

Richmond Fellowship(The) North Ormesby Road

Inspection report

67 North Ormesby Road
Middlesbrough
Cleveland
TS4 2AH

Tel: 01642225108
Website: www.richmondfellowship.org.uk

Date of inspection visit:
22 June 2016
29 June 2016

Date of publication:
12 August 2016

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

North Ormesby Road provides specialist mental health services for people living in supported housing in Middlesbrough. People who use the service live in self-contained flats close by local shops and community facilities. The service provides self-contained accommodation and support for eight people. At the time of our inspection eight people were living at the service.

This inspection took place on 22 and 29 June 2016 by one inspector. The first day of our inspection was unannounced. We last inspected the service in April 2014; this was a follow up inspection where we looked at the management of records. We found the provider to be compliant in this area.

The service had a registered manager in place. 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 service had detailed safeguarding and whistleblowing policies in place which provided information about how to recognise the signs of abuse, and how to respond to any concerns people had.

Individual risk assessments were in place to support people with promoting their independence and safety. In addition to individual risk assessments, the service also had a range of environmental risk assessments. Regular health and safety checks had been carried out in relation to the communal areas of the premises to support with promoting a safe and clean environment. People were supported to carry out health and safety checks within their own flats.

Records within staff files demonstrated proper recruitment checks were being carried out. These checks include employment and reference checks, identity checks and a disclosure and barring service check (DBS). A DBS check is a report which details any offences which may prevent the person from working with vulnerable people. They help providers make safer recruitment decisions. Staff were supported with regular training opportunities that linked to the care and support needs of people living in the service.

The service had safe systems in place to ensure people were supported with managing their medicines appropriately.

The manager and staff were aware of their responsibilities relating to the Mental Capacity Act 2005. The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and to report on what we find. MCA is a law that protects and supports people who do not have ability to make their own decisions and to ensure decisions are made in their 'best interests'. People using the service had capacity and were supported with decision making. Assessment information was in place to identify any risk associated with people's specific health related needs.

People were supported with promoting their health and nutrition. Staff helped people to develop and build upon their meal preparation and cooking skills.

People who lived at the service told us staff were caring and kind. We observed positive staff interactions during our inspection and the people were comfortable asking staff for support. Staff encouraged people to be involved with communal activities but respected their decision if they did not want to participate.

People's support plans were specific and centred around their individualised support needs. There were a range of assessments in place which demonstrated a balance between promoting individual choice, independence and inclusion and keeping people safe. Support plans were up to date and were regularly evaluated. Staff knew people and were knowledgeable about people's care and support needs.

People living in the service were provided with information to support them to raise any concerns or complaints they may have. People who lived at the service told us the registered manager and staff were approachable.

The service had a quality assurance system which included a range of internal checks and audits to support continuous improvement. Action plans were put in place to address any shortfalls in service provision and to demonstrate how areas of improvement were addressed.

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.

People told us they felt safe. There were safeguarding policies and procedures in place. Staff knew how to raise a concern.

Staff had received training in relation to safeguarding and keeping people safe and, were clear regarding any actions they needed to take to ensure people were kept free from harm.

Procedures were in place to ensure all staff were subject to proper employment checks before commencing employment

Is the service effective?

Good ●

The service was effective

Staff were provided with regular training and were clear about their roles and responsibilities.

People were supported with decision making and staff were very clear regarding their role and responsibilities in relation to consent and capacity.

People were supported to take a healthy diet and had to access health professionals to maintain and promote their health and wellbeing.

Is the service caring?

Good ●

The service was caring.

Staff knew people well and supported people showing dignity and respect and made sure people's choices and wishes were promoted.

People who lived at the service were very positive about the support they received.

Is the service responsive?

Good ●

The service was responsive.

People had personalised support plans and were involved in the planning of goals and with the review of their care and support.

People were supported with accessing activities and their preferred community links. They were encouraged to participate in communal activities to prevent isolation.

