

Richmond Fellowship (The) Barrow and South Lakes

Inspection report

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Date of inspection visit:
07 February 2018
27 March 2018

Date of publication:
30 April 2018

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

We carried out this announced inspection between 8 February and 27 March 2018.

The service was registered in January 2017. This was our first inspection of the service since it was registered. We contacted the service on 7 February to arrange our visit for 8 February 2018 because this is a small service and we needed to be sure the registered manager would be available to speak with us.

Barrow and South Lakes provides personal care and support to adults who have mental health needs. The service provides support to people living in their own homes in Barrow-in-Furness, Ulverston, Kendal and the surrounding areas of Cumbria. At the time of the inspection two people received personal care from the service.

This service provides care and support to people living in 'supported living' settings and also to people living in their own homes in the local community. Supported living services involve a person living in their own home and receiving care and/or support in order to promote their independence. 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.

Most people using the service did not receive regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

There was a registered manager employed to run 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 received the support they needed to remain safe and to meet their needs.

There were enough staff to provide people's care and support. The staff were trained and competent to carry out their roles.

Medicines were handled safely and people were supported to handle their own medicines.

People were protected against abuse and avoidable harm.

The service worked in partnership with health and social care services to promote positive outcomes for people and to ensure they received the support they required.

People were treated with kindness and respect. The staff identified if a person felt anxious and supported

them to reduce their anxiety.

Care was planned and provided to meet people's needs and to promote their independence.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People were included in decisions about their support and the choices they made were respected.

The registered provider had a procedure for responding to complaints about the service. People were asked for their views about the service they received and knew how they could raise concerns.

The registered manager and registered provider checked on the quality and safety of 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?

Good ●

The service was safe.

People were protected against abuse and avoidable harm.

There were enough staff to provide the support people needed.

People were supported to take their medicines safely and as their doctors had prescribed.

Is the service effective?

Good ●

The service was effective.

Appropriate agencies were involved in assessing people's needs to ensure they received the support they required.

The staff were trained and competent to support people.

People received the support they required to maintain their health.

Is the service caring?

Good ●

The service was caring.

People were treated in a kind and caring way.

People's privacy, dignity and independence were maintained.

Is the service responsive?

Good ●

The service was responsive to people's needs.

People's care was planned and provided to meet their needs.

The registered provider had a system to manage and respond to complaints about the service.

Is the service well-led?

Good 

The service was well-led.

People knew the registered manager and how they could contact her.

The registered manager set high standards and monitored the service to ensure these were met.

People were asked for their views and included in decisions about how their support was provided.

The registered manager worked with other services to ensure people received the support they required.

Barrow and South Lakes

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 checked 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 inspection took place between 8 February and 27 March 2018 and was announced. We contacted the service on 7 February 2018 to arrange our visit on 8 February 2018 because we needed to be sure that the registered manager would be available to speak with us.

The inspection was carried out by one adult social care inspector and an adult social care inspection manager.

Inspection site visit activity started on 8 February and ended on 27 March 2018. We visited the service offices on 8 February and 27 March 2018 to speak to the registered manager and to look at records held. At the time of our inspection the service provided personal care to two people. During our inspection we spoke with one person who received personal care and with a relative of the second person. We also spoke with three staff members. We looked at the care records for both people who received personal care, the recruitment records for two staff and training records for the staff team. We also looked at records relating to how the service was managed and how the registered manager and registered provider checked the quality and safety of the service. We spoke with one person's social worker and with a health care professional who supported the second person.

Is the service safe?

Our findings

Everyone we spoke with told us that people were safe receiving care from this service. One person we spoke with told us, "I do consider the care and support to be safe." People told us the staff took appropriate actions to maintain individuals' safety.

People were protected from abuse. The support staff were knowledgeable about how to identify and report abuse. Providers of health and social care services are required to inform us of any allegations of abuse related to the provision of them carrying on a regulated activity. The registered manager had informed us of allegations of abuse as required. The information we received showed the registered manager took appropriate action in response to concerns to ensure people were protected.

People's care records included information for staff about identified hazards and the actions to take to reduce or manage these. The staff we spoke with told us they knew how to protect people from harm because this was identified in their care records.

There were enough staff to provide the care people required. Most people who received support from the service did not require assistance with their personal care. The staff provided people with support to maintain their wellbeing and mental health. There were sufficient staff to provide the personal care individuals required and to support people to maintain their mental health.

