

National Schizophrenia Fellowship Devon Enhanced Recovery Service

Inspection report

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Date of inspection visit: 7 and 28 July 2014
Date of publication: 31/10/2014

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

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 and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service. This inspection was announced at short notice.

At our last inspection in November 2013 we did not identify any concerns in the areas in which we looked.

Devon Enhanced Recovery Service provides personal care and specialist mental health support to people living in their own homes after a hospital stay. People are able to access the service only by referral from Devon Partnership

Summary of findings

NHS Trust as part of their discharge planning from hospital. The service also forms part of a wider supported living service run by the National Schizophrenia Fellowship 'Rethink' in Exeter.

When we visited there was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has a legal responsibility for meeting the requirements of the law; as does the provider.

People confirmed that they felt safe and supported by staff. Safety planning formed a daily part of people's support and them taking ownership and feeling empowered to take control and maintain independence. The service and its staff team had an enabling attitude towards informed risk taking and worked closely with other health and social care professionals to ensure people received the right support in line with their specific needs. People could also choose which staff supported them based on the specific skills they brought to the organisation, such as a particular interest or psychological therapy.

Staff understood the Mental Capacity Act (2005) and how it applied to their practice. This ensured that people were assessed appropriately and safeguarded from the risk of their liberties being deprived unlawfully. We found the service to be meeting the requirements of the Mental Capacity Act (2005).

Staff informed us that they received a range of training and regular supervision which enabled them to feel confident in meeting people's needs and recognising changes in people's health. .

People told us that staff were caring and supportive. Staff spoke confidently about people's specific needs and how they liked to be supported. Through our observations and discussions, we found that staff were motivated and inspired to offer care that was kind and compassionate.

There were regular opportunities for people and people that matter to them to raise issues, concerns and compliments through on-going discussions with them by staff and members of the management team.

Devon Enhanced Recovery Service had achieved and were working towards recognised schemes to continually improve the quality of service people received and for people to feel empowered and able to voice their opinions.

The registered manager worked proactively with other organisations to ensure they were following best practice. They strived for excellence through consultation with others, research and reflective practice by means of regular supervision with other professionals and members of the organisation's management team.

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 we spoke with confirmed that they felt safe and supported by staff. Safety planning formed a daily part of people's support and them taking ownership to feel empowered to take control and maintain independence. The service and its staff team had an enabling attitude towards informed risk taking.

Staff understood the Mental Capacity Act (2005) and how it applied to their practice. We found the service to be meeting the requirements of the Mental Capacity Act (2005).

Good



Is the service effective?

The service was effective.

People were encouraged to prepare their own meals with staff support and to develop daily living skills so their independence was maintained.

Staff informed us they received a range of training and regular supervision which enabled them to feel confident in meeting people's needs and recognising changes in people's health. They recognised that in order to support people appropriately, it was important for them to keep their skills up to date.

There was extensive evidence of health and social care professional involvement in people's care on an on-going and timely basis.

Good



Is the service caring?

The service was caring.

People told us that staff were caring and supportive.

Staff spoke confidently about people's specific needs and how they liked to be supported.

Through our observations and discussions, we found that staff were motivated and inspired to offer care that was kind and compassionate.

Good



Is the service responsive?

The service was responsive.

People received personalised care and support specific to their needs and preferences. People could also choose which staff supported them based on the specific skills they brought to the organisation, such as a particular interest or psychological therapy.

There were regular opportunities for people and people that matter to them to raise issues, concerns and compliments through on-going discussions with them by staff and members of the management team.

Good



Is the service well-led?

The service was well-led.

Good



Summary of findings

Staff spoke positively about communication and how the registered manager worked well with them, encouraged team working and an open environment.

The service continually strived to improve to ensure people received a quality and safe service to enable them to feel empowered and able to voice their opinions.

The registered manager worked proactively with other organisations to ensure they were following best practice. They strived for excellence through consultation with others, research and reflective practice by means of regular supervision with other professionals and members of the organisation's management team.

