

Imagine Independence

Crosby Women's Service

Inspection report

9 Stanley Road
Waterloo
Liverpool
Merseyside
L22 5PU

Tel: 01519205667

Website: www.imaginementalhealth.org.uk

Date of inspection visit:
20 May 2019

Date of publication:
11 June 2019

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?	Outstanding ☆
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service: Crosby Women's Service provides supported living accommodation for women with mental health needs who had usually spent a long time previously living in a secure service. The service consists of six individual flats with shared communal living areas. At the time of the inspection six people were being supported.

People's experience of using this service:

Crosby Women's Service was exceptionally responsive to the needs of the people living in the service and promoted a calm and relaxed therapeutic environment for people adjusting to living back in the community from long term inpatient mental health services. Facilities included a therapy room which could be accessed for a variety of treatments by a trained person and communal living areas to encourage people to form social relationships and reduce the risk of feeling isolated. There was also a respite room maintained by the people supported which was available for people planning to move into the service as well as people who had moved on but may need to access extra support.

People living at the service gave us examples of the positive impact the support offered had made on their lives including one person feeling they had 'got their life back' and other people told us how they had been able to develop new friendships and had a sense of purpose through voluntary work opportunities.

People received care and support from staff who were caring and respectful. People's needs had been fully assessed with a significant emphasis to develop trusting relationships with people. The service worked in close partnership with other agencies to achieve this.

There was a strong person centred culture. Support plans were extremely person centred and people were fully involved in the planning and review of their care. Promotion of independence was at the heart of the service as well as supporting people to develop their confidence and ordinary living skills following long periods living in hospital.

Privacy and dignity was respected at all times and people spoke extremely positively about the staff and management team. We were told by one person, "Staff are great, very approachable. The manager is great, the team leader is great. Staff are always here on time and friendly. I can't fault the service".

The registered provider complied with the principles of the Mental Capacity Act (MCA) 2005. Staff understood and respected people's right to make their own decisions where possible and encouraged people to make decisions about the care they received. Consent had been sought before any care had been delivered in line with legal requirements. Where people had conditions under the Mental Health Act 1983, staff were knowledgeable and they were clear in support plans.

People knew how to make a complaint and they were confident about raising concerns should they need to.

The manager worked in partnership with other agencies to ensure people received care and support that

was consistent with their assessed needs.

Safe recruitment practices were in place and people were supported by staff that had undertaken a thorough induction process and training relevant to their roles. Enough staff were employed to meet the needs of the people using the service. Staff were supported through regular supervision, team meetings debriefs and reflective practice sessions. Staff felt well supported by the current manager.

People were protected from the risk of harm and abuse. Staff had received training and felt confident to raise any concerns they had.

Medicines were administered by trained and competent staff and people were supported to be as independent as possible.

Staff had access to personal protective equipment (PPE) to prevent and control the spread of infection.

There were robust governance systems in place to ensure that the quality of the service was monitored.

Rating at last inspection: The service was rated good at the previous inspection (published 28 November 2016).

Why we inspected: This was a planned inspection to check the service was still rated good. During this inspection we found that the service remained good however it had improved in the responsive domain and we have now rated this key question outstanding.

Follow up: We will continue to monitor all intelligence we receive about the service until we return to visit as per our inspection programme. If any concerning information is received we may inspect sooner. For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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 remains safe

Details are in our Safe findings below.

Is the service effective?

Good ●

The service remains effective

Details are in our Effective findings below.

Is the service caring?

Good ●

The service remains caring

Details are in our Caring findings below.

Is the service responsive?

Outstanding ☆

The service was exceptionally responsive and had improved to outstanding

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service remains well-led

Details are in our Well-Led findings below.

Crosby Women's Service

Detailed findings

Background to this inspection

The inspection:

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

Inspection team:

This inspection was completed by one inspector.

Service and service type: Crosby Women's Service is a supported living service providing care and support to people so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for support living; this inspection looked at people's personal care and support.

