

# Together for Mental Wellbeing

# Together Nest Lane

## Inspection report

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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?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

### Overall summary

The inspection took place on 17 November 2015 and was unannounced.

Together Nest Lane provides accommodation and personal care for up to eight people with complex mental health needs. At the time of our inspection, the service was providing support to three people. The service opened in March 2015.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

registered providers, they are 'registered persons'.

Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People felt safe. Staff had an understanding of abuse and the safeguarding procedures that should be followed to report abuse and people had risk assessments in place to enable them to be as independent as possible.

Effective recruitment processes were in place and followed by the service and there were sufficient numbers of staff available to meet people's care and support needs

# Summary of findings

Medicines were stored, handled and administered safely within the service.

Staff members had induction training when joining the service, as well as regular on going training.

Staff were well supported by the registered manager and had regular one to one supervisions.

People's consent was gained before any care was provided and the requirements of the Mental Capacity Act 2005 were met.

People were able to choose the food and drink they wanted and staff supported people with this.

People were supported to access health appointments when necessary.

Staff supported people in a caring manner. They knew the people they were supporting well and understood their requirements for care.

People were involved in their own care planning and were able to contribute to the way in which they were supported.

People's privacy and dignity was maintained at all times.

People were encouraged to take part in a range of activities and social interests of their choice.

The service had a complaints procedure in place and people knew how to use it.

Quality monitoring systems and processes were used effectively to drive future improvement and identify where action was needed

# Summary of findings

## 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 safe.

Staff were knowledgeable about protecting people from harm and abuse.

There were enough trained staff to support people with their needs.

Staff had been recruited using a robust recruitment process.

Systems were in place for the safe management of medicines.

Good



### Is the service effective?

The service was effective.

Staff had attended a variety of training to keep their skills up to date and were supported with regular supervision.

People could make choices about their food and drink and were provided with support if required.

People had access to health care professionals to ensure they received effective care or treatment.

Good



### Is the service caring?

The service was caring.

Staff treated people with kindness and compassion.

People were treated with dignity and respect, and had the privacy they required.

Good



### Is the service responsive?

The service was responsive.

People were able to make decisions about their daily activities.

Care and support plans were personalised and reflected people's individual requirements.

People were involved in decisions regarding their care and support needs.

There was a complaints system in place, of which people using the service were aware of.

Good



### Is the service well-led?

The service was well led.

People knew the registered manager and were able to see her when required.

People were asked for feedback on the service they received. Systems were in place to respond to feedback appropriately..

Quality monitoring systems were in place.

Good



# Together Nest Lane

## 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.

This inspection took place on 17/11/2015 and was unannounced.

The inspection was carried out by one inspector

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 also reviewed the information we held about the

service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law.

During our inspection, we made observations on how well the staff interacted with the people who use the service.

We spoke with one person who used the service, one support worker, one occupational therapist, one agency support worker, the registered manager for the service, as well as two other managers from the company who were providing temporary support in the setting up of the service as it had opened in March 2015.

We reviewed three people's care records to ensure they were reflective of their needs, three medication records, three staff files, and other documents, including quality audits.

# Is the service safe?

## Our findings

People told us they felt safe. One person said, “I do feel safe here, It’s a good place to be.”

The staff we spoke with all had a good understanding of the signs of abuse and how to report it. One staff member said, “We keep people safe here. If I thought someone was being abused, I would make sure they were as safe as possible, contact my manager or higher if necessary, like the police or the local council.” Another staff member told us, “A big part of keeping people safe is recording everything properly, like incidents or concerns, so we can refer back to the details and learn from it.” Staff told us that the manager would act appropriately to address any issues they identified. We found that the service had policies and procedure in place to protect people from harm or abuse and the staff worked in line with these procedures.

We saw training records that confirmed all staff had undertaken safeguarding training. Usefull telephone numbers including some relating to safeguarding were displayed on a notice board for everyone to access.

People had risk management plans in place to promote and protect their safety. One person told us, “I have risk assessments in place and the staff follow them well.” A staff member told us, “We meet with residents on a one to one every month. We go through risk assessments together and talk about how they are working and what needs changing.” Another staff member said, “The people we support are very independent, so the risk assessments are focussed on the individuals mental health needs and emotional support. Assessments we saw contained detailed information on how to communicate and respond to an individual when their mental health had deteriorated. They gave clear guidance for staff to recognise signs that an individual was anxious or upset, any triggers to such occurences, and how best to support the individual through it. We saw that one individual had a traffic light system that simplified the triggers, signs, and responses into green, amber and red categories. The assesments contained information on self harm, aggression, self neglect, substance mis-use and social and environmental risks.

