St Martin Of Tours Housing Association Limited

St Martins of Tours Housing - 158-162 New North Road

Inspection report

158-162 New North Road
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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

About the service
St Martins of Tours Housing -158-162 New North Road Is a residential care home providing support to men difficult to place because of enduring mental health needs, forensic backgrounds and/or substance misuse issues. There are 18 rooms for people situated across three floors, each with shared communal facilities. The service includes a nearby three bedroomed house for people who are transitioning to independent living. There were 16 people using the service at the time of this inspection.
Following the first two days of this inspection we were informed about safeguarding concerns. A decision was made to return for an extra day of inspection to examine those risks.

People's experience of using this service and what we found
People spoke positively of the support they received from staff. Two people told us about the support that they were receiving to move on to live in their own independent accommodation.

However, although we found that steps had been taken to address the safeguarding matter our judgement was that the provider had not effectively addressed anti-social behaviour issues at the service either from current or past service users and that people using the service had been placed at risk as a result. This was not helped by the fact that the provider had not communicated incidents fully with the CQC in recent months.

This service provides care for a challenging group of people. There are many positive aspects of care provision such as co-production work and a good level of success for helping people to move on. However, a number of people using the service have particularly challenging needs and it can mean that there are times when the placement breaks down and people either return to hospital or may need to be evicted. This is a challenge for the provider. It was not clear to us that the provider had effective systems in place to manage anti-social behaviour and the impact of this on other people using the service and the local community. Or that the provider had effectively learnt lessons about this as anti-social behaviour had been a factor at this service for some time.

In addition, we found that the quality assurance initiatives, although good and effective at day-today matters, had not been able to assess, monitor and mitigate the risks to people using the service, particularly safeguarding risks.

Other aspects of the service were running smoothly. The home was clean and safely maintained although there needed to be improvement to the management of people's individual fridges and food cupboards. Some of these were not hygienic and risk assessments for this were needed.

The manager was new and showed some effective leadership. Staff told us they felt well supported. People spoke positively about the management of the home.

People's individual support plans and risk assessments were detailed and up to date. These included guidance for staff Information on the support that people required. The plans and risk assessments included information about signs of mental health crises, and information about the risk of drug and alcohol misuse. People had regular key worker meetings with staff where concerns and plans were discussed.

People's medicines were stored and administered safely. Where people self-administered their own prescribed medicines, this was monitored by staff.

Staff members received regular training to support them in carrying out their roles. They also received regular supervision from their manager to enable them to discuss practice in effectively supporting people.

Systems were in place to assess and monitor the quality and delivery of care to people. Regular monitoring of safety and practice had taken place although, as above, the monitoring needed to be extended to cover the anti-social behaviour challenges faced at the service.

People's views of the support provided by the home had been sought. People also had the opportunity to express their views during house meetings and co-production events designed to seek feedback on policies and procedures and changes to the home.

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

Staff were caring and treated people with dignity. People's differences including cultural and religious needs were understood and respected by staff.

Staff understood the importance of social interaction. People were supported to maintain the relationships they wanted. A regular activity programme took place based on needs and interests. People were encouraged to participate in regular meal clubs where they were supported to cook nutritious meals and socialise around the table. People were also encouraged to participate in group or individual sessions in relation to their wellbeing and progress. For example, sessions had taken place to assist people to prepare for and seek working opportunities. A training course around understanding and skills in using a person-centred recovery model of support was due to take place and some people had signed up for this.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection
The last rating for this service was Good (published 9 December 2016).

Why we inspected
This was a planned inspection based on the previous rating.

Please see the action we have told the provider to take at the end of this report.

Follow Up
We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service was not always safe. Details are in our safe findings below.	**Requires Improvement**
Is the service effective? The service was effective. Details are in our effective findings below.	**Good**
Is the service caring? The service was caring. Details are in our caring findings below.	**Good**
Is the service responsive? The service was responsive. Details are in our responsive findings below.	**Good**
Is the service well-led? The service was not always well-led. Details are in our well-led findings below.	**Requires Improvement**

St Martins of Tours Housing - 158-162 New North Road

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team
This inspection was carried out by two inspectors.

Service and service type
St Martins of Tours Housing - 158-162 New North Road 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 did not have a manager registered with the Care Quality Commission. A registered manager means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. A manager had recently been appointed to manage the home and they had commenced the process of applying for registration by the CQC.

