

Future Health And Social Care Association C.I.C. College Road

Inspection report

155 College Road
Moseley
Birmingham
West Midlands
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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 ● |

Summary of findings

Overall summary

This inspection took place on 08 December 2016 and was unannounced. This is the first time we have inspected this service since it was registered in May 2016.

College Road is a respite service offering accommodation and support for a maximum of four adults with mental health support needs. At the time of our inspection, there were three people using the service. There was a registered manager in place. We were aware that the registered manager would not be present during our inspection as they had informed us that they would be absent from managing the home for a set period of time. We spoke with the service project lead and other managers who were present during our inspection and who had taken responsibility for managing the service in the registered manager's absence. 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 told us that they felt safe using the service and we found that people's risks were managed safely. Staff were aware of safeguarding procedures and were due to receive training in this area to help keep people safe. People were supported to take their medicines safely and as prescribed.

People were supported by sufficient numbers of staff who had been recruited safely. Staff received guidance and on-going support in their roles and demonstrated awareness of people's needs. Where some staff training was not up-to-date, this was being addressed.

People were able to make their own decisions and this was respected by staff. People were encouraged to fulfil their own daily living tasks and access healthcare support services to promote their independence and help people to stay well.

People were supported by staff who were kind and caring and who treated people with respect. People told us they felt listened to and we found that people were involved in their care. People were at ease at the home and actions were taken to promote people's wellbeing and recovery. Systems were effective for managing people's needs and risks.

People spoke positively about their care and received support from staff that was responsive to their needs. Some people had been signposted towards activities of interest to them. People had been informed of how to share feedback and raise concerns with the service, the majority of feedback we sampled was positive and the service had received several written compliments.

People, staff and healthcare professionals spoke positively about the service people received and how the service was run. Staff demonstrated enthusiasm and accountability for their roles and told us they felt supported. The registered provider had systems and processes in place to support the running of the service

and had identified some development areas to drive further improvement.

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.