Devon Enhanced Recovery Service

Detailed findings

Background to this inspection

We visited the service on 7 July 2014. We returned to speak to further staff members on 28 July 2014. The inspection team consisted of an inspector.

At the time of our visit there were six people receiving personal care from Devon Enhanced Recovery Service. We spoke with three people, four members of staff and the registered manager. We reviewed three people's care files, three staff files, staff training records, a selection of policies and procedures and records relating to the management of the service.

We reviewed the Provider Information Record (PIR) and previous inspection reports before the inspection. The PIR was information given to us by the provider. This enabled us to ensure we were addressing potential areas of concern. At our last inspection in November 2013 we did

not identify any concerns. Following our visit we sought feedback from commissioners and health care professionals to obtain their views of the service provided to people. We received feedback from six professionals.

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?'

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.'

Is the service safe?

Our findings

People said they felt safe and supported by staff. Comments included: “I feel safe and if I am concerned about anything, I speak to staff” and “There are times when I need staff to take control when I am in crisis, but other than that, I am in control of my life and recovery.”

Safety planning formed a daily part of people’s support and helped people to take control and maintain independence. We saw that people had developed their own Wellness Recovery Action Plans (WRAP). WRAP is a ‘self-management’ tool used to help individuals take more control over their own wellbeing and recovery. It emphasises that people are the experts in their own experience and is based on the premise that there are no limits to recovery. People also had access to emergency contact numbers both within the organisation, which included an on call manager and externally, such as the Samaritans. This showed us the service had systems in place to help people maintain independence whilst ensuring there was a robust support network in place.

People were protected from harm. We spoke with staff about their understanding of what constituted abuse and how to raise concerns. They demonstrated a good understanding of what might constitute abuse and knew where they should go to report any concerns they may have. For example, staff knew how to report concerns within the organisation and externally such as the local authority, police and to the Care Quality Commission (CQC). Staff told us that they had received safeguarding training. We confirmed this by looking at staff records. We saw safeguarding training was renewed on a regular basis to ensure staff had up to date information about the protection of vulnerable people.

The registered manager demonstrated a clear understanding of their safeguarding roles and responsibilities. They explained the importance of working closely with commissioners, the local authority and relevant health and social care professionals on an ongoing basis. We saw evidence that they regularly met with professionals to review people’s plans of care to ensure the service could maintain their safety.

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards. Staff demonstrated a comprehensive understanding of the

Mental Capacity Act (2005) and how it applied to their practice. This showed that staff were mindful of the principles of the Mental Capacity Act and helped ensure that people were assessed appropriately and safeguarded from the risk of their liberties being deprived unlawfully.

Staff received training on the Mental Capacity Act (2005) which enabled them to be confident when assessing the capacity of people to consent to treatment. This meant they were able to recognise what would be deemed as restrictive practice and when there was a need for discussions with other health and social care professionals.

There was evidence that learning from incidents and investigations took place and appropriate changes were implemented. For example, changes to a person’s care plan and risk assessment to reflect current circumstances. We looked at the incident records and we saw that actions had been taken in line with the organisation’s policies and procedures. Where incidents had taken place we saw involvement of other health and social care professionals to review people’s plans of care and treatment, and liaison with the local authority where necessary. This demonstrated that the service was both responsive and proactive in dealing with incidents which affected both people and staff.

People’s individual risks were identified and the necessary risk assessments were carried out to keep people safe. For example, we saw risk assessments for managing anxiety, self-harm and neglect, detention under the Mental Health Act, physical health, medicines management and going into the local community. Risk management considered people’s physical and mental health needs and showed that measures to manage risk were as least restrictive as possible, such as the use of distraction techniques when a person was becoming distressed.

Risk management formed an integral part of personalised support planning. We saw that risk assessments documented people’s risk history and the control measures in place to help mitigate these risks. We saw that joint risk strategy meetings took place. These involved people receiving monthly review meetings with health and social care professionals, staff having monthly team meetings and the registered manager having monthly meetings with professionals and commissioners to assess risk on an ongoing and proactive basis. This showed us the service worked with all relevant parties to help ensure people were protected from risk.