There was a new manager in post who was currently registering with the Care Quality Commission. This will mean that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

We gave the service two days notice of the inspection visit because it is small and we needed to be sure that people living at the service knew in advance that we would be visiting.

What we did:

Prior to our inspection, we asked the provider to complete a Provider Information Return (PIR). Providers are required to complete this if requested and the document contains key information about their service, what they do well and improvements they plan to make.

We reviewed statutory notifications that had been received and contacted the commissioners who help arrange and monitor the care of people supported by the service. We also reviewed previous inspection reports and this information helped us to plan how the inspection needs to be carried out.

During the inspection we spoke with two people who used the service. We also spoke with five staff including the nominated individual, the manager, a team leader, the quality lead and a support worker. A community psychiatrist nurse (CPN) visited during our inspection so we were also able to gain their views on the service provided. We looked at a range of documents and records related to people's care and the management of the service. We viewed three people's support records, three staff recruitment, induction and training files and a selection of records used to monitor the quality and safety of the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

People were safe and protected from avoidable harm. Legal requirements were met.

Assessing risk, safety monitoring and management

- The service managed risks safely. People living at the service experience long term mental health needs and may be subject to conditions under the Mental Health Act 1983 (MHA). Risk assessments were developed in line with any conditions and specific risks were clearly identified.
- Risk assessments and support plans were reviewed regularly and held up-to-date information for staff to follow. Staff were aware of the risks and how to manage these safely.
- There were risk assessments in place to ensure staff were safe when working alone and each person had a Personal Emergency Evacuation Plan (PEEP) in place. This informed staff of the safest way to evacuate a person from the building in an emergency.

Using medicines safely

- Medication was managed safely. Medication support plans clearly described the level of support that people needed.
- There was a secure storage of and a procedure in place for controlled drugs (CD's). These are medications with additional controls placed on them.
- Medications were stored securely and only administered by staff who had the correct training to do so.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. There was a policy in place to ensure that people were protected from the risk of harm and abuse and there was a designated safeguarding lead in place.
- Referrals had been made to the local authority safeguarding team when abuse had been suspected.
- Staff completed training in safeguarding, demonstrated a good awareness and understood the actions they must take if they felt someone was being harmed or abused.
- Staff were also aware of the whistleblowing process and stated that they would feel confident to raise concerns.

Staffing and recruitment

- Recruitment procedures were safe. Pre-employment checks were carried out on all staff before they were offered a job.
- Rotas showed there were enough staff and people were being supported by a consistent team who knew them well. Staff told us they felt there were enough staff on each shift.

Preventing and controlling infection

- People were protected from the risk of infections and there was personal protective equipment (PPE) such as gloves and aprons available.

- Staff had access to infection control training and a policy to support them in their role.
- The service was clean, tidy and well maintained.

Learning lessons when things go wrong

- Staff demonstrated that they understood how to record, manage and report incidents and accidents safely.
- There was a robust system in place to monitor and review accidents and incidents. Accidents and incidents were reviewed on a monthly basis by the manager and the providers quality lead which enabled them to analyse trends.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care

- People living at Crosby Women's Centre had complex ongoing needs and links with health and social care services were excellent. The manager worked in partnership with local psychiatric services who also provided 24 hour advice and support.
- Assessments were developed from information provided by psychiatric services. This consisted of a comprehensive personal history and robust risk assessments and management plans to ensure any conditions under the Mental Health Act 1983 (MHA) were met in a community setting. This information was used to develop clear and precise support plans.
- People living at the service had often previously spent a significant amount of time living in inpatient mental health services. Moving from a secure environment was planned at their own pace and agreed by the person, the manager and psychiatric services. People could visit and have overnight stays for as long as they felt necessary and there was a dedicated respite room to accommodate this. During the assessment process, the person was fully involved in meetings and reviews and could also have input into how their flat would be decorated.

