G Plane and Miss D Newman

104 Tennyson Road

Inspection report

104 Tennyson Road
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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

Overall summary

We carried out an unannounced inspection on 4 and 8 September 2015.

The service provides care and support for up to eight 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.

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 in a timely manner.

Summary of findings

The provider had effective recruitment processes in place and there was sufficient staff to support people safely.

The manager and staff understood their roles and responsibilities in relation to the care and treatment of people under the Care Programme Approach (CPA) and Community Treatment Orders (CTO).

Staff had received supervision, support and effective training that enabled them to support people appropriately.

People were supported to have sufficient food and drinks. They were also supported to access other health and social care services when required.

People were supported by staff who were caring, kind and friendly.

People's needs had been assessed, and care plans took account of their individual needs, preferences, and choices.

People were supported to pursue their hobbies and interests.

The provider had a formal process for handling complaints and concerns. They encouraged feedback from people, 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.

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.

There were effective systems in place to safeguard people.

People's medicines were administered safely.

There was enough skilled staff to support people.

Good

Is the service effective?
The service was effective.

Staff received effective training to maintain and develop the skills needed to support people well.

Staff understood people's care needs and provided the support they needed.

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

Good

Is the service caring?
The service was caring.

People were supported by staff who were kind, friendly and caring.

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

Information was available in a format that people could understand.

Good

Is the service responsive?
The service was responsive.

People's care plans took into account their individual needs, preferences and choices.

The provider worked in partnership with people, their relatives and professionals, so that people's needs were appropriately met.

The provider had an effective complaints system.

Good

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

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

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

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

Good

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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 4 and 8 September 2015, 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 also reviewed information we held about the service, including the notifications they had sent us. A notification is information about important events which the provider is required to send to us.

During the inspection, we spoke with four people who used the service, three care staff, the trainee manager, the registered manager, the training manager and the interim provider.

We reviewed the care records and risk assessments for four people. We checked how medicines and complaints were being managed. We looked at the recruitment and supervision records for two care staff, and training for all staff employed by the service. We saw the report of the local authority review in February 2015 and the related action plan. We also reviewed information on how the quality of the service was monitored and managed and we observed care in the communal areas of the home.

Good

Is the service safe?

Our findings

People told us that they felt safe living at the home, and had no issues with how the staff supported them. A number of people had been living at the home for more than three years and they felt comfortable. One person told us about their unpleasant experiences in previous care settings and said, "I have been in some really nasty places before and this is the nicest place I have ever lived in. You feel safe and do not feel that anyone would hurt you." Another person said, "It's the best place I have been for years and I get on really well with others."

The provider had up to date safeguarding and whistleblowing policies. Whistleblowing is a way in which staff can report misconduct or 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. They all said that people were safe because of the relationships they had developed with the staff team and other people they lived with. One member of staff said, "People are safe here. I have never been concerned about that." Another member of staff said, "People are not at risk from staff or others. There have not been any arguments amongst the people we support because they all get on really well."

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 be take should an incident occur. The assessments included those for risks associated with unaccompanied outings away from the home, nutrition and the home environment, such as bedroom checks, smoking in bedrooms, and exposure to hot water and hot radiators. A member of staff told us that they always documented, shared information with colleagues and monitored any identified risks. They gave us an example of how they were helping a person to understand how smoking in their bedroom was putting them and others at risk of injury caused by fire. In addition, there were assessments for mental health risk and we noted that the Galatean Risk and Safety Tool (GRIST) was being used for this purpose. A range of relevant areas had been assessed using this tool in order to reduce risk, improve people's wellbeing and help them to live safely in the community. We saw that risk assessments were reviewed regularly or when people's needs changed.

There were robust recruitment procedures in place. 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 duty schedule showed that there was at least two care staff to support people during the day. Additional staff were rostered if they were required to support people to attend appointments or to take part in recreational activities away from the home. Staff told us that there was always enough of them to support people safely. One member of staff said, "We have enough staff at present and we would normally call someone on the 'bank list' if we needed additional staffing. This seems to work well." This was supported by people who used the service, who told us that there were always enough staff to support them. One person said, "There is always staff to talk to if something is worrying me."

A record was kept of all accidents and incidents and where required, people's care plans and risk assessments had been updated following this. 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 prevent the risk of fire. The fire risk assessment had been updated in June 2015 and staff had access to the fire safety procedure to help them manage any incidents safely.

People's medicines were managed safely and administered by staff that had been trained to do so. Two staff administered medicines as an additional safeguard to ensure that people were given their medicines as prescribed. The ordering process included an online form to order repeat prescriptions and medicines received from the pharmacy were checked and recorded by staff. The medicines were stored securely, in accordance with good practice guidance, and there was a system in place to

Good

Is the service safe?