People were supported to raising any complaints or concerns they may have and information on how to do this was displayed around the service.

Is the service well-led?

Good ●

The service was well led

A registered manager was in post and people told us the manager and staff were supportive and approachable.

People were very involved and regularly consulted about the service.

There was a robust quality assurance system in place to check standards were being maintained which demonstrated a culture of continuous improvement

North Ormesby Road

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Before the inspection, we reviewed information we held about the service. This included reviewing statutory notifications the provider had sent us. Notifications are records of incidents that have occurred within the service or other matters that providers are legally obliged to tell us about. We did not ask the provider to complete a 'provider information return' (PIR) prior to this inspection. A PIR is a form which asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed information we had received from third parties. We contacted the local authority safeguarding team, the commissioning and contracts team, and a community psychiatric nurse involved with the service. We used this feedback to help us inform our report.

During the inspection we met four people who lived at the service and talked with them about what it was like. We also met with the registered manager, the team leader and seven support staff.

We looked at five people's care records and viewed recruitment and training and supervision records of four support workers. We also looked at other records held by the service which included maintenance records, certificates and quality audit records. We reviewed records relating to the registration and management of the service.

Is the service safe?

Our findings

People told us they felt safe living at North Ormesby Road. One person told us, "I have no worries here; if I did I would tell the staff. I feel very safe" and "I'm very happy here, it's smashing".

Each staff member we spoke with told us they would report any concerns they had about the service. Staff told us, "There is a process here and always someone to contact with any concerns". Staff said they had confidence in the management team to follow up safeguarding concerns properly. There were detailed safeguarding and whistleblowing policies in place which provided information about how to recognise the signs of abuse and how to respond to any concerns people may have. The service also had a variety of information on display, for people to access, about protection and about how to recognise the signs and symptoms of abuse. We spoke with staff about the indicators of abuse. Staff also told us about the training they had completed and how it is refreshed. One staff member said, "The training was really good, I'm clear about what to do if I have any concerns".

We reviewed the safeguarding log which is a record of any incidents that are reported to the local authority and to the Care Quality Commission. Registered providers are required to notify the CQC of incidents within the home under the Care Quality Commission (Registration) Regulation's 2009. The registered manager had completed notifications to the CQC and referred incidents appropriately to the local authority.

People had comprehensive risk assessments (known as a protection and safety assessment) in place that provided detail in relation to safety and risk management. Records evidenced clear goals being recorded and regularly evaluated, to support people with promoting their independence and safety. For example, when people were accessing community facilities independently, contingency arrangements were in place for where people may need additional support. Risk assessments were closely monitored and evaluated to ensure up to date information was held and to support with the evaluation of people's planned goals.

There were systems in place to monitor the safety of the premises. Regular safety checks were carried out and arrangements were in place to ensure the environment was maintained. Environmental risk assessments were in place; for example, fire risk assessments. People were also supported to carry out safety checks within their own flats and regular health and safety checks had been carried out in relation to the premises, portable equipment testing (PAT) and gas safety. The service had contingency plans in place with guidance for staff to follow should there be an emergency situation.

Fire safety and fire alarm testing checks were carried out regularly. Records were also available to indicate that people were involved with regular fire drills. People had their own personal evacuation plans (PEEPS). A PEEP is an escape plan which provides individual safety and support instructions to help people reach a place of safety quickly.

Policies and procedures were in place in relation to accident and incidents. Records showed clear information in relation to any actions that had been taken. Records included information to indicate that staff were reviewing risk assessments and support plans on a regular basis to help with accident and

incident prevention.

People were provided with support to self-administer their own medicines. There were policies, procedures and risk assessments in place to support people to do this. Support plans and risk assessments were detailed in relation to the level of support each person needed with their medicines. The service had monitored systems in place to check all medicines being received into the service and to check that people were managing their own medicines safely. Staff said they had completed medication training and certificates were available to confirm this.

