

Milestones Trust

The Recovery Hub

Inspection report

33A Hampstead Road
Bristol
BS4 3HL

Tel: 0117 907 7219

Website: www.aspectsandmilestones.org.uk

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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 Recovery Hub is registered to provide accommodation for persons who require nursing or personal care. The service provides care and support to up to nine people who have mental health needs. There were eight people living at the home on the day of our visit. People stay at the service for around 18 months.

The inspection took place on 28 March 2015 and was unannounced. At our last inspection in August 2014, the service was meeting the regulations inspected.

There was a registered manager for the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

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

People felt they were well supported with their mental health needs and had a good understanding of the aims of the service. They told us they were there to gain confidence, independence and to recover from their mental health issues. They also said they were achieving these aims during their time at the home.

There were systems in place to ensure that people's rights were protected if they were assessed as not having the

Summary of findings

capacity to make informed decisions. There was guidance in place for staff to follow about the Mental Capacity Act 2005 Code of practice and the Deprivation of Liberty Safeguards if decisions needed were made on their behalf.

There was enough staff to support people with their mental health needs and provide a caring and effective service. People told us they were treated in a kind way by the staff. The staff engaged people in social activities, household tasks and other activities of daily living with a caring and attentive approach.

Staff knew people well and provided them with a personalised service that met their needs. Care plans clearly showed how people wanted to be supported in their recovery programmes. Staff encouraged people to make choices and encouraged people to maintain their independence and have control over their daily lives.

People were fully involved if they wanted to be in making decisions about the type of care they needed. People told us they liked the staff and the registered manager and felt well supported.

Complaints were properly investigated and they were responded to as set out by the provider's complaints procedure. The people we spoke with knew how to make a complaint or raise a concern.

People benefited because the quality of care and service they received was properly monitored. Audits and checks on the care and service were carried out as regularly as the provider's own policy required. People living at the home were asked for their views of the service as part of the way quality was checked.

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.

People told us they felt safe at the home and with the staff who supported them in their recovery programmes.

Staff in the home understood how to keep people safe. They knew how to recognise and report abuse and had been on training about the subject of keeping people safe.

There were systems in place to ensure new staff were recruited safely and they were suitable to meet the needs of people who lived in the home.

The needs of people living at the home were met by enough suitably qualified staff.

Good



Is the service effective?

The service was effective.

People were supported to have enough to eat, and meals were planned based on what they enjoyed.

People were supported by staff who had a good understanding of their mental health needs. Staff were trained and competent to provide effective support.

People were supported to their GP and specialist health care professionals assisted people to meet their physical and mental health care needs.

The staff knew about the Mental Capacity Act 2005 Code of practice and the Deprivation of Liberty Safeguards and how to ensure people's rights were protected.

Good



Is the service caring?

This service was caring.

People told us that they felt supported by the staff and they said the registered manager and the staff were caring in their approach.

People were treated with respect and their independence and privacy were maintained

People were fully involved in how their care was planned. The staff were competent and knew how to support people in the ways they wanted.

Good



Is the service responsive?

The service was responsive

People were supported to make choices about how what sort of activities they wanted to do. Staff encouraged people to be more independent and to build up their confidence to do things they wanted to do in the community.

People's needs were identified and support was being provided as agreed with them in their care plans. People received support and assistance in the way they preferred.

There was an effective system in place to receive and respond to complaints or concerns.

Good



Summary of findings

Is the service well-led?

The service was well led.

The quality of the support and the service was checked and monitored to ensure it was of a good enough standard. People views were actively sought as part of this process.

People and staff were able to tell us what the visions and values were for the organisation running the service. People and staff knew the aims of the service was to provide person centred care that focused on them as a unique individual.

The staff felt they were well supported by the registered manager. They said they could speak to them at any time about anything they wanted to.

Good



The Recovery Hub

Detailed findings

Background to this inspection

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

Before our inspection we reviewed the information we held about the home, including the Provider Information Return (PIR). The PIR is a document we ask the provider to complete to give us information about the service, what the service does well and improvements they plan to make.

We visited the home on 28 March 2015. Our visit was unannounced and the inspection team consisted of an inspector.

