

National Schizophrenia Fellowship

Devon Enhanced Recovery Service

Inspection report

4 Stewart Gardens
Dawlish
Devon
EX7 0BQ

Tel: 01392218003
Website: www.rethink.org

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

This announced inspection took place on 22 and 26 October 2018. This was the first inspection of the service since it registered with CQC in October 2017.

Devon Enhanced Recovery Service provides a supported living service to people with mental health needs so they can live as independently as possible. At the time of the inspection, the service was supporting seven people living in two shared houses. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

Not everyone using Devon Enhanced Recovery Service receives a regulated activity; CQC only inspects the service being received by people provided with 'personal care' support, that is, help with tasks related to personal hygiene and eating. Where they do, we also take into account any wider social care provided. Two of the seven people using the service were receiving support with their personal care; we therefore only looked at the support these two people received.

The service had a registered manager; however, they were on a period of leave at the time of the inspection. 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. An acting manager had been appointed the week prior to the inspection and they were available on both days we visited.

During the inspection we met with both people receiving personal care support. One person chose to speak with us about their experiences: they said they felt safe and the staff were nice.

The service used a high number of agency staff who were less familiar with people's support needs and who had limited access to people's support records. At times only agency staff were available at the shared house where the two people receiving personal care support lived.

Staff were not always provided with the training and support they needed to undertake their job. Recruitment records had not been fully completed for all staff and it was not possible to ascertain their suitability to work at the service.

We reviewed the documentation used by the service to record people's care needs and any associated risks. We found the records available did not provide staff with a clear description of people's needs or how they should offer support. This meant that staff did not have all the information they needed to support people in a consistent way that promoted their independence: this was particularly important as the service used a high number of agency staff. Risks to people's health, safety and well-being had been identified. However, the information to guide staff about how to support people in a way that minimised these risks was

insufficiently detailed to ensure people were supported as safely as possible.

Important information about how to support one person with their medicines was not included with the medicine administration records. This placed the person at risk of being given medicines when their GP had instructed staff to withhold this if they drank alcohol.

Both people receiving personal care support had long-standing health conditions, including those relating to eating. The support plans to guide staff about how to support people in line with their best interests and in a way that protected their health were either not detailed or not available.

Throughout our inspection we observed people being supported by staff who were respectful and friendly, and who demonstrated their fondness and interest in people. Staff provided people with one to one opportunities to share their views about how they were being supported. However, a formal process for obtaining feedback from people had not been undertaken for some time.

The person we spoke with said they felt comfortable raising concerns or making complaints. All complaints were recorded in people's individual records and reviewed by a manager to try to resolve the matter.

The service was managed from one of the shared houses. However, the office staff had encroached into the shared communal space of this home with information posters and a 'staff only' toilet in the hallway. In the second shared house, the staff sleeping-in room was being used as an office. The supported housing manager confirmed the provider was seeking other office accommodation outside of people's homes.

We identified five breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Risks to people's health, safety and welfare were identified, but management plans were not sufficiently robust to minimise risk.

People were placed at risk of not having their needs understood and met as the service used a high number of agency staff who were reliant upon the records to guide the support they provided.

Staff recruitment practices were not always safe. Records failed to demonstrate that only suitable staff were employed at the service.

People's medicines were not always managed safely, placing people at risk of receiving medicines when they should be withheld.

Requires Improvement ●

Is the service effective?

The service was not always effective.

People and staff were placed at risk as not all staff received the training and support they needed to undertake their role.

People's needs in relation to eating were not being met.

People's rights to make decisions about their care were respected. Where people lacked capacity, staff were not provided with enough guidance to ensure people were supported in line with their best interests.

People had access to community healthcare support.

Requires Improvement ●

Is the service caring?

The service was caring.

People benefited from being supported by staff who were kind and treated people with respect.

Good ●

People's privacy was respected.

People's views on how they wished to be supported were listened to.

Is the service responsive?

The service was not always responsive.

People were placed at risk of not having their needs met in a consistent way as support plans were either not detailed or were not available.