Is the service safe?

One of the service's objectives is to monitor and positively manage risk regarding the mental wellbeing of people and to have a relapse prevention and crisis management plan in place. The overall aim of reducing or preventing people needing hospital admissions. As a result, the service had an enabling attitude towards informed risk taking so that people could live as independently as possible. For example, we saw people were encouraged to have access to objects which could pose a self-harm risk whilst recognising the risks which could be posed and giving staff appropriate guidance to minimise the risks through clearly thought out risk assessments. We saw that self-harm agreements had been developed with people for them to be empowered to make choices and manage their own safety. People also had "recovery boxes" and books which they could refer to if feeling mentally unwell or unsafe.

These resources provided people with reassurance.

Commissioners commented: "We as the Social Care Commissioners are happy with the service provided under the Devon Enhanced Recovery Service. There is good communication between the organisation and ourselves and all incidences are logged and reported on. They support people who present with the most complex and enduring mental illness often presenting with a high risk to themselves and/or others."

Staffing was maintained at safe levels. Staff confirmed that people's needs were met promptly and felt that there were sufficient staffing numbers. We asked the registered manager how staffing levels were assessed. They

explained that staffing was based on how people chose their support times and the times of day they wanted this support to be provided. For example, in the evenings to coincide with returning from their day programme. Where a person's needs increased, staffing was adjusted accordingly and discussions took place with health and social care professionals and commissioners. A member of staff always worked until 2am in order to provide people with crisis support if needed and an on call manager was available 24 hours a day, seven days per week. One person commented: "The staff working until 2am really helps."

We asked the registered manager how they managed unforeseen shortfalls in staffing levels due to sickness. They explained that regular staff would cover the shortfall or bank staff. This showed us staffing levels had been appropriately assessed in order to help ensure people's needs were met.

There were effective recruitment and selection processes in place. We looked at three staff files and saw that completed application forms and interviews had been undertaken. In addition, pre-employment checks were done, which included references from previous employers, health screening and Criminal Record Bureau (CRB) checks completed. CRB has now been replaced by 'Disclosure and Barring' checks which apply the same principles. This demonstrated that appropriate checks were undertaken before staff began work in line with the organisation's policies and procedures. This was to help ensure staff were safe to work with vulnerable people.

Is the service effective?

Our findings

People were supported by staff with the knowledge and skills necessary to carry out their roles and responsibilities.

Staff knew how to respond to specific health and social care needs and were observed to be competent, for example, recognising changes in a person's mental health. Staff were able to speak confidently about the care practices they delivered and understood how they contributed to people's health and wellbeing. For example, supporting people to develop how they coped with emotional situations which had previously caused them distress. Staff felt that people's care plans and risk assessments were really useful so that appropriate care and support was provided on a consistent basis.

People told us how they were supported by staff to prepare their own meals to develop daily living skills and to maintain their independence. We saw that where people had a diagnosis of an eating disorder, care plans and risk assessments outlined the support which needed to be provided by staff and other health and social care professionals. For example, we saw that people had mealtime support plans, which detailed how to encourage healthy eating habits, shopping for food and drink and managing their eating disorder. We saw documented evidence of mealtime support being given and discussions with people about their individual recovery from their eating disorder. In addition, we saw that people had identified personal goals to improve their diet by learning new coping skills through psychological and emotional therapy.

One person commented: "The support is fantastic and the staff are well trained and skilled. The registered manager has a knack of finding great staff. The staff all bring different skills."

A health professional commented: "I have always found that there is a consistent approach from the staff. There is an active role taken by staff to problem solve and respond to individuals needs with creativity when required."

Another professional commented: "The staff are positive about the clients and consistent with the care offered. They can offer face to face and telephone support, one to one and drop in, which is an effective way of providing support."

Staff had completed induction when they started work at the agency, which included training. The induction

required new members of staff to be supervised by more experienced staff to ensure they were safe and competent to carry out their roles before working alone. The induction formed part of a six month probationary period, so that the registered manager could assess staff competency and suitability to work for the service.

