Croftlands Trust

Lowther Street

Inspection report

81 Lowther St
Whitehaven
Cumbria
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Date of inspection visit: 17th and 23rd April 2015
Date of publication: 15/07/2015

Ratings

Overall rating for this service	Good
Is the service safe?	**Good**
Is the service effective?	**Requires improvement**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Good**

Overall summary

The first day of the inspection was unannounced on 17th April 2015. We returned on the 23rd April to meet with the registered manager and the operations manager.

81 Lowther Street is a Georgian house in the centre of Whitehaven that has been adapted to provide short term accommodation for people with mental health issues.

All referrals for short term care are referred through the mental health team. There is no charge for a stay in the service. The home aims to prevent people from having admissions to hospital and to help people reintegrate after a hospital in-patient stay.

The house can take up to six people in individual rooms. There are a number of shared lounge areas and small kitchens on each floor of the building.

The service is operated by the Croftlands Trust who provide residential accommodation and community support throughout Cumbria. The Croftlands Trust has merged with the Richmond Fellowship and a number of changes were underway in the service.

The service has a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

People in the service told us they felt safe in the property. Suitable security arrangements were in place.

Staff understood their responsibilities in protecting vulnerable adults. People told us that staff treated them appropriately.

There were enough staff on duty to give good levels of support. Recruitment was managed properly. The organisation had suitable disciplinary processes.

Infection control and medicines management were managed correctly.

We looked at evidence provided about training for staff and we judged that training was out of date for some staff. The operations manager said that training had not been as well planned as it should have been. We saw a robust plan that would allow for this to be dealt with during the year.

Staff did show a good understanding of the work they did. Supervision and staff development was underway.

No one in the home was deprived of their liberty. Restraint was not used in the service. Good arrangements were in place to ensure consent was sought.

People in the home were encouraged and supported to get physical and mental health support from professionals. Healthy eating was promoted in the service.

The house was not suitable for people with complex physical disabilities. This was explained prior to admission.

People told us that the staff were caring and were able to give them the right level of support to encourage recovery and independence.

There were regular house meetings and people were encouraged to participate fully in recovery plans. Advocacy was available.

People were given privacy in the house and told us the staff treated them with dignity and allowed them their rights.

Assessments and care plans were detailed and up to date. People were involved with the planning of their care and support. Staff encouraged people to maintain skills and engage in social activities.

Complaints were suitably managed.

Good arrangements were in place for people moving between different support services.

The management of the home was being dealt with appropriately and a number of updates were being made to the systems and procedures in the home.

The registered manager was trained and experienced in management and had a background in mental health nursing. This meant that the manager could lead the staff appropriately in supporting people with on-going mental health needs.

The registered manager and his line manager told us of the plans in place to update and improve on the monitoring of quality. We had evidence to show that quality assurance was already in place and that new systems were being introduced.

The team worked well with local mental health practitioners and mental health professionals told us that the service was of great benefit to people with relapsing mental illnesses.

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.

Staff understood their responsibilities in protecting vulnerable adults.

There were enough suitably recruited staff to support people who used the service.

Medicines were managed correctly.

Good

Is the service effective?
The service was not effective.

Staff had not received training in a planned way that would allow them to have all the skills and knowledge they needed to support people.

No one was deprived of their liberty in the service. Staff understood their responsibilities under the Mental Capacity Act 2005.

People were encouraged to attend health care appointments and to follow a healthy diet.

Requires improvement

Is the service caring?
The service was caring.

People told us they found the staff to be caring. They said that the approach staff took helped them deal with the symptoms of their mental ill health.

People were encouraged to be involved in all aspects of their care and in the day to day arrangements in the house. Independence was promoted.

People could have advocacy support.

Good

Is the service responsive?
The service was responsive.

Assessment and care planning were completed in a detailed and person-centred way.

People were encouraged to maintain and develop social activities.

Transitional arrangements between services were managed well.

Good

Is the service well-led?
The service was well led.

The service had a suitably qualified and experienced manager.

Quality assurance systems were being updated and improved.

The team worked well with local mental health professionals.

Good

Lowther Street

Detailed findings

Background to this inspection

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

This inspection started on 17th April 2015 and was unannounced. We returned for a second day on 23rd April 2015 to meet with the operations manager and discuss future plans for the service and the organisation.

The inspection was conducted by the lead adult social care inspector.

Before the inspection we reviewed the information we held about the service, such as notifications we had received from the registered provider. A notification is information about important events which the service is required to send us by law. We planned the inspection using this information.

