Gravers Care Home Ltd

Recovery House

Inspection report

122 Haxby Road
York
North Yorkshire
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Date of inspection visit:
28 March 2018

Date of publication:
01 June 2018

Ratings

Overall rating for this service	Outstanding ☆

Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Outstanding ☆
Is the service responsive?	Outstanding ☆
Is the service well-led?	Good ●

Summary of findings

Overall summary

Recovery House is a transitional care setting based in the city of York that provides support and accommodation for up to five people with their mental health recovery. The premises are arranged over three floors, with bedrooms on each floor. All bedrooms are single, with a shared kitchen, bathroom facilities and toilets.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good in the key questions Safe, Effective and Well-led with an increase to a rating of outstanding in the key questions Caring and Responsive. There was no evidence or information from our inspection and on-going monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format in the key questions Safe, Effective and Well-led because our rating in those areas has not changed since our last inspection.

People told us staff were extremely kind and caring, and their privacy and dignity was upheld and promoted. We received consistently positive feedback which showed us that people felt highly valued and respected. The service was outstandingly responsive to people's individual needs and wishes. This included offering a range of recovery based group work and innovative 'family work' sessions, enabling people to achieve their potential.

There was a strong ethos of inclusivity that was promoted by staff. People who lived at the home had access to the same training and information documents as staff, and staff spoke about themselves during morning meetings alongside people who lived at the home. Independence was encouraged and supported with the aim of people moving on to supported living arrangements.

Staff had been recruited following safe policies and procedures, and there were sufficient numbers of staff employed to make sure people received the support they needed during the recovery process.

Staff received appropriate training and support that enhanced the knowledge they had already gained during their careers as health or social care professionals. This included training on how to protect people from the risk of harm and on the home's recovery programme.

People were supported to have choice and control over their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Recovery (care) plans described the person and the level of support they required to reach their individual goals. Plans were reviewed regularly to ensure they remained an accurate record of the person and their day to day needs.

People were supported to take part in a wide range of activities and education within the local community and links made by staff enabled people to explore new interests and gain confidence.

People told us they were aware of how to express concerns or make complaints and felt their comments would be listened to. People were given the opportunity to share their views about the service provided.

The feedback we received and our observations on the day of the inspection demonstrated that the home was well managed. The registered manager carried out audits to ensure people were receiving the care and support they required, and to ensure the safety of the premises.

Further information is in the detailed findings below.

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 remains Good.	**Good** ●
Is the service effective? The service remains Good.	**Good** ●
Is the service caring? The service has improved to Outstanding.	**Outstanding** ☆
Is the service responsive? The service has improved to Outstanding.	**Outstanding** ☆
Is the service well-led? The service remains Good.	**Good** ●

Recovery House

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.

This was a comprehensive inspection that took place on 28 March 2018. The inspection was unannounced and was carried out by one Adult Social Care inspector.

Before this inspection we reviewed the information we held about the home, such as information we had received from the local authority and notifications we had received from the registered provider. Notifications are documents that the registered provider submits to the Care Quality Commission (CQC) to inform us of important events that happen in the service. The registered provider was asked to submit a provider information return (PIR) before this inspection. The PIR is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. The PIR was submitted within the required timescale.

During the inspection we spoke with two people who lived at the home, two members of staff, the deputy manager and the registered manager. We looked around communal areas of the home, including the kitchen and bathing / toilet facilities. We also spent time looking at records, which included the care records for two people who lived at the home, the recruitment and induction records for two members of staff and other records relating to the management of the home, such as quality assurance, staff training, health and safety and the management of medicines. We received feedback from five health or social care professionals.

Good

Is the service safe?

Our findings

People told us they felt safe living at the home. One person told us, "Yes, the staff help me to feel safe." Staff told us how they promoted people's safety by checking people had taken their medicines, by managing risks and by constantly observing people's mood. Action was taken to minimise potential risks without undue restrictions being placed on people, and appropriate risk assessments had been completed such as those for self neglect, missing doses of prescribed medicines, seizures, scalding, fire safety and ligature points. There was also environmental risk assessments in place that assessed the risk to people when using areas of the home and when outside of the home. The service level agreement signed by people when they moved to Recovery House recorded, 'The resident has the right to be informed of the risks and benefits in terms of their options and choices relating to their care and treatment'.