Staff informed us that they received a range of training, which enabled them to feel confident in meeting people's needs and recognising changes in people's health. Comments included: "I feel well trained and able to carry out my role competently and confidently" and "I feel able to request specific training and this has been provided".

We saw that staff received a variety of training and were also working towards professional qualifications, including social work and various psychotherapies. This showed that care was taken to ensure staff were trained to a level to meet people's current and changing needs and the organisation recognised the value professional qualifications brought to the service.

Staff received on-going supervision and appraisals in order for them to feel supported in their roles and to identify any future professional development opportunities. Staff confirmed that they felt supported by the registered manager and the wider team. Staff commented: "I always feel able to access support from my manager and never feel awkward in doing so", "The manager is very approachable" and "We work very closely as a team, the manager knows us very well and is always in contact." Staff files and staff we spoke with confirmed that supervision sessions and appraisals took place on a regular basis. Appraisals were structured and covered a review of the year, overall performance rating, a personal development plan and comments from both the appraiser and appraisee. This showed that the organisation recognised the importance of staff receiving regular support to carry out their roles safely.

People confirmed they were able to see appropriate health and social care professionals when they needed to meet their healthcare needs. We saw extensive evidence of health and social care professional involvement in people's care on an on-going and timely basis. For example, GP, psychiatrist, psychotherapist and care manager. These records demonstrated how staff recognised changes in people's needs and ensured other health and social care professionals were involved to encourage health promotion.

Is the service effective?

Where people had a diagnosis of an eating disorder, we saw the active involvement of health and social care professionals, including a dietician and consultant psychologist. For example, to monitor a person's weight. This showed us that people had access to health care professionals specific to their individual needs.

We saw that some people attended a centre for psychological therapy. The centre provides a day

programme focusing on a recovery approach. People attend a programme comprising activity, working groups and twice weekly individual therapy, as well as once weekly small group work. Staff working at Devon Enhanced Recovery Service worked closely with the centre on an on-going basis, in order to provide consistent, joined up and risk assessed support which placed people at the centre of their personal recoveries.

Is the service caring?

Our findings

We visited people in their homes and saw staff involving people in their care and supporting them to make decisions. Comments included: “The service and the staff encourage independence and empowerment. It’s about us taking control, not being told what to do. I have a care and recovery plan, which I have been involved in. My views and preferences are taken into account and the staff all bring different skills and diversity. My privacy is always respected”; “I have a care plan and I was involved in developing it. My views are listened to” and “I feel fully involved in my care and feel valued and respected by staff.”

We saw that the service had received compliments. One person commented: “I just wanted to say a big thank you for all the support you have given me so far, especially while I have been really ill. Especially thank you to the staff.....for the genuine care and support you gave me.....You are all fabulous and I feel really lucky to be getting such good support.”

People were actively involved in the recruitment of staff. For example, people using the service were involved on candidate interview panels and suggesting possible interview questions to help ensure staff suitability to work with them and respond to their needs. People also sat on the organisation’s board and had helped draft the recruitment policy. People could also choose which staff supported them based on the specific skills they brought to the organisation, such as a particular interest or psychological therapy.

Staff said how they maintained people’s privacy and dignity when providing care. For example, when having private conversations with people about self-caring. We saw that staff adopted a positive approach in the way they involved people and respected their independence. We heard and saw staff working with people and they demonstrated empathy through their actions, in their conversations with people they cared for and in their discussions with us.

Staff showed an understanding of the need to encourage people to be involved in their care. For example, expressing how they wished to be supported with personal care and staff recognising the need to promote positive experiences for people to aid their wellbeing through spending one to one time chatting about a range of subjects appropriate for that person.