We talked to the three people who were using the service when we visited. We spoke with four members of staff over the two days. We spent time with the registered manager and the operations manager.

We looked at the case files for the three people who were in the house. We also looked at a further five files of people who had used the service in the three months prior to our visit.

We looked at five staff files which included recruitment information, supervision and appraisal documents. We looked at information that told us how the service managed issues of a disciplinary nature and how the service supported staff who found their job role to be problematic.

We looked at records of individual and group staff training. We also looked at quality monitoring and quality assurance documents. We were given copies of future plans for the service. We looked at medication management and at records relating to health and safety and maintenance.

We also spoke with mental health professionals and commissioners for the service.

Good

Is the service safe?

Our findings

We asked people who were using this service about how safe they felt in the house. They told us that they felt safe and secure in the property. One person told us: "At home I feel anxious all the time but here I feel the house is safe."

We also asked people about how safe they felt in relation to any risk of abuse. People told us that they felt secure from any potential external abuse in the house. They also told us that the staff team behaved in a professional and supportive manner: "The staff team here are very nice and I have no problems trusting them." Another person said: “There are no abusive staff here… sometimes they have to be firm but they are never aggressive or nasty."

We spoke to the staff on duty about their understanding of safeguarding. They had a good understanding of what was abusive and also were aware of how to make a safeguarding referral. The staff told us that they had not had recent safeguarding training but said that they could discuss any issues both formally or informally with the manager. Staff understood how to contact the Croftlands Trust if they were unhappy with responses from the registered manager. There had been no recent referrals made to the local authority and no concerns in the house.

During our inspection we walked around the building and found it to be safe and secure. People had keys to their own bedrooms but did not have front door keys. People who used the service understood that access to the building had to be carefully controlled. This service had numerous admissions and a decision had been made not to give keys to external doors to people who used the service. People were free to come and go as they wished.

The house was clean and orderly on both days of our inspection. There were simple systems in place to control infection. We were told by the manager that the new policy for the control of infection was to be rolled out and a new contract for the purchase of chemicals was to start shortly.

We asked for copies of four weeks’ worth of staff rosters. These showed that there had been sufficient experienced staff on duty in the last month. Staff said that there was always enough of them in the home to give people suitable levels of support.

We looked at recruitment files for staff. We had evidence to show that references were taken up and new staff were appropriately vetted prior to having access to vulnerable people. We also had evidence in staff files to show that this service managed any poor performance appropriately through disciplinary procedures.

We spoke to people in the home about how their medicines were managed. People told us that on admission medicines were given over to staff. This was an accepted practice in the house and people were happy to have their medicines stored for them. People told us that it was their responsibility to ask for their medicines at the appropriate time and that they were signed for by themselves. We looked at the stored medicines and these were being kept securely and looked after appropriately.

Requires improvement

Is the service effective?

Our findings

We asked people in the home about the skills and knowledge of the staff who supported them. We were told by one person: "The staff team understand mental health problems. I think they get good training and the manager understands mental health."

We looked at staff files and we spoke to the staff on duty. Staff told us that they had received suitable induction and that they were given both formal and informal supervision from the manager. They had received appraisals. Staff told us that they were encouraged to attend training. One member of staff spoke about qualifications they were working on. Another member of staff told us that they had been encouraged to maintain a professional qualification. We learnt that staff could attend specialist training that would meet the needs of people who used the service.

We were given a copy of the training matrix which showed that in the previous year staff had attended some training. We saw that, for example, some staff had attended training on supporting people with personality disorders and others had been trained on helping people with eating disorders. The manager delivered training on mental health awareness.

We noted that some staff needed refresher training and that some basic training needed to be delivered. Training had not been planned to meet needs but had been accessed on an ad hoc basis. We spoke with the operations manager who explained to us that due to major changes in the organisation, training had not been as well-planned as it could have been. This had been identified in quality monitoring and new plans put in place.

We received a copy of the Croftlands Trust training plan for the year that showed the plans in place would deal with the gaps in training. Staff confirmed that they were registered for new training and updates to basic training.

Despite some of the gaps in training we judged that the staff we met were knowledgeable and skilled. Staff we spoke to understood mental health and mental capacity legislation. We had evidence to show that staff were supported by the registered manager to look at up to date good practice in supporting people with mental health problems. Staff were able to discuss therapeutic approaches. We spoke with the manager and operations manager who outlined their plans for improving the therapeutic approaches in the service.

