

Rochdale Metropolitan Borough Council

Greave Project

Inspection report

Greave House
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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This was an announced inspection which took place on 24 February 2016. We had previously carried out an inspection in July 2013. That inspection was to check whether the provider had made required improvements to the service. We found the service to be meeting the regulation we reviewed at that time.

Greave Project is based at Greave House and provides residential crisis and respite services for up to three people aged 18 and over who have a serious or enduring mental health problem. The service is available 24 hours a day. At the time of our inspection there were no people using the service.

The provider had a registered manager in place as required under the conditions of their registration with the Care Quality Commission. 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.

Staff had received training in safeguarding adults and children. They were able to tell us of the action they had taken to protect people who used the service from the risk of abuse. They told us they would also be confident to use the whistleblowing procedure in the service report any poor practice they might observe. They told us they were certain any concerns would be taken seriously by the registered manager.

Systems were in place to ensure staff were safely recruited although we noted the provider's recruitment policy needed to be updated. There were a minimum of two staff on duty at any one time, one of whom was the identified crisis worker; this helped to provide consistency of care and support for people who accessed the service. However one of the four people we spoke with told us they considered staff now had additional responsibilities which mean they were less available to provide informal support. Staff demonstrated a commitment to providing high quality personalised care for the individuals who accessed the service. People were also supported to be as independent as possible and to carry on with their normal daily routines during their stay in the service.

Some improvements needed to be made to the way medicines were managed and recorded. People were encouraged to take responsibility for their own medicines whenever possible.

Regular checks took place to ensure the safety of the environment. Although we had no concerns regarding the cleanliness of the service, we noted the provider had not completed an infection control audit since the local authority conducted their audit in February 2015. The registered manager told us this audit process would be introduced as soon as possible.

Staff told us they received the training and supervision they needed to be able to carry out their roles effectively. Staff were able to demonstrate an excellent understanding of both the Mental Capacity Act (MCA) 2005 and the Mental Health Act. We saw that arrangements were in place to ensure people who accessed

the service were in agreement with the support provided.

Staff we spoke with told us they enjoyed working in the service and felt valued by both colleagues and the registered manager. Staff felt able to raise any issues of concern or make suggestions to improve the service in supervision and staff meetings.

Care records we reviewed included information about the risks people might experience. People were assisted to develop support plans to manage the identified risks. People who had accessed the service told us staff provided the right level of support to meet their needs.

Food was not provided in the service. However staff would support people to access emergency food supplies when necessary. Staff told us they would try and encourage people to make health choices in relation to the food they bought.

People who accessed the service were asked to provide feedback on the support they had received during their admission. This feedback was discussed within the staff team in order to continue to improve people's experience of the service. Staff demonstrated a willingness to learn from any complaints people had made.

Quality assurance systems were in place including regular audits and checks completed by the registered manager. We found that the registered manager demonstrated a commitment to continuing to drive forward improvements in the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The service was not always safe.

Improvements needed to be made to ensure the safe handling of medicines.

Staff had been safely recruited. People told us there were generally enough staff available to provide the support they needed. One person told us they thought the additional responsibilities placed on staff meant they were not always as flexible as they had been in meeting their needs.

Staff had received training in safeguarding adults and children. They demonstrated a commitment to ensuring people were safe when accessing the service.

People's care records included information about any risks individuals might experience and the support they wanted from staff to manage these risks.

Is the service effective?

Good 

The service was effective.

Staff received the supervision and training they required to be able to deliver effective care and support.

Staff had received training in the Mental Capacity Act 2005. Staff told us how they supported people to make their own decisions and choices.

Where necessary people received the support they required to help ensure their health and nutritional needs were met.

Is the service caring?

Good 

The service was caring.

People who had accessed the service told us staff were kind, caring and supportive.

Staff demonstrated a commitment to providing high quality

support and care. People told us staff would support them to maintain their daily routines and independence as much as possible.

Is the service responsive?

Good ●

The service was responsive.

Arrangements were in place to help ensure people received individualised care to meet their diverse needs.

People who used the service and referring professionals were involved in reviewing the support provided in Greave Project. This helped to ensure it was responsive to people's changing needs.

People were encouraged to provide feedback on the service they received. Any complaints were taken seriously and used to continue to drive forward improvements in the service.

Is the service well-led?

Good ●

The service was well-led.

The service had a manager who was registered with the Care Quality Commission and was qualified to undertake the role. They demonstrated a commitment to ensuring people's experience of the service was positive.

Staff told us they enjoyed working in the service and felt well supported by their colleagues and the registered manager.

Quality assurance systems in place were used to drive forward improvements in the service.