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. Audits of medicines and MAR were completed daily as part of the handover process and any issues identified had been rectified promptly. A regular audit had also been completed by the manager and no issues had been identified. The pharmacist that supplied the medicines to the home also completed annual audits and the most recent one had been completed in June 2015. They also occasionally phoned the staff to check if they had any issues with medicines and no issues had been identified during these audits.

Good

Is the service effective?

Our findings

People told us that staff had the right skills to provide the support and treatment they required. One person said, "Staff are excellent. They all do their jobs really well." Another person said, "The staff give me the support I need, they are a good bunch." A third person said, "We get plenty of support here." Staff told us that they supported people well and helped them to take more control of their lives and their recovery. They gave us an example of how they were supporting someone to develop more independent living skills so that they could move into their own home in the future. The person also told us how much skills they had already developed in their short time at the home and their aim to make independent living a successful reality.

People consented to their care and treatment as they all had the mental capacity to give informed consent. Staff understood their roles and responsibilities in ensuring that people consented to their support and treatment. They respected people's choices and views and supported them in a way that respected their rights. One member of staff said, "We respect people's decisions if they do not want to do anything. We prompt and motivate people to be more active and involved, but we can't force them." They further gave us an example that although people were able to go out unaccompanied, some chose not to do so. As part of people's treatment under the Care Programme Approach (CPA) and Community Treatment Orders (CTO), of the Mental Health Act 2007, they understood that they were required to be compliant with their medicines treatment and regular reviews by the community mental health team. Records showed that people were compliant and engaged regularly with mental health professionals.

The provider had a training programme that included an induction for all new staff and regular training for all staff. We noted that new staff had been registered to complete the Care Certificate and a member of staff showed us that they were already progressing through the programme. As well as the training that was compulsory, some of the staff had also completed additional training in equality and diversity, and end of life care. The training manager monitored this so that staff updated their skills and knowledge in a timely manner. Staff said that they had received sufficient training to enable them to support people well. However, they had also identified that they needed more training to understand people's various mental health needs and the provider was in the process of sourcing appropriate training. Staff had been able to gain nationally recognised qualifications in health and social care, including National Vocational Qualification (NVQ) and Qualifications and Credit Framework (QCF). Some of the staff had also achieved higher qualifications, including degrees in related subjects.

There was evidence of regular supervision in the staff records, and these meetings were used as an opportunity to evaluate the member of staff's performance and to identify any areas in which they needed additional support. One member of staff said, "I get regular supervision and a lot of informal support too. I spoke with the trainee manager today and told her that I do not have any concerns at all."

People told us that they enjoyed the food and were also involved in the planning of the menus. We saw evidence of these meetings and people told us about the different meats they had tried and enjoyed recently, including wild boar burgers, ostrich and kangaroo. One person said, "They cook good food, I can't praise them enough." Another person said, "The food is very good. It's five stars really, compared to hospital food." People told us that they sometimes helped to cook meals for everyone and we saw that one person was also being supported to learn to cook their own meals. None of the people who used the service were deemed to be at risk of not eating or drinking enough, and their weight had been checked regularly to ensure that they maintained their health and wellbeing. One of the effects of the medicines people took was an increase in weight and staff told us that they supported people to eat healthy foods and exercise. We noted that a person was steadily losing weight as a result of the staff support.

People were supported to access additional health and social care services, such as GPs, dentists, dieticians, opticians, occupational therapists and chiropodists so that they received the care necessary for them to maintain their health and wellbeing. Records indicated that the provider responded quickly to people's changing needs and where necessary, they sought advice from other health and social care professionals. People also received mental health support from various mental health professionals and as part of the CPA, they had an allocated care coordinator,

Good

Is the service effective?

who was usually a community mental health nurse. There was evidence that the provider worked in collaboration with these professionals in order to provide effective care and treatment.

Good

Is the service caring?

Our findings

People told us that staff were kind, friendly and caring. One person said, “The staff are lovely and talk to you nicely.” Another person said, “Staff are friendly enough and easy to talk to if you have problems.”

We observed respectful interactions between staff and people who used the service. There was a happy, relaxed and friendly atmosphere within the home. One member of staff said, “I love it here. I think we provide a home from home for people. On the whole, we are like one happy family.”

People were treated well and they were actively involved in making decisions about how they wanted to be supported. Their choices had been taken into account and respected by staff. Each person had a record titled ‘My life story’, which included their significant relationships and events, preferences, hobbies, interests, wishes for the future, and their perception of their mental health or welfare. This enabled staff to understand people well in order to support them to achieve and maintain optimal health and wellbeing.

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 cause people unnecessary embarrassment. 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 was held securely within the home.

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 also acted as their advocates for care and treatment and information was also available about an independent advocacy service that people could access if required. Some people told us that they had at times, received support and advice from the mental health charity, Mind.

Good

Is the service responsive?

