

Recovery Support Limited

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Inspection report

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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 announced inspection took place on 31 August 2017. This was the first inspection since the service was registered with the Care Quality Commission (CQC) in July 2016.

Recovery Support Limited is a specialist mental health service which provides personal care and support to adults living in their own homes. The aim of the service is to promote recovery and well-being. At the time of this inspection there were 30 people using the service.

The provider had a registered manager in place as required by the conditions of their registration with the Care Quality Commission (CQC). 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 told us they had no concerns about their safety when they received support from staff employed by Recovery Support Limited. They told us they always received support from a consistent staff team who treated them with respect and promoted their recovery and independence.

Staff had received training in safeguarding adults. They were aware of the procedure to follow should they witness or suspect abuse. They told us they would also be confident to report any poor practice they observed from colleagues and were confident their concerns would be taken seriously by the registered manager.

Improvements needed to be made to the recruitment process to ensure any gaps in an applicants' employment history were identified and explanations properly recorded.

People who received support from staff to take their prescribed medicines told us they had no concerns about this. However, we saw audits of medication administration records (MARs) had not always been sufficiently robust to identify when these records had not been fully completed.

Risk assessments were in place in relation to each individual's mental health needs as well as any environmental risks; these helped to protect the health and welfare of people who used the service and staff. Arrangements were in place to help ensure the prevention and control of infection.

Staff told us they received the induction, training and supervision they needed to be able to deliver safe and effective care. The induction programme in place included training in safeguarding, mental health awareness including the Mental Capacity Act (MCA) 2005, health and safety and complaints handling as well as information about the company ethos and the provider's expectations of staff. Staff were also required to complete a period of shadowing more experienced staff before they were allowed to work independently without close supervision.

The provider was working within the principles of the Mental Capacity Act (MCA) 2005. Staff were able to tell us how they supported people to make their own decisions and choices.

Staff had a good understanding of people's needs and goals. They demonstrated a commitment to providing high quality care which was personalised and tailored to the needs of each individual. People who used the service told us they were able to make changes to their support plan as their recovery progressed.

There were opportunities for people who used the service to comment on the support they received. We noted the responses in the recent satisfaction survey were all very positive. A number of compliments about the professionalism and positive impact of the service had also been received from relatives and professionals involved in people's care.

Staff we spoke with told us they enjoyed working in the service and that the registered manager was supportive and approachable. Regular staff meetings meant that staff were able to make suggestions about how the service could be improved. Staff told us their views were always listened to.

There were systems in place to monitor the quality and safety of the service. The registered manager demonstrated a clear 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 the recruitment processes in place.

People who used the service told us they always felt safe with the staff who supported them. Staff had received training in safeguarding adults and knew the correct action to take if they witnessed or suspected abuse.

People told us staff supported them to take their medicines as prescribed. However, we found medicines audits had not always been sufficiently robust to identify when administration records had not been fully completed.

Is the service effective?

Good ●

The service was effective.

People told us staff always provided the consistent support they needed and that their quality of life had improved as a result.

Staff had received the induction, training and supervision they required to support them to deliver effective and personalised care.

People received the support they needed to access healthcare services. Staff encouraged people to make healthy choices regarding the food they purchased and cooked.

Is the service caring?

Good ●

The service was caring.

People provided positive feedback about the caring nature of staff who supported them.

People told us staff would always promote their recovery and encourage them to be as independent as possible.

Staff demonstrated a commitment to providing high quality,

personalised care and support.

Is the service responsive?

Good ●

The service was responsive.

People told us they were able to make changes to the support they received in order to help them achieve their goals.

There were systems in place for people to provide feedback on the quality of care they received. Any complaints received were fully investigated.

Is the service well-led?

Good ●

The service was well-led.

All the people we spoke with spoke extremely positively about the registered manager for the service. Our discussions with the registered manager showed they had a clear commitment to driving forward improvements in the service.

Staff we spoke with told us they enjoyed working in the service and felt valued by the provider.