Greave Project

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.

The provider was given 24 hours' notice of our inspection. This was because we needed to be sure the registered manager and staff would be available to speak with us. Due to the small size of the service the inspection team consisted of one adult social care inspector.

Before the inspection we reviewed the information we held about the service including the last inspection report, notifications the provider had made to us and the provider information return (PIR); this is a document that asks the provider to give us some key information about the service, what the service does well and any improvements they are planning to make. We also spoke with the local authority contract monitoring team.

In order to gather the views of people who used the service, we spoke on the telephone with three people who had recently accessed the service. In addition we spoke with one person who had previously used the service and visited the office during the course of the inspection. We also spoke with the registered manager, a team leader and a support worker. Following the inspection we spoke by telephone with a professional who had supported people to access the service.

We looked at the care and medication records for three people who had accessed the service. We also looked at a range of records relating to how the service was managed; these included four staff personnel files, staff training records and policies and procedures.

Is the service safe?

Our findings

People told us they had always felt safe when accessing the service at Greave Project. Comments people made to us included, "I definitely felt safe. I had my own key to my flat", "I felt safe when I was there. I could talk to staff and rely on them" and "You feel safe because staff are so welcoming. I feel I can trust them. I can go to them when I feel unwell." The professional we spoke with following the inspection told us, "Absolutely people are safe when they access the service. There is a certain level of risk which staff always manage appropriately."

We asked staff how they ensured people were kept safe when they accessed the service. Staff told us they always asked the professional who made the referral to the service to complete a risk assessment; this document identified areas of concern and the support a person might need to ensure their safety and well-being during their stay. On admission staff also completed risk management plans. These plans identified any potential factors which might affect a person's safety, including the risks of deteriorating mental health or domestic abuse. Staff also documented the support the individual felt they needed to manage the identified risks. One staff member told us, "Our biggest concern is always whether we can manage the risks and safeguard others. Where necessary we make the decision as a team. Everyone is trained to know what level of risk we can manage." Staff also demonstrated a commitment to helping people take positive risks for the benefit of their health and well-being. One staff member commented, "I support people to achieve personal goals and take acceptable risks without judging them for their choices."

Records we reviewed showed all staff had completed training in safeguarding adults and children. Staff had access to the local authority's multi-agency safeguarding policy and procedure. Staff were able to tell us the correct procedure to follow should they witness or suspect abuse, including contacting local authority safeguarding teams for adults and, where necessary, children. Staff told us they would feel confident to report any poor practice they observed using the whistle blowing policy. However, we noted this policy did not advise staff that they could contact the Care Quality Commission if their concerns were not taken seriously or acted upon by the provider. We saw that staff in the service also had access to a 'Safeguarding Matters' newsletter produced by the local authority.

We noted that procedures were in place to ensure staff were aware of all people who entered the building in which the service was located; this helped to ensure the safety of staff and people who used the service.

We looked at the systems in place to ensure staff were safely recruited. When we reviewed the provider's recruitment policy we noted it did not meet the requirements of the current regulations. This was because it did not make clear that additional checks were required when staff were recruited to work with vulnerable adults as well as children. The registered manager told us they had contacted the provider's Human Resources Department in the past to highlight the fact that the recruitment policy needed to be updated. They told us they had not had any response to this contact but would again raise the matter with the relevant managers.

We noted that all except one member of the staff team had been in post for many years. We therefore

checked the recruitment records held for this most recently appointed staff member. We noted the personnel file contained an application form that documented a full employment history, a job description and two professional references. We also saw that the provider had carried out a check with the Disclosure and Barring Service (DBS). The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant. These pre-employment checks should help protect people from the risk of unsuitable staff.

We asked people who had accessed the service about staffing levels. Three of the four people we spoke with told us staff had always been available to speak with them when they had stayed in the service. Comments these people made to us included, "Staff are always there when you need to talk to them" and "There were always enough staff on." In contrast another person told us they felt staff had been less available on their most recent stay in the service and that they had not always had time to sit and chat informally. However this person also told us they did not feel this had had a negative impact on their well-being during their stay in the service. They told us they understood staff had paperwork to complete and they had always been able to access agreed formal one to one sessions with staff.

The registered manager told us they were aware that some people had found staff in the service were increasingly busy, particularly due to the demands of responding to people who used the crisis telephone service. They told us they were continuing to gather feedback from people and would use this to inform discussions with the organisations responsible for commissioning the service. The professional we spoke with following the inspection told us, "The staffing levels in the service are fine; they do not compromise the care and support people receive."