Our findings

People had a wide range of support needs and these had been assessed, and appropriate care plans were in place so that they received the care and support they required. The care plans we looked at indicated that people's preferences, wishes and choices had been taken into account in the planning of their care and that people had been involved in this process. Together with people who used the service, their allocated keyworkers reviewed the care plans monthly or when their needs changed. People knew who their keyworker was and they confirmed that they were involved in the monthly review of their care plans. 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. One member of staff said, "We always review the care plans with each person. One of the people even types their own monthly review record and they enjoy taking control of their own care." The care plans developed by the service complemented those developed during the Care Programme Approach (CPA) reviews.

People were supported to pursue their hobbies and interests. Staff told us that people could go out unaccompanied at any time, but some chose not to do so. A member of staff said, "It is sometimes very difficult to motivate people to take part in activities, they normally do bits and pieces of what they are interested in." Another member of staff said, "People enjoy some of the planned trips out, but at home, we encourage them to help in domestic tasks like cooking, so that they are not bored and they maintain their skills." People had a planner, titled 'My aim for today' which helped them to plan their day. The four people we spoke with told us about some of the outings they had been to in recent weeks, including a day trip to Clacton on Sea and Paradise Wildlife Park. One person said, "I don't go out much into town apart from when I need to go to the bank. I enjoy trips out though, they are brilliant." Most people told us that they used the bus to visit the town centre and they liked the convenience of the bus stop being located just outside the house. One person told us that they regularly visited a scheme run by the Salvation Army to socialise and had made friends there. They also told that they had been bowling once and enjoyed it, although they did not feel that they were very good at it. A recent barbecue held at the provider's other care home had been enjoyed by those who attended. Some people were being supported to increase their exercise and one person was regularly playing tennis or badminton with staff. Another person attended the gym. A 'daily activities log' and a 'social activities log' had been completed for each person to evidence how they occupied most of their time.

Some of the people were occasionally visited by family members and one person told us that they regularly visited various relatives. People told us that they got on really well with the others they lived with and one person said, "Living with others means that you always have company and someone to talk to." The provider had met people's request for a cat and we observed that they were proud of how well they looked after it. People also told us that their birthdays were special events as staff 'got out of their way' to buy them birthday cards and cakes.

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 two recorded complaints in the last 12 months prior to the inspection and these had been investigated in accordance with the provider's policy and to complainants' satisfaction. One of the complaints was from a neighbour about people dropping litter from cigarettes in their front garden and we saw that this issue had been discussed in various meetings to remind people to dispose of these appropriately.

Good

Is the service well-led?

Our findings

There is a registered manager in post who is supported by a trainee manager and a senior care staff. Staff told us that the registered manager provided stable leadership, guidance and the support they needed to provide good care to people using the service. The registered manager split their time between the two of the provider's services, but staff told us that they spent at least once a week at the home. Where necessary, they were also available to contact by phone.

Staff told us that the registered manager was approachable, supportive and promoted an 'open culture', where they, people or their relatives could speak to them at any time without a need to make an appointment. One member of staff said, "I really enjoy my job because we get the support we need to do our jobs well. Another member of staff said, "The manager will at times, contact us from home to check if we needed any help." They also told us that they worked well as a team, were encouraged to contribute towards the development of the service, and that their competence and experience were valued, adding "Teamwork is excellent here. It also gives us confidence that the registered manager can trust us to manage things." We saw that regular staff meetings were held for the staff to discuss issues relevant to their roles. Staff said that the discussions during these meetings were essential to ensure that they had up to date information that enabled them to provide care that met people's needs safely and effectively. The provider was also sourcing further training in order to improve their staff's skills and knowledge in supporting people to maintain optimum mental health.

There was evidence that the provider encouraged people, their relatives, and health and social care professionals to provide feedback about the service by sending annual surveys, so that they had the necessary information to make continuous improvements. The results of the survey completed 2014 showed that everyone was happy with the quality of the service provided. This was supported by some of the people's comments including, 'I am happy with everything, it is a nice place to live in'; 'I get good care'; 'my treatment is being managed well'. Weekly meetings were also held with people who used the service, but these had been recently reduced to monthly because the majority of people agreed that these had been too often and they normally did not have anything new to talk about. The last meeting with the relatives of people who used the service was held on 31 August 2015, but only one relative had attended. We noted that discussions during this meeting included a review of the previous six months and plans were made to further improve the physical environment of the home.

A number of quality audits had been completed on a regular basis to assess the quality of the service provided. These included checking a sample people's care records each month, as well as, weekly audits on health and safety, medicines management processes, cleanliness and infection control measures, and food hygiene. Fire safety checks also included the weekly testing of the fire alarm, emergency lighting, and fire doors to ensure that these would work appropriately to protect people in a fire emergency. The provider also completed monthly quality audits and they had now changed their audit system so that it was in line with the Care Quality Commission (CQC)'s key lines of enquiry, used when inspecting care providers. The interim provider told us that this made it easier to identify any areas they would need to improve on. Where issues had been identified from these audits, we saw that prompt action had been taken to rectify them. 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.