Systems were in place to assess and monitor the quality and safety of the service provided.□

Recovery Support Limited

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 inspection took place on 31 August 2017 and was announced. The provider was given notice of our intention to inspect the service because we needed to be sure that the registered manager, staff and people who used the service would be available to speak with us.

The inspection team consisted of one adult social care inspector.

Prior to the inspection we reviewed the information we held about the service such as notifications, complaints and safeguarding information. A notification is information about important events which the service is required to send us by law. We also contacted the Local Authority safeguarding and commissioning teams as well as community based mental health professionals to gather their views about the service.

During the inspection we visited the registered office and spoke with registered manager who was present throughout the inspection. We also spoke with four people who used the service, one relative and four members of staff.

We looked at the care records for four people who used the service and the medication administration records for five people. In addition we looked at a range of records relating to how the service was managed; these included staff training records, quality assurance systems and policies and procedures. We also looked at the responses from the provider's recent customer satisfaction survey.

Is the service safe?

Our findings

People who used the service told us they had no concerns about their safety when supported by staff from Recovery Support Limited. Comments people made to us included, "Staff all look out for me. I feel 100% safe. I trust them and they all do the right thing" and "I feel safe with my support workers and trust them."

We reviewed the systems in place to safeguard the people who used the service from the risk of abuse. Policies and procedures for safeguarding people from harm were in place. Staff we spoke with were able to explain the correct action that they would take if they witnessed or suspected that abuse had occurred. They told us they would also feel confident to report any poor practice they observed and were confident the registered manager would take any concerns very seriously. One staff member commented, "The service we provide is really good. If it wasn't I wouldn't hesitate to whistle blow. I will tell [name of registered manager] if something isn't right and we will sit down to discuss my concerns."

Two people who used the service told us staff had responsibility for managing their money in order to protect them from financial exploitation from others. They told us this arrangement worked well and helped to ensure they were able to meet their financial responsibilities. One person commented, "They look after my money for me. They give me £10 per day. I have agreed to this and I don't want it to change."

We looked at the personnel files for four staff employed to work in the service to check if safe recruitment procedures had been followed. All files contained proof of identity and at least two references. Checks had been carried out 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. This helped to protect people from being cared for by unsuitable staff.

We noted that the provider's application form only asked for applicants to document their employment history over the previous 10 years rather than a full employment history. The registered manager told us the application form would be amended immediately and staff requested to update their employment histories. We also saw there were unexplained gaps in employment for two staff members. The registered manager told us they had discussed these gaps at interview with the people concerned but had not documented their responses. One of the staff members we spoke with confirmed this discussion had taken place and was able to give a satisfactory explanation for the gap we had noted. The registered manager informed us that the relevant employment records would be immediately updated.

Recruitment records we reviewed showed staff were expected to complete a written exercise as part of the interview process. This was used to check the values of potential staff as well as their understanding of mental health and safeguarding. This helped to ensure only suitable staff were employed to work in the service.

We looked at the arrangements in place to provide people with support to take their prescribed medicines. We saw there was a policy and procedure for the administration of medicines which staff were required to

follow in order to ensure safe practice. The registered manager told us all staff had received in-house training on the safe administration of medicines. They told us they were also in the process of arranging additional training from an external provider. We were told all staff were observed to check they were competent to administer medicines safely before they were able to work without supervision. However, we found the template used to record these checks lacked detail about the practice actually observed.

One of the people we spoke with received support from staff to take their prescribed medicines. They told us, "We cook my breakfast together every day and then they [staff] give me my medicines." We looked at the medication administration records (MARs) for five people who used the service. We saw that the records for three people had missing signatures but that the medicines audits completed by a senior member of staff had failed to identify all of these errors. The registered manager told us the provider's representative was a registered nurse and intended to assume greater responsibility for monitoring the way medicines were handled in the service.

