. However, the home was in need of significant refurbishment. We observed areas were worn or in a poor state of repair which meant they were becoming difficult to clean to a high standard. We spoke with the locality manager who explained they referred these issues to the landlord of the building who were then supposed to come and carry out repairs. We saw evidence to confirm the provider had raised these issues to the landlord. We asked the provider for a statement about their intentions around the building in the future and how they were going to improve relationships with the landlord to ensure repairs were carried out in a timely manner. They told us, "Richmond Fellowship are currently in consultation with the owning housing association to address and improve the standard of accommodation at Durranhill to meet all standard requirements. This should be achieved within the next 12 months." The provider also sent us information demonstrating that immediate improvements had been made. We will continue to monitor this

Detailed records were kept for incidents and accidents at the home. These were audited to check appropriate action had been taken. This was also used as an opportunity to look for any trends and patterns. It was evident the manager constantly reviewed the care provided at the home to look for ways to improve the service. We were shown examples of how decisions relating to people's care were being improved by involving the wider multi disciplinary team in managing people's risks. This included developing strategies to ensure people were less likely to put themselves at risk.

Good

Is the service effective?

Our findings

The service had a system of assessment in place which helped to identify people's needs. They contained information about people's history prior to entering the home. The assessments were detailed and written in the first person, people told us they were involved in this process.

Assistive technology was in use in the service. The information technology (IT) system was being developed so people who used the service could access information relating to their care or the service electronically on their own devices. We saw staff making use of texting services to communicate with people who were spending time in the community.

We spoke with staff and asked them if they felt confident and competent whilst carrying out their role. Staff told us, "We are well trained" and "The support [from senior managers] is always there....they are genuinely pleasant and helpful."

Records confirmed that staff had completed training the provider deemed mandatory. This included moving and handling, infection control and safeguarding vulnerable adults. New staff were provided with induction training which included a period of probation. During this period their competencies were regularly checked by senior staff. Staff were able to access more formal vocational training such as the Care Certificate.

We looked at supervision and appraisal records for staff. Supervision sessions gave staff the opportunity to discuss training required or requested and their performance within their roles with the registered manager. Staff were able to discuss all elements of their role during supervision sessions. When we spoke with staff they told us these sessions were helpful in terms of their development and performance. They noted that previously supervisions had not been undertaken but things were now improving. We saw records and a supervision plan that confirmed this.

People's nutritional needs were being met. Everyone had support plans relating to food and fluid. We noted staff were supporting people to make nutritionally balanced meals. One person told us, "The food is good, I made pasta and chicken fried rice last week." This helped to support people to achieve a healthy balanced diet in line with their support plans. Where people needed specialist support, the advice of dieticians could be accessed via people's GP's.

The home frequently accepted transfers from other services. We saw staff carefully planned this and managed it appropriately. They ensured the correct documentation and information was in place in order to minimise any inconvenience or delays for the person being transferred.

Support plans were in place to ensure people's health and well-being were monitored. People regularly attended the GP or the dentist or were seen by visiting professionals such as the community mental health teams. Support plans contained information about any long standing medical problems and people were supported to go to hospital appointments.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We found the service was managing this aspect of care correctly.

Written records of care contained people's signatures to show they had consented to the care provided by the service. In addition there were also contractual arrangements around the conditions of living at Durranhill which were also signed.

Good

Is the service caring?

Our findings

People told us that they thought staff were kind and caring. One person commented, "Yes I like them, they help us." They added, "They are really good."

The manager had details of advocacy services that could be contacted if people needed independent support to express their views or wishes about their lives. Advocates are people who are independent of the service and who can support people to make or express decisions about their lives and care. The manager knew how to ensure that individuals wishes were met when this was expressed either through advocacy, by the person themselves or through feedback from relatives. We looked at people's records of care and saw support plans were devised with the person who used the service with support from staff. This meant people were actively involved in making decisions about their care treatment and support.

When we spoke with staff they appeared to know people well. They were able to tell us about people's preferences and what kind of support they required. This information was accurately recorded in people's support plans.

We observed staff treating people in a respectful manner. Staff took time to sit and chat with people in a relaxed and informal manner. During our inspection people's privacy or dignity was not compromised. Staff had received training on how to ensure all of the people who lived at the service were treated with kindness and respect. In addition, they had been trained to treat people equally and account for people's diversity.

Staff were able to explain to us how important it was to maintain confidentiality when delivering care and support. The staff members we spoke with were clear about when confidential information might need to be shared with other staff or other agencies in order to keep the person safe.