We observed care and support in shared areas, spoke with seven people in private and looked at the care records for two people. We also looked at a number of different records that related to how the home was managed.

We reviewed notifications of incidents that the provider had sent us since the last inspection. Notifications are information about specific important events the service is legally required to send to us.

Is the service safe?

Our findings

People told us they felt safe living at the home and with the staff who supported them. They also said they felt able to speak to the registered manager or the staff if their mental health made them feel unsafe in anyway.

People were supported to stay safe and there were systems in place to protect them from harm. Staff understood about the different types of abuse that can occur, and knew who to report to if they were concerned about someone. They had been on training to help them understand what abuse was.

The staff knew about whistleblowing in the work place. They explained how it meant to report to someone in authority if they suspected malpractice at work. There was a whistle blowing procedure with contact information of who staff could report concerns to. It was prominently displayed in the home so staff could access it easily.

Staff provided people with care and support in a prompt and safe way. People told us there was enough staff to provide the support they needed. Staff discreetly observed people who felt unwell and said they felt unsafe due to their mental health. The staff understood the person's needs and offered them extra support at this time. Staff also supported people to safely go out for the morning to different activities.

Staff were aware of people's individual risks and how these were managed without restricting people. There were systems in place to support people in a way that ensured that risks were managed effectively. Information in the care records detailed the possible risks to people's safety and wellbeing that had been identified. For example it had been there were times when one person's mental health fluctuated and they could become upset. The actions to take to minimise the associated risks and keep the person safe had been clearly set out in their care records.

People were supported by enough staff to safely meet their mental health needs and other care and support needs. People said they thought there was enough staff on duty to support them. The staff told us the numbers of staff on duty

were based on the needs of the people living at the home. They told us they increased the staff numbers when people were physically unwell and needed extra support. Our observations showed that there was enough staff to meet people needs. For example, staff engaged people in recreational games and conversations as a form of one to one support. Another staff member went out with a person to go swimming. Staff were also able to respond whenever people approached them because they wanted to talk to them for emotional support.

Peoples medicines were stored and managed safely. There were accurate and up to date records for medicines that were delivered at the home and when they were disposed of. Medicine administration records showed people had received their medicines or why they had not been given. Two people told us they looked after their own medicines and the staff had helped them to learn to do this safely and correctly and we saw that all medicines were correctly and securely stored. There were also medicine protocols in place for them. The protocols were guidance for staff to help the person to safely administer all of their medicines.

All staff had attended regular medicines administration training to ensure they were able to give out medicines safely. Audits were carried out by a senior manager and by the registered manager to check that medicines were being managed safely.

There was a thorough recruitment system to reduce the risks of unsuitable staff being employed. The records showed that all the checks and information required by law were undertaken before new staff were offered employment in the home. Two references were obtained and gaps in employment were explored with potential new staff to ensure they were suitable to be employed.

People told us the temperature in the premises and the general standards of the living conditions was comfortable for them. There were arrangements in place so that checks were done by external contractors on electrics and water systems to make sure they were safe. Fire safety experts also visited to carry out an assessment and review of fire safety on the premises.

Is the service effective?

Our findings

Every person we met spoke positively about the way they were supported with their needs. Examples of comments made included “The staff are supporting me fine. There is no problem with the support, they are helping me with my finances. The staff are relaxed and I think it is the best way.” Another comment was “The staff are helpful, they ask how I am and ask about my habits, my key worker is very understanding and helps me a lot”. Another person said, “The Recovery hub is like a stepping stone between hospital and getting my own flat”. We were also told “They use the recovery star system, there is a ladder of change where you have to score yourself and you set goals and date them and tick them off when they have been achieved”, and “The aim of the Recovery Hub is to get you used to doing things for yourself and I’m getting more confidence”.

People told us the registered manager and the staff were competent and understood what level of support and encouragement they needed. People said staff were, “Very helpful”, another person said staff had been, “Very supportive” when they had felt low in mood.

Staff were friendly and calm in their approach and talked with people about how they were feeling and how they wanted to spend their day. Staff were knowledgeable about people’s different mental health needs and how they supported them. They said they had to know people very well and read the care plans regularly to ensure they knew how to provide people with effective care and assistance. For example staff told us about one person who needed staff support as they did not have the confidence to go out from the home on their own.