People's progress towards more independent living was impeded by the lack of information and guidance for staff.

People's risk of social isolation was recognised by staff who supported people to overcome this.

People's complaints were documented and actions were taken to resolve matters.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

The service failed to operate effective systems to assess, monitor and improve the service.

People's homes were encroached upon by the service's office staff.

The service met their legal requirements to notify CQC of significant events.

Requires Improvement ●

Devon Enhanced Recovery Service

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 was 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 announced inspection took place on 22 and 26 October 2018. We gave the service two days' notice of the inspection because it is a small service and we needed to be sure the manager, staff and people receiving support would be available for us to speak with.

One adult social care inspector and an expert-by-experience carried out the inspection. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed the information we held about the service, including the notifications we had received. Notifications are changes, events or incidents the provider is legally required to tell us about within required timescales. We also asked the provider to complete a Provider Information Return (PIR). The PIR is information we require providers to send us at least once annually to give us 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.

During our inspection visit we spoke with the acting manager, the service's supported housing manager and five care staff. We met both people receiving personal care support and spoke in detail with one. Two people who were not receiving personal care support wished to speak with us and we gave consideration to their views as their experiences were shared with the other two people receiving support. Following the inspection, we spoke with one healthcare professional.

We reviewed the care records for the two people receiving personal care support. We also reviewed a number of records relating to the running of the service. These included staff recruitment and training records, medicine records and records associated with the provider's quality assurance systems. We used this information to help us make a judgement about the service.

Is the service safe?

Our findings

People could not be assured they would receive consistently safe care and support. We found a number of areas that required improvement. The service was reliant upon a high number of agency staff who were not as knowledgeable about people's care and support needs as the service's staff. People's care records, risk assessments and medicines records were insufficiently detailed to guide staff about how to support people safely. Records relating to staff recruitment were not fully complete, and for some staff not available.

We reviewed the care records for both people receiving personal care support. The service used written and computerised records to document people's care needs. We found neither the written nor the computerised records contained detailed information about how people's mental health needs affected their day to day lives and how staff should provide support. Assessments identified both people were at risk from long standing health related needs and of self-neglect. Neither person's risk assessment guided staff with sufficient detail to enable them to provide safe and consistent support, particularly at times when they engaged in behaviours that increased their risk of harm.

Both people were known to have a history of aggressive behaviour towards others when anxious or distressed. Their risk assessments referred to staff providing support, engagement in activities and to ensure one person took their medication. There was no further guidance for staff about how to respond to each person's potentially aggressive behaviour.

Accidents and incidents of aggressive or self-harm behaviours were recorded in each person's electronic care records. Each record was reviewed by a manager to ascertain the circumstances and to establish if any changes were required to reduce the risk of a reoccurrence. However, when we reviewed the records it was not possible to show they had been analysed for themes or changes in people's well-being. This meant that it was necessary to review each entry to identify how often each person became anxious or distressed, the trigger for the behaviour and whether the action taken to support people was being effective.

One person was receiving support to manage their medicines and we found this was not always done safely. This person was prescribed a number of medicines to support their mental health needs. These medicines required specific precautions if the person drank alcohol. For example, staff told us they had been guided by the person's GP to withhold the evening dose of one of the medicines if the person had been drinking alcohol. However, this information was not included with their medicines administration records. It was held on the computerised system which was not accessible to agency staff. We were told this person drank alcohol every day, but only on five occasions between 1 and 21 October 2018 had the medicine been withheld. This meant this person had received medicine that should have been withheld. Staff said they were concerned about the level of alcohol this person drank and had made a referral to the community mental health team.

Failure to provide clear management plans to mitigate risks and to manage medicines safely is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The acting manager and staff told us the service relied on agency staff to ensure there were sufficient staff available to support people in both shared houses. We reviewed the staff duty rotas for a four-week period. For the shared house, where the two people whose care we reviewed lived, agency staff were required for 26 days of the 28-day period. On several days, we found that only agency staff were on duty for some shifts, including overnight. The acting manager told us agency staff were not able to access the service's computerised records. This meant people were being supported by staff who were not as familiar with their care needs and who were reliant upon incomplete written support plans and risk assessments.

