

Richmond Fellowship (The) Carlisle Community Services

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 well-led?	Good ●

Summary of findings

Overall summary

Carlisle Community Services provides care and support to people with mental health needs living in 'supported living' settings, so they can live in their own home as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support. At the time of our inspection there was 1 person using the service.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service and what we found

The provider had made improvements to the way the service was managed. There were governance and quality assurance systems in place. Audits were up to date and identified any lessons learnt following incidents and accidents so that action could be taken to keep people safe. There were enough staff to meet their needs.

Relatives told us they felt their family member was safe and staff understood the importance of following procedures to ensure safety and quality care. They told us the registered manager was very effective with communicating with them and they felt confident about raising any concerns.

Relatives told us they knew the staff and manager well. They received regular communications and were involved in care planning. They told us their family member was supported by a regular care team who knew their family member well.

Relatives told us staff supported their family member with medications correctly and safely and they were able to understand the person's needs, for example, when they were in pain.

Relatives told us their family member was well supported with food and drinks, and staff understood the importance of hydration and a balanced diet.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good overall (published 8 September 2018).

At our last inspection we recommended the service ensured a schedule of supervisions and appraisals was

put in place. At this inspection we found the service had improved their provision of supervision of staff and this was taking place on a regular basis.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Recommendations

We made a recommendation around the provider's monitoring of medicines records. At the time of inspection, best practice guidance was not followed, and this was not identified by the provider. The provider took action to amend practices when this was highlighted on inspection.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Carlisle Community Services

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection team consisted of 1 inspector.

Service and service type

This service provides care and support to people living in a number of 'supported living' settings, so 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 supported living; this inspection looked at people's personal care and support.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 11 May 2023 and ended on 23 June 2023. We visited the location's office on 12 May 2023.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We reviewed information we received from the local authority, professionals who work with the service and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 2 relatives to gather feedback on the care and safety of the service.

We spoke to the registered manager and 2 care staff. We reviewed a range of records. This included 1 person's care records, medication records, maintenance and safety checks. We looked at a variety of records relating to the management of the service, including recruitment records for 1 staff, supervision records and quality assurance procedures.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Using medicines safely

- Overall, medicines were managed safely.
- People's medicines were administered by staff who had training in medicine management. One relative told us, 'staff support [family member] with medications correctly and safely, they can also identify when he might be in pain and unable to verbalise so.'
- It was not always clear whether medication which was time specific had been given in line with prescribing guidelines. Staff were able to demonstrate they understood the correct guidance for administration, but recording did not always reflect this.

We recommend the provider reviews the recording of medication administration in their daily notes to ensure they are accurate and capture the process and evidence best practice guidance.

Systems and processes to safeguard people from the risk of abuse

- Safeguarding policies were in place to protect people from harm. The registered manager was aware of their responsibilities and knew how to manage and report concerns correctly.
- Safeguarding training was in place for all staff. Staff told us they understood the principles of safeguarding and were able to give examples of safeguarding incidents and were clear on how to report a concern.

Assessing risk, safety monitoring and management

- Risks were assessed, and actions were put in place to keep people safe.
- Staff and people were confident in reporting concerns to the management team. They had confidence in the registered manager to manage these appropriately and implement change to improve the service and keep people safe.
- Relatives felt their family member was safe. They told us, 'Staff and management understand the importance of following procedures to ensure safety and quality care.'

Staffing and recruitment

- There was enough staff to meet the needs of the person using the service.
- Recruitment checks had been completed robustly and in line with guidance.
- Relatives were happy with the staffing. They told us, 'Staff understand the importance of 24 hour care. [Family member] is supported by a regular care team.'

Preventing and controlling infection

- The provider had clear, up to date guidance for staff about how to protect against COVID-19 and what to

do in the event of an outbreak.

- Staff received training in this infection control and had access to supplies of personal protective equipment (PPE).
- Relatives were satisfied with infection control measures. They told us, 'Infection control measures are adhered to whilst maintaining dignity for [Family Member].'

Learning lessons when things go wrong

- The provider had a process in place for reporting accidents and incidents.
- The provider reviewed lessons learnt when things went wrong and took action to reduce the risk of recurrence.
- Lessons learnt from incidents were cascaded to the team through written actions plans and face-to-face meetings.

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.

At our last inspection we rated this key question require improvement. At this inspection the rating has changed to good. This meant 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

- Systems were in place to assess people's needs before they used the service. Initial assessments were completed to determine people's needs and then care plans were further developed to reflect people's preferences and included person-centred details.
- Appropriate policies and guidance were in place and accessible to all staff which reflected current best practice, guidance and legislation.

Staff support: induction, training, skills and experience

- Staff were appropriately trained for their role.
- The registered manager had a training matrix to record staff training and monitored this.
- Staff told us they had an induction when they started in their role, regular training updates and supervision which supported them to do their job well.

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

- Daily records demonstrated people were supported by staff to manage their nutritional health and fluid intake.
- Records were kept to monitor food and fluid intake and any concerns regarding this were discussed at handover.
- Staff told us about the nutritional and health needs of people using the service and how they support them with this.
- Relatives felt staff managed food and fluid well. They told us, '[Family Member] is well supported with food and drinks, staff know the importance of keeping them hydrated and they had a balanced diet that caters to their preferences.'

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff worked in collaboration with other health and social care agencies, where appropriate, to support people's well-being.
- Advice from other healthcare professionals was followed and actions implemented to ensure people had effective care.
- Staff told us about times where they had worked effectively with a GP to manage an emerging health concern. We reviewed a range of records which supported this.

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 MCA 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 when this is in their best interests and legally authorised under the MCA.

Care at home services

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Staff were working within the principles of the MCA.
- Records correctly identified the legal status of the person using the service and anyone supporting them.
- Relatives told us their family member was cared for under the principles of MCA. They told us, 'Decisions are made in his best interests within the multidisciplinary team and overseen by the Court of Protection.'

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.

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was a positive and engaging culture within the service. We observed staff engaging positively with each other during the inspection and during telephone calls to staff, they spoke about supporting their colleagues and people using the service.
- We reviewed examples of people and their families being involved in care planning.
- Staff felt supported by management to achieve good outcomes for people. They told us, "The managers are very approachable" and "I have been made to feel welcome, everything has been explained and questions answered."
- Relatives felt the registered manager and staff knew their family members well. They told us, '[Registered Manager] regularly emails us with updates, is very approachable and understands the importance of family to [Family Member].'

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider had a duty of candour policy in place.
- The registered manager understood their responsibilities to support an open, honest and transparent culture.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager understood their regulatory responsibilities and notified CQC of significant events. They had the skills, knowledge and experience to perform their role and a clear understanding of people's needs and oversight of the services they managed.
- The provider had audits and checks in place to monitor the quality and safety of the service. Staff working in the service told us, "[Registered Manager] often pops in to do spot checks."

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

- Team meetings were taking place on a regular basis. Staff told us, "We have regular team meetings, if everything is going well they are every 12 weeks but sooner if needed."
- Relatives were involved in the care of their family member. They told us, '[Registered Manager] is very effective with communicating with us and we feel confident we can always raise concerns.'

Continuous learning and improving care; Working in partnership with others

- The management team were committed to continuous and sustained improvement to the quality of care with a clear strategic plan.
- The team demonstrated they were keen to work with other agencies to improve care for and provide opportunities for the person they cared for.
- Relatives told us they observed the registered manager observing staff practice to ensure it was being completed in line with care plans, policies and procedures.