Notice of inspection
This inspection was unannounced.

What we did before inspection
We reviewed information we had received about the home since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key

information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection
We spoke with five people who used the service about their experience of the support provided. We spoke with 11 members of staff including the manager, deputy manager, support workers, the recovery worker, two operations managers and the provider's chief executive officer.

We reviewed a range of records. This included ten people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We spoke with two professionals from the local authority.

Requires Improvement

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has deteriorated to Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Systems and processes to safeguard people from the risk of abuse

- The provider's safeguarding policies and procedures were not operating effectively. Although staff had received safeguarding adults training and told us that they knew the reporting procedures we found that some safeguarding matters had not been reported to us.
- People using the service were not always protected from abuse. There had been ongoing issues at the service and in the local community relating to drug use and anti-social behaviour. One person using the service had been assaulted, a person who had left the service had been reported as being involved in drug related activity near the home and there had been complaints about anti-social behaviour from local residents. All these issues presented risks to people using the service. Following the inspection the provider sent us details about significant events that had happened affecting the service, told us about regular checks and monitoring they were doing and actions to keep people safe. However, more needed to have been done earlier to prevent abuse and the risk of abuse.

Assessing risk, safety monitoring and management

- Some people living at the home had histories of drug and alcohol dependency. We looked at the risk assessments and support plans for six people who had been identified as at risk of continued use of illegal drugs. These described people's current risk of substance misuse and described actions that staff should take to support people to receive help.
- We identified that actions were in place to reduce the likelihood of drug use in the home or the local area. Staff undertook regular hourly 'walk rounds' of the nearby areas where drug use or drug dealing may be taking place. Unannounced spot checks of people's rooms had also taken place. This action had been discussed with people before the checks had commenced. Since these had commenced the incidents of illegal drugs being found had significantly reduced. The manager said that the spot checks would continue so that people did not become complacent.

We recommend these are reviewed in the light of recent concerns about the service to establish that risk prevention strategies are effective.

- People met regularly with a designated member of staff (a key worker). Records of their key work meetings showed that they were encouraged to attend meetings with the provider's drugs worker and other rehabilitation services where required. Where people with drug misuse issues did not wish to attend, their records showed that they were encouraged to do so on a regular basis. A person said, "They were very helpful. I used to take drugs regularly and they helped me to stop."
- Individual risk assessments had been developed for people living at the home. These were regularly reviewed and updated when there were any changes in people's needs. People's risk assessments included guidance for staff on ensuring that identified risks were safely managed in the least restrictive way to

minimise the risk of harm. Staff knew what actions they should take to manage people's assessed risks.
● Service checks of equipment, water hygiene, gas, electrical and fire safety systems were carried out as required by law. Regular 'in-house' checks of, for example, fire bells, and hot water temperatures had taken place. The provider had commissioned a fire safety specialist to undertake their annual fire safety risk assessment. Regular fire drills had taken place. People living at the home had personal emergency evacuation plans which included details of the support that they required should they need to leave the premises in an emergency.

Preventing and controlling infection
● There were policies and procedures to minimise and control infection. The premises were clean and free from odour. During our inspection we saw that the communal areas of the home were regularly cleaned.
● Staff followed effective infection control procedures. They washed their hands and wore gloves and aprons when necessary.
● Where people bought and cooked their own food as part of their plans to achieve independence, they were provided with lockable fridges and cupboards in which to store personal food items. When we looked at some of these, we found that people had not always stored food safely. For example, the inside of a person's fridge was covered in mould and the area beneath the fridge was dirty. Another person's food cupboard was filled with unwashed bowls and crockery. Although people's risk assessments contained information about risks associated with the hygiene of people's rooms, we found no information about hygiene risks in relation to food storage. There was no evidence that checks of fridges and food storage cupboards had taken place.
● We spoke with the manager about this. They told us told us they would speak with people and staff about the importance of ensuring that personal food storage areas were clean and safely maintained. They said monitoring of personal food storage would take place where risks were identified for individuals.

Staffing and recruitment
● Staff records showed that recruitment and selection processes had been carried out to make sure that only suitable staff were employed to care for people. New staff members were not appointed without evidence of identity and receipt of satisfactory references and criminal records checks.
● Discussions with people and staff, along with our observations, showed people received their care and support at times they wanted or needed it. One person said, "They are very good here. If I need help I get it straight away."
● The manager told us that they monitored and adjusted the staffing levels so that they were always enough to meet people's care and support needs. For example, we observed that people received the support that they needed to attend medical appointments or go out to community-based activities.