Staff gave us examples of how they supported people with personal care. For example, where people had refused to shower. Staff explained that they had conversations with people about self-caring and offering one to one support following a shower due to possible emotions triggered. Staff added that it was about ensuring people’s hygiene and suggesting alternatives to achieve this, such as the use of baby or antiseptic wipes and putting clean clothes on. Staff stated that it was important to ensure people’s dignity but at the same time respecting people’s views and choices. Another example given was people having access to razor blades and the associated risks. Staff told us that people were encouraged to give these to staff if they felt at risk of self-harm and how it was about people making the decision to do so. They added that this gave people control, empowerment, independence and a sense of pride if they decided that it would be safer to hand the razor blades to staff or throw them away safely. This showed us people were actively involved in decisions about their care and support and staff worked to find ways to overcome any obstacles.

Staff showed commitment to working with people in imaginative ways, which meant that people felt consulted, empowered, listened to and valued. Staff spoke of the importance of empowering people to be involved in their day to day lives. For example, supporting and encouraging people to recognise personal goals. They explained that it was important that people were at the heart of planning their care and support needs. For example, one staff member commented: “Empowerment is at the heart of what we do. It’s about daily working with people, not assuming things and encouraging choice.” The registered manager commented: “A person centred approach empowers people to be at the heart of the support planning process, setting their own goals and defining their own quality of life.”

People told us that staff were caring and supportive. Staff spoke confidently about people’s specific needs and how they liked to be supported. Through our observations and discussions, we found that staff were motivated and inspired to offer care that was kind and compassionate. For example, staff spoke about how working as a team motivated them and how they gained inspiration from each other. We saw how staff were observant to people’s changing moods and responded appropriately. We

Is the service caring?

observed that staff communicated with people in a respectful way. This showed that staff recognised effective communication to be an important way of supporting people, to aid their general wellbeing.

People were encouraged to express their views and be actively involved in making decisions about their care,

treatment and support. For example, support plans were developed with people and the service communicated with people in whichever way they preferred, such as text, email, telephone call or face to face.

Is the service responsive?

Our findings

People received personalised care and support specific to their needs and preferences. Care plans reflected people's health and social care needs and demonstrated that other health and social care professionals were involved. Staff were also matched with people to make sure they were compatible. For example, people chose which staff supported them based on the specific skills they brought to the organisation, such as a particular interest or psychological therapy.

People designed their own timetables of support around their specific needs and requests. The service used bank and flexible contracted staff so they could meet people's timetables. The registered manager explained that this way of providing support enabled people to get the right service, at the right time and in the right way. Additionally, they added that interventions were flexible, such as text or email support and night time telephone support.

A health professional commented: "Devon Enhanced Recovery are very person focused and work towards the person's recovery or best quality of life outcomes." Another professional commented: "The support the service offers is a good mixture of practical and emotional support which is responsive to the clients' needs and they are good at knowing when more or less support is needed and can respond in a timely way." We read three people's care files, which gave detailed information about their health and social care needs. Care files were personalised and reflected the service's values that people should be at the heart of planning their care and support needs. For example, encouraging people to identify specific goals to aid their recovery.

Care files included personal information and identified the relevant people involved in people's care, such as their care manager and GP. The care files were presented in an

orderly and easy to follow format, which staff could refer to when providing care and support to ensure it was appropriate. Staff commented that the information contained in people's care files enabled them to support them appropriately in line with their likes, dislikes and preferences. We saw that care files included information about people's history, which provided a timeline of significant events which had impacted on them. We saw evidence of people's likes and dislikes being taken into account in support plans. This demonstrated that when staff were assisting people they would know what kinds of things they liked and disliked in order to provide appropriate care and support. Care plans were up-to-date and were clearly laid out. They were broken down into separate sections, making it easy to find relevant information. Alongside care plans, we found information and guidance was available for staff to refer to and understand how particular conditions affected people and how to manage specific situations, such as self-harming behaviour. Staff told us that they found both the care plans and additional information helpful and were able to refer to it at times when they recognised changes in a person's physical or mental health.

There were regular opportunities for people and people that matter to them to raise issues, concerns and compliments through on-going discussions with them by staff and members of the management team. People were made aware of the complaints system. We saw a copy of the complaints procedure. It set out the procedure which would be followed by the provider and included contact details of the provider and the Care Quality Commission. The service had not received any complaints since our last inspection in November 2013. However, we saw that prior to this, where a complaint had been made, there was evidence that it had been appropriately followed up by the management team, for example additional support and training for staff.