Policies and procedures were in place in relation to recruitment. Staff told us about the checks that were carried out before they started their employment. Records within staff files demonstrated proper recruitment checks were carried out. These checks included employment and reference checks, identity checks and a disclosure and barring service check (DBS). A DBS check is carried out to assess the suitability of someone who wants to work with vulnerable people. This meant the provider had followed safe recruitment practices.

We spoke with the registered manager about staffing levels and reviewed staffing rotas. Staffing was planned around people's daily activities and support needs. People who lived at the service told us, "There is always staff around". Staff who worked in the service told us there was enough staff to support people.

Is the service effective?

Our findings

Staff told us they felt well supported in their role. One support worker said, "It's a great team, I feel well supported in my role" and "We work together as a team".

A programme of training was in place consisting of theory based, practical and interactive learning opportunities. Each member of staff had access to an electronic dashboard which provided training linked to organisational requirements and the individual learning needs of each member of staff. Records were available to demonstrate that staff had completed training which included health and safety, medication, mental health awareness, mental capacity and deprivation of liberty safeguards (DoLS), equality and diversity, challenging behaviour and safeguarding. Additional training opportunities were provided in accordance with the individual training needs of each staff member. We viewed training records and certificates in relation to the training staff had undertaken and also the induction process for new staff working in the service. We found staff had participated in a wealth of training opportunities and were provided with additional resources such as best practice guidance and journals, to support with development and with maintaining their skills, knowledge and competence.

Staff told us, "There is plenty of training for us". Another member of staff confirmed they had completed training in medicines, first aid, safeguarding and fire safety. Staff were also provided with a variety of specialist areas of training linked to supporting people with their specific health needs. One care worker told us, "The organisation is really good for training; I am well supported in this area".

Staff told us about the close links they had with medical professionals and how they would involve health care professionals to support and promote people's health and wellbeing. For example, if anyone was experiencing any changes in health needs staff told us they would contact the community psychiatric nursing team (CPN) or other professionals to ensure additional support. People told us they had regular access to healthcare professionals and one person said, "If I need any help with contacting my doctor or CPN I just ask staff; they help me anything". There was evidence within people's records of health care professionals being regularly involved, where appropriate.

We contacted a member of the community psychiatric nursing team after the inspection took place, they told us, "The staff know people very well and keep us informed with any changes relating to peoples care and support needs. Communication is really good". Staff have also done a really good job supporting people".

Staff had an understanding of the Mental Health Act (1983) and the Code of Practice, the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards, also known as DoLS. We talked with staff about mental capacity and promoting people's independence, choice and rights. People were supported with independent choice and decision making in all areas of their lives.

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 Mental Capacity Act 2005. The application procedures for this in care homes and hospitals are called Deprivation of Liberty Safeguards (DoLS). Records demonstrated people had made a capacitated decision about moving into the service.

We talked to staff about supervision and appraisal. Staff told us there were regular opportunities for supervisions. One care worker said, "We have supervision every three months; we get time set aside". We looked at supervision and appraisal records and saw that staff had planned supervision meetings in accordance with the organisational policy and procedure. Staff told us about an open door policy and one support worker said, "We can have meetings outside of supervision if we need them". Supervision is a meeting where a manager and a member of staff discuss areas linked to their role, responsibilities, training and development needs. An annual appraisal is a meeting where staff given time to look back at their learning and performance and to plan future development. The registered manager told us about team practice supervision sessions, which is a meeting that is held with support staff and involved health professionals. This forum provided an opportunity for staff to meet face to face with healthcare professionals to review areas of work, share good practice and discuss areas of development.