We saw that each person's record contained a detailed risk assessment which had been completed by their care coordinator from community mental health services. Recovery Support Limited used this information to develop a risk assessment for staff to follow. However, we noted the risk assessment completed by the service for one person did not include the information that all visits should be undertaken by two staff due to the risks presented. The registered manager told us the care management software used by the service ensured that all visits were generated through this software in accordance with each person's care plan, including when two people were required to support an individual.

When we spoke with one member of staff they told us of one recent occasion when they had found the person they visited was on the floor of their home following a fall. They told us they had assisted the person to get up at their request and had not called for an ambulance; this action meant they could have put the person at risk of injury. When we discussed this with the registered manager they told us they had informed the staff member of the correct action to take should they find a person had fallen in order to protect both parties from the risk of harm.

We looked at the arrangements in place to help prevent the spread of infection. Staff told us they did not generally provide intimate personal care although they were provided with personal protective equipment (PPE) to help reduce the risk of cross infection.

We saw the service had a business continuity plan in place in the event of an emergency which disrupted the ability to deliver care and support to people. This provided information about the actions which would be taken to minimise the risks to people who used the service and staff. We were told that arrangements were in place for staff and people who used the service to be able to contact an on call manager in case of an emergency.

A lone working policy was in place to support staff working in the community. All staff were expected to contact the registered office by text to confirm their safety at the end of each shift.

Is the service effective?

Our findings

People spoken with told us staff had a good understanding of their needs and had the skills to offer them appropriate support. They told us staff would always contact other professionals involved in their care if they had concerns that their mental health might be deteriorating. Comments people made to us included, "Staff know what to do if they think I'm not well" and "Support workers understand me and my illness. They would contact the doctor if they were concerned about me." In addition people who used the service spoke positively about the impact the support they had received from Recovery Support Limited had made on their quality of life. One person told us, "Since they took over I have been doing really well. It's the best quality of life I have ever had." Another person commented, "I have come a long way in the past year with the support of staff from this company. They are understanding of me."

We noted a number of community based professionals had made positive comments about the difference the support offered by Recovery Support Limited had made to the lives of people. One person had written to the registered manager, "I would just like to compliment you and your staff for the difference you have made to [name of person]. Prior to your involvement [name of person] had employed a number of different agencies, none of which were able to meet his demands, all of which increased his anxieties. With your agency he has had continuity of care and I am aware that you have worked really hard to try to accommodate his needs."

We looked at what consideration the provider gave to the Mental Capacity Act (MCA) 2005. The 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. However, people cared for in their own homes are not usually subject to Deprivation of Liberty Safeguards (DoLS). The registered manager told us all the people currently supported by the service had the capacity to consent to their care arrangements; this was confirmed by the records we reviewed.

People who used the service told us staff always respected any decisions they made about how they wanted their support to be provided. One person commented, "I choose what we are going to do." Another person told us, "Support workers are really good. They are respectful of me and allow me to make my own choices." We saw that staff had access to a policy relating to the MCA and DoLS should they have any concerns regarding a person's capacity to consent to their care arrangements.

We looked at the way new staff were trained and supported to work in the service. We saw that the initial induction programme included training in safeguarding, mental health awareness including the Mental Capacity Act (MCA) 2005, health and safety and complaints handling as well as information about the company ethos and the provider's expectations of staff. The registered manager told us the in house

induction programme met the requirements of the Care Certificate; this qualification aims to equip health and social care workers with the knowledge and skills which they need to provide safe and compassionate care. During their induction new staff also spent time shadowing more experienced members of staff in order to familiarise themselves with the needs of people who used the service by reading care plans and spending time in their company. Before the end of the induction period, spot checks and direct observations were carried out by senior staff to ensure new staff members were competent to work independently without close supervision.

We spoke with two members of staff who had been recently recruited. They told us their induction had prepared them well for their role and they were confident they were able to provide people who used the service with safe and effective support.

We saw that there was a system in place to ensure staff completed annual refresher training in required topic areas. The registered manager told us that, as the service developed and the staff team increased, they were in the process of developing a central staff training matrix to monitor all the training completed by staff.

