McLaren House Limited

St Andrews Court

Inspection report

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Date of inspection visit: 2 September 2015
Date of publication: 23/11/2015

Ratings

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

Overall summary

This unannounced inspection took place on 2 September 2015. At our last inspection in December 2013, we found that the provider was meeting the regulations that we assessed.

St Andrews Court is registered to provide accommodation, nursing or personal care for up to 12 people who are experiencing mental ill health. The home aims to provide a rehabilitation service to enable people to return to living independently. At the time of our inspection there were 10 people using the service.

The manager was registered with us as is required by law. 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.

Staff were provided with training and were knowledgeable about how to protect people from harm.

We found that medicines management within the service required some improvements in relation to the guidance available for staff in relation to 'as required' medicines.

Summary of findings

There were a suitable amount of staff on duty with the skills, experience and training required in order to meet people's needs. People and their relatives told us staff were available to provide the support they needed, when they needed it.

People's nutritional needs were supported and monitored for any changes in their needs.

People subject to a Deprivation of Liberties Safeguard (DoLS) were supported in line with the terms of the authorisation.

We observed staff interacting with people in a positive manner. People, their relatives and professionals spoke to us about the genuine caring nature of the staff.

People told us they were encouraged to remain as independent as possible by staff. We observed that staff were respectful towards people and maintained people's privacy and dignity whilst supporting them.

People were consulted about all aspects of the planning of their care and in relation to the daily activities they were involved in. Activities available within the service were centred on people's rehabilitation needs, individual abilities and interests.

The providers complaints process was made available to people and their relatives in their contract with the service and was displayed on communal noticeboards for people to refer to.

The provider and registered manager undertook regular audits to reduce any risks to people and ensure that standards were maintained. Feedback was actively sought from people and others with knowledge of the service. This information was analysed and shared.

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 not always safe.

Guidance for staff to ensure consistency of administration of 'as required' medicines was lacking.

People were supported to undertake activities and to access the local community with careful consideration given to any related risks to them based on their individual support needs.

There were a suitable amount of staff on duty with the skills, experience and training required in order to meet people's needs.

Requires improvement

Is the service effective?
The service was effective.

People were supported to access the food and drinks they needed and were actively encouraged to take a nutritionally balanced diet.

The provider was aware of their responsibilities regarding Deprivation of Liberty Safeguarding (DoLS). People's consent was given before staff supported them.

People were supported to access specialist healthcare professionals in a timely manner and in the environment that best suited their needs.

Good

Is the service caring?
The service was caring.

Staff displayed kindness to the people they supported. People and their relatives were complimentary about staff attitude and approach.

Information about the service was made available for people and their relatives.

We observed that people's privacy and dignity was respected by the staff supporting them.

Good

Is the service responsive?
The service was responsive.

People were actively involved in planning their own care.

We saw that care was delivered in line with the person's expressed preferences and needs.

People and their relatives told us they knew how to make a complaint and felt confident that the manager would deal with any issues they raised.

Good

Summary of findings

Is the service well-led?

Good

The service was well led.

The provider notified us of incidents and events that had occurred within the service.

The registered manager was supported day to day by the deputy manager and nursing staff.

Quality assurance systems were in place and included auditing a number of key areas for safety.

St Andrews Court

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.

The inspection of St Andrews took place on 2 September 2015 and was unannounced. The inspection team consisted of one inspector and an Expert by Experience of mental health services. An Expert by Experience is someone who has personal experience of using or caring for someone who uses this type of care service.

Before our inspection we reviewed the information we held about the service. Providers are required by law to notify us about events and incidents that occur; we refer to these as notifications. We looked at notifications that the provider had sent to us. The provider completed a Provider Information Return (PIR). The PIR is a form that asks the provider to give some key information about their service, how it is meeting the five questions, and what improvements they plan to make. We used the information we had gathered to plan what areas we were going to focus on during our inspection.