The service had a range of information on display to inform people about healthy eating and nutrition and to support people with the development of their cooking skills. Staff told us they encouraged people to follow a healthy lifestyle, as much as possible. Support was provided to people to plan, prepare and cook meals when they needed it. Staff told us most people cooked meals in their own flats; however, there were occasions where people preferred to cook meals in the communal kitchen. We observed one person being supported to make a pan of broth. The member of staff explained every step of the planning, preparation and cooking process to support this person. People told us they were provided with support if they needed this and plans clearly detailed the level of assistance people needed with health and nutrition promotion.

Is the service caring?

Our findings

People shared positive comments about the caring attitude of staff. One person said, "We get lots of help here, the staff are great" Another person said, "When I first came here I struggled to put a sentence together. Staff have helped me so much, they really care, they are always around for me". A third person told us, "The staff are lovely".

We observed staff members treated people with dignity and respect and encouraged them with making independent choices and decisions. Staff told us "It's about respecting people" and "You need to encourage people to be independent".

We observed people asking staff for advice about how to do daily living tasks. Staff responded with patience and kindness. Staff told us they always respected people's right to privacy and were fully aware of how to uphold this. They said they only went into people's flats when invited. Staff acknowledged people and stopped what they were doing when people asked for support.

We asked staff about how they supported people and it was clear that they knew people well. They had a good understanding of how people liked to live their lives, the choices people made and how they liked to interact. Staff were able to tell us about people's hobbies, interests and preferred routines. They told us they enjoyed working with people and said they had developed positive relationships with those who lived at the service.

Staff we spoke with told us how they supported and encouraged people with developing their independence which enabled people to feel valued and included. One staff member told us how they had supported one person to develop and maintain a regular shopping routine. This enabled the person to interact and feel included within the local community and supported the person with leading a healthier lifestyle. This person told us, "They helped me a lot with my independence, they have been really good and I'm doing really well now".

The service supported the ethos of the dignity challenge and has an appointed dignity at work advisor. The dignity challenge aims to contribute to promoting dignity and respect. The challenge involves embedding the 10 key principles across service provision, to ensure people experience dignity and respect in all areas of their care and support. The organisation and the registered manager kept staff up to date with any changes in best practice and shared information regarding national and local initiatives relating to dignity.

We talked to staff about the training they had completed in relation to equality and diversity. One care worker said, "The training was good, it made me think about people and how people have differing needs". The training covered topics that related to culture, sexuality and religion".

We asked staff whether people used advocacy services. They told us people had been supported previously; however, no one was currently using the services of an advocate. Information about advocacy support from external agencies was readily available. An advocate is someone who represents and acts on a person's

behalf, and helps them make decisions.

Is the service responsive?

Our findings

People told us that staff were always available to help them when they needed help. One person told us, "Staff are great here; they help me if I need it". Another person said, "The staff help with anything I want" and "They help me to keep on top of everything".

People who lived in the service were independent and each person had an individual support plan, with clear detail about how they preferred their support to be provided.

People were at the centre of support plan development with plans being focussed around inclusion, recovery and the development of daily living skills. People were provided with a 'support handbook' which informed people about the process. Records demonstrated an on going process of goal planning and review to support people to achieve their planned goals. People told us they were involved with their plan development. One person told us, "I meet with my keyworker and we go through my goals, it's great". Staff talked with us about the support planning process, they said, "It helps us to support people with developing and building upon their confidence. We can clearly see where people are progressing".

Regular evaluations and reviews had been carried out and helped with identifying any changes relating to people's care and support needs. Daily case notes were updated regularly with clearly recorded outcomes linked to each person's planned goals.

Records also provided information relating to people's social preferences, for example, their preferred community links and activities. Some people were supported with educational and voluntary activities to develop their confidence and strengthen their learning and skills. One person told us about the voluntary work they were involved with and told us how much they enjoyed it. Support workers also planned individual and group therapeutic activities to assist people with their recovery goals. For example, there were regular walking groups which people were encouraged to access. Staff told us "We encourage people to take part but sometimes people don't want to; we respect their decision". One person who lived at the service told us, "We have been to York and Whitby. I like to go, but sometimes I don't go as I can't be bothered".