Staff support: induction, training, skills and experience

- Training records evidenced that the staff received the necessary training and we observed that staff were skilled and knowledgeable. This included training for specific mental health conditions and Cognitive Analytic Therapy (CAT) training. CAT is a programme of therapy tailored to an individual and explores the way a person thinks, feels and acts, and the events and relationships that underlie these experiences. The purpose of CAT is to help the person make sense of their situation and to find ways of making changes for the better.
- Staff received an appropriate level of support for their role through regular supervision and appraisal. There were also regular de-brief and reflective learning sessions held so staff could discuss issues to improve their practice.
- New staff were supported to complete an induction process which was aligned to the principles of the care certificate, which is a nationally recognised health and social care induction.

Adapting service, design, decoration to meet people's needs

- The environment was of a very high standard and appropriate for the needs of people living at the service. Flats were decorated according to personal taste. We were invited into one flat and the person was visibly proud and told us how they had chosen the décor and furniture. There was also evidence of people's artwork displayed in communal spaces.
- One flat was located on the ground floor and was fully adapted for people with physical disabilities. We

also saw records of how staff supported another person to have adaptations made to their shower room. This had helped to maintain the persons independence and ability to continue to live at the service.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to attend all health appointments. Records of all healthcare appointments and their outcomes were written in support plans. This included where staff had made referrals to specialist services in response to changing needs.

Supporting people to eat and drink enough to maintain a balanced diet

- People were encouraged to maintain a balanced diet and support was clearly identified in support plans.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. When people live in their own homes this procedure is completed through the Court of Protection.

We checked whether the service was working within the principles of the MCA.

- People were able to consent to care and had demonstrated this by signing their support plans. There was documentation available should an assessment of capacity be needed.
- We saw that when a person had been discharged from hospital with specific conditions under the Mental Health Act 1983 (MHA), any impact on how consent was affected was clear within support plans and staff had a good understanding of these.
- Staff had received training in MCA and were knowledgeable in what they would do if somebody refused support.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- The service had a strong, visible person-centred culture. People were at the heart of all support planning and support was designed around their goals. People valued the relationships they had developed with staff and we saw examples of genuine respectful and positive interactions throughout our inspection. One person told us, "I want to say that the staff are great and the place is brilliant. The staff listen all the time and empathise even if they don't understand".
- Staff told us they would be happy for a relative to be supported at service. When asked why, one said, "There is something so empowering and nurturing about the service. I love the respect and the lack of judgement and the impact of women helping women".
- Staff were aware of and respectful of people's religious and cultural needs and there was detailed information on notice boards within communal areas describing local services and support networks that people could access.

Respecting and promoting people's privacy, dignity and independence

- People had developed in confidence and had become more independent as a result of living at the Crosby Women's Service. We met one person who told us; "At first I needed a lot of support and now gradually I have got a lovely lifestyle" and further told us, "I used to go to places with staff, now I have my friends that I go to places with".
- Staff also were skilled in recognising the difficulties people had in developing their confidence and ordinary living skills following long term admission into mental health services. One staff told us, "We encourage people to do everything for themselves. [Name] isn't naturally independent. I have to encourage her to do things".
- Procedures demonstrated how independence is encouraged. For example, there was a staged approach to medicines support to support people towards independence. This structured approach is taken at people's own pace and regularly reviewed with the person.
- People's privacy and dignity was respected, and we observed people being treated with dignity and respect throughout our inspection. There was a calm and welcoming atmosphere. One staff told us; "We acknowledge rights to privacy. We always buzz on the door before entering".
- Staff demonstrated a good knowledge around confidentiality and we saw that all personal information was kept securely stored in the office area.

Supporting people to express their views and be involved in making decisions about their care

- Support plans demonstrated that people were fully involved in making decisions about their care and the review of any personal outcomes. There was a monthly reflection sheet for people to record what was working well/not well. The manager explained that some people completed these with staff whilst others

preferred to complete this themselves.