We also liaised with the local authority and Clinical Commissioning Group (CCG) to identify areas we may wish to focus upon in the planning of this inspection. The CCG is responsible for buying local health services and checking that services are delivering the best possible care to meet the needs of people.

During our inspection we spoke with six people who used the service, two relatives, three members of staff, the deputy manager and the registered manager. We observed care and support provided in communal areas.

We reviewed a range of records about people's care and how the service was managed. These included reviewing two people's care records, looking at the staff training matrix, two staff recruitment records, five people's medication records and records used for the management of the service; including staff duty rotas and records used for auditing the quality of the service.

Requires improvement

Is the service safe?

Our findings

People and relatives told us that they felt the service was safe. One person told us, "Yes I do feel safe here". Another said, "Me and my belongings are safe here, nothing has ever gone missing". A relative told us, "They [staff] care for all my relative's needs and keep them safe".

Staff we spoke with had received training and knew their responsibilities for protecting people from the risk of abuse, including what action they would take if they suspected someone was at risk. They were able to describe the procedures for reporting if they witnessed or received allegations of abuse; they were knowledgeable about the types of potential abuse, discrimination and avoidable harm that people may be exposed to. For example, people were supported where necessary to access their money safely by being accompanied by staff to collect it. A staff member told us, "If I saw anything untoward I would report it straight away to the shift leader or the manager". Staff had undertaken training in a variety of ways about how to protect and keep people safe, including safe moving and handling and first aid.

People and their relatives told us there were enough staff on duty throughout the day and at night to support them. One person told us, "There are definitely enough staff". Another told us, "Staff are around when you need them". A staff member said, "We work well as a team and there are enough of us on duty". We observed that there were enough staff available to meet people's needs; staff were unhurried and we saw that their interactions with people were meaningful.

Individual risk assessments were developed with people, staff and other healthcare professionals, for example, community psychiatric nurses and psychiatrists, in relation to health and support needs. We saw that these assessments were regularly reviewed and updated to reflect current potential risks that needed to be considered when supporting people. Risk assessments in place had considered the individual's abilities, behaviour and certain activities of daily living where assistance may be required in order to reduce any related risks, to avoid harm and maintain their well-being.

We found people were not restricted in their freedom and we observed that they were protected from harm in a supportive respectful manner. One person told us, "I can go out whenever I want to". We observed that the same level of support and assistance was provided to people who chose to spend time in their own room; thus ensuring their safety whilst respecting their choices. People told us they had access to the local community; we saw that each individual's needs had been considered in regard to the level of support they may need from staff to ensure this was done safely, with their involvement.

We found that the provider's recruitment and selection process ensured staff that were recruited had the right skills and experience to support the people who used the service. Staff files contained the relevant information including a Disclosure and Barring Service (DBS) check and appropriate references, this helped to ensure that staff were safe to work with people who used the service. However, where a declaration had been made by a staff member in relation to a previous criminal conviction the registered manager had failed to document the discussion they told us they had with the person regarding this prior to them commencing work. The registered manager agreed to remedy this straight away. Staff we spoke to told us that recruitment practice was good and they had received an induction before supporting people independently which had included shadowing more senior members of staff during their first few days on duty.

People we spoke to told us they were happy with how they received their medicines. One person said, "Staff look after my medication and give it me when I should have it". We reviewed how medicines were obtained, stored, administered, handled and disposed of. We observed that medicines were provided to people in a timely manner. We found that records were completed fully without any unexplained gaps. Medicine storage cupboards were secure and organised. Medicines for disposal were kept in a suitable container and disposed of safely. We found that arrangements were also in place to audit medicines and stock levels. Records of medicines administered confirmed that people had received their medicines as prescribed by their doctor to promote and maintain their good health. We found that the information available to staff for the administration of 'as required' medicines was not available. Written personalised information to guide and inform staff of when and under what circumstances 'as required' should be administered ensures that such medicines are administered consistently. We saw that people received a review of their medicines at a multi-disciplinary meeting

Requires improvement

Is the service safe?

which for most people occurred every three to six months. We saw that staff undertook updates to maintain their knowledge in relation to in effective medicines administration.