Art therapies were also planned with some people to promote their individual health related needs and their specific recovery goals. People told us they liked to have opportunities to engage in talking and art therapies. One person said, "It's really good, I get time on my own with my key worker and we talk about things. It helps me a lot". Other people told us, "I don't like to go to activities all the time, I like to go out and about on my own, but if I need help I just need to call and the staff are there" and "I prefer to watch television in my flat". The service had a member of staff who was an activities lead. They produced a monthly newsletter to inform people of all planned activities and events in the service and the local area.

Tenants' forums were held for people and items for discussion included the planning and review of activities and events in the local area. People were provided with any updates in relation to the service, for example, any environmental changes, purchases of furniture and repairs. People were also provided with information regarding service user forums and free educational courses. Emergency planning was discussed with

people and the fire brigade had recently attended a tenants' meeting to discuss fire safety. Minutes of tenants' meetings were distributed after every meeting to provide an update for people who may not have been able to attend. Records clearly demonstrated people being actively involved with the running of the service.

A number of awareness raising events were being planned to support the organisation's commitment to promoting inclusion, mental health awareness and supporting people with promoting their health and wellbeing.

The home had a complaints process in place and people said they would tell the managers if they had any concerns. The complaints policy was included within the support handbook which was provided for people when they moved into the service. Information that related to how to make a complaint was also on display in the main foyer. Two complaints had been received by the service since the last time we carried out an inspection in April 2014. Records demonstrated appropriate actions being taken in line with the organisational policy and procedure. People knew how to raise any concerns if they were unhappy about any aspect of their support or the service. Nobody we spoke with had any concerns. One person said, "I have no complaints here".

Is the service well-led?

Our findings

The service had a registered manager in place. 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.

We checked to see that statutory notifications were being submitted to the Care Quality Commission in line with legal requirements. We found that the manager had submitted notifications that related to safeguarding concerns.

Staff working in the service were well motivated and told us that North Ormesby was a great place to work. Staff told us, "I absolutely love my job, it's great" and "I am well supported by the manager and the organisation.

We talked with staff about how the service was managed. One support worker said, "The manager is great, he is very supportive" and "Morale is really good here". Another support worker told us, "If the manager is not on site we can pick up the telephone. There is always someone to talk to when we need support".

The Richmond Fellowship ethos is displayed within literature in the service and states the organisation is committed to the promotion of social inclusion and with supporting people to 'make recovery a reality'. They recognise each person's recovery progress as being at differing levels and strive to ensure support is tailored to support people to meet their individual goals.

The registered manager had systems in place to ensure meetings were held with all staff. These meetings were planned to discuss and share information to support with developing staff practice, skills and knowledge and to update staff regarding any changes relating to the organisation. We reviewed the records and saw topics for discussion included, updates relating to areas of service delivery and working practices, training opportunities, infection control and support and risk planning.

The service had robust quality systems in place to support with developing the service. The quality system included regular audits being undertaken linked to areas which included; support planning, health and safety, medicines and the environment, for example. The provider also carried out monthly management reviews linked to the quality assurance system and these reviews involved gathering the views of people who lived in the service, gathering the views of support staff who worked in the service, and the review of operational systems. This process included action plan development, where an area for improvement was identified and a process of service improvement put in place.

Annual questionnaires were sent out to people to gather their views regarding their experience of services, the environment, involvement and quality of support. Information from these questionnaires had been analysed and shared with people; this helped people to understand what the service was doing well and where improvements were needed. Information from questionnaires was found to be very positive and

included: 94% of people indicating their views were listened and their quality of life had improved; 87% of people saying they were fully involved in the planning of their support; 94 % of people suggesting support staff treated them with dignity and respect and 89% of people stating they were given clear information about the service and the levels of support available. Staff told us the organisation was proactive and always looking to improve.