Staff had received training on safeguarding adults from abuse. They were able to describe different types of abuse and told us they would report any concerns to the registered manager. Staff also told us they would not hesitate to use the home's whistle blowing policy and were confident the information would remain confidential. A whistle blower is a person who exposes any kind of information or activity that is deemed illegal, unethical, or not correct within an organisation.

People who lived at the home told us that there were enough staff on duty to enable them to have support when they needed it, including support to access activities and appointments in the community. On the day of the inspection we saw there were two staff on duty throughout the day, plus support from the deputy and registered manager. One member of staff 'slept in' during the night to provide continuous support.

We checked the recruitment records for two members of staff. These evidenced that employment references and a Disclosure and Barring Service (DBS) check were in place prior to people commencing work at the home. The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and helps to prevent unsuitable people from working with children and vulnerable adults.

We saw that medicines were stored safely, obtained in a timely way so that people did not run out of them, administered on time, recorded correctly and disposed of appropriately. People told us they managed their own medicines. We noted there was a record of the person's competency level in respect of managing their own medicines, and this identified the amount of oversight needed by staff. All staff had responsibility for supporting people to take their medicines. Staff told us they had read the home's policies and procedures and were shown everyone's individual medicine routine during their induction to the home.

We checked the accident records and noted there had been a small number of minor accidents involving people who lived at the home and staff. Due to the low numbers, analysis had not been required.

The home was well maintained and provided a safe environment for people. There was a fire risk assessment in place, and an evacuation plan that advised staff of the action to take in the event of an emergency. There was also a record of the assistance each person would need to evacuate the premises in

an emergency.

We saw the home was maintained in a clean and hygienic condition. Facilities were domestic in nature and people who lived at the home were responsible for cleaning their rooms and washing and drying their clothes. People also assisted staff in keeping the home clean; chores for the day were discussed at morning meetings.

Good

Is the service effective?

Our findings

People's initial assessments reflected good practice guidance and included the person's expected care outcomes whilst living at Recovery House. The information we saw demonstrated that staff were aware of good practice guidance and current legislation in respect of people recovering from a period of poor mental health. Staff had lead roles such as programme lead, medication lead, health and safety lead, activity lead and physical health lead. These members of staff were responsible for ensuring all staff were aware of good practice guidance in their lead topic.

The registered manager had previously worked as a community psychiatric nurse, the deputy manager was trained as a psychosocial intervention practitioner and other members of staff had previously worked with other organisations as health care professionals. This meant the staff group had a wide variety of experience in working with people with mental ill health. The home's 'Spheres of Life' recovery model included elements of cognitive behaviour therapy and cognitive analytic therapy, which are psychological therapies used to help people recover from periods of mental ill health. It was originally based on the work of a recognised consultant who had themselves recovered from a mental health illness.

People told us there were some restrictions that they had agreed to when they first moved into the home. Cigarettes and e-cigarettes could not be smoked inside the home, and people had to contact the home to advise staff of their expected time of return if they were out after 10.00 pm. People told us they felt these restrictions were reasonable.

The records we saw demonstrated that staff regularly contacted GPs, psychiatrists, community psychiatric nurses and other health and social care professionals to seek advice or share their concerns. A health care professional told us, "I have had no concerns about patient safety from a medical perspective. Staff communicate with the surgery appropriately in relation to health issues and clarify medication needs appropriately. Staff seek advice regarding medication changes, flag up if they feel there are side effects and will support titration [getting the dose right] of medication and monitoring of effect."

The organisation had services that supported people through their recovery pathway, starting with residential care, through the programme at Recovery House and then on to more independent living. If people were struggling at any stage of this pathway, their needs could be reviewed and their accommodation and level of support reconsidered.

People were responsible for their own shopping and meal preparation, and some people had attended an 'Eat well, spend less' course to help them prepare for living independently. Any special dietary requirements were recorded in the person's care plan as well as triggers for staff to be aware of that might affect the person's nutritional intake.

The environment was suitable to meet the needs of people who lived at the home. A health care professional told us, "The layout of the house meant [Name of person] felt comfortable at all times, had the privacy of their room but could approach staff at any time" and "[The home] has lovely decoration - it was

important to my client to live somewhere nice."

