

Gravers Care Home Ltd

One One Eight

Inspection report

118 Clifton
York
North Yorkshire
YO30 6BQ

Tel: 07872450062

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Outstanding ☆

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

The inspection took place on 2 August 2017 and was announced. This was the first inspection of this service since their registration with CQC on 21 July 2016.

One One Eight is a care home which provides therapeutic support for up to six younger adults who have a mental health condition. It is a service for those people with enduring mental health needs who wish to work towards recovery in a supported environment. The goal of the service is to provide people with the tools they need to move on to a more independent living arrangement where possible. The service is a town house situated within walking distance of York city centre. The house is over three floors with bedrooms on each floor. There are good transport links and amenities close by.

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

There was a clear management structure at the service. There was a senior management team who held weekly management meetings which were informed by reports sent to the management team.

Feedback from everyone we spoke with was extremely positive about all aspects of the service.

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 had access to health and social care professionals whose feedback showed that they had confidence in the service.

There were sufficient staff to meet people's needs and they been recruited safely. Staff numbers were varied according to the support people required. Staff were trained in subjects considered mandatory by the service as well as additional areas which were specific to people who used the service. Staff had been supported through regular supervision.

The provider had done all they could to safeguard people through staff training, having policies and procedures in place to guide staff and having clear guidance and support for staff.

Risks to people's health had been identified and plans were put in place, agreed by each person, to manage those risks. The premises were risk assessed and there were processes in place to ensure people's safety. Accidents or incidents involving people were recorded, analysed and risk assessed and actions taken to minimise any further incidents.

Medicines were managed safely. Where people self-medicated a risk assessment had been completed to ensure they were safe doing so.

People's nutritional needs were supported and people bought and cooked their own food where they were able to as part of their development of skills to support their independence.

The environment was appropriate for the age and needs of people who used the service. It was decorated and maintained to a very high standard. People's bedrooms reflected their personal tastes.

People told us that staff were extremely caring. Relatives and professionals echoed this view. People felt that they mattered.

Staff were highly motivated and displayed the company values in their work. We observed them positively interacting with people ensuring that their conversations were meaningful. Relationships between staff and people were extremely positive. Regular group meetings were attended by people where they were encouraged to express their thoughts and feelings. Staff showed great respect to people.

Information sharing was managed in a variety of ways such as meetings, one to one conversations with staff and a notice board in the main hallway. People were involved in all aspects of their care and some had written their own care plans. People were encouraged to maintain activities and hobbies as part of their development.

Staff worked with community nurses, doctors and other health professionals to provide a seamless service for individuals. Passports were completed which provided the relevant information needed if people moved to other health or social care settings.

Although there had been no complaints at the service people were aware of what process to follow if they had any concerns.

There was an effective quality assurance system in place. Audits and checks of the service ensured people's health and safety was maintained.

Feedback which had been sought through surveys and comments made by people, their relatives and professionals demonstrated the very high regard within which people held the service.

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 ●

This service was safe.

Staff recruitment was robust and there were sufficient staff to meet people's needs.

Medicines were managed safely. Where people self medicated risk assessments were completed.

Risks to people's health and safety had been identified. Health and safety checks of the environment and equipment had been completed.

Is the service effective?

Good ●

This service was effective.

Staff received training that enabled them to meet people's needs and they were supported through supervision.

People's nutritional needs were supported. People were encouraged to buy and cook their own food with support to maintain their independence and skills.

People gave consent before any care or support was given. Some people had conditions imposed by the courts under the Mental Health Act 1983 (MHA) but people were not restricted in their everyday lives.

Is the service caring?

Outstanding ☆

This service was caring.

People felt that they mattered and told us the staff were extremely caring.

Staff and people who used the service had developed excellent relationships. Staff treated people with respect and maintained their dignity.

Everyone had been involved in planning their care and staff had encouraged their independence by supporting them to write

their own care plans.

Information was shared with people at daily meetings and through journals people were encouraged to keep.

Is the service responsive?

Good ●

This service was responsive.

People's care was person centred and led by them. Staff supported a process called recovery which helped people to develop the skills they needed to move to independent living.

There were many activities on offer all of which were linked to people's care plan.

There was a clear complaints policy displayed and people knew how to make a complaint.

Is the service well-led?

Good ●

This service was well led.

There was a registered manager employed who was clear about their regulatory responsibilities. There was a supportive senior management team.

The quality monitoring system was effective. Feedback from people was all positive and professionals noted how the service made a difference to people's lives.

Links with the local community had been forged which benefited people at the service.