We looked at the staff rota and saw there were always two staff on duty in the service, including an identified crisis worker. We asked the registered manager how they managed staff absence in the service. They informed us that the staff team at Greave Project had been extremely stable for a number of years. They told us they did not use agency staff due to the complex needs of people who used the service. Any required cover was only provided by an experienced person from within the staff team, including those staff employed in the supported housing project for which the registered manager was also responsible.

We checked the systems in place to help ensure the safe administration of medicines. We saw that a policy was in place to guide staff about the action to take to ensure all medicines were safely administered. Staff had completed training in the safe handling of medicines. The registered manager also completed an annual assessment to check that staff had the skills and knowledge required to be able to administer medicines as prescribed.

We saw that the medication policy stated that two staff should check and record all medicines brought into the service on admission by each individual. However we noted this procedure was not followed in practice. The full administration details of each medicine were also not recorded. Although staff were not always responsible for administering medicines, such details are important to help ensure staff have the information to support people to take their medicines as the prescriber intended.

All the people we spoke with told us staff had helped them to manage their medicines safely. Comments people made to us included, "Staff used to come every day to check I had taken my tablets", "When I was ill staff looked after my medication but they gave them back to me when I was getting better" and "Staff made sure I took my medication when I should." One person told us how this staff support had continued following their discharge from the crisis service. They commented, "Staff continued to ring me up every night for a while to remind me to take my medicines."

When we looked at the care and medication records for one person who had recently accessed the service we noted that it was unclear what medicines the person had been prescribed. At the point of admission the person had been prescribed their medicines in injection form. However, part way through their stay in the service this had been changed to oral medication. We saw that the person's support plan had not been updated to reflect this change. The plan also did not document the support staff would need to provide to ensure the person took their medicines as prescribed. We noted that this had resulted in the person concerned missing two doses of their prescribed medicine. The registered manager told us this had been logged as an incident and investigated. They told us the incident had already been discussed with the staff concerned and would be placed on the agenda for the next staff meeting to help avoid any further such occurrences.

Records we reviewed showed the registered manager included a check of medication records in their monthly audit. However we discussed with them that this only captured the people who were accessing the service on the day of the audit and would not therefore always identify gaps or inaccuracies in other medication records. The registered manager told us they would review how they could improve the audit process to ensure they conducted a wider check of records.

We checked to see how people were protected from the risk of cross infection. We saw that there were infection control policies and procedures in place. The registered manager told us that staff did not normally provide personal care to people who used the service. However we were told there was personal protective equipment (PPE) available for staff to use should this be required.

We saw that an infection control audit had been completed by the lead infection control nurse for the local authority in February 2015 in which the service had scored 90%. The registered manager told us they had completed all the required actions and were awaiting a revisit from the infection control team and anticipated the score would increase. However they told us they were not carrying out their own infection control audits in the service, although checks regarding the cleanliness of the environment was included in their monthly manager's audit. They told us they had also introduced cleaning plans for the domestic to follow. During the inspection we observed that all areas of the service were clean and well-maintained.

We looked at the systems in place to ensure the safety of equipment used in the service. Records we reviewed showed safety checks in relation to gas, electric and small pieces of electrical equipment had been carried out at required intervals. We saw that regular flushing of all water outlets was conducted in order to reduce the risk of legionnaires' disease.

Inspection of records showed regular in-house fire safety checks had been carried out to ensure that the fire alarm, emergency lighting and fire extinguishers were in good working order. We saw that regular fire drills took place. The registered manager told us that personal evacuation plans would be developed for people accessing the service should there be any concerns regarding their ability to be evacuated safely in the event of an emergency.

Is the service effective?

Our findings

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

Due to the nature of the service there were no people subject to DoLS. However staff demonstrated an excellent understanding of both the MCA and the Mental Health Act (MHA). Staff were aware of the action to take should they have concerns regarding a person's deteriorating mental health in order to ensure they received the care and treatment they required.

Staff told us people who used the service always made their own choices about the care and support they wanted to receive. One staff member commented, "We help people come to informed decisions as best they can. We make sure people have enough information to assess the potential risks and consequences of their actions. However people are able to make unwise decisions if they have the capacity to do so." One person who had used the service told us, "Staff respected any decisions I made. There were no restrictions on me." Another person commented, "Staff allow you to make your own decisions. They give advice but it's up to you whether you choose to take it." The registered manager told us, "People like the service because it's not clinical. They have more rights, freedom and independence yet they feel supported at the same time."

People who had accessed the service told us staff had the skills and knowledge to be able to offer them appropriate support during times of crisis. One person told us, "Staff know when not to talk or give me a nudge in the right direction."

