Together for Mental Wellbeing

Ravenhill Way

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

We carried out an unannounced inspection on 15 January 2016.

The service provides care and support for up to 10 people living with mental health needs, some of whom receive care and treatment under the Care Programme Approach (CPA) and Community Treatment Orders (CTO), of the Mental Health Act 2007. There were seven people being supported by the service at the time of this inspection. In addition two people were visiting on a trail basis in preparation for them moving to the service.

There is a registered manager in post. 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 were safe and the provider had effective systems in place to safeguard them.
There were risk assessments in place that gave guidance to the staff on how risks to people could be minimised. People's medicines were managed safely and administered by trained staff.

People's needs had been assessed, and care plans took account of their individual needs, preferences, and choices. They were supported by staff who were caring, kind and friendly. They were supported to have sufficient food and drinks, and to access other health and social care services when required. People were supported to pursue their hobbies and interests.

The provider had effective recruitment processes in place and there was sufficient staff to support people safely. Staff had received supervision, support and effective training that enabled them to support people appropriately.

The manager and staff understood their roles and responsibilities to provide people's care and treatment in accordance with the requirements of the Care Programme Approach (CPA) and Community Treatment Orders (CTO). They sought people's consent prior to support being provided and care was provided in a way that promoted people's dignity and rights.

The provider had a formal process for handling complaints and concerns. They encouraged feedback from people, their representatives, and health and social care professionals. They acted on the comments received to continuously improve the quality of the service.

The registered manager provided stable leadership and managerial oversight. They encouraged staff involvement in the development of the service. The provider's quality monitoring processes had been used effectively to drive improvements.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

There were effective systems in place to safeguard people.

There was enough skilled staff to support people.

People's medicines were managed safely.

Is the service effective?

Good

The service was effective.

Staff received effective training to develop and maintain skills needed to support people appropriately

Staff understood their roles and responsibilities in ensuring that people's care and treatment was provided in accordance with the requirements of the Care Programme Approach (CPA) and Community Treatment Orders (CTO).

People had enough and nutritious food and drink to maintain their health and wellbeing.

Is the service caring?

Good

The service was caring.

People were happy to live at the service and were supported by staff who were kind, friendly and caring.

People were supported in a way that maintained and protected their privacy, dignity and rights.

Information was available in a format that people could understand.

Is the service responsive?

Good

The service was responsive.

People's needs had been assessed and the care plans took into account their individual needs, preferences and choice. They had opportunities to pursue their hobbies and interests, and to live happy and fulfilled lives.

The provider worked in partnership with people, their representatives and professionals so that they provided person-centred care and support.

The provider had an effective complaints system and they responded to any concerns raised in a timely manner.

Is the service well-led?

Good

The service was well-led.

The registered manager provided stable leadership and effective support to staff.

People who used the service and professionals involved in their care were enabled to routinely share their experiences of the service provided.

The provider's quality monitoring processes were used effectively to drive continuous improvements.

Ravenhill Way

Detailed findings

Background to this inspection

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

This inspection took place on 15 January 2016 and it was unannounced. The inspection was carried out by one inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed information we held about the service, including notifications they had sent us. A notification is information about important events which the provider is required to send to us.

Although most people who used the service were reluctant to speak with us, we were able to speak with three people during the inspection. We also spoke with three care staff, the registered manager and briefly with the provider's operations director who had visited the service on the day of the inspection.

We reviewed the care records and risk assessments for four people who used the service. We checked how medicines and complaints were being managed. We looked at the recruitment and supervision records for three care staff, and training for all staff employed by the service. We also reviewed information on how the quality of the service was monitored and managed and we observed how care was delivered in the communal areas of the home. We sent emails to three healthcare professionals and received verbal feedback from one of them.

Good

Is the service safe?

Our findings

People told us that they felt safe living at the service and that the staff supported them safely. One person told us, "I am fine here." Another person said, "I feel safe and I get on well with everyone."

The provider had up to date safeguarding and whistleblowing policies. Whistleblowing is a way in which staff can report concerns within their workplace. Staff had been trained on how to safeguard people and they had good understanding of how to keep people safe. They told us of the procedures they would follow if they suspected that people were at risk of harm and they knew who to report concerns to. The two care staff we spoke with said that people were safe because they had developed good relationships with staff and other people they lived with. A member of staff said, "People are safe here. We have policies and procedures to follow so that people are safe from incidents or accidents."

There were personalised risk assessments for each person which identified the risks people could be exposed to, the steps to be taken to minimise the risk and the actions to take should an incident occur. For example for one person, it was the risk of a fire if the person smoked in their bedroom. Other assessments included those for risks associated with people being vulnerable during unaccompanied outings away from the home, financial management and a failure to inform staff when not returning to the home after a day out. Also when necessary, some people had detailed risk management plans to support them to manage a number of issues that might cause a risk to their health and wellbeing. For example, management plans had been updated in December 2015 for a person who had been assessed as vulnerable to physical, emotional and financial abuse. Staff had also been supporting them to reduce their smoking and their consumption of foods with high sugar content.