Good

Is the service effective?

Our findings

People we spoke with told us they felt the staff were skilled and well trained. One person said, "They just do their job; they are good". A relative said, "The staff are great and know how to do all the right things for [person's name]". Another relative said, "I have confidence in the staff and the care they provide". Staff told us that they received training that developed their skills in order to meet people's needs effectively. They were complimentary about the training they had received and told us they felt it had equipped them to perform their role effectively. One staff member said, "They have trained me in everything I need to know to do the job". Records we looked at showed that the majority of staff had received training and updates in respect of the provider's required level of basic training. The registered manager told us that nursing staff were responsible for updating and maintaining their own knowledge in relation to basic training as this was not routinely made available to them by the provider; they told us they undertook checks with the nurses they employed and recorded the dates when the relevant training had been completed externally. Following our inspection we were provided with evidence that nursing staff along with other support staff had undertaken the appropriate level of training to maintain their skills and knowledge.

Staff told us they received regular supervision and staff meetings. One staff member stated, "Supervision is good and we talk about my learning needs". Staff told us these processes gave them an opportunity to discuss their performance and identify any further training they required. Some of the staff we spoke with were awaiting training in respect of the provider's basic training but said they were supported by other staff in these areas that they were not yet trained in.

The provider delivered a rehabilitation service for people suffering from a variety of mental health conditions. Staff we spoke to were knowledgeable about the possible symptoms or difficulties people using the service may experience due to their illness; they were also able to demonstrate an awareness of people's more personalised support needs. One staff member told us, "We are here to support independence and although we have had training, you learn something new every day by spending time talking to people". Another staff member said, "I am learning about mental health issues as part of the diploma I am doing".

Staff received training and updates in relation to the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS. This is legislation that protects the rights of people by ensuring that if there are restrictions on their freedom and liberty these are assessed by appropriately trained professionals. Staff were able to demonstrate an understanding of the need to consider people's ability to give consent and what may be considered as a restriction of their liberty. Records showed that people's mental capacity had been considered as part of people's initial assessment. We observed that people's consent was sought by staff before assisting or supporting them. DoLS had recently been authorised for one person using the service at the time of our visit and care plans had been developed to reflect how people should be supported in line with the authorisation. Staff knew the people who were subject to a DoLS authorisation and we observed staff supporting the person to make decisions and choices in line with their care plan. However, the registered manager had failed to notify us of the authorisation, they told us they were unaware of the need to do so; they rectified this straight away.

We saw that people were supported to access food and drinks in line with their needs and choices. However we received mixed feedback from people in relation to the food quality, with two out of the six people we spoke with expressing their dissatisfaction with the food on offer. Two people told us, "We have lots of tinned stuff and ready meal type foods" and "Food is alright but there are never any biscuits for us to have". Other people we spoke with were more positive saying, "Home cooked food is good" and "There's a good variety of food and it's well-cooked". We saw that people attended regular meetings and the minutes showed that the food choices on the menu were discussed with people and their opinions had been taken into consideration when planning the weekly menus. We saw that people had the opportunity to plan, shop for and cook their main meal once a week as part of their rehabilitation. People were also involved in preparing some of their own food each day. Staff told us they had received training in food hygiene and were aware of safe food handling. Menus were displayed in the communal kitchen, with a choice of options at each meal. Staff were aware of

Good

Is the service effective?

the nutritional needs of people and of those who needed support and monitoring in order to ensure adequate diet and fluids was taken. Menus we saw demonstrated that meals were nutritionally balanced, using a variety of ingredients from all the essential food groups.