Using medicines safely
● The service had a policy in place which covered the recording and safe administration of medicines. Staff had completed training in medicines administration. Their competency to administer medicines was checked and monitored to make sure their practice was safe.
● Medicines were securely stored and at a temperature that ensured they were effective and safe. Records of medicines administration were recorded accurately.
● During our inspection people came to the office to ask for their medicines. Medicines were administered privately to people in a room adjacent to the office where medicines were stored.
● People had up to date risk assessments in relation to their medicines. These included information about non-compliance or refusal to take prescribed medicines where this was an issue. Guidance for staff on encouraging and reminding people to take their medicines was included in people's risk assessments.
● Where people had been assessed as able to manage their medicines independently, their records showed

that this was monitored by staff.

Learning lessons when things go wrong

● Accidents and incidents were fully recorded along with subsequent actions taken to reduce the likelihood of them happening again. For example, following concerns that people may be using drugs in the local community, hourly 'walk rounds' had been stepped up and staff were required to ensure that their recording of their observations was provided in more detail. People's records showed that they had been regularly encouraged to engage with local drug and alcohol teams. The provider had appointed a drugs worker who visited the home on a weekly basis to meet with people who were willing to meet with them

● However, we were not confident that lessons had been fully learnt. The provider had worked with community safety partners to address and respond to anti-social behaviour but this was long standing and had not identified and put into practice effective ways to manage the anti-social behaviour issues. They continued to arise, for example, in the middle of our inspection period. Although the provider had acted to monitor people's drug use at the home and within the local community, this had not reduced the drug use of some people who had refused to engage with support and rehabilitation. When we inspected, a person was in the process of being evicted in relation to continued misuse of drugs at the home. We noted that the manager had requested support from the person's mental health worker in relation to this, and that they had not responded to this as a priority.

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Supporting people to eat and drink enough to maintain a balanced diet

● People were supported to shop for and cook their own meals to develop independence. People had individual food budgets and were supported to use these appropriately. For example, where risks were identified in relation to people using their budgets on items other than food, some people had agreed to arrangements to receive money on a daily basis, and their use of this was monitored by staff. A person said, "I have money to buy my own food. Sometimes I run out and [staff member] helps me to sort out what to buy."

● Regular lunch and breakfast clubs took place at the home. These were designed to support people to learn how to cook healthy food and to create an environment where people were enabled to eat together and discuss issues informally. We observed three lunch clubs during our inspection. A person told us, "I really enjoy these sessions. I have learnt to cook some really good meals."

● Although staff encouraged people to participate in breakfast and lunch clubs where they could learn to cook healthy meals, some people were unwilling to engage with this. However, people did come to the clubs to eat the food and engage in chat across the table. During our inspection other people came to the communal kitchen to get food but did not stay to engage with others.

● We did not see records of the numbers of people who actively engaged in the breakfast and lunch clubs. We observed that there was an average of four people at the lunch clubs that we saw. Other people came to take food but did not actively engage in the activity. The records of people's meetings with their key workers showed they were encouraged to participate in cooking activities. The manager said that the meals clubs worked for some people and they would continue to run them as long as people actively participated. A person told us, "It would be good if more people came. I have learned to cook some healthy food here."

● The manager and other staff described how they supported people to eat healthily. However, they recognised that this was an ongoing project for some people. Staff supported people to plan and shop for meals locally. The manager said that where people had spent their food budgets on other items staff took them for meals at a local café if they were hungry. We observed the manager suggested to a staff member that they took a person for lunch when they were accompanying them to a health appointment.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

● People's needs were fully assessed with their involvement before they moved into the home. This helped the provider and the prospective person to decide if the home was suitable for the person and met their needs and preferences.

● People's support plans and risk assessments showed people's needs had been individually assessed and contained the information and guidance staff needed to deliver the care and support that people needed. For example, people's support plans included information about signs that their mental health may be

deteriorating. These included guidance for staff on the actions they needed to take to support people, such as reducing issues that may create anxiety and contacting mental health professionals to seek further advice.

● People told us they were provided with choices and received the care and support from staff they needed and wanted. One person said, "The staff have always been very helpful to me. I have been able to get involved in lots of activities and they are now helping me to move on to my own place."