We saw that individuals had agreed and signed risk assessments within their files, and staff members had signed them once they were read.

People told us there were enough staff on duty. One person told us, “Staffing levels are fine here, there is always someone to talk to if I need to.” A staff member told us, “There are always enough staff on shift. We use agency staff and the managers will also work as support workers when needed.” The registered manager confirmed that agency staff were used within the service, and that they were interviewed before starting work to make sure they were suitable for the service.

On the day of inspection, our observations confirmed that the number of staff on duty was sufficient to support people safely. The staff on shift included senior staff that were covering shifts as well as an agency member of staff. Records showed that staffing levels were consistent and that an extra shift had recently been created every day to address the changing needs of a person using the service.

Staff told us that the recruitment processes they went through included a Disclosure and Barring Service check (DBS) and two references sought. One staff member said, “We couldn’t start until all the checks were complete.” The manager confirmed that no new staff member could start working until the checks had been completed. We looked at staff files and found evidence that DBS checks and references had been completed.

People were supported to take their medicines safely. One person told us, “The staff dispense my medication in a secure room before I enter it. Its done this way because of the risks that I present when around medication. I agreed to it being done this way and it is in my risk assessment.” The registered manager told us that all staff were vigilant when dispensing medication due to the risks involved with the people using the service. We observed medication being given to a person during our inspection and saw that the guidelines within their risk assessment were followed accurately. We saw that medication was stored safely in a locked cabinet, within a locked room. We saw plans that the service had to purchase much larger medication cabinets to enable them to safely store medication for a higher number of residents in the future. We looked at Medication Administration Record (MAR) charts and noted that they had been filled in correctly. We saw that systems were in place to monitor stock and dispose of any medication. We saw that people had guidelines within care plans around the administration of medication. Training records showed us that staff had undertaken medication training.

# Is the service effective?

## Our findings

People received care that was given by staff that had appropriate training to meet people's needs.

One person told us, "The staff are all trained well, they do a good job." Our observations confirmed that staff used their knowledge to deliver care appropriately, for example, we observed staff respond to an individual's health needs by recognising signs that they needed to take medication for some breathing difficulties they were having.

All staff had received an induction before starting work within the service. One staff member said, "I went through an e-learning package and had to cover all the mandatory training like safeguarding, health and safety, manual handling, equality and diversity, mental capacity act training, fire awareness and medication administration. I was then able to go through all the necessary files and shadow people working with the individuals who live here." An agency staff member told us, "Even as an agency member of staff, I have been given the time to shadow and observe people. This really helps the people we work with get used to me being around and supporting them." The staff we spoke with thought that their induction was a useful process and helped them learn how to work with individuals, one staff member told us, "The training was really interesting, it helped with the actual hands on work that we do."

The registered manager told us, "Each staff member has a development planner which is reviewed during supervisions. We also have medication competency assessments which are reviewed regularly." We saw evidence that staff development and training was being tracked and that necessary induction and mandatory training had taken place.

The registered manager told us, "The staff receive specialist training as well as mandatory that meets the needs of the service user group." A staff member told us that they were able to build on their knowledge with extra training courses, they said, "We do Reinforce Appropriate, Implode Disruptive training here (R.A.I.D) which focusses on supporting individuals who display extreme behaviours." Training records showed us that staff had taken part in this training.

Staff told us that they felt well supported by the registered manager and that they had supervisions regularly. A staff

member said, "I can have one to ones whenever I like, and supervisions are completed monthly". We saw evidence within staff files that people were receiving regular supervisions that covered a range of topics about the service and the people they were supporting.

One person told us, "They are looking to have an in house Psychologist which I think will be helpful to us all." The registered manager told us, "We are currently recruiting for a Psychologist who will provide psychological input for service users and supervision, training and ongoing support for staff. We are also recruiting a peer support consultant to develop peer support within the service."

People told us that staff always gained their consent before providing any care. One person said, "My room is my own private space and that is respected. Staff will always check with me first before doing anything." A staff member told us, "We always knock on a person's door before entering, and we are always talking to people, making sure they are happy with what's going on."

We saw that the staff on duty were mindful of gaining consent from people around their support, for example, checking whether a person was ready to take medication during the morning."