People who came to the service did so on a voluntary basis. People who were under restrictions related to mental health legislation were not admitted to the service. No one who lacked capacity was admitted to the service and no one in the service came under the Mental Capacity Act 2005. No one in the home was being deprived of their liberty and people understood the terms on which they agreed to come into the home. Restraint had never been used in the service and the staff team were careful about initial assessment so that anyone who would need this form of intervention would not be admitted to the service.

People told us that they were very clear about what was expected of them when they were in the service. Consent to arrangements for their stay was gained on admission. People told us that the care and support plans were written with them and that they consented to things like having their medicines stored securely.

We saw in support plans that people were encouraged to attend any health appointments. Where people had come from other parts of Cumbria local arrangements were made if the person needed health care. The local mental health team and the crisis intervention team were involved with the on-going care, treatment and support of people who used this short term service.

On the first day of our visit we met with two service users who were preparing dinner. We learnt that people were encouraged to cook wherever possible. People had access to a wide range of food for breakfast, lunch and snacks. We were told that when people were not able to cook the staff would take the lead in meal preparation.

We looked at stored food in the home and saw that there were suitable, nutritious foods available. People told us that they were encouraged to eat as healthily as possible and that their options and preferences were taken into account. One person told us that because the service was near to supermarkets and local shops food shopping for fresh ingredients was done daily. This person said: "It's really good that we are expected to shop and cook because when you go home you have to do this for your family.

Requires improvement

Is the service effective?

When I've spent time in hospital where you don't have to do this I found it really difficult to get back into cooking and meal planning. When I have been here it's much easier to get back to doing these things."

81 Lowther street was a listed Georgian property in the centre of Whitehaven. There were certain restrictions on the property that meant it could not be adapted for people with physical disabilities. We had evidence to show that the limitations of the building would be considered prior to any person being admitted .

We recommended that training for staff at all levels be given a high priority in the coming year.

Good

Is the service caring?

Our findings

People told us: "The staff are amazing… Really good, they understand and really care." We spoke at length with one person who explained to us that the caring approach of staff was very different from their experience of how they were cared for in a hospital setting. This person told us: "When I first came here I thought that staff were a bit harsh because they expected me to care for myself. I have been in the service a lot and I understand now that this firm approach is done so that I can get myself back on an even keel. I think that this is real caring… I like the structure."

This service user also said that this had helped prevent some harmful behaviours and the regular stays in the service had gradually improved the symptoms of their mental illness.

We also looked at discharge questionnaires that people had completed over the year. Every questionnaire confirmed that the staff team were caring and supportive.

People told us that there was a weekly house meeting where they could decide on activities, menus and household tasks to be completed. We also saw that people were very involved in their individual support plans.

People told us that they could have advocacy support if necessary. We learned that everyone who came to the service had either a mental health social worker or community psychiatric nurse. People said that they continued to have suitable levels of support from other professionals while they were in the service.

People told us that they were treated with respect and dignity. Everyone had a key to their own bedroom and they said that their privacy was respected. We spoke to staff who told us that they completed risk assessments but normally they did not enter people's bedrooms without permission.

When we spoke with staff and people who were in the service we had a strong impression that encouraging independence was one of the values and aims of this short stay service. We saw that this was written into care plans. For example people were expected to make their own appointments with health professionals, with the benefits office or with housing officers. Staff said that they would help people to access information but that they would strongly encourage people to manage their own lives.

Good

Is the service responsive?

Our findings

The people we met during our visits told us they were happy with the way the service responded to their needs. This project gave people with enduring mental health problems a place of respite and safety. The project was used to prevent admission to psychiatric care. It was also used when a person had received psychiatric treatment and no longer needed to be in an acute setting. Some people came in to the service to prepare themselves for returning home.

We spoke to people who had never been in the service before but had received some psychiatric care. One person said: "Lots of things happened at once and I really was in crisis but I wasn't judged to be so ill that I needed to go to hospital. I have been in hospital before and it really wasn't what I needed this time. I'm so relieved that I am in here and so far I've had lots of support from other people in the service and from the staff. I just need time and space to rebuild my life."

We spoke to another person who had been in the service on a number of occasions. They told us that the recovery planning for their disorder included stays at Lowther street. This person told us that, although this had taken some time, they could see that they were improving. This person said: "This house is a safety net for me… but it also allows me to work on things that will improve my mental health."