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). No-one who lived at the home was deprived of their liberty; the remit of the home was to encourage and support recovery and independence. No-one had a lasting power of attorney (LPA) to act on their behalf. A LPA is a legal document that lets people appoint one or more people to help them make decisions on their behalf.

We found that staff understood people's rights and the importance of obtaining people's consent to care. Throughout the day we observed that staff were skilled in explaining choices to people and in helping people to make decisions. People told us that they were in control of their day to day lives. One person said, "I'm always consulted and I'm involved in any decisions that need to be made. We have to attend the recovery group but we have a choice about other groups and activities."

Staff told us they had a thorough induction programme when they were new in post, which included shadowing existing staff and being assigned a mentor to support them through their induction period. Staff who were new to care work went on to complete the Care Certificate to ensure they had received a standardised induction in line with national standards. Records showed that staff then completed training on topics considered essential by the home, including fire safety, first aid, safeguarding adults from abuse and moving and handling. Other training had also been completed by staff, such as person-centred care, food hygiene, equality and diversity and record keeping.

Staff told us they had regular supervision meetings with a manager, that they felt well supported and that their views were listened to. Supervision meetings give staff the opportunity to discuss any concerns they might have, as well as their development needs. The registered manager told us that staff also had clinical supervision (individual and group) with a clinical psychologist. This helped staff to formulate plans for people's recovery.

Outstanding ☆

Is the service caring?

Our findings

People who used the service at Recovery House felt cared for and enjoyed living there. One person said, "Staff really care and they know me as a person." A relative had provided feedback to the service, saying that care was 'Delivered in a wonderful, warm, caring way.' A thank you card from someone who had used the service noted, 'Your patience, commitment and kindness will never be forgotten.' Comments from staff included, "People come to work to do their best" and "We are a good team to work with. We all have different skills and we are good at reflecting on our practice."

The health and social care professionals who we received feedback from all described the service as caring, and throughout our inspection we saw staff were extremely caring and empathetic in their approach to people who used the service. A care professional told us, "There was a time a client was relapsing and not compliant with medication. Staff worked with them to get things back on track; they increased support but also gave them back control as soon as it felt appropriate. This saved a hospital admission which would have really set them back." One person who lived at the home sent us written feedback. They told us, "I am feeling more motivated, hopeful and positive now than I have in years and this is mainly due to the care and support I receive here. It really is a place of care and excellent therapeutic relationships."

People who lived at the home had been involved in a 'Recovery' project. The aim of the project was to allow individuals to explore 'their story' through creative interactions and be able to make sense of what had happened to them, but recognise hope in respect of moving forward. The group had worked towards the production of a book and an associated film was being produced; both focused on 'Recovery'. The notes of the 'Recovery' group sessions recorded that people were offered time to speak with a member of staff following the session if the discussions had triggered any issues for them. This showed that staff were particularly sensitive to times when people needed caring and compassionate support. The project also showed that people were supported to achieve their potential.

We noted that the 'rules and commitment' statement in each person's care plan recorded, 'I will display respect to both peers and staff, and treat others within the house as I would expect or wish to be treated'. People had signed their agreement to this statement. We observed at the morning meeting and throughout the day that staff were aware of and respected people's individual choices and preferences. Staff approached people respectfully and politely and demonstrated a good understanding of their needs. A health care professional told us about one person whose care they were involved with, "The staff's approach to them was to try to be even, respectful and engage them on their terms."

Staff were skilled in supporting people to express their views. A health care professional told us, "[Name of person] was someone who had preferences about how things should work in the house and they were encouraged to talk about their views. This was very empowering for them as an individual. They had never been encouraged previously to speak their mind."

People told us that staff always knocked on the door and waited for a response before entering their room. Everyone had their own bedroom and people told us their privacy was respected by staff. People who lived

at the home did not require assistance with personal care, and could choose to have a bath or a shower; whichever was their preference.

We saw that written and electronic information about people who lived at the home and staff was stored securely, which promoted confidentiality. The 'rules and commitment' statement recorded, 'What is discussed in groups, remains in groups' and people had signed their agreement to this statement.