The registered provider had safe systems to check new staff were suitable to work in people's homes. All new staff provided evidence of their good character and conduct in previous employment as part of the recruitment process. They were also checked against records held by the Disclosure and Barring Service to check they had not been barred from working in a care service. People who used the service could be confident robust checks were carried out before new staff were employed.

People we spoke with said the staff supported individuals as they required in managing their medicines. All staff who handled medication had been trained in how to do so. People were supported to manage their own medicines and processes were in place to check they were doing so safely. The staff understood the importance of ensuring people took their medicines safely and as their doctors had prescribed. The staff monitored how people took their medicines and, if they identified concerns, had taken advice from the dispensing pharmacist or prescribing doctor. This helped to ensure people were protected against unsafe use of their medicines.

The registered manager analysed incidents that occurred to make further improvements to the service. Following any incidents the registered manager ensured any learning points were identified and shared with the staff team where appropriate.

The staff supported people to remain safe in their homes. They gave people advice around staying safe in their homes and maintaining a hygienic environment to protect them from the risk of infection. Some people received support from the staff in preparing their meals. The staff had completed training in infection

control and handling food safely. This helped to ensure people were protected from infection and unsafe handling of their food.

Is the service effective?

Our findings

Everyone we spoke with said they were confident the staff employed by the service were well trained and competent to provide people's care and support. One person told us, "The staff appear to be skilled and well trained." A person who used the service told us the staff were "good at their jobs".

All of the staff we spoke with said they had completed a range of training to give them the skills and knowledge to care for people. This was confirmed by training records we looked at.

People who received personal care had a range of needs and were supported by other health and social care services. People's needs had been assessed by a multi-agency team to ensure the care provided met their physical, mental and psychological needs and was based on best practice. The social care professional we spoke with told us, "The agency is always cooperative and we work together to achieve the best outcomes for the clients." The healthcare professional told us the staff knew the individual they supported well and had a good understanding of the person's needs.

All of the staff we spoke with told us they felt well supported by the registered manager of the service. Staff had regular formal supervision meetings where they could discuss their development, seek advice and raise any concerns.

People received the support they required to maintain good health and to arrange and attend health care appointments. The staff identified if a person was unwell and supported them to access appropriate health care support.

No one who used the service needed the staff to assist them with eating and drinking. Where people required assistance to plan and to prepare meals this was provided.

The service had identified a staff member to be a "healthy eating champion". They were able to give guidance and advice to other staff and to people who used the service about making healthy eating choices. At our visit to the service on 8 February 2018 we saw a pictorial display in the communal hallway giving advice about healthy eating. People received support and advice to enjoy a healthy diet.

The health and social care professionals we spoke with told us the staff in the service worked in partnership with them to achieve positive outcomes for people. They told us the staff in the service shared information appropriately to ensure people's wellbeing. They also said any advice they gave was taken into account when the service staff planned and provided people's care. The service worked cooperatively with other agencies to ensure people received effective care that met their needs.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA.

The staff who worked at the service had received training in how to ensure people's rights were protected. This included training about legislation relevant to promoting people's choices and right to make decisions about their support and lives. People had been asked what support they wanted and included in developing their own support plans. People had also signed their support plans to show they had agreed to them. The person we spoke with told us they were included in decisions about their support. Care records we looked at showed that people could refuse any aspect of their support if they wished. The registered manager and staff in the service understood their responsibility to respect people's rights.

Is the service caring?

Our findings

Everyone we spoke with told us people were treated in a kind and caring way. One person told us, "I like [key worker], he's a laugh." The social care professional we spoke with told us, "I have found the manager [registered manager] and staff to be friendly and helpful and for the general ethos [of the service] to be a caring one."

Most people who lived in the supported living services did not require support with their personal care. The support workers employed by the service provided support to people to maintain their wellbeing and mental health. As the staff visited people to provide this support, their attendance at a flat would not identify to other people if a person was receiving assistance with their personal care. This helped to maintain people's privacy.

During our visits to the agency office we saw that people were comfortable approaching the support workers and registered manager. People looked to the staff and registered manager for reassurance when they were anxious. The staff in the service knew how to identify if people were anxious and provided reassurance promptly.

The relative we spoke with said the support staff identified if their family member was anxious and were skilled at supporting them to reduce their anxiety. They said the support provided had improved their relative's quality of life.