Staff personnel records showed staff were provided with regular supervision. Supervision meetings provided an important opportunity for staff to discuss their progress and any learning and development needs they might have. We noted that an agenda was used for each supervision session which covered topics including staff welfare, safeguarding, health and safety and complaints. We were told all staff would receive an annual appraisal of their performance once they had worked for the company for one year. We saw that inductions, supervisions, spot checks and team meetings were recorded in a staff management matrix.

We noted one community based professional had commented, "I have been impressed with the staff support and training."

People supported by the service lived in their own homes and could therefore eat what they wanted. Staff told us, if they were required to support a person with food shopping or making meals, they would always encourage them to make health choices wherever possible, although they recognised they had to respect the choices people made. One person who used the service told us, "I choose what I am going to cook and staff help me to make it."

People who used the service told us that staff would always contact health professionals for them such as their GP if they had any concerns about their health. One person told us, "They [staff] would always contact the doctor if they were worried about me." We saw that Recovery Support Limited worked in partnership with mental health professionals to help ensure each person received the support they required. People told us staff would always accompany them to health appointments, even if this meant rearranging their schedule to accommodate them.

Is the service caring?

Our findings

People spoken with were consistent in their positive feedback about staff. Comments people made to us included, "All support workers are excellent at their job", "They [staff] will sit down and talk to me if I am feeling down" and "Staff are awesome and so supportive."

The registered manager told us they always tried to match the skills and interest of staff with the people they were supporting. They told us they spent a great deal of time building up relationships with people referred to the service in order to set up packages of support which were tailored to each individual's needs and preferences.

People who used the service told us they always received support from a consistent staff team which helped them to develop trusting relationships. They told us this was one of the main things which set the service apart from other care agencies they had used in the past. One person commented, "I would definitely recommend Recovery Support Limited. I feel every company should work the way they do, based on relationships and trust so you feel able to talk to staff." Another person told us, "I have a cracking team around me. I feel blessed to be supported by such a good company."

Staff were caring and respectful in the way they spoke about people who used the service. They were able to tell us what was important to the people they supported, their likes and dislikes and the care they required. All the staff we spoke with demonstrated a commitment to providing high quality personalised care and support to people. One staff member told us, "It's brilliant to work here. We provide a personalised, tailored service for people."

People who used the service told us staff worked with them to promote their recovery and encouraged them to be as independent as possible. One person commented, "They motivate and encourage me to do things. They are so supportive." Another person told us, "[Name of staff member] has made me more confident. They have a different approach to other companies; they use education and advice."

We saw staff had received information about confidentiality and data protection to guide them on keeping people's personal information safe. All care records were stored securely in the registered office in order to maintain people's confidentiality.

People who used the service told us they had regular conversations with staff about the support they received. They told us staff were always willing to listen to them and respected their views. One person commented, "If I had any disagreements with the way they are supporting me I would tell them." Senior staff we spoke with were aware of how to contact advocacy services should people require access to independent support regarding their care needs. One staff member told us, "I am a voice for people if they need it. If necessary I will contact advocacy services on a person's behalf."

Is the service responsive?

Our findings

People told us staff were always responsive to their needs. One person commented, "[Name of worker] comes twice a week. I don't like to plan things too much. We do whatever I want to do depending on my mood; that's how support should be." Another person told us, "I have goals I want to achieve and staff do their best to encourage me."

Care records we reviewed included a comprehensive assessment completed by the person's care coordinator. This assessment was used to develop a support plan for each individual which focussed on how staff should support them to achieve their goals and promote their recovery. We were told that people were contacted by telephone four weeks after their support had started to check if everything was working well. A senior staff member told us, "We ring people to check how things are going. We will change things around if necessary. Not everyone gets on together. We have to listen to the views of people."

We were told that people's support plans were reviewed as part of the care programme approach; this is the process by which people with mental health needs meet regularly with a multi-disciplinary team of professionals to plan and review their care and support arrangements.