Staff were highly motivated and we saw the company values of being 'genuine, united, happy, creative, encouraging and making a difference' incorporated into all aspects of their work. Staff told us they encouraged people to improve their level of independence. People were supported to do their shopping, cooking, laundry, cleaning and manage their finances with the aim of them living more independently when they moved on from Recovery House. People had their own key for the front door of the home. One person told us about the plans in place for them to move into supported housing, which demonstrated their recovery programme had helped to increase their confidence and their level of independence.

People had their own diary where they recorded any appointments or meetings with health and social care professionals, but they were also reminded about these by staff. People who lived at the home completed mandatory training along with the staff group, and they were issued with a training certificate. It was clear these achievements promoted the person's confidence and independence, and helped them to move on to more independent living.

We saw there was an information folder available for people who lived at the home and staff. It contained information about advocacy, the complaints procedure, safeguarding adults from abuse, duty of candour, housing, the Human Rights Act and information from CQC. This meant people who lived at the home had the same information and advice available to them as the staff, which promoted the home's values.

The service level agreement signed by people who lived at the home informed them they were able to have the support of an advocate should they wish to do so. Advocacy services help vulnerable people access information and services, be involved in decisions about their lives and explore choices. One person's care plan recorded in respect of advocacy, 'Currently not needed – I can speak for myself'.

People's families were involved, where people wished them to be and visitors were made very welcome.

Outstanding ☆

Is the service responsive?

Our findings

People who used the service and professionals we spoke with considered the care to be outstandingly responsive. People told us they had a recovery (care) plan in place and confirmed they had been involved in its development. Staff told us that everyone's recovery plan was different and we saw people's individual goals towards recovery and becoming more independent were recorded. A health care professional told us, "There is a strong ethos of patient centeredness and this runs through the organisation. Patients at Recovery House are encouraged to develop their skills with a clear and explicit aim to maximise each individuals own potential."

The recovery plans included information that described the person's personality, their individual care and support needs (including any specific communication needs), their medical history, their interests, their capabilities and their previous lifestyle. Staff told us, because they were a small team and worked with people regularly, they got to know them very well. This helped them identify 'early warning signs' indicating that people were unwell so additional support could be requested, or an admission to hospital arranged. A health care professional told us, "Staff who attend with patients in surgery are knowledgeable about the health needs of their residents." People completed questionnaires at various stages of the programme to monitor their recovery.

There was an activities schedule on display that recorded people's individual activities for each day of the week, as well as a Recovery House groups schedule. This recorded a morning meeting from Monday to Saturday plus various recovery groups, such as 'hearing voices', sound therapy, equine (activities involving horses) therapy, creative art/music, an 'out and about' group and badminton. It was clear from these schedules and from discussions at the morning meeting that people's different interests and capabilities had been taken into consideration, as well as the stage they were at in their individual recovery programme.

One person told us, as a result of preparing their own meals and attending a training course, they had developed an interest in cookery and they planned to make their own Easter eggs. On the day of the inspection they were going shopping with a member of staff to buy Easter egg moulds, but were then independently going out for lunch with people they had attended external group sessions with. Another person was having a one to one session with a member of staff to develop their interest in reading, and another had chosen to have a quiet day in their bedroom. One person sent their apologies to the meeting; they were having a lie-in as they had been to watch the football team they supported the previous evening and had arrived home late. In one person's plan we saw an application they had completed to work as a volunteer. A health care professional told us, "There is a personalised approach – supporting patients to develop their ability and engage in activities which promote social inclusion and worthwhile occupation." People who used the service had started to co-facilitate the 'hearing voices' group in January 2018, which showed that people were actively supported and encouraged to take a lead in managing their own support and recovery.

Effective care pathways had been developed. A health care professional told us, "[Staff] are well connected with other mental health and social care services, and the voluntary sector. They provide part of an

integrated service for patients with long term mental health needs." One member of staff had links with a local college and, as a result, had encouraged people who lived at the home to take part in various courses. One person told us, "I go to [name of venue] to do a film course" and they showed us some of the activities and learning they had been involved in.

People told us that staff communicated with them effectively, and staff described how they communicated with people who had specific communication requirements. For example, one person was reluctant to speak face to face so they were telephoned by health care professionals, even if the health care professional was at Recovery House. Staff had discovered that this person was able to speak much more openly on the telephone than face to face. Staff had also used cards in the past that had helped people to express their emotional state.