There were robust staff recruitment processes in place. We saw that relevant pre-employment checks had been completed so that staff employed by the service were suitable for the role to which they had been appointed. The checks included reviewing the applicants' employment history, obtaining references from previous employers and Disclosure and Barring Service (DBS) reports. DBS helps employers to make safer recruitment decisions and prevents unsuitable people from being employed.

There was enough, suitably trained and qualified staff to support people safely. The staff rota showed that at least two care staff supported people during the day. The majority of people were able to go on outings unaccompanied by staff and therefore additional staff were not needed for this purpose. This was because support for people who needed could be safely provided within their usual staff numbers. Staff told us that there was always enough of them to support people safely. A member of staff said, "We always have enough staff. Service users are quite independent and we are here to give them support when they need it."

The provider kept a record of all accidents and incidents so that these were monitored and actions taken to minimise the risk of a recurrence. There were also processes in place to manage risks associated with the day to day operation of the service so that care was provided in a safe environment. There was evidence of regular checks and testing of electrical and gas appliances, as well as, systems to minimise fire hazards. For example, we saw that they had an up to date 'fire safety and emergency evacuation policy', fire alarms were

tested weekly, emergency lighting and fire fighting equipment were checked monthly, and they also completed regular fire drills. The local Fire and Rescue service had last inspected the service on 22 July 2015 and they did not identify any concerns. The fire risk assessment had been updated in December 2015 and the report indicated that this would be reviewed again in June 2016. In addition to the provider's own environmental checks, an external organisation had also completed an environmental risk assessment in October 2014 and this had not identified any risks.

We saw that each person had a personal emergency evacuation plan (PEEP) that provided staff with information on what support people required to leave the building safely in an emergency. There was an emergency 'grab bag' located in the office. This contained information and items that could be useful in an emergency including a list of contact numbers, the service's evacuation plan, a phone, a torch, and money for taxis to transport people and staff to a safe place. We noted that the provider had arranged for the use of a local church if people had to be moved from the service and they kept a set of keys if they needed to use it out of normal operational hours.

People's medicines were managed safely and administered by staff who had been trained to do so. Staff completed annual refresher training and had their competencies checked by the manager. The pharmacist who supplied medicines to the home also provided training and we saw that three staff had attended this in May 2015. An up to date 'Medication Policy', and protocols for managing medicines gave staff the information they required to manage people's medicines safely. A medicines risk assessment form had also been updated in October 2015. We noted that two staff administered medicines as an additional safeguard to ensure that people were given their medicines safely. Two people managed their own medicines and there were processes to check that they were able to do so safely. Staff ensured that people's medicines were re-ordered in a timely manner so that they always had enough stock of medicines within the home. All medicines received from the pharmacy were checked and recorded by staff and we saw that these had been stored securely in accordance with good practice guidance, and that there was a system in place to return unused medicines to the pharmacy for safe disposal. Some of the medicines that people took required regular blood tests to check that they did not experience undesired effects on their physical health, and we saw that this had been well managed. The medicines administration records (MAR) had been completed correctly, with no unexplained gaps. This showed that people had been given their medicines as prescribed by their GPs.

Good

Is the service effective?

Our findings

People told us that staff provided the support they required. One person said, "The staff are really good and I get the support I need." Another person said, "They do their best to look after me." Staff told us that they supported people well and supported them to manage their mental health conditions so that they had happy and fulfilled lives.

We saw that people had given written consent to their care and support, being supported with their medicines, and for their care information to be shared with other professionals. Staff understood their roles and responsibilities in ensuring that people gave consent prior to any support being provided. People told us that staff respected their choices and views and supported them in a way that respected their rights. A member of staff supported this view when they said, "We always respect people's rights to make their views know and we respect these. We do not impose anything on them." Some of the people's care and treatment was provided in accordance with the framework set out by the Care Programme Approach (CPA) and Community Treatment Orders (CTO), of the Mental Health Act 2007. We noted that people understood that this required them to be compliant with their medicines and regular reviews by the community mental health teams. Records showed that people were compliant and engaged regularly with mental health professionals.

Where people did not have capacity to make informed decisions about some aspects of their care, we saw that mental capacity assessments had been completed in accordance with the Mental Capacity Act 2005 (MCA). For example, a person who had an appointee to help them manage their money had been assessed as not being able to do so without support. 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. They were able to access community facilities without staff support and they were not constantly supervised. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). None of the people who used the service had any restrictions placed on them that would have amounted to a deprivation of their liberty.