Prior to admission to the service the staff team expected to see an assessment of need and a risk assessment and a care plan written by a mental health professional. We looked at a number of case files. We saw that all suitable information was on file to allow the staff to make an assessment of need prior to admission. On admission staff assessed individual's needs with them so that they had a good picture of both the professionals' view and the needs of the person themselves. The assessments showed that the staff team also helped people in terms of social care support. We saw holistic assessments of need that went beyond the mental health needs of each individual. This might include involvement with families, physical health needs and things like housing and financial worries.

These assessed needs were then transferred into care and support plans. We read a number of these and we saw that these had person centred aims and goals for individuals.

Recovery plans were in place. We judged that these were suitable and met individual needs. An external quality audit had highlighted some areas where improvements could be made and we saw that this had been considered and that the staff were keen to continually improve the way the care and support plans were written.

Each stay was reviewed by the staff team and the relevant mental health professionals. People in the service told us that even if they had been in the service on a number of occasions their needs were always reviewed and the care plans updated. Some people who came new to the service were only admitted for a 72 hour assessment. This was done so that the staff team could ascertain whether the project was right for this person's needs. The staff said that, in some ways, this increased the risks in the service but they felt that they needed to do this to give new people the opportunity to have this kind of support rather than have a hospital admission.

The support plans showed that education, social integration and activities were planned when people were in the service. People were supported and assisted to think of daily activities that they needed to maintain or improve on. They were also encouraged to develop hobbies and interests and to engage in social interaction with people in the home. Staff were able to offer a range of options and choices in the community so that people could try new activities that would support and benefit their recovery from mental ill-health. We judged that people were given suitable options and the staff encouraged people to engage with normal everyday activities.

A copy of the complaints procedure was place in each bedroom. People told us that staff discussed this with them on admission. No one we met had any complaints and there had been no formal complaints received in the last year. People told us that they would discuss any issues with the staff or with the registered manager or with their care coordinator. Weekly meeting minutes showed that any issues were raised with staff before they turned into complaints.

We saw evidence to show that, because this is a short stay service, there were good arrangements in place to allow for smooth transition between services when necessary. The team had good relationships with the crisis intervention team and the local hospital psychiatric ward.

Good

Is the service well-led?

Our findings

The service was managed by a suitably experienced and trained person who was registered with the Care Quality Commission. The registered manager had a mental health qualification and had also completed training in management matters. He told us that he was to undertake more advanced mental health training in the near future so that he could continue to maintain his clinical practice.

The home also had a deputy manager who had suitable experience and training. We met with people who used the service who told us that they felt that the home was "managed well" and "I have a really good relationship with the manager who understands my problems and I think he helps the staff to understand the things people in the home need."

We spoke with the staff we met on both days and they said that the manager worked with them and was very involved in supporting service users. Staff told us that they had learnt a lot from the manager. We have evidence from speaking to both staff and service users that the manager had developed the culture in the home. We saw that there was person centred approach and each person was respected as an individual.

We observed staff working with people in the home and with external professionals. In all these interactions we found evidence to show that staff had a non-judgemental approach. People were treated appropriately and were valued as individuals. There was an open and professional approach to supporting people in recovery which was led by the manager.

People told us that they were consulted on their individual care needs and that there were residents' meetings every week. They said that they were consulted about all aspects of their stay. We noted that when a person was discharged from the service they were given a questionnaire. There was a good return of these surveys. We looked at these and saw positive comments. We also had evidence to show that any minor issues in the questionnaires were dealt with by the staff team.

These surveys were part of the home's quality assurance system. We noted that the manager audited care plans and that each individual stay was reviewed by the staff team and mental health professionals. We also noted that the manager monitored staff performance on a regular basis. There were a number of systems in the home which were there to make sure that day-to-day tasks were undertaken correctly.

The provider was actively working on introducing a new system of quality monitoring of which would be used in all of the Croftlands trust services. We saw that the registered manager was receiving training, guidance and information packs on the new system. We spoke with the operations manager who told us that by the end of the year they hope to have the new system up and running.

We noted that the operations manager visited the service on a regular basis. She did this to give the registered manager supervision, check on the budget and on the delivery of care and services in the home. These visits were part of the quality monitoring system.

Prior to the inspection we had spoken to professionals from health and social care. We received positive comments about the work done in the home. We had a longer discussion after the inspection with a mental health professional. We gathered evidence to show that there was good partnership working between the staff team and the local health professionals.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

This section is primarily information for the provider

Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.