Staff recruitment records were not complete. It was not possible to ascertain if all staff had undergone pre-employment checks, and other ongoing checks, to ensure they were, and remained, suitable to work at the service. We reviewed the staff files for three staff. Only one of these contained information about the pre-employment checks and references obtained prior to the member of staff commencing work at the service. One member of staff had no recruitment records. Another had a disclosure and barring check (police check) from 2013 and other than references from their previous employer, no other records relating to their application. For a fourth member of staff, newly employed at the service, the acting manager was unable to find a staff file.

This is a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During the inspection we met with the two people who were receiving the regulated activity of personal care. Both were invited to share with us their views about the support they received, and one person agreed to do this. They told us they felt safe and well supported; they said, "I feel safe, staff are nice."

Staff told us they had received safeguarding training and felt confident about raising concerns over people's safety and welfare. Those staff we spoke with were knowledgeable about people's support needs and said they would know if something was wrong. Information about how to report a concern was available in the office. Records showed the provider took seriously concerns raised with them and action had been taken to investigate and resolve issues. Staff met with people regularly to speak to them about the support they received and to discuss with them about keeping safe.

Is the service effective?

Our findings

Both people whose care we reviewed had needs in relation their diet. Staff told us how they encouraged them to make healthier choices when shopping and preparing their meals, but that often they made unhealthy choices. One person had been assessed as not having capacity to make choices about what they should eat. Their support plan guided staff to "monitor and support [name] with healthy eating, especially on shopping trips" and to "prompt exercise and healthy eating." There was no information for staff about how to support this person to increase their exercise and improve their diet, such as reference to specific guidance, the involvement of a dietician, or explore ways of presenting preferred foods in a healthier way. For the other person requiring support, staff were unable to find their support plan. It was therefore not possible for staff, including agency staff, to be able to support these two people in a consistent way.

Failure to provide care and treatment that is appropriate to meet people's needs is a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not all staff had received the training they required to be able to support people effectively. The service used both Elearning and face to face learning to support staff to develop their knowledge and skills. Some staff told us they had received very good support with training, and had been able to attend a number of training courses, specifically about people's mental health needs, while other staff told us they had received very little training. An internal audit, dated 10 October 2018, showed 10 of the service's regular 13 staff required either training or updates in mental health awareness and eight required training in the Mental Capacity Act 2005.

Newly employed staff were provided with an induction to the service. This included a period of time to work alongside an experienced member of staff, before working unsupervised as well as attending a number of training events. One member of staff told us they had received a very good induction and had attended a variety of training events to develop their understanding of people's needs. We saw from their records they had received supervision during their probationary period to assess their skills, knowledge and competence. However, another member of staff, employed for nearly four months, had not completed their induction training. They told us they had received little information about people's mental health needs and were learning from other staff. No records were available to indicate this member of staff had received formal supervision through their probationary period or had their skills or knowledge reviewed by a member of the management team prior to working unsupervised.

This is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff new to care were supported to undertake the Care Certificate. This is an identified set of standards that care workers use in their daily work to enable them to provide compassionate, safe and high-quality care and support. Staff are also given an employee induction workbook, providing them with important information about the service and identifying the need to undertake mandatory training.

The acting manager and supported housing manager had identified training as an area that required improvement. They were in the process of identifying staff's training needs, reviewing when training events were available and identifying time for staff to complete Elearning.

People had access to community healthcare facilities if they needed them, with staff support if required. Staff advised people about when they should seek support from, for example, a podiatrist for nail cutting and a dentist for dental care. Records showed that one person regularly attended their GP surgery for health checks.