One One Eight

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 to provide a rating for the service under the Care Act 2014.

This inspection took place on 2 August 2017 and was unannounced. The provider was given 24 hours' notice because it was a small care home for younger adults who are often out during the day; we needed to be sure that someone would be in.

The inspection was carried out by one adult social care inspector.

Prior to the inspection we looked at all the information we held about the service such as notifications. Statutory notifications are documents that the registered provider submits to the Care Quality Commission (CQC) to inform us of important events that happen in the service. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We used this information to plan the inspection. We also contacted the local authority commissioners and asked for feedback. They had no current concerns.

During the inspection we spoke to the registered manager, operations director, deputy manager, two care workers known as recovery workers and four people who used the service. We reviewed two care plans in detail, medicine management processes, recruitment and training records for three members of staff and documents relating to the running of the service such as audits and safety checks.

Following the inspection we requested and received feedback from one relative, a GP, a social worker and a mental health professional, all of which was positive.

Is the service safe?

Our findings

People told us they felt safe living at One One Eight. One person told us, "I definitely feel safe here" and another said, "Yes I'm safe. It is more relaxed here." We observed that people were safe because staff worked using safe practices.

A relative told us, "I felt that the house was very homely but still care and safety of residents was monitored to a high standard" and a social worker said, "From what I saw and discussions that took place, I would say that the service is operating safely with staff aware of their obligations."

Risks to people's physical and mental health had been clearly identified and managed. Each person had risk assessments within their care records which were relevant to their particular circumstances. Where particular physical health conditions had been identified there was guidance in place for staff but some people would benefit from more detailed recording of risk relating to those conditions. Daily morning meetings were held to discuss any issues ensuring good communication about any changes.

General safety risks such as security and fire safety had been assessed. The manager carried out a daily walk around the service to check it was clean and safe. In addition there were morning and night checks for staff to complete which ensured people's safety. These included checks of medicines and fire safety systems.

Servicing and maintenance of equipment had been carried out within the appropriate timescales according to the Health and Safety Executive guidance. Gas and electrical checks had been completed and small electrical items were tested to ensure they were safe to use. There was a maintenance person employed by the company who carried out some safety checks and maintained the property. Where they needed to be trained to carry out those checks this had been completed.

There was a company vehicle which could be booked for use. Vehicular checks were carried out by the company. Staff drivers had to produce a driving licence and the vehicle was insured for business use.

There was a recently completed fire risk assessment and emergency evacuation plan for people to refer to in the event of a fire. Fire safety equipment had been tested and North Yorkshire Fire and Rescue service had visited the service recently and found that the service met fire safety regulations. Each person who lived at the service had personal emergency evacuation plans (PEEPs) in place and took part in fire evacuation drills alongside staff every week so that they were prepared in the event of a fire. PEEPs are bespoke escape plans for individuals who may not be able to reach an ultimate place of safety unaided or within a satisfactory period of time. Staff had completed basic fire safety training as well as fire marshal training to ensure a safe evacuation of the premises if the need arose.

We spoke with the staff about safeguarding people and asked what action they would take if they witnessed anyone being harmed. Everyone we spoke with said they would report any safeguarding concerns to the manager.

Staff were able to tell us about safeguarding procedures and demonstrated their knowledge of the management of any abuse or allegations. Staff were fully informed of the different types of abuse, when to raise concerns and who they needed to escalate their concerns to. They said they would have no hesitation in reporting any incidents. Staff had training during their induction and on an annual basis to keep them updated about safeguarding matters. There had been no safeguarding referrals made by this service in the last twelve months.

Recruitment of staff was robust. Staff had completed an application form and had an interview. They did not start work until references had been sought and a Disclosure and Barring Service (DBS) check had been carried out. DBS checks return information from the Police National Database about any convictions, cautions, warnings or reprimands. DBS checks help employers make safer recruitment decisions and are designed to prevent unsuitable people from working with adults or children who may be vulnerable. Where there were gaps in people's employment history these had been checked.

There was sufficient staff on duty to meet people's needs. On the day we inspected there was a registered manager, a deputy manager and a care worker on duty supporting six people.

We saw that any accidents or incidents involving people were recorded. These were analysed and risk assessed. Measures were put in place to minimise further risks to the person.

People's medicines were managed safely. Medicines were stored in people's own bedrooms with some items kept in a locked room. The keys to the room were held by one member of staff. The temperature of the room was monitored and was within the recommended range. We inspected the medicine records and found the medicine charts were complete, legible and accurate.