- Communication needs had been considered and people used a variety of communication tools to make decisions and manage anxieties.
- People had access to advocacy services.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

Services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- The service was exceptionally responsive and had a variety of facilities and resources available to people. This promoted a calm and therapeutic environment where people could successfully live as independently as possible. People told us how this support had reduced the risk of being re-admitted back into a hospital environment.
- The service employed a peer support worker. This is a support worker with personal experience of living with mental health needs. Their profile was described in the service user guide and in it they have described the value of their role; "Working with the women has enabled me to share my lived experience in ways that have helped [people] to reflect on matters which ordinarily they would have perhaps struggled to cope with; often in fear of anyone thinking they were not managing". This was achieved through offering emotional support and encouraging people to talk through the house meetings.
- Each flat was self-contained and people were supported to make meals if needed. In addition, there was a communal kitchen and dining area where people could also choose to prepare and enjoy shared meals. One person told us this happened regularly and was a great social event helping people who were new or planning to move into the service to get to know people. This also helped to reduce the risk of people feeling isolated.
- The service also had a therapy room where people could access therapeutic treatments by a fully qualified holistic therapist who visited the service each week. One person confirmed the positive impact of this on their wellbeing and said; "The therapy room is a great coping strategy and I have reiki and aromatherapy". We saw another person participating in an aromatherapy foot spa during our visit and they told us 'It's nice, I love it'. The therapy room was available for people to use at any time and was also used for 1-1 time with staff.
- The respite room was an integral part of the service in supporting new people or people returning for additional support on a short term basis. Staff told us how people living at the service would prepare the room themselves if somebody was due to stay so that it feels welcoming. This demonstrated a sense of empathy between the people receiving support.
- The staff team was all female. This ensured that the support provided could be responsive and sensitive to people's needs. One person living in the service told us, "I feel like I have got my life back and I never knew places like this existed". The visiting community psychiatric nurse (CPN) who visited each week to review people's support and wellbeing described the service as, "The best example of joint working I have experienced in the community".
- Support plans were person centred, and accurately captured personal preferences and histories as well as the choices and decisions that people could make for themselves. The visiting CPN told us; "Staff are really confident with the care plans".
- People accessed a range of social activities and opportunities relating to volunteering. One person told us

"It's great to give back to the community". Another person told us; "I can now go out on my own, I can't remember the last time I walked down the street without staff before I came here".

- Staff supported people with creative ways of recording their feelings and anxieties through the use of personalised communication books and diaries to reduce periods of distress and people's communication needs had been assessed to meet the Accessible Information Standard. The standards were introduced by the government in 2016; ensuring that people with a disability or sensory loss were provided with information in a way they could understand.

Improving care quality in response to complaints or concerns

- People were confident in raising concerns and complaints were effectively managed. There was a complaints policy and information about how to raise a complaint was provided to people when they started using the service. This was also available on notice boards.
- There was a record of complaints kept which had been investigated and responded to appropriately.

End of life care and support

- The service was not currently supporting anyone with end of life care however the manager could access end of life care training for staff if needed.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The manager was clear about the vision for the service. This was also well understood by staff and one staff described it as; "To empower women to live their lives as fully as possible".
- Staff and people living at the service told us that the new manager was approachable and listened if there were any concerns.
- The manager was aware of the statutory Duty of Candour which aims to ensure that providers are open, honest and transparent with people and others in relation to care and support.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The manager had systems in place to assess and monitor the quality and safety of the service. This was supported by the provider's quality lead. There was an annual calendar of audits including medication, support planning, risk assessment and health and safety. The manager also completed a quarterly compliance report which was sent to the provider to provide additional assurance about quality.
- The manager understood their legal responsibility for notifying the Care Quality Commission of events that occurred within the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff said they felt supported in their role and that their views were encouraged and welcomed. Regular meetings and supervisions took place.
- The provider had schemes to recognise and reward staff commitment including good attendance vouchers and long service awards.
- People participated in the running of the service through annual satisfaction surveys and house meetings.

Working in partnership with others

- The manager worked in partnership with a range of community services and other health and social care professionals to make sure people received the right support. The visiting community psychiatric nurse (CPN) told us; "I find Imagine great, love the team here. We share ideas and they link in with our psychologist. The team attend our team meetings once a month".