People told us individuals were asked for their views about their support. Care records showed people had been included in meetings to discuss their support and had been asked for their views during the meetings. The registered manager of the service had identified local advocacy services that could be contacted if a person required support to make an important decision or to share their wishes about their support. People were asked for their views and included in decisions about their care.

We saw the staff spoke to people in a friendly and courteous way. Care records were written in respectful language and all the staff we spoke with talked about people in a respectful way. This helped to support people's dignity.

The aim of the service was to support people to gain greater independence, confidence and skills for independent living. Support was planned to promote people's skills and independence. The health and social care professionals we spoke with told us people they supported had gained skills and greater independence due to the support provided.

Is the service responsive?

Our findings

People we spoke with told us the service was responsive to people's needs. The social care professional we contacted told us the staff in the service worked with them to ensure people's needs were met. They told us the staff were "attentive in working to find solutions."

The relative we spoke with told us the service agreed to any changes their family member had requested such as times when staff would visit them. They said their relative had an appointment arranged with a health care worker and had requested for their support worker to be present at the appointment. They told us the service had arranged for the staff member to be available as requested to attend the appointment.

Each person who received personal care had a support plan that detailed the support they required and how the staff were to provide it. People told us the staff were good at working with individuals to ensure they received the support they needed.

The staff we spoke with told us they knew how to support people because this was detailed in their support plans. People who received personal care had a "key worker" who was responsible for ensuring their support plan was reviewed regularly and contained accurate and up to date about the support they needed. The staff we spoke with told us they could identify if a person's support plan required changing and would pass this to the individual's key worker or to the registered manager for the support plan to be reviewed.

Some people received support to engage in activities they enjoyed, as well as receiving personal care. They told us they appreciated this support as it enabled them to be confident following activities in the local community. The relative we spoke with told us the support provided was important in preventing their family member being socially isolated. They told us their relative received the support they needed to engage with their community.

The registered provider had a procedure for receiving and responding to complaints. No complaints had been received from the people who received personal care from the service. People we spoke with said they knew how they could raise concerns and were confident these would be resolved.

The staff we spoke with knew how people could make a complaint about the service received. They told us they would pass on any complaints made to the registered manager and could support people to make a formal complaint if they wished.

At the time of our inspection the service was not supporting anyone who had been identified as nearing the end of their life. The registered manager knew about local services that could be contacted to support people if they required support at the end of their life. People could be confident appropriate services would be contacted if they required care at the end of their life.

Is the service well-led?

Our findings

People told us the service was well managed. People knew the registered manager and how they could contact her if they needed. One person told us, "[The registered manager] is good at her job." We were also told, "This is an excellent service." We saw people were confident approaching the registered manager.

All of the staff we spoke with said they felt well supported by the registered manager. They told us the registered manager set high standards and checked that these were being met.

Staff who were not based at the agency office in Barrow-in-Furness told us the registered manager visited them to provide support and guidance and to assess the quality of the service provided. The staff told us there was always a senior person they could contact if they required advice or support.

The registered manager and registered provider carried out checks on the quality and safety of the service to ensure people received a good quality service. The registered provider had a quality assurance procedure that included the registered manager, registered managers from other services carried on by the registered provider and a senior manager from the organisation carrying out checks on the service. We saw reports completed following these checks. The reports highlighted any areas where the service could be further improved and areas of good practice. This helped the registered manager and registered provider to maintain oversight of the quality of the service.

The registered manager used a range of ways to ask people about the service they received. She had held meetings where people could share their views of the service and had also arranged to be available at given times so people could speak to her in the service office. People were also asked to complete a quality survey to share their experience of using the service. The person we spoke with who received personal care told us they were asked for their views about the support they received.

The registered manager had identified that the service could be improved by working more closely with local health services and specialist services to support individuals' complex needs. They had links with other agencies and were developing plans to encourage greater integrated working. This showed the registered manager identified areas for the development of partnership working with appropriate agencies to meet people's needs.

The health and social care professionals told us the service worked in partnership with them to ensure people received the support they required. They told us the staff shared information about people appropriately so their care needs could be reviewed and support revised as required. One told us, "We work together to achieve the best outcomes for the clients" and said, "They [staff in the service] are always swift to communicate any issues."

Providers of health and social care services are required to notify us of significant events that happen in their services such as allegations of abuse and serious injuries to people who use the service. The registered manager was aware of the notifications she needed to send to us and ensured these were provided

promptly. The notifications we had received showed the registered manager took appropriate action in response to significant events to ensure people received safe care.