The provider had a training programme that included an induction for all new staff and regular training for all staff. Staff we spoke with were complimentary about the standard of training they had received. A member of staff said, "The training has been really good and useful." Another member of staff said that as well as the training that was compulsory, they were also able to request additional training if they needed this to support people appropriately and effectively. They told us that they had completed training to help them understand how to support people whose mental health condition meant that they heard 'voices' that were not always apparent to those around them. The manager monitored training so that staff updated their skills and knowledge in a timely manner. There was evidence of regular supervision in the staff records, and these meetings were used effectively to evaluate each member of staff's performance and to identify

any areas in which they needed additional support and training. A member of staff said, "Supervision has been really good and I can speak to my supervisor at any time. She is good at explaining things that I might not understand."

People told us that they enjoyed the food and they were involved in planning the menus. We saw evidence of meetings where people discussed and agreed on what could be included in the menus. The menus were varied and took into account people's food preferences, as well as, their cultural and religious needs. A person said, "The food is quite nice and I cook for everyone on Fridays." Another person said, "I like the food here." We saw that people were able to independently and freely prepare snacks and drinks whenever they wanted and none of them were at risk of not eating or drinking enough. One of the effects of the medicines people took was increase in their weight. We noted that this had been monitored regularly to ensure that they maintained it within healthy limits. There was also evidence that staff encouraged people to make healthy food choices and to be physically active.

People were supported to access additional health and social care services, such as GPs, dentists, dietitians, opticians, occupational therapists and chiropodists so that they received the care necessary for them to maintain their health and wellbeing. There was evidence that the provider worked in collaboration with other professionals in order to provide effective care and treatment to people who used the service. Records showed that the provider responded quickly to people's changing needs and where necessary, they sought advice from health and social care professionals. A member of staff said, "People get the right care to improve their lives. If we can't meet certain needs, we work with relevant professionals to get people the care they need." They also said, "We have an Occupational Therapist (OT) who assesses people to see if they need support with their mobility or equipment." We saw that people also received mental health support from various mental health professionals and as part of the CPA, they had an allocated care coordinator who was usually a community mental health nurse.

Good

Is the service caring?

Our findings

People told us that staff were kind and caring. One person said, "The staff are nice and friendly." Another person said, "Staff are good and caring." We observed respectful interactions between staff and people who used the service. There was a happy, relaxed and friendly atmosphere within the service, with a number of people and staff sitting together in the main lounge area. A member of staff said, "As much as possible, we make this feel like people's own homes so that they are comfortable and happy."

People had been actively involved in making decisions about how they wanted to be supported. People told us that their choices and preferences had been taken into account when planning their care and these were respected by staff. In their care records, some people had detailed 'life stories' that included information about their significant relationships and events, preferences, hobbies and interests, and their wishes for the future. This enabled staff to get to know people well in order to provide effective care to them. In order to help people acquire independent living skills, some of them had been supported with their budgeting skills so that they had enough money to do things they enjoyed. Where possible, people had been supported to maintain close relationships with their family members and friends. They were no restrictions when people's friends and families could visit them and some people were also able to visit their relatives.

Staff supported people in a way that maintained their privacy and protected their dignity. Although needing prompting at times, people who used the service were mainly independent in meeting their personal care needs. A member of staff told us that they were always discreet when prompting people while they were in the communal areas of the home, so that they did not embarrass them. Staff also told us how they maintained confidentiality by not discussing people's care outside of work or with agencies that were not directly involved in the person's care. We also saw that all confidential and personal information about people was held securely within the service.

Information was given to people in a format they could understand. Everyone we spoke with was able to understand and complete necessary documents with little support. People's care coordinators from the local mental health teams acted as their advocates in relation to their care and treatment, and information was also available about an independent advocacy service that people could access if required. Notably, in order to enhance a person's understanding of their care plans, staff had made an effort to translate some of it into a language that the person could read and understand well.

Good

Is the service responsive?

Our findings

People's needs had been assessed prior to them using the service and appropriate care plans were in place so that they received the care and support they required. The care plans we looked at showed that people's preferences, wishes and choices had been taken into account when planning their care. It was also evident that in collaboration with their key workers, people had been involved in planning their care and in their regular reviews. People's care plans contained detailed information about their support needs in order for them to receive personalised care. This was used in conjunction with the 'mental health recovery star', a tool that assessed and tracked people's progress in ten key areas including managing mental health, physical health and wellbeing, social networks, employment, and relationships. It was the responsibility of the person's keyworker to record the information at set intervals. Staff told us that the 'keyworker' system had enabled them to develop stronger working relationships with people as they met regularly with them to discuss their care and support plans. A member of staff said, "We try to make sure that the service is led by each person's needs. We work around service users' needs, not the other way round." Another member of staff said, "Service users are getting the care and support they need because their keyworkers regularly review whether their needs are being met." We saw that the care plans developed by the service complemented those produced as part of the Care Programme Approach (CPA) reviews, so that there was a structured approach to supporting people. Also, it enabled people's progress to be measured.