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 MCA requires that as far as possible people make their own judgements and are helped to do so when needed. Where people lack mental capacity to make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

Both people whose care we reviewed had diagnosed mental health needs and were being supported by a community mental health nurse. The nurse had assessed each person as lacking capacity to make decisions about managing their long-term health conditions. However, their support records did not provide staff with sufficient guidance about how to support each person in a way that met their best interests. Staff told us people could make day to day decisions about how they wished to spend their time and how they wished to be supported. Staff had a good understanding of protecting people's rights and recognised the balance between exercising their rights and making decisions that might place them at risk of harm. During our inspection we saw staff speaking respectfully to people and gaining their consent before offering support. People's consent was gained for us to visit them in their own home.

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. Where people live in their own homes, applications to deprive a person of their liberty must be authorised by the Court of Protection. Neither person we reviewed were subjected to any restrictions upon their liberty.

Is the service caring?

Our findings

Throughout our inspection we saw staff interact with people in a kind and respectful way. The person we spoke to told us they liked the staff and they were happy living with the support they received. The person who did not wish to speak with us, smiled at the staff and gave us a 'thumbs up' sign when we explained the purpose of our visit. This person continued to smile at us and to sign that they were happy.

Staff told us how much they enjoyed working for the service. One said, "I love it here" and another said, "I really enjoy it. I have a great sense of satisfaction with the relationship I've built up with [name]." The majority of staff worked between the two shared houses and as such they knew people well. Care records included information about people's past social and medical history to enable staff to have an understanding of their experiences.

We observed gentle banter and laughter between people and staff. People were consulted throughout the inspection and their opinion sought about how to spend the day. People's privacy was respected and we observed staff knocking on people's doors and waiting for a response before entering.

People were invited to share their views about how they wished to be supported. One person confirmed they were aware of their support plan, saying "I do some of the things on there but not all." Support was flexible dependent upon people's wishes and their plans for the day. Both people were supported with one to one staff time and this was agreed with them when they would like this. Regular keyworker meetings allowed people and staff to explore the effectiveness of the support and to make suggestions for improvements. Records were kept confidentially.

Staff told us they felt people were respected and not discriminated against due to their mental health needs or other protected characteristics, such as sexuality and culture. Staff's described people with affection and showed a genuine interest in people: their well-being was very important to staff.

Is the service responsive?

Our findings

In the service's Statement of Purpose, (the document that sets out what the provider aims to achieve for the people they are supporting), the provider states people will receive person-centred care that promotes their autonomy and supports them to live as independently as possible. Staff demonstrated this aim in the manner in which they described people and the support they offered. However, people's support records did not provide staff with information about how each person's mental health needs effected their day to day lives. Staff were not provided with the guidance and information they needed to support people in a way that protected their safety, provided consistency and promoted their independence.

For example, one person's support plan in relation to meal planning, stated they were able to do this. However, other care records, including a mental capacity assessment, and information provided by staff, indicated this person did not have capacity to plan meals and would eat excessively if not supported. Their support plan stated they were having difficulty walking due to their size. However, there was no further guidance for staff about how to support this person with weight management.

Both people whose care we reviewed were described by staff as being at risk of self-neglect as they would not attend to their personal hygiene or change their clothes if not promoted by staff to do so. The one support plan that was available did not describe this and the guidance for staff stated to "prompt" the person and to make sure clean clothes and bedding were available. For the person without a support plan, their risk assessment referred to their self-neglect, stating "washes rarely". The actions to minimise this risk were recorded as "[name] is reminded to wash and change his clothes on a daily basis." There was no guidance for staff about how to support both these people to wash, what was their preferred way to attend to their personal hygiene, such as a bath or a shower, or what to do if they had not washed for several days.

Lack of clear guidance and support, particularly as the service used a high number of agency staff, placed people at risk of not having their needs met which might lead to a deterioration in their mental and physical health. Not having a consistent level of support to enable people to develop their skills impedes their progress towards more independent living.

This is a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were at risk of social isolation and loneliness due to their mental health needs. Staff recognised this increased if they were unkempt or had a strong body odour. Staff recognised the importance of supporting people and had individually developed ways of talking to each person to discuss this and to encourage them to wash and change their clothes. A healthcare professional told us they had seen improvements in people's well-being since they had been receiving support from the service.