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA). One person told us, "The staff know that if I don't want to do something, then that's my choice. An ambulance was called a while back, and I didn't want to get in it, they respect that." A staff member told us, "The people who live here are all very independent and able to make decisions for themselves. We understand that a person's capacity can change though, so we would need to hold a best interest meeting if we felt that was the case." 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. We found records to show that the staff members had received training on MCA.

People told us that they enjoyed the food they had within the service. One person said, "We have a budget for a personal shop, so we have our own food which we cook

## Is the service effective?

ourselves. Support is available if we need it.” A staff member said, “Our main job with food here is encouraging people to eat healthy foods and try to not miss meals. We will try and eat breakfast and lunch with people to create a comfortable atmosphere to eat in.” During our inspection, we saw a person cook their own lunch in the kitchen. Staff were present and interacting with the person about their food in a positive way, for example saying, “Wow that smells nice, what are you making.” We saw that people had their own spaces in the fridge and cupboards to store the food that they had bought.

People were regularly attending medical appointments to ensure their needs were being met. One person told us “If I

need someone to go with me then I can ask, or I can just go by myself.” A staff member we spoke with said, “We encourage and support people to access health appointments. We were regularly attending accident and emergency with an individual who needed to go. We have stopped going with them now as it is actually more beneficial for them to go by themselves. We make sure they can get there and back though and keep in contact with them.” Another staff member said, “we have a good relationship with medical professionals like G.P’s and nurses.” We saw that people had various medical appointment letters within their files.

# Is the service caring?

## Our findings

People were happy with the care they received. One person told us, “The staff are nice here, their heart is in the right place.” A staff member told us, “We try and build positive relationships with people here.” Another staff member told us, “We are really proud of [persons name], they have been in hospitals for many years, this is the first time they have been outside of that environment, we have built a good relationship with them and hope for it to continue.” We observed that staff on shift were interacting with people in a caring and thoughtful manner. For example, staff were laughing and joking with a person about a baking session they had done a few days previously. The person recalled how much they liked the session and were interacting with staff in a positive way.

During our inspection, we also saw that one person began to feel unwell. Staff immediately comforted the person and checked whether they were in need of any medication. Staff continued to check with the person and presented with a caring and comforting manner. There was a homely and welcoming atmosphere within the service which was a result of positive staff attitudes and approaches to people.

The staff were knowledgeable about the people they were supporting and were able to explain peoples backgrounds, needs and preferences. One staff member told us, “We care a lot about the people we support. We all do a good job in recognising all the specific ways that people like to be supported.” We saw that people had care plans that were individualised and promoted a caring approach from the staff.

People felt involved and supported in planning and making decisions about their care. One person told us, “I go through everything with staff, its not like when I was in hospital. I get to meet weekly with my keyworker if I want to, to go over what I have planned for the week.” A staff member told us, “We have keyworker responsibilities. We meet with people regularly and involve them in decision

making around their care and document it all in a ‘hows it going’ meeting. We talk about progress to independence and make actions with people.” We observed staff interacting with people and offering choice. For example, a person was being asked by staff what they wanted to do that day, the person had chosen to go out by herself, staff responded positively and encouraged their choice. We saw evidence within peoples files that showed meeting took place with staff to discuss their care and progress.

The registered manager told us, “We have information about advocacy services available for people to access, but nobody has chosen to use them yet.”

People told us that their privacy and dignity was respected. One person said, “Staff always knock before coming in to my room.” A staff member said, “One service user told us that they could hear us talking about another person during a staff handover even though the door was closed. We responded to this by apologising and moving our handover meetings to a more private space in the house.” We saw that staff were respectful of peoples privacy and dignity during the administration of medication. All staff were asked to leave the office where the medication was due to be administered as that was the preference of the service user. At one point, a person needed to use nebuliser machine to help with breathing difficulties. The person was offered a private space to sit and use the machine if they wanted to.

The registered manager told us that plans were in place to have a staff dignity champion, who would promote dignity within the staff team and share best practice.

People told us that relatives and friends could visit whenever they liked. One person told us, “My family come and visit me and I go and stay with my sister quite often as they are local.” A staff member told us, “It’s important that people build on their family relationships where possible as it’ll help with their future independence.” We saw that people had their own rooms with en-suite facilities as well as several communal areas within the house.