Support plans clearly stated what people were able to manage independently and what support staff would be required to provide. All support was centred around people's rehabilitation into the community. Therefore, people were encouraged to build up the skills necessary to live independently and the confidence to do it. We saw that people's support plans demonstrated their progression, people had learned household skills such as cooking. One person told us, "I'm here for up to two years, I need the support but I'm doing my own cooking and laundry now." All of the people were encouraged to be as independent as they wanted and were able to be. People told us they went about their own daily routines as they wished. We were told by people they could go to bed when they wanted to and could get up when they wanted.

The home had a welcoming atmosphere, we saw that positive family relationships and friendships were promoted as part of day-to-day life within the service.

Good

Is the service responsive?

Our findings

People's support plans were person centred and written with the involvement of people who used the service and staff. People's strengths and areas where they required support were included and the support plans were rehabilitation focused, to help people live more independently. For example, some people were receiving support to help them find accommodation for when they left Durranhill. When people were asked if they were involved in their own care planning they replied, "Yes"

Support plans were comprehensive and contained information around all aspects of people's health and wellbeing. Staff had taken time to collect information about each person using a variety of sources including the person themselves, relatives and health and social care professionals. Together the staff and people who used the service had used the information to write support plans that took into account people's current needs and abilities and encouraged people to develop their skills and grow confidence. Crisis and contingency support plans were in place if someone suffered a relapse of their mental health issues or required short-term additional support.

People were encouraged to access the community as part of their rehabilitation. The service focused on skills building as part of their rehabilitation strategy. This included developing hobbies, education and pastimes that people could continue in the community. The service carried out a lot of one- to- one activities with people to facilitate this including going for walks, visiting gyms and relaxation.

The service employed a number of strategies to help people communicate their wishes. this included online information, information packs and notice boards. A variety of communication procedures were outlined in the provider's policies.

A complaints policy and procedure outlined what a person should expect if they made a complaint. There were clear guidelines as to how long it should take the service to respond to and resolve a complaint. The policy mentioned the use of advocates to help support people who found the process of making a complaint difficult. There was also a procedure to follow if the complainant was not satisfied with the outcome. The manager explained that wherever possible they would attempt to resolve complaints informally. People we spoke with knew how to make a complaint. Two people told us they had recently raised concerns about missing clothing. The registered manager was aware of this and was following the complaints procedure correctly.

The service was able to contribute to the delivery of end of life care if necessary. There were policies and procedures in place and the registered manager provided evidence to show that training was available in this area of care. The manager told us care at the end of life would be supported by a multi-disciplinary team approach which would include the GP, hospice at home and other health and social care professionals.

Requires Improvement

Is the service well-led?

Our findings

When we arrived to inspect a temporary manager was in place and people told us they had met her. Staff told us they were looking forward to working with her. We noted the temporary manager was busy familiarising themselves with all aspects of the service. Because there was no registered manager in place at the time of our inspection we rated 'Well-Led' as requires improvement.

During our inspection we discussed the future of the service with the manager and the locality manager and asked them what their hopes were for the future of Durranhill. They told us, "We believe a degree of recovery is possible for everybody. We don't give up on people, we're tenacious in trying to find solutions that work for individuals, even when everyone else has walked away. We will treat people as individuals and provide an integrated model of support that is tailored, and flexible to someone's personal aspirations. We will work across the whole spectrum of need, from preventative support right through to high level complex services. We will provide support in more accessible ways, so that people can get the right support at the right time. We'll do more to put people we support at the heart of everything we do."

The manager carried out checks on how the service was provided in areas such as care planning, medication administration and health and safety. They were keen to identify areas where the service could be further improved. This included monitoring staff while they carried out their duties to check they were providing care safely and as detailed in people's support plans. This helped the manager to monitor the quality of the service provided. All audits and checks were shared with the provider to help them monitor the performance of the service. During the inspection, the manager and her team were keen to work with us in an open and transparent way. All documentation we requested was produced for us promptly and was stored according to data protection guidelines. The ratings from the previous inspection were displayed in the service as required and on the provider's website.

People were frequently consulted about the service they received. There was evidence that people had expressed their concerns about how the safety of the premises in relation to security arrangements. Staff had shared these concerns and the provider had installed improved CCTV cameras on the site. The locality manager told us that in other parts of the organisation people who used services had been appointed as health and safety representatives and undertaken other roles. It was the providers intention to offer similar opportunities at Durranhill.

The manager was aware of their duty to inform us of different incidents and we saw evidence that this had been done in line with the regulations. Records were kept of incidents, issues and complaints and these were all regularly reviewed by the manager in order to identify trends and specific issues.

There were regular staff meetings so that important issues could be discussed and any updates could be shared. These were clearly recorded so that members of staff who were not able to attend could read them afterwards. We observed a culture where the staff and the manager were supporting each other to improve the service There was also evidence within records that people about the care and support the service provided. The service consulted with people and their relatives in a variety of ways including face to face

formal meetings and written surveys.