One person told us how they had monthly multi-disciplinary meetings to check that the support they were receiving was meeting their needs. They told us, "We have a meeting every month with everyone involved in supporting me. I am able to make any changes I want to my support plan."

We saw that people were encouraged to provide feedback on the quality of support they received. We looked at the responses from the recent satisfaction survey distributed by the provider and noted all were very positive. Comments people had made in the surveys included, "My care workers are brilliant. I would not know what to do without them" and "I would not be able to live my life like I do if I did not have my support worker." We saw that a relative had also commented, "We are very pleased with the high standard of care [name of person] receives."

We noted the service maintained a log of compliments they had received. We saw that themes from these compliments included the high quality and consistency of support people received, the professionalism of all staff and the difference the support people had received made to their quality of life.

We looked to see how the service dealt with complaints. We found the service had a policy and procedure which told people how they could complain, what the service would do about it and how long this would take. It also gave people details of other organisations they could contact if they were not happy with how their complaint had been dealt with. All of the people we spoke with told us they would feel confident to discuss any concerns they had about the support they received with any member of staff. They told us they were confident their views would be listened to and action taken to resolve their concerns. We noted three complaints had been received since the service had registered with CQC in July 2016. Records we reviewed showed these complaints had been fully investigated and a response provided to the complainant.

Is the service well-led?

Our findings

All the people we spoke with told us Recovery Support Limited was the best company they had used to meet their support needs. They all spoke extremely positively about the way the service was led and managed. Comments people made to us included, "This company does things how it should be done", "[Name of registered manager] sets high standards. She deals with any issues immediately" and "[Name of registered manager] is really nice. Her company is going out of its way to help me."

Feedback we received from community based professionals was also positive about the leadership of the service. Comments professionals made to us included, "The management lead by example and have employed staff with good values from what I have been able to see. The agency liaise with care co-ordinators and other professionals and act promptly when necessary" and "The manager and care workers are well organised. They have provided a high level of care. Communication with the team is excellent and the manager of the team keeps in close contact with me about any concerns."

The registered manager was also a director of the company. They told us they had decided to set up Recovery Support Limited as they were concerned that people with mental health needs did not always receive consistent support from other non-specialist agencies. They told us they had worked hard to develop good relationships with service commissioners and mental health professionals in order to develop their profile as a specialist service provider aimed at promoting recovery and independence. They told us they wanted to be recognised as a service which provided high levels of quality and safety. The registered manager commented, "Quality speaks volumes. I take everything seriously. I will refuse to accept referrals if I don't feel we can meet the needs of the person."

All the staff we spoke with told us they enjoyed working in the service and found the registered manager to be approachable and always available for advice or support. Comments staff made to us included, "This is a very good company to work for", "It's a company that wants the best for people. [Name of registered manager] is supportive and always there if you need her" and "It's brilliant to work here. The service we provide is really good."

Records we reviewed showed regular staff meetings took place. These meetings were used as a forum to discuss the quality of the service provided and the standards expected by the registered manager. We noted staff had been reminded in one meeting by the registered manager that, "The service provided to clients has to be the very best."

Staff told us they were able to contribute to staff meetings and their views were always listened to. We noted the employee handbook provided to all staff, encouraged them to give suggestions about the way the service could be improved.

We looked at the systems in place to monitor the quality and safety of the service. A number of checks were completed by senior staff including those relating to care records and direct observations of staff when they provided people with support. The registered manager told us that, due to the growth of the business, they

intended to recruit a coordinator to support them in the day to day running of the company. In addition, they told us the other director of the company who was a registered mental health nurse, intended to increase the number of hours they worked in the service and would take on the main responsibility for monitoring compliance with all quality standards and regulations.

We saw there were policies and procedures in place to guide staff in all aspects of their work. Staff told us they regularly attended the registered office so they could receive any required updates.

Before our inspection we checked the records we held about the service. We found the service had notified CQC of significant events such as safeguarding allegations. Notifications allow us to see if a service has taken appropriate action to ensure people are kept safe. The registered manager was able to tell us what events should be notified and how they would do this.