# Is the service responsive?

## Our findings

People told us they received care that met their needs. One person said, “The staff are good, they know how I like to be supported, when I need help, and when I want to be left alone. I meet up with my keyworker and the manager once a month to go over all my care plans and risk assessments. I have had things changed as I wanted.” Staff told us that people had personalised activity plans to suit their preferences and build upon their independence. We saw that staff were able to follow guidelines that were within one person's care plan around how to respond to them when they were becoming upset. We saw staff members talking to an individual in a quiet space and calm manner in an attempt to resolve the person's problems. We saw evidence in people's files that they had personalised plans and had contributed towards putting them together.

People told us that they felt encouraged to take part in social activities and opportunities. One person said, “The staff try and find out about my interests, and then encourage me to go and do things around that. I have had help to try and enrol on a course recently, and I'm also planning a trip to go and stay with a friend of mine.” A staff member told us, “We have recently had a charity coffee morning at the house where people got to invite friends round to raise money for charity.” Another staff member told us, “We try and be as person centred as possible and

find out what people like. We want to focus on recovery and building independence for people.” The care plans that we looked at contained personalised information and approaches for staff to follow.

People felt that they were given the time they need to speak with staff if they needed to. One person told us, “There is plenty of chances to talk to someone if I need to. I have regular meetings with keyworkers and management to go over everything.” A staff member told us, “We make sure that people have opportunities to talk and let us know how they are getting on.” We saw that people were able to talk with staff if they needed to and we saw evidence of recorded meetings with staff.

People we spoke with were aware of the formal complaints procedure in the home, and told us they would tell a member of staff if they had anything to complain about. One person told us that they had not made any formal complaints but would do so if needed, “I would complain to staff formally if I wanted to. I know who the managers and directors are as well and I know how to get them involved. It's a good structure here, I know who is who.” We saw there was an effective complaints system in place that would enable responses and improvements to be made and recorded. The service had been open for under a year and had not received any formal complaints. Copies of the complaints policy were placed on a notice board at the home, and we saw evidence that people were shown the policy and had signed it as understood within their files.

# Is the service well-led?

## Our findings

People and staff told us that they thought the management of the service was good. One person said, “The managers are all approachable and they help out and work with me when they are short staffed.” A staff member told us, “The manager is very supportive, I had a tough shift the other day and was able to sit down with management which really helped me process things.” Another staff member told us, “The manager is supportive, even through a tough time that I had personally.” During the inspection, we saw that the manager interacted well with staff and gave protected time for staff to handover information to one-another whilst changing shifts.

People were actively involved in the development of the service. One person told us, “I get to Interview new staff before they are hired, it’s great, it gets me involved with the company.” A staff member told us, “it’s a valuable addition to interviews to get the opinions of the people that live here.”

We saw that staff could respond to people’s needs in a proactive and planned way and worked well as a team providing care in a structured and caring manner. The staff told us the positive leadership at the service encouraged an open culture. They also said the training and support they received ensured they were fully aware of their roles and responsibilities. The staff did not have any issues or concerns about how the service was being run and were positive describing ways in which they hoped to improve the delivery of care in the future, for example, with the new recruitments to the service being filled, which would offer different types of in house support for people.

A staff member told us, “A trip was arranged to the head office so that the people we support could look around and

ask any questions about the company.” We saw that the service had displayed their core principles for all staff and residents to see. This contained the companies statement of intent around peoples wellbeing, having a whole person approach, communication, rights and positive thinking.

Open communication was encouraged within the service . One person told us, “We have residents meetings once a month. We talk about things like health and safety, house rules, safeguarding and activities. Staff told us that they also had a separate team meeting which covered a range of topics about the service and updates on people who use the service. We saw evidence of minutes from both meetings that showed us the topics discussed and any actions created from the discussions.

The service had robust records and data management systems. For example, we were shown an online system for recording accidents and incidents that all the staff could access. This system enabled appropriate responses to be triggered dependent on the level of the incident or accident. A staff member told us, “Once the information has been recorded into the system, it gets reviewed by management who can then respond appropriately.” The registered manager told us, “We also have two on call services for when a manager is not on site. One goes to a manager locally and one goes to the head office. Staff we spoke with were aware of the on call system and how to use it.

We saw that the service had carried out quality audits in areas such as medication files, risk assessments and health and safety. Quality questionnaires had been completed by the people who use the service. No negative comments had been received but systems were in place to continually review quality and record and respond appropriately to anything raised.