People were provided with sufficient food and drink to stay healthy. Staff understood people’s nutritional requirements and how to support them. They told us about how they worked closely with people to ensure they were provided with a suitable and varied diet. Two people told us staff helped them to buy, prepare and cook their own food. The other people we spoke with told us they cooked with staff help at least once a week.

Care plans clearly showed how staff should to support people at meal times. Dietary information was kept in the kitchen to assist staff to meet people’s needs. Risk

assessments were written in relation to how much people were eating and drinking. This information was used to help ensure people were supported in the most suitable way to eat and drink enough to stay healthy

Staff understood about the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS). This provides a legal framework for acting on behalf of people who lack capacity to make certain decisions. Staff had attended training and read the provider’s policies available to staff. When we visited there was no one who did not have capacity at the home. Care plans included a section to complete to explain if people could not give consent what actions were needed so they received care in a way that maintained their rights.

The rights of people who lived at the home were protected because the registered manager understood how to meet the legal requirements of DoLS. These are a safeguard to protect people’s rights to ensure if there are restrictions on people’s freedoms they are done lawfully and with the least restriction to keep them safe. The staff were able to explain when an application should be made. When we visited there was no one at the service for whom a DoLS authorisation was required.

People were effectively supported with their physical health care needs. The registered manager told us whilst people lived at the service they were registered with a GP surgery nearby. We read information showing staff monitored people’s health and wellbeing and supported them to see their doctor if needed. One person had specific health requirements and there was clear guidance for staff about their needs.

There was enough staff who were suitable trained and experienced to meet people’s needs. Staff told us they had been on training courses relevant to the needs of the people they supported. Courses included understanding mental health needs, infection control, food hygiene, safe moving and handling and health and safety. Staff also had been provided with a comprehensive induction when they began employment to provide them with information about the service and people’s needs.

Staff were being properly supervised in their work. Each member of the team had an annual appraisal of their work

Is the service effective?

to support and guide them in their work and performance. The team met individually with the registered manager to discuss their work and share their views in monthly supervision meetings.

The registered manager had explained in the provider information return that there were plans for the service to

expand over the coming 12 months and provide supported living to people who have moved on from the home. They told us on the day of our visit that this was to offer people continued support in their recovery from their particular mental health needs.

Is the service caring?

Our findings

People praised the caring attitude of the staff and told us the care was of a high standard. Examples of comments included, “They are all of them just right” and “My keyworker is really nice and gives me a boost”. Another person said, “They have all been brilliant”. Other comments were told “They try and help me to help myself”, “The care I get is person centred from every one of them” and “They all try”. People told us the caring attitude of the staff was the best part of their stay at the home. The staff spoke with people and interacted with them in a very caring and friendly manner.

People told us how they were supported to express their views and actively involved in making decisions about their care. One person said “We all have a meal together regularly with the staff and the manager and we say how we feel”. Another person told us “My keyworker talks to me and finds out how I feel about how I’m getting on”.

People also told us that there were ‘house meetings’ held in the home but these were not that popular with the people living there. Every person we spoke with told us they preferred to go to the staff on their own or to their keyworker or the registered manager to make their views known. This showed how people were encouraged to make their views known in the way they preferred.

People told us about their care plans and said they were involved in writing them. They had signed to verify they had been fully involved in deciding how they wanted to be supported at the home.

People’s privacy and dignity was respected by the staff at the home. People had their own key to their bedroom and told us staff would not come in uninvited. Staff only spoke to people about personal matters such as how they were feeling in private areas or when no one else was around. The staff treated each person respectfully and spoke to them in a courteous and polite manner.

The diversity of people was respected by staff in a number of ways. Care plans included information about people’s faith where they had religious beliefs. Care plans also included information that explained why people would prefer care from staff of the same gender due to their beliefs. Information was also displayed on a notice board to explain faiths and what they meant to them. People who had a particular faith were able to practise this either at the home or in the community.