Staff we spoke with told us the staff team was very experienced with a good skill mix. We were told that staff would not hesitate to contact colleagues in the team for advice or support when necessary. One staff member commented, "I would happily phone a colleague who has experience in a particular area. We value each other's different skills."

Staff told us they received the training, support and supervision they required to be able to deliver effective care. The registered manager told us all except one of the staff had achieved a nationally recognised qualification at level three. Information we reviewed showed the manager had a system in place to record the training and supervision staff had received. One staff member commented, "We have quality supervision. We can ask for supervision at any time and I have never known the request not to be

accommodated." We noted that staff were able to access clinical supervision and support from a psychologist to help ensure they provided people who accessed the service with effective support. The professional we spoke with after the inspection told us, "Staff are always willing to come to clinical meetings to learn about the individualised care individuals need when accessing the service."

We asked how staff monitored people's health and nutritional needs when they accessed the service. The registered manager told us that people were expected to provide their own food when they accessed the service although staff would support people with meal preparation when necessary. Staff told us that if necessary they would also ensure people were supported to access the local food bank in order to receive emergency food supplies. A staff member told us, "We would be aware of any nutritional issues or risks on admission. We would address this in the support plan with the person concerned. We sometimes get recipes for people to try." They also commented, "We talk to people about any physical health needs they need support with."

The registered manager told us the service had recently been refurbished and now included a ground floor flat which could be accessed by a person with mobility difficulties although it was not wheelchair accessible. We spoke with one person who had used this facility who told us, "Staff always put me downstairs due to my health needs; the new wet room is great."

Is the service caring?

Our findings

People we spoke with who had used the service spoke positively about the attitude of staff. Comments people made to us included, "Staff can't do enough for you", "Everyone is friendly, no matter what time of day. Staff always listened to me in a caring way; I felt very supported" and "Staff at Greave House are 100% respectful. It's not lip service; it's real. Staff definitely listen to you." People told us staff would always respect their privacy when offering support. Each person had their own studio flat and we saw that staff always negotiated with people in what circumstances they would enter their flat to ensure they were safe.

Staff we spoke with demonstrated a commitment to providing high quality support and care. One staff member told us, "We make sure people using the crisis service get the support they need." Another staff member commented, "It's all about making sure people feel comfortable here. We are always open and honest with people and encourage them to be the same with us."

We saw that the registered manager had conducted a recent survey in which staff were asked to describe how they demonstrated the values of respect and person centred care in practice. We reviewed the statements made by staff which included, "I always treat people how I expect to be treated myself and value people's views", "Working with people in a person centred way means respecting their rights, opinions and choices" and "I treat people with kindness and consideration. I ask myself how I would like to be treated by others if I was in a similar situation."

Records we reviewed showed staff worked with people to identify the goals they wanted to achieve from their admission to the service. Individuals were asked to sign their support plan to indicate their agreement to how staff said they would support them.

Records we reviewed showed there was a stable staff team in the service. This meant people who used the service had the opportunity to develop consistent relationships with the staff who supported them. A person who had accessed the service told us, "You have consistency in staff. I've been going there for three years now and it is always the same staff."

Staff told us they would always promote people's independence when they accessed the service. One person who had recently used the service told us, "They [staff] helped me with my cooking if I needed it."

People who were referred to the service were given an information booklet regarding the support they could expect to receive during any admission, including how they could get their views heard and acted upon. The registered manager told us people were also supported to access independent advocacy services if they needed help in ensuring their health and social care needs were met.

We saw that care records were held securely. This should help ensure the confidentiality of people's personal information.

Is the service responsive?

Our findings

We asked the registered manager about the assessment process when people were referred to the service. They told us each individual was referred by a professional involved in their care; this professional was expected to remain in contact during the person's admission to the service and attend a discharge planning meeting. This was to help ensure that people received appropriate support during and after their admission to the service. The professional we spoke with told us, "The communication from staff is always good when people access the crisis service."

When we looked at the records of people who had used the service we noted individuals were always asked to agree to their admission. This agreement was formally recorded and each person signed to agree to particular conditions which were relevant during their stay; these included staff entering the person's flat if they had not been seen for a period of 24 hours or taking responsibility for administering an individual's medicines if there were concerns that they might not take them as prescribed. One person who had accessed the service told us, "I agreed my support plan. I was happy with what was on it."

We asked staff how they kept up to date with the needs of people in the service, particularly due to the numbers of individuals who were referred to the service. One staff member told us, "I never feel out of the loop. We always have a thorough handover when we come on shift to keep up to date." The registered manager told us that the identified crisis worker was usually the person who had worked the late and early shifts over a 24 hour period. They told us this helped to ensure the consistency of support people received when they were in the service.