Records showed people had been supported to access a range of health care professionals including psychiatrists and dentists. One person told us, "If I ever need an appointment with the doctor, I tell the staff and they organise it". Another person told us, "They are pretty good here; you only have to mention you have an issue and they get an appointment for you". A relative told us, "[Person's name] mental health has really stabilised while they have been here". Health care professionals whom we contacted prior to our inspection felt that the service was responsive to people's changing needs and said staff contacted them regularly for advice and guidance. We saw that people were reviewed regularly by their external multi-disciplinary teams. This meant that the service effectively supported people to maintain good health.

Good

Is the service caring?

Our findings

People told us that staff were caring and kind when supporting them. One person told us, "There is a good rapport between staff and residents". Another said, "Staff here work with their heart". A relative said, "Staff understand [person's name] like a family member". Another relative said, "The staff are excellent here and go over and above the call of duty for [person's name]". From our observations we saw that people were comfortable approaching and chatting with staff openly. We heard staff speaking with people in a calm and kind tone of voice; they demonstrated their patience and understanding when supporting them. Staff we spoke with knew people well and this was demonstrated through the interactions we observed.

The service encouraged people to remain as independent as possible and encouraging them to involve themselves fully in completing daily living activities, such as cleaning and cooking in preparation for their future well-being. We saw that people's care plans were based upon their abilities and choices about how they wished to occupy themselves, whilst having a rehabilitative focus. One person said, "I go out shopping; I either go alone or can ask someone to take me". People told us that staff were respectful towards them and would encourage them to try to do as much for themselves as possible, but were there to support them when they needed help.

All of the people we spoke with told us they felt involved in their care and in decisions about how they were supported. One person said," I have been involved in planning what I do here". Another person told us. "I make decisions and staff support me". We observed people being supported to make a variety of decisions about a number of aspects of daily living during our inspection, for example whether they wanted to go out to the shops and what food they wanted for lunch. This showed that staff knew the importance of providing personalised support to people. People told us that they were provided with information about the service when they started. One relative said, "We were provided with all the information about the service when [person's name] came here, they [staff] explained everything to us and [person's name]". We saw that the information provided to people and their relatives covered a range of issues, including how to make a complaint and the aims of objectives of the service. Staff we spoke with knew how to access advocacy services for people. Advocates were sought for people when the need had arisen.

People told us staff respected their dignity and their right to privacy. One person told us, "Staff are polite and never rude to me". A relative told us, "They [staff] are very helpful, caring and respectful towards me". One relative told us, "Staff treat [person's name] very well". We observed staff communicating with people using respectful language and supporting them in a dignified manner. A staff member said, "I always make sure the door is shut and people's curtains are closed to maintain their dignity; all the staff knock on people's doors before entering as it is their private space".

Good

Is the service responsive?

Our findings

People and their relatives told us they felt involved in and able to express their views about their care and support needs. Care plans we reviewed demonstrated the level and type of support people required to reach the goals they had set for themselves. A person said, "I have recently been involved in reviewing my care plan and my relative was there too". One relative told us, "I feel involved and am notified of any concerns". Another told us, "I have attended a couple of meetings about my relatives care".

People's cultural needs were routinely considered as part of their initial assessment. People and their relatives told us they were able to access the community or request religious representatives to visit them to continue to observe their chosen faith if they chose to. We saw people who required specific foods related to their beliefs were supported to access these. People's rooms had been personalised and displayed items that were of sentimental value or of interest to them.

People told us that the staff had been responsive to their needs. One person told us, "The staff support me and help me to make choices when I need them to". Another said, "I feel confident speaking to the staff when I feel bad; we have a conversation and I feel better". A relative told us, "The staff are flexible in how they deal with [person's name] and are there for them all the time" Another relative described how they had been encouraged to have open communication with staff when their loved one first started using the service. Our observations throughout the day showed that people were responded to appropriately when they wanted or requested support. Staff told us that the amount of support that a person required was always based on an individual's needs. A staff member said, "We are here for people whenever they need our support".