Independence was promoted in a number of ways while people lived at the home. Menu planning and cooking was encouraged for each person. People were also supported to look after their own finances and to look for suitable employment or vocational work. Care plans showed that staff supported people in these different areas of their daily lives.

Is the service responsive?

Our findings

People told us that staff helped them to plan a programme of therapeutic activities in the home and the community. They said this was to assist them in their mental health recovery. People told us they were supported to cook their own meals and to budget for this to help them develop life skills. One person had been swimming on the day of our visit. They told us they had enjoyed this. Another person told us they went to college and did a number of classes. Care plans showed that

Staff understood how to support people who had specific mental health needs. The staff on duty told us how they ensured they provided care and assistance to people. They told us that they did this by building up trust with people. They also said that a key part of their role was to help people to gain independence in their daily life. They also said the philosophy of care of the services included seeing things from the individual's perspective.

Care records clearly showed how to meet people's mental health needs and other range of care needs. An assessment had been carried out identifying each person's mental health needs. People had been involved in identifying what their needs were as part of this process. Information in care records explained how to support people to learn how to recover from their particular health needs. For example it was identified how to help someone when their mental health fluctuated and they became distressed. How to minimise risks and to keep the person safe had been clearly set out in their care records. The staff we spoke with were aware of each person's care records. They told us that one of their roles was to support people so that they were able to take some risks in their daily life and make choices.

People were supported to meet their range of health care needs. Each person had a health action plan that explained how people were to be supported to meet their physical and mental health needs. For example one person who had been received support and advice from a community mental health nurse. We also saw that staff monitored physical health and well-being. One person told us that staff had supported them to see their doctor when they had health concerns.

Every person we spoke with told us their views about the type of support they needed were fully taken into account when their care was planned. They told us they had regular meetings with the registered manager and their key worker. They said they had been able to tell the staff what their particular interests were and these had been included in their care plans. One person told us they had wanted to seek some type of vocational employment. Care records showed that the person was being supported to do this.

People knew how to raise a concern or complaint. Every person we spoke with told us they felt very able to speak to the registered manager or any of the staff at any time. A copy of the provider's complaints procedure had been given to each person. This was clear and easy to follow. It included the contact details for the provider's chief executive if they wanted to speak to them directly.

There were survey forms and a suggestion box to encourage relatives and friends to provide feedback. If people wanted to have their families involved in decisions about their care they were able to.

Is the service well-led?

Our findings

The registered manager was open and accessible in their approach with people and the staff. People had positive views to share with us about the registered manager. One person told us, “He gets it just right”. Another comment was “He is very kind and caring”.

The staff and some of the people we spoke with told us the provider’s chief executive visited the home regularly. They told us they came to the home and spent time with people to find out their views of the service they received. They also told us that people who lived at the home had built up a rapport with the chief executive.

People and staff with told us the registered manager was very supportive in their approach. One person told us that the registered manager “knows just when to lighten the mood he is really good at it”. They also said they thought this was a really important quality for a manager to have.

The staff and the people living at the home knew about the visions and values of the organisation. These included being respectful to people and treating people as unique individuals. The staff were able to tell us how they took them into account in the way they supported people at the service. The people we spoke with also told us staff took these values into account and treated them in a person centred way.

The staff told us they felt confident to report poor practice or any concerns, which they felt would be taken seriously by the management. There was an up to date reporting procedure in place to support them to do this.

A senior manager visited the home regularly to meet people and staff and find out their views of the service. A report of their findings and any actions needed was then sent to the home after the visit. For example people had asked for a new pool table .They told us this had now been provided for them.

Team meetings took place regularly and staff told us were an opportunity to make their views known about the way the home was run. A range of topics were discussed at the meetings These included the needs of people at the home, health and safety matters, and staffing. We saw where required, actions resulting from these were assigned to a member of the team or the registered manager to follow up.

There were systems in place to ensure the quality of service was monitored and standards maintained. The registered manager and senior managers carried out regular reviews of the care and systems in place at the service. Audits were carried out on a monthly basis to check on the overall experiences of people who lived at the home. They also checked on the training, support and management of the staff team. Reports were written after each audit and if actions were needed to address any shortfalls these were clearly set out.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.