Staff support: induction, training, skills and experience

● People were supported by skilled and competent staff. Staff received an induction when they first started work to learn about all areas of the service and about their role and responsibilities. This induction included training that met the outcomes of the Care Certificate. The Care Certificate provides a set of nationally recognised standards for training of staff new to working in health and social care services.

● Staff received the training that they needed to carry out their role. They received regular 'refresher training' on a range of core skills such as medicines administration, safeguarding, equality diversity and human rights and positive behaviour support. Staff had also received training a range of mental health conditions that were relevant to the people living at the home.

● Staff told us that they felt supported. They received regular supervision and appraisal of their development and performance. The manager told us that a psychologist was available to provide support to staff when they required this.

● Staff had a good understanding of people's needs. They were knowledgeable about people's individual needs including their behaviour and mental health needs.

● One person using the service told us, "I think the staff must be well trained. They seem to know what they are doing and give very good support and advice."

Staff working with other agencies to provide consistent, effective, timely care

● Information was shared appropriately with other professionals to help ensure people received consistent and effective care and support.

● People's records showed that staff liaised with mental health professionals, local drug and alcohol teams and housing services to ensure that their needs were met. Where people had refused to engage with other agencies, this was recorded in their support plans and staff provided encouragement to people to participate in meetings, appointments and reviews of health and care.

● Changes in people's needs were reported to local mental health services. Changes were also shared with commissioners [representatives of public bodies that purchase care packages for people] when needed.

● Two people told us that staff were actively supporting them to move to independent accommodation in liaison with local authority teams.

● A person had recently returned to a hospital setting due to a mental health crisis. The manager said that, where possible, this would not be a preferred outcome. The person's records showed that staff had liaised with their mental health team and taken action to try to reduce their anxieties and behaviours before they were admitted to hospital.

Adapting service, design, decoration to meet people's needs

● The main property accommodated people on three floors, each with their own communal bathroom and kitchen/diner. A larger kitchen diner and meeting area was situated on the ground floor of the property. Three people who were preparing to move on and into their own accommodation lived in a small house around the corner from the main home.

● The main property was situated in a row of terraced housing and was not accessible to people with significant mobility impairments.

● Decoration of some communal areas was dated and in need of updating. The manager and provider's

Chief Executive Officer told us that there were plans to refurbish the building. People had been consulted about colour schemes for the communal living areas. The manager told us that people moving to the home were also asked about their choice of colour schemes in their bedrooms. One person said, "I was able to say how I wanted my room to be decorated."

● Distinctive colours were used to assist people with visual impairments with orientation. For example, a person's food cupboard and fridge were highlighted in bright green. The person said, "I can get around quite easily and the coloured tapes are helpful"

Supporting people to live healthier lives, access healthcare services and support

● Staff supported people to access local GP and hospital services. Some people required regular blood tests in relation to medicines they were prescribed, and we saw people had been supported to attend appointments for these. People's records also showed that staff had supported people to visit GPs when they were physically unwell.

● A regular weekly walking group took place where people visited local areas of their choice. During our inspection we saw that a small group of people took part in this. Some people also attended a weekly yoga session at the home. The manager told us that this had been put in place to support people's physical and mental wellbeing.

Ensuring consent to care and treatment in line with law and guidance

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

● Information about people's ability to make decisions was included in their care records.

● People living at the home had mental health needs and most people were subject to sections or conditions under the Mental Health Act (1983) (MHA). This meant that DoLS were not likely to apply to them since they were had capacity and were subject to restrictions under the MHA. For example, failure to take prescribed medicines for their conditions may lead to a hospital readmission.

● The manager told us that they reviewed each person's capacity individually and should there be a likelihood of a need for DoLS an application for such an authorisation would be made.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us that staff were kind and that they were treated well. Staff were respectful to people and provided them with assistance in a considerate manner. People told us, "The staff are great," and, "They have been really helpful to me, especially the staff who are here now. I can't fault them."
- People's diversity needs were recognised and supported by the service. People's personal relationships, beliefs, likes and wishes were recorded in their care plans. People's cultural and other choices were respected.
- Where preferences had been expressed in relation to the gender of staff members providing support this was recorded in people's care plans. The plans were clear where support should be provided only by a male staff member, and this guidance was followed by staff. Information about people's sexuality and sexual preferences was also recorded in their care plans and risk assessments along with person centred guidance for staff.