Care records contained personalised information detailing how people's needs should be met. They included information about people's health needs, life history, individual interests and pastimes although these details had not been fully incorporated into their care plans. The registered manager told us she would consider linking this information more fully into the care plans.

We found that assessments had been completed to identify people's support needs and these were reviewed appropriately. We saw that records contained important instructions for staff to be mindful of, for example the signs and symptoms of a potential relapse of a person's mental illness with clear guidance for staff about how to deal with this and whom they should contact. Staff we spoke with were aware of this person's signs of relapse and what action they would take to support them.

The provider used a variety of methods in order to listen to and learn from feedback from people who used or were involved with the service. Meetings for people were regularly held; subjects discussed included activity and menu planning and the environment. A person told us, "We have had meetings to discuss stuff". A relative told us, "I have been asked informally for my opinion of the service". We saw that people were encouraged to express their views and ideas about the service in meetings; any actions to be completed, by whom and when were documented in the minutes

The service had a complaints procedure in place. People told us they felt able to speak with staff and tell them if they were unhappy with the support they received. They told us they did not currently have any concerns but would feel comfortable telling the staff or the registered manager if they did. A person told us, "I have nothing to complain about". Another said, "If I have any worries I tell the staff and they sort it for me, they do listen to me". A relative said, "We were told about how to make a complaint when [person's name] came here". Information about how to make a complaint about the service was in an accessible area and was also outlined in the contract between people and the provider. People we spoke with told us they would in the first instance speak to the staff and they felt their concerns would be listened to and acted upon. Our findings demonstrated that provider actively provided people with information about how to raise any concerns or complaints.

Good

Is the service well-led?

Our findings

We asked people who lived at the home about the management of the home. One person told us, “Its good here, I like it”. Another told us, “It’s comfortable and staff do help you when you need it”.

We found that the registered manager had a very good knowledge about the people using the service.

People and their relatives were able to identify who the registered manager was told us they were approachable. One person told us, “I know who the manager is”. A relative said, “The service is well organised”. Another relative told us, “[Registered manager’s name] is excellent”.

People told us they were mainly supported day to day by the nurses and support staff on duty. Staff we spoke with were aware of the leadership structure within the service. One staff member told us, “We get lots of support from the manager; they are easy to approach and understanding about any concerns you have”. A second staff member told us, “The manager is lovely and approachable”. Our observations on the day were that people approached the management team without hesitation. We heard conversations between staff and people who lived at the home; interactions were open, using respectful language and were supportive.

Annual questionnaires were sent out to people and their relatives asking for their opinion of the service. We saw that these had been analysed and where less positive comments had been noted feedback and open discussion in meetings had been encouraged to explore these further.

This demonstrated that the provider actively sought people’s views about the service, shared the results and how they intended to act upon these.

The registered manager had an understanding of their responsibilities for notifying us of certain incidents and events that had occurred at the home or affected people who used the service. Records of incidents were appropriately recorded and any learning or changes to practice were documented following incidents and accidents. The registered manager monitored these for trends and to reduce any further risks for people. Staff told us that learning or changes to practice following incidents were cascaded to them in daily handovers or at staff meetings. This meant that learning from incidents was shared to reduce risks for people and enable improvements in the future.

Staff were clear about the arrangements for whom to contact out of hours as necessary or in an emergency. Staff gave a good account of what they would do if they learnt of or witnessed bad practice. The provider had a whistle blowing policy displayed in the staff office. This detailed how staff could report any concerns about the service including the external agencies they may wish to report any concerns to. One staff member said, “I have read the policies as part of my induction and know how to whistle blow”. Another staff member said, “I have read it previously and know where to find it if I need to refer to it”.

We saw that a system of internal auditing of the quality of the service was in place, this reviewed a number of key areas of risk for the service, for example medicines management. Where omissions or areas for improvement were identified remedial action was taken.