Is the service well-led?

Our findings

Staff spoke positively about communication and how the registered manager worked well with them, encouraged team working and an open environment. Staff commented: “Anything I need I can go to the management team”; “The manager is very approachable” and “The manager knows people and staff very well and is always in contact.”

The registered manager also did regular ‘meet the manager’ shifts which ensured people felt in touch and connected to management and had opportunities for feedback. This also ensured that the registered manager remained in touch with people’s specific issues and priorities. We saw that the most recent survey conducted in May 2014 reported that people felt staff genuinely cared and were not just doing a job.

Staff confirmed that they had attended staff meetings and group supervisions and felt that their views were taken into account. We saw meeting minutes which showed that meetings took place on a regular basis and were an opportunity for staff to air any concerns as well as keep up to date with working practices and organisational issues.

We saw that Devon Enhanced Recovery Service worked together with other health and social care professionals and commissioners in line with people’s specific needs. We saw that liaisons took place with the local authority and Care Quality Commission. Staff commented that communication between other health and social care professionals was good and enabled people’s needs to be met. Care files showed evidence of professionals working together. For example, the GP and consultant psychiatrist. For example, medical reviews took place to ensure people’s current and changing needs were being met. This gave opportunities to keep up to date with developments and best practice guidelines

We saw that unannounced visits were carried out by the provider and registered manager. These were conducted on an on-going basis to monitor the quality and safety of the service provided. Areas covered included governance arrangements, people’s support and involvement of health and social care professionals, assessments, care plans and risk assessments, staff training and supervision, team meetings, incidents and accidents, safeguarding and health and safety. Where updates were needed these were followed up by the registered manager. For example,

ligature audits had been reviewed in December 2013 to ensure people’s safety. This showed that the organisation recognised the importance of ensuring that people receiving a service were safe and cared for in a safe and supportive environment.

People were involved with the service in a meaningful way. We saw that people had completed service experience surveys in May 2014. Comments were all positive and included: “Support has been amazing and empowering”; “Staff are genuinely interested in me”; “Staff have clear boundaries but they genuinely care and that is clear”; “The staff allowed me to choose what I wanted to do and make goals and meeting those goals without pressurising me”; “I am treated with respect”; “Staff empower me to be in charge of being safe, but will intervene when they need to” and “The support is flexible and personalised and changes with my needs and how I feel.”

We also saw that the organisation held three monthly area forums where people could meet managers and trustees to air their views and influence changes to the service.

Devon Enhanced Recovery Service had achieved and were working towards recognised schemes to continually improve the quality of service people received and for people to feel empowered and able to voice their opinions.

In addition, we also saw that in 2013 that staff had been nominated and were finalists for team of the year with the service being recognised for its development of a personality disorder service and the registered manager for employee of the year as part of the organisation’s award scheme. The awards praised the staff for how they had successfully developed a personality disorder service which was responsive to people’s needs, empowered people to pursue their own personal mental health recovery and reduced people’s need for hospital admissions.

The registered manager worked proactively with other organisations to ensure they were following best practice. They strived for excellence through consultation with others, research and reflective practice by means of regular supervision with other professionals and members of the organisation’s management team. They explained that they had almost completed their level 5 diploma in adult social care, had completed leadership and development courses and the core management programme and attended organisational working groups.

Is the service well-led?

Professionals commented: “I have found (registered manager) to be a very approachable manager who liaises well with me as a clinician and also with others involved in a person’s care. She attends relevant meetings and her input is always valued. She responds quickly and seems to manage the staff well and knows the clients well herself, which is also appreciated by them” and “There is a strong manager in place locally who has a good understanding of the clients, their needs and where they are in terms of their recovery and needs.”

The registered manager was open and approachable. For example, they were well thought of by staff and people as an effective leader. Staff comments included: “The manager is really supportive” and “Anything I need I can go to the registered manager.” This demonstrated that the registered manager believed in the importance of creating an open environment to enable the quality and safe delivery of care and support.