Supporting people to express their views and be involved in making decisions about their care

- People were involved with planning and review of their care. People's care records showed that they had provided detailed information about their needs, preferences and background. People told us that they made everyday decisions and choices.
- Residents meetings took place. Minutes of these meetings showed information about the service was shared and discussed. People had expressed their views about a range of matters to do with the service including maintenance, care, activities and catering. Records showed that action had been taken to address the issues raised.
- Co-production meetings had also taken place. These are designed to involve people in making decisions and choices about changes. For example, people had been asked about their preferences in relation to planned decorations and refurbishments. Some people also attended a provider co-production meeting. One person said, "They ask us to look at policies and plans and tell them what we think. I enjoy going and I think it makes a difference."

Respecting and promoting people's privacy, dignity and independence

- People told us that staff were respectful of their privacy. During the inspection, we saw staff knocked on people's bedroom doors and wait for a response before entering. Staff supported people with their medicines in a manner that maintained their privacy and dignity.
- People's independence was supported. People told us that they were encouraged to be independent and to ask for help if required.

● People came and went from the home independently. We observed that they told staff where they were going and when they were due to return. Staff told us that if a person was late returning to the home, that they would call them on their mobile phones. If there was no response, they would use emergency procedures identified in people's support plans and risk assessments.
● People's private and personal information was stored securely, and staff understood the importance of confidentiality.
● People were supported to maintain the relationships and friendships that they wanted. Information about people's relationships were contained within their support plans.

Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's support plans were personalised and included detailed information about their individual needs, abilities and preferences. Some people's care plans required updating to include recent information in relation to changes in their needs. People's support plans contained information about their needs in relation to the cleanliness of their rooms. However, they did not contain information about their safety in respect of personal food storage where we found hygiene and safety issues.
- Staff were knowledgeable about each person's needs and knew how to provide them with the support that they needed and wanted.
- Plans described how to support people with their mental health needs and emotional wellbeing. For example, people's plans included information about anxieties and behaviours. Detailed information about signs that people's mental health may be deteriorating was included in their plans. Guidance for staff on managing and supporting changes in behaviours was detailed.
- Information about people's forensic histories including drug and alcohol misuse was included in their care plans and risk assessments. Staff spoke with people about any issues during their key work sessions and encouraged them to engage with additional support where required. For example, the provider's drugs worker or local drug and alcohol services. Where people had refused to engage with such support, their key work meeting records showed staff had continued to encourage them to do so.
- Where people had refused to engage with support, staff had liaised with their mental health workers to seek support. People's key work meeting records showed that discussions had taken place about their licence agreements and the risk of breaching these leading to an eviction. The records showed that such warnings had worked for some people. However, during our inspection, one person was being evicted following a number of warnings about their breaches of their licence agreement in relation to drug misuse.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Information about people's communication needs and preferences was included in their support plans. Staff members were knowledgeable about people's communication needs and preferences.
- Information was provided in easy to read formats where required. We saw that picture assisted information had been developed for people who required this support. Signage had been developed in a suitable colour for a person with a visual impairment.
- Easy to read picture assisted information about activities and events was displayed throughout the home.

● The manager told us that they would always endeavour to ensure that people were provided with information in formats and languages that met their individual needs.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

● People's support plans included information about their social and cultural preferences and interests.

● Staff organised a range of activities aimed at developing people's skills and supporting them to move on to more independent living in the future. Regular lunch and breakfast clubs provided people with an opportunity to learn to cook simple nutritious meals and to socialise with other residents. A yoga teacher attended the home each week to facilitate yoga and relaxation sessions. A regular art group also took place and people's art work was displayed.

● The provider's recovery worker visited the home on a regular basis to facilitate activities based on people's needs and interests. These included 'rake and cake' gardening sessions, a walking group exploring the local community and employability sessions supporting people to develop the skills they required to move on to future employment. They had recently liaised with the local parks department to support people to do voluntary work.

● The recovery worker also undertook one to one sessions with people, helping them to identify goals and what they could do to achieve them. The service was implementing the Recovery Star which is a system of enabling people using mental services to measure their own recovery progress, with the help of staff. When we inspected a ten-week course for people living at the home was due to commence. This was designed to ensure that people understood the Recovery Star and could work through how they would use it.

● The recovery worker was supported by an assistant who was previously a user of the provider's services. They had received training to facilitate activities and work with people on a one to one basis. The manager and recovery worker told us that the assistant also engaged with staff training to enable staff to understand the perspective of a person who receives support.