People were supported to pursue their hobbies and interests. People could take part in planned activities within the home or pursue individual interests outside of the home. Staff told us that people could go out unaccompanied at any time and we saw that most people went out regularly. However, some people chose not to do much. A member of staff said, "Activities are planned, but some people are sometimes not keen to take part. During the warm months, we arrange a lot of walks to the local park and to shops or restaurants." We saw 'activity plans' that showed what people did each day of the week. For example, this showed that some people attended a day centre run by 'Mind', the mental health charity. Other activities provided within the home included quiz or movie nights, walks, discussions about current affairs and stories in newspapers. Themed outings were also arranged for people and we saw that some of them had visited the 'Winter Wonderland' display over the festive period. A person told us that they were looking forward to a walk to a fast food restaurant that evening with one of the members of staff. We saw that another person did some voluntary work in a shop owned by a charity for homeless people. People were given leaflets about information that might be of interest to them. For example during the 'black history month' in October 2015, they had been given information about its origins. Also, information about 'mindfulness exercises' had been given to people to support them to achieve optimum mental wellbeing. One of the people we spoke with told us about some of the outings they had been to in recent months and their wish to be able to watch the British Grand Prix live in 2016. They said, "I will try to save up for this." They also said that they used to go the gym a lot in the past, but they had reduced this as it was costly.

The provider had a complaints system in place and information was available to people to tell them what to do if they wished to raise a complaint or if they had concerns about any aspect of their care. There had been one recorded complaints in the 12 months prior to the inspection and this had been investigated in accordance with the provider's policy. None of the people we spoke with had any concerns about how their

care and support had been provided. A member of staff said, "Service users know that they have a right to complain if they are not happy about anything."

Good

Is the service well-led?

Our findings

There was a registered manager in post who was supported by senior support workers. People knew who the manager was and we observed that they interacted openly with her. They said that she was approachable and helpful, with one person saying, "[Manager] is very nice." Staff told us that the manager provided stable leadership, guidance and the support they needed to provide good care to people who used the service. A member of staff said, "The support we get from the manager and senior support workers is really good. They are friendly and they give me the support I need." Another member of staff said, "The manager listens to staff issues and put things in place to support them. I have been supported to have a balance between my work and private life."

The manager promoted an 'open culture' within the service so that people or their relatives and staff could speak with them at any time. Staff told us that they were encouraged to contribute to the development of the service so that they provided a service that met people's needs and expectations. Regular staff meetings took place so that they could discuss issues relevant to their roles. This also enabled the manager to relay important information to all staff so that they provided appropriate care to people who used the service.

There was evidence that the provider encouraged people who used the service to provide feedback about the service they received. Regular meetings were held so that people could discuss any issues that might have had about how the service was provided. The provider had also recently updated some of their paperwork in order to increase people's feedback by supporting them to complete shorter forms, more frequently. This was because people had been reluctant to complete long forms. We heard the manager and a senior support worker discuss the matter during the inspection and although it meant additional work for them, they both thought that it was a positive change. We noted that the provider put these processes in place to provide information that would enable them to make continuous improvements to the quality of the service they provided. We also saw that other health and social care professionals provided feedback about the quality of the care provided during people's individual annual reviews. The professional we spoke with told us that the service provided to the person they supported was very good and they had never had any concerns about the quality of the care. A member of staff said, "This is a good service because we provide good care to people. Although this job is sometimes challenging, it is also rewarding when you see service users achieve the goals they have set." We also saw that the provider had received two compliments from health professionals and one from a person who used the service.

We found the provider had effective systems in place to assess and monitor the quality of the service provided. The manager and the senior support workers regularly completed various audits to assess the quality of the service. These included checking people's care records to ensure that they contained the information necessary to provide safe and effective care. Also, medicine administration records (MAR) and staff files were checked regularly to ensure that they had been completed accurately and they contained up to date and relevant information. The weekly reports completed by senior support workers reviewed a number of areas including safeguarding, complaints and compliments, incidents and accidents, and feedback from key meetings. These were checked by the manager so that any issues could be rectified in a

timely manner. The provider's operations director completed monthly quality audits and they had recently changed their audit system so that it was in line with the Care Quality Commission (CQC)'s key lines of enquiry that we use when inspecting care services. This ensured that they were able to check the quality of their service against the current standards of care and safety. The provider also completed an annual review of the service, but we were unable to see the most recent report as the review had only been completed the day before the inspection. There was also evidence of learning from incidents and that appropriate actions had been taken to reduce the risk of recurrence. Robust records were kept in relation to people who used the service, the staff employed by the service and to evidence how the quality of the service was assessed and monitored.