People were encouraged to follow their interests. One person had an interest in trains and the staff told us they were supporting them to convert the garage into an area they could use to set up a model railway. People independently went into the community and staff told us of the progress one person had made to

use the local taxi service to enable them to be more independent.

Staff told us people were encouraged to raise concerns or make complaints in a variety of ways; at the house meetings, through comment cards and directly to the staff or registered manager. Complaints were recorded onto the computerised system and reviewed by a manager. The one person who shared their views with us, told us they would feel comfortable raising a complaint with the staff: they said, "I would talk to the support staff." In the Provider Information Return (PIR), the registered manager had reported the service had had received 14 complaints in the previous 12 months, which were in relation to the complexities of living in a shared house and the relationships between people.

Is the service well-led?

Our findings

The service did not have effective systems in place to ensure people received support that minimised risk and met their needs in a consistent way. Improvements were required in recruitment processes and the training and support provided for staff. Care records lacked clear descriptions about people's mental and physical health needs and guidance for staff was unclear.

The supported housing manager explained the service used internal audits to assess the safety and quality of the service. However, except for an audit in relation to medicines management, no records could be found. The medicine audit, which was due to be completed monthly by the registered manager had not been completed since February 2018.

In the PIR, the registered manager stated 'Service Satisfaction Surveys' were used every 3 months to obtain people's views. However, the acting manager was unable to find the results of these. An audit undertaken by a representative of the provider in March 2018 found improvements were needed in a number of areas, including how the service promoted people's independence with goals setting and sought people's feedback. The supported housing manager confirmed that annual surveys were used to seek people's feedback, however, there had been a delay in sending the surveys for this year.

Failure to operate effective systems and processes to assess, monitor and improve the service is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service had a registered manager who, at the time of the inspection, was taking a period of leave. An acting manager had been appointed the week prior to the inspection. They were supported by two team leaders who had management responsibilities to support people and staff in both shared houses. Staff told us they felt supported by the newly appointed manager but some said that in the past they had not felt as supported as they would have liked. For example, they felt there were inconsistencies in approach when supporting people who challenged the service. We found that staff supervision had not always been carried out routinely. We passed this information onto the acting manager.

The service was managed from one of the shared houses. However, the office staff had encroached into the people's communal space. In one shared house, information posters were on display in the hallway and a toilet had been designated 'staff only'. In the second house, the staff sleeping-in room was being used as an office. Important information about people was being stored in the offices rather than being kept by people in their private rooms. The supported housing manager acknowledged this gave the impression the service was being managed as a care home rather than a supported living service providing a service to people in their own homes. The supported housing manager confirmed other office accommodation outside of people's homes was being sought.

The service has been meeting its responsibility to provide CQC with important information about events which they are required to do so by law.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	<p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>The service failed to ensure it provided care and treatment that was appropriate to meet people's care needs.</p> <p>Regulation 9 (1)(3)(b)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>People who use services were not protected against the risks associated with their mental health and physical health care needs.</p> <p>People's medicines were not managed safely.</p> <p>Regulation 12 (1) (2)(a)(b)(g)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The service failed to operate effective systems to assess, monitor and improve the service.</p> <p>The service failed to maintain accurate, complete and contemporaneous records in relation to each person receiving a service.</p> <p>The service failed to assess, monitor and mitigate risks to people's health, safety and welfare.</p>

Regulation 17 (1)(2)(a)(b)(c)

Regulated activity	Regulation
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Personal care	
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Regulated activity	Regulation
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	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed
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	The service did not have a robust recruitment process to ensure only suitable staff were employed.
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	Regulation 19(1)(a)(b)(c)(2)(a)
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Regulated activity	Regulation
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Personal care	
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Regulated activity	Regulation
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	Regulation 18 HSCA RA Regulations 2014 Staffing
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	Staff were not provided with the training and support they needed to undertake their role.
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	Regulation 18 (2)(a)
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