● A person said, "I get involved with most of the activities. They have helped me stay on track and get to where I am now. I'm always encouraging [other people] to do the same."

Improving care quality in response to complaints or concerns

● The provider had a complaints procedure that was available in an easy to read format. Information about how to make a complaint was displayed on notice boards throughout the home.

● People told us they knew how to complain if they were unhappy. A person said, "I have raised complaint and they usually get sorted out quickly." Another person told us, "They are quite good with complaints. I have an issue with [a local authority] and they have helped me to write letters and have followed up for me."

● Records of complaints and concerns were maintained at the home. These showed that complaints had been dealt with in a timely manner. People had been informed about outcomes. However, we did not see complaints from external sources such as neighbours. The manager told us that meetings with the local community safety team had not taken place recently but that these meetings were opportunities to discuss concerns in a forum.

● End of life care and support

● The home provides care and support to younger adults with mental health needs and has not supported anyone receiving end of life care.

● However, people's care records included information about their preferences in relation to hospital and other treatment. This information was not completed in some people's records. The manager told us that some people did not wish to talk about this. We saw that staff had encouraged people to do so during their key work sessions.

Requires Improvement

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong. Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There were systems in place to monitor the quality of the service and any risks to people's safety. A range of audits and checks were carried out. These included checks of staff records, medicines, risk assessments, support records and health and safety. Staff were familiar with the aims and objectives of the service, which promoted personalised support, dignity, privacy and anti-discriminatory practice. They were clear about their roles in supporting those goals.
- However, the quality monitoring checks had not fully got to grips with the anti-social behaviour and risks presented to people using the service. There were room checks, community safety meetings and work of the provider's drugs worker but our judgement was these were addressing the outcomes from the risks rather than the causes. The provider's quality monitoring systems were not effectively assessing, monitoring and mitigating the risks presented to people using the service and others. Further, the provider's systems were not as open and transparent as they should be with some incidents not having been reported to CQC in a timely way. Following the inspection the provider had sent us details of incidents.
- People spoke highly of the manager. One person told us "The manager has been really helpful since he has been here." Another said, "He has gone out of his way to try and help me move to my own place."
- Staff members spoke positively of the management of the home. One said, "I really like the manager. He is very open and honest. He is really trying to make improvements here." Another staff member said, "I can't fault the management. I can speak to the manager any time I need support or advice."
- The manager knew the importance of being open and transparent with relevant persons and of taking responsibility when things go wrong.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The manager was clear about their role and responsibilities and had the skills, experience and qualifications to lead the service with assistance from the deputy manager and senior support workers.
- We noted that records had been updated and reviewed following monitoring. Some support plans did not contain new information that had been obtained within the three weeks prior to our inspection, The manager told us that monthly monitoring checks of records were due to take place, When we returned to complete our inspection we found that people's support plans had been updated.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

● People had the opportunity to complete feedback surveys about their views of the service. Recently completed surveys indicated people were happy with the service. Where people had raised concerns, actions had been taken to address these.

● Staff meetings provided staff with the opportunity to receive information about the service, provide feedback and to discuss best practice guidance.

● Residents meetings also took place, so people had the opportunity to discuss issues to do with the service. The manager and staff told us that they encouraged people to attend these meetings, but some did not wish to take part.

● Some people also attended co-production meetings where they were enabled to give their views about policies and procedures. During the inspection three people attended a co-production meeting at the provider's head office. A person told us, "They show us what they plan to do and ask us what we think about it. I do feel they listen."

● People's equality and diversity needs were understood by the service and supported. Details of these were reflected in people's support plans with guidance provided for staff to follow to meet those needs.

Continuous learning and improving care

● The manager told us about the work the service was doing to support people with histories of drug and alcohol misuse. For example, room checks had taken place since April 2019 and these showed there had been a significant reduction in evidence of drug use. People were encouraged to attend support with the provider's drugs worker and other local drug and alcohol services.

● The Provider Information Return (PIR) provided us with details of how the service performed and what improvements were planned. Our findings from the inspection corresponded with this information.

Working in partnership with others

● Staff and management had not always reported concerns to commissioning and regulatory professionals in a timely manner, including local authority safeguarding teams and CQC. For example, information about complaints and drug misuse where the police were called had not been reported.

● People's records showed that staff had liaised with other professionals to address any concerns about their day to day support.