Each person was assessed to determine whether or not they were able to self-medicate using a scale numbered one to six. For example, level one was when medicines were administered by staff and level six was when a person self-medicated and held the key to their own locked medicines drawer in their room. The manager kept a spare key. We reviewed and checked the medicine records of one person who self-medicated and had their medicines stored in their room. The medicines were stored in a locked drawer and the person was able to tell us what medicines they were taking and why, showing us their medicine administration record (MAR). They told us, "The staff support me. They sit with me whilst I take my medicine. They also check my medicines regularly." This showed that that checks of medicines were carried out for individuals who wished to keep their own medicines and staff supported those people in administering their medicines. Weekly medicine audits had been completed.

Is the service effective?

Our findings

People told us that staff knew what they were doing. One person said, "Staff are very able" and another said, "This team is awesome." A third told us they considered that staff had the right skills. A relative told us, "I feel reassured that [relative] has her independence but has good quality of care if required."

Staff were well trained and supported by an experienced manager who was trained as a mental health nurse. Staff told us about the induction they received and training they had completed and we saw their training records which confirmed this. They felt this provided them with the skills required to work at the service. The staff team consisted of mental health nurses, recovery workers (care workers), psycho-social intervention workers and family workers who had all received appropriate training.

Staff had completed training in subjects including moving and transferring, fire safety, communication, safeguarding, MCA and DoLS, person centred care and health and safety. This training was updated annually. Two out of four care workers had completed the Care Certificate. The Care Certificate sets out learning outcomes, competences and standards of care that are expected from staff. Additional specialist training was undertaken such as psycho-social interventions.

In addition staff brought their own skills to the service which benefitted people. One person brought their interest and knowledge of the arts to the service using their skills to enhance people's therapy and promote their wellbeing.

During the inspection staff told us and we saw that they had access to weekly group clinical supervision. Staff were also offered one to one supervision. Managers had a quarterly one to one supervision but could request supervision more frequently if they wished. Supervision is a meeting between staff and senior workers. It gives staff an opportunity to discuss their work, training and development needs. A record of the meetings was kept to show the subject of the discussions. Staff were able to choose their own supervisor and sometimes this could be an external person, particularly if they were completing training which required supervision.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people (aged 16 and over) 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. The application 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. Although people at the service had mental health conditions they did not lack capacity so there were no DoLS in place at the service. People were also very independent and we saw mutually respectful relationships between people and staff where consent was given or asked for where

necessary.

However, some people living at One One Eight were subject to different sections of the Mental Health Act. This meant that they had to abide by conditions following their discharge from hospital in order to live in the community. This was to maintain their health and wellbeing.

People's nutritional needs were assessed and care plans recorded any dietary needs. People were encouraged to do their own shopping and cooking where possible as part of their recovery programme. We saw people bringing in their shopping and preparing food. They were able to take part in daily living skills work which helped them develop skills in budgeting or cooking skills to prepare them for independent living.

The manager told us that people were busy all week taking part in different activities so they tended to get their meals when it suited them but on a Sunday everyone who was at home ate together. Where people had specific needs, such as diabetes this was identified in their care plan and appropriate checks were made to ensure they remained healthy. The service had not had a recent visit from the environmental health officer but the kitchen was clean and tidy and staff followed the Safer Food Better Business guidelines making the appropriate checks each day. Safer Food, Better Business helps small businesses with food safety management procedures and food hygiene regulations.

People ate at a large table in the kitchen. At lunch time there was a relaxed atmosphere with people and staff getting their lunch and sitting chatting.

We saw that people could access health or social care professionals quickly. People visited their own GP's and one person told us, "My GP is just around the corner. I make my own appointments and go alone." They also told us about regular visits they made to visit their consultant psychiatrist and their connection with occupational therapists and social workers. A GP told us they had worked with a new person at the service and told us, "I was impressed by the way staff facilitated contact with the practice. A community mental health nurse told us, "The team at 118 work well with the local CMHT's (Community mental health teams)."

We looked around the service and in people's bedrooms and the small flat where they gave permission, and saw that the house was beautifully maintained and decorated to a very high standard. Bedrooms were well equipped with good quality furniture and accessories by the provider but they were personalised by the people themselves. There was a bedroom on the ground floor with a separate shower room. On the second floor were three bedrooms, and a communal bathroom and on the third floor two people shared a small flat. They had their own bedrooms, a shared shower room and a kitchen.

The décor was contemporary and of a high standard. The operations director told us, "We believe that if you give someone somewhere nice to live, then they will live nicely." The environment reflected the needs of people who lived at the service. One person told us, "I love my bedroom."