Meetings were held on six mornings a week and we observed the morning meeting on the day of our inspection. People who lived at the home and staff spoke about their plans for the day and what they were looking forward to, which promoted the home's value of inclusivity. People who lived at the home were asked how they were feeling and any concerns were explored further. We noted that people were not 'pushed' to speak in the group setting about how they were feeling if they were reluctant to do so. One person was due to be moving to a more independent living environment and was encouraged to tell the other group members about these plans.

People were supported to keep in touch with family and friends. Some people had visits to the home of their relatives, and some people had visitors at Recovery House. They told us their visitors were made welcome at the home. People had their own mobile telephones which helped them to keep in touch with family and friends, and to contact the home if needed whilst they were out.

Some staff had been trained in carrying out innovative 'family work', which was offered to people who lived at the home and their families. Family members could choose to have input even if the person living at the home declined to be involved. This enabled people and/or their family members to explore the person's mental health issues and their path to recovery. One relative gave feedback about their involvement in family work. They recorded, 'Since [my relative] has lived at Recovery House the improvement in them has been a delight to see. They are treated as an individual and their quirks are embraced. The care is exceptional.'

Staff received training on equality and diversity and our discussions with staff demonstrated a non-judgemental approach to providing care and support. Staff told us they respected people's differences and were certain people who lived at the home felt comfortable talking about matters that were important to them. We observed this to be the case during our observations of the morning meeting. Comments from staff included, "We are a small team and we educate each other" and "Staff don't judge – I believe we are receptive to anything."

No formal complaints had been received during the previous 24 months. People told us they understood how to express concerns or make a complaint. They were confident their comments would be listened to, and that staff would, "Try to put it right." Staff told us they would complain on a person's behalf if they were reluctant to do so. They said they would explain to the person why they had to pass on this information and ask them how they would like the information to be recorded. One person who had moved on from the home had sent staff a card expressing their thanks for the support they had received.

People who lived at the home were assisted with their recovery and to move on to more independent living arrangements. End of life care was not part of the home's remit and staff had therefore not required this

training.

Good

Is the service well-led?

Our findings

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

We asked for a variety of records and documents during our inspection; we found that these were well kept and easily accessible. One alert had been submitted to the safeguarding adult's team for consideration in November 2016. The registered manager had not submitted a notification to CQC; they had contacted CQC contact centre who advised them a notification was not required as the alert had not been progressed.

Staff told us the home was well managed. Comments included, "We have a good management and senior management team. This is a good company to work for" and "We are always developing. There is a good balance between managing the service and keeping it homely." This was reflected in the feedback we received from health and social care professionals.

People told us that, at their morning meetings, they were asked if they were satisfied with the support they received. People also told us they felt able to speak to any of the staff or the registered manager if they had any concerns or anxieties. One person had suggested at the morning meetings that they only complete chores on alternate days, and this approach had been adopted.

There were systems in place to monitor the quality of the service provided, including satisfaction surveys, meetings and audits. Satisfaction surveys had been distributed to people who lived at the home; they were asked to comment on how helpful the recovery groups were, how helpful individual sessions were and if they were supported to construct their own well-being plans. One person commented, 'I am allowed to be me'.

Staff confirmed they had team meetings and gave examples of issues they had raised or suggestions they had made, and told us they had been listened to. One staff member said, "The service is always evolving." All staff received minutes of the meeting to ensure they were aware of the information discussed. Management meetings were held; general staffing issues, any new referrals to the service and the progress of the people currently living at the home were discussed. The minutes recorded action points and who would be responsible for carrying out the actions. Staff contributions were recognised. One member of staff had won the organisation's 'Outstanding Contribution to Recovery Services' award for 2017.

Regular audits were carried out on various topics, including care plans, medicines management and the safety of the environment to ensure the service was being operated in accordance with the home's policies and procedures.

Staff described the culture of the home as, "Homely – as close as you can expect to home" and "Open and friendly with a relaxed atmosphere. We are supportive and pro-active." The registered manager told us the

culture of the home was, "Open, honest and responsive." They said, "We listen, and we gain a lot from the people who live here" and "It's a safe place with a homely feel."