Records we reviewed showed all people who accessed the service were offered a one to one session with a member of staff on a daily basis. All the people we spoke with who had used the service told us they had benefitted from this individual time with staff. One person commented, "Staff are there when you need to talk to them. They may be busy but they always get back to you" Another person told us, "You can go down any time and talk to staff." The professional we spoke with following the inspection told us, "The service is flexible to meet the individualised needs of people who are referred."

People who used the service were supported to continue their usual daily routines as far as possible. In addition we saw that people had access to activities organised for tenants of the wider housing support service; these included arts and crafts groups. The service also provided communal areas where people were able to socialise, read and play board games.

The registered manager told us they had arrangements in place to ensure people's religious and cultural needs could be met. They also informed us that they had several members of the staff team who spoke a range of languages in order to meet the diverse needs of the local population. They told us they would also arrange access to formal interpreting services when necessary.

We looked at the system for managing complaints in the service. We noted a complaints procedure was in place which provided information about the process for responding to and investigating complaints. We

looked at the complaints log and saw evidence that, where a complaint had been received, the registered manager had conducted an investigation and reported the outcome to the complainant. The registered manager told us all complaints were reported centrally to the provider in order for themes and trends to be identified.

Is the service well-led?

Our findings

The service had a manager in place who was registered with the Care Quality Commission (CQC) and was qualified to undertake the role.

Prior to the inspection we checked our records and saw that incidents that CQC needed to be informed about had been notified to us by the registered manager. This meant we were able to confirm that appropriate action had been taken by the service.

We asked the registered manager about their key achievements since the last inspection. They told us they had increased their knowledge of the new regulations and had developed a portfolio of evidence to demonstrate how the service was meeting these regulations. They told us, "I know what the standards are and what we should not fall below." They advised us that staff were encouraged to review and contribute to the portfolio to demonstrate the strengths and achievements of the service. They told us that staff had also been involved in the completion of the provider information return (PIR); this is a document that asks the provider to give us some key information about the service, what the service does well and any improvements they are planning to make.

The registered manager told us they always introduced themselves to people on their admission and ensured they were visible within the service. This was confirmed by people we spoke with who had accessed the service. One person told us, "[The registered manager] always comes round and says hello. She makes herself available; it's not lip service, it's real." The professional we spoke with provided positive feedback regarding the leadership skills and qualities of the registered manager.

We found there were a number of quality assurance systems within the service, including a monthly audit undertaken by the registered manager. This audit included a review of feedback received in the service feedback, health and safety and finance systems. The registered manager also reviewed the care and medication records for those people who were using the service on the day of the audit. We discussed with the registered manager how this audit might be extended to ensure it captured a wider sample of care and medication records. They told us they would review their procedures prior conducting their next monthly audit.

The registered manager told us they always tried to ensure that people who accessed the service had the best experience possible. We saw that each individual who used the service was asked to complete an exit questionnaire when they were discharged home. Professionals who had referred people to the service were also asked to provide feedback. The registered manager told us they welcomed this feedback from people and tried to address any concerns raised in order to continue to improve the service provided. This was confirmed by a member of staff who told us, "If it's not a good exit questionnaire we will look at why things went wrong and what could be improved."

We saw that people who had accessed Greave Project had been also been involved in developing a new service specification following changes in the funding of the service.

We looked at the questionnaires completed by people who had used the service and professionals in January 2016. We noted that these were mainly positive. Comments people who had used the service had made included, "I was supported to talk about my problems and it was beneficial to be in Greave House" and "It has been the best therapy I have had in years. I was totally happy with the service at Greave House." A professional had also commented, "Greave House is an excellent service to prevent hospital admission."

The registered manager advised us they were trying to find more innovative ways of gathering the views and opinions of people who accessed the service. They told us they and the staff team were always striving to do better for people who were referred to the service.

The registered manager told us they would be discussing people's comments about staff being increasingly busy responding to the crisis line held by the service with the organisations responsible for funding the service. They told us, "I try to change those things I am in control of to improve people's experience. I always escalate those things which I cannot change."

Staff we spoke with told us they enjoyed working in the service and received good support from their colleagues and the registered manager. One staff member told us, "Staff are aware they can always contact [the registered manager] or the senior on call. [The registered manager] is really good like that. She will say phone any time."

Records we reviewed showed regular staff meetings took place. We noted that the registered manager used these meetings to discuss any recent incidents which had occurred in order to prevent reoccurrences and to review any lessons which could be learned. Staff told us, "We have regular team meetings. We are listened to. We always look at action plans from previous team meetings."