Is the service caring?

Our findings

People who used the service told us that the staff were extremely caring. One person said, "They are all very caring. The registered manager is always asking how I am. They treat everyone as an individual." A second person told us, "They are absolutely amazing. Very positive; good energy. It is very nice here." They felt that this service provided the support and care they needed to enable them to develop the skills they needed to live independently.. One relative said, "The staff are very welcoming and approachable" and another told us, "The staff are intelligent and caring and the characteristics of compassion, kindness, dignity and respect are demonstrated by all the staff I have met. I know that I could walk into One One Eight at any time and the atmosphere would be welcoming and the staff would be engaged with the people who live in the house."

Health and social care professionals all described the service as caring. One mental health nurse said, "I have had only positive experiences so far." A social worker told us, "Service users are being supported in their recovery in a very person centred way, with personalised plans and support."

Staff at the service were highly motivated and we saw the company values of being 'genuine, united, happy, creative, encouraging and making a difference' incorporated into all aspects of their work. One care worker told us they encouraged people's independence saying, "I ask them what they want to do; what would help them."

Positive relationships had been developed with people who used the services. We observed a care worker in a conversation with a person talking about how their condition affected them, and this was led by the person. The interaction was meaningful to the person and demonstrated the strong person centred approach adopted by staff. People were in charge of their own care with staff there to support the process. This built people's self-esteem. We discussed this approach with the manager and the deputy manager and they were passionate in their response. They were clear that staff were just there to work alongside people on their individual journeys. We could see that people were treated as equals and that their personal experiences assisted in planning their care and support. This was a unique service that showed a visible person centred approach to care which had a positive impact on people's wellbeing.

People were confident talking with staff and were at ease in their presence. They, along with staff on duty, attended morning meetings which focused on planning the day. One person said, "I attend the morning meeting at 10am and the reflective meeting at 4-5pm." There was discussion about anything that may have impacted on others living at the service such as behaviour. This gave an opportunity for everyone to express their feelings and for other conversations to be generated. One person told us, "The staff are very interested in my well-being."

The provider had started to support the families of people who used their services through their recently developed family work. The development of this work was evidence based showing the benefits of working alongside families with the aim of reducing distress for people who used the service.

People we spoke with during the inspection confirmed that they were involved in making decisions about

the care and support that they received. One person told us, "I wrote the whole thing (care plan)." Clear information was shared about what the service would provide and what was expected of people as part of their care plan.

It was clear that people felt cared for and that they mattered to staff. One person told us, "It's lovely here; really nice" and, "There's a lot of empathy here and it is encouraged. It really helps." People's spiritual needs were considered and people were supported to talk about and continue activities that gave them pleasure and satisfaction. One person told us they attended church each Sunday. Friendships were encouraged and one person told us, "I have two friends who visit me." They also said that the manager had allowed their relative to bring their dogs into the service which they enjoyed.

Throughout our inspection staff were extremely caring and thoughtful in their approach to people who used the service. They had built a rapport with people and we saw that people and staff had a friendly relationship, laughing and joking with each other whilst staff retained their professionalism.

Staff demonstrated a good understanding of the meaning of dignity and we observed the respect they showed people. They had respect for people's personal space knocking on bedroom doors and asking permission before entering. Staff told us they treated people as they would like to be treated and we observed throughout the inspection the kindness, compassion and respect staff showed people. Recent feedback from one person who had now left the service said, "I now live independently. I will take away that people do care and I am able to trust people."

Is the service responsive?

Our findings

People at the service received person centred care. This is when any treatment or care takes into account people's individual needs and preferences. An initial and on-going assessment was undertaken when people came to the service and the staff had conversations with each person about their needs and preferences for their care.

Each person who used the service was supported to participate in the development and writing of their care plans. Care plans were known at the service as recovery plans. One person told us, "I wrote it (care plan) with [Name of staff]. It is ready to be reviewed. It is reviewed every two months and I attend." Another person told us they had also written their care plan and when we read it we could see that it was very detailed.

Staff showed clear knowledge and understanding of people when talking about people's needs. A relative told us, "My experience of the organisation is that the ethos is absolutely person centred. I know that the staff understand my son and the other people living in One One Eight and work within a framework of beliefs and values which represent best practice.

Staff worked collaboratively with district nurses, doctors and other health professionals to provide a seamless service which ensured good outcomes for people. A passport was completed for each person which gave details of their medical and personal care needs along with contact details. These documents accompanied people when they visited, or were admitted to, other health care services and ensured consistency across agencies. A GP told us they had worked with a person who recently went to live at the service and said, "There appeared to be gaps in the transfer of care of the individual (between services) and I felt the staff at One One Eight took a very proactive approach to supporting the resident through the transition and ensuring follow up arrangements were made with the practice. The people at One One Eight appear well cared for, supported on a journey to independence."

When we looked at people's care plans they reflected their individual needs and wishes. Each care plan contained a narrative which outlined people's goals, actions agreed and who would be involved. They contained information about areas such as personal care, mobility, nutrition and communication. Some care plans would benefit from more detail being recorded about particular physical health conditions. Plans had associated risk assessments completed with clear risk management plans in place. People's care plans were reviewed by staff and people who used the service working together.

The complexities of people's mental health conditions were supported by a well trained staff group and specialist mental health professionals who all worked together to ensure good outcomes for people. One mental health nurse told us, "The service is certainly caring, responsive and person centred. My clients can all advocate well for themselves and can tell me all about their recovery plans and progress. My clients certainly feel they have been involved in the planning of pathways. The staff demonstrated a clear person centred approach to people's care and support."

People's interests and hobbies were incorporated into their care plans and were part of the plan to aid their

recovery. One person told us, "I go to [name of supermarket] shopping, I read, I listen to music; I like [name of bands]. I am reading [name of book]." Another said, "I like to go walking a lot."

We observed a music therapy session held at the service and saw work completed by people in an art therapy session. There were equine therapy sessions every two weeks when people visited stables to help care for horses. There was a notice board in the entrance hall of the service which displayed all activities on offer. During the afternoon people were discussing films they wanted to go and see and ones they had already enjoyed. These activities encouraged participation and socialising, improving people's wellbeing.

If people needed to learn independent living and other skills to aid their development they could take part in sessions held locally through a charity organisation. The charity was a partner in people's care at One One Eight. In addition, some people who lived at the service attended work placements. One relative told us, "Over the past year, my [relative] has demonstrated increasing independence. The staff have put in place a regular work opportunity which has increased my [relative]'s independence and sense of self-worth and motivated them to get up in the morning."

The complaints policy and procedure was displayed on the noticeboard. There had been no formal complaints made to the service but people living at the service were encouraged to raise any concerns. Compliments about the service were also recorded. A relative had said, "I am very well aware that [Name of person] would not be the person they are today without the framework of companionship provided by this community."

Is the service well-led?

Our findings

One One Eight is one of three services run by Gravers Care Home Limited. Along with a further three services they form part of the Amitola Communities organisation.

There was a clear management structure at the service. The registered manager was in charge of the day to day running of the service. The registered manager had extensive experience of mental health services and had recently been registered as the manager by CQC. A care worker told us, "The manager is very approachable. They have a non-hierarchical management style."

The manager was supported by a senior management team who oversaw the running of all the services. We met the service development manager and spoke with the operations director, both of whom visited the service. People knew who they were and the operations director told us they visited the service regularly. They told us that they worked using a humanistic approach. Humanistic approaches look at human behaviour not only through the eyes of the observer, but through the eyes of the person doing the behaving. This corresponded with the approach we had observed throughout the inspection.

During the inspection it was clear to us that staff and managers worked closely together and had shared values. People who used the service described staff as very caring and said they were interested in what they had to say. A social worker told us, "The management team are knowledgeable and innovative in their approach, and are clear what they are trying to achieve."

Daily meetings were held where staff and people who used the service planned their days. They were also used to keep people up to date with developments and had discussions about the running of the service. Management meetings were held weekly and weekly reports were sent to the management team. These reports contained an overview of the service activity in that week and actions planned for the next week. Within the report there was a summary of each person's progress and how they were for the week. These meetings were reflective and looked at how care and services could be improved.

The service had links with the community through the use of a local charity for socialising, learning and building skills. There were links with York St John University through a programme which offered educational opportunities to people who use NHS and non-statutory mental health services in York.

The quality of care that was provided across the organisation was monitored using audits, checks and feedback. Audits had been completed in different areas of the service such as medicines and care plans and shortfalls identified and acted upon. In addition feedback had been sought from people who used the service and their relatives. One person had said in a recent survey, "I think the service is very well run."

A GP told us, "I have not had any concerns around the effective leadership of the service" and a social worker said, "The service is relatively new, so I haven't got a great deal of history to go on, but as an organisation we work with them through their other services in the city, and find them to be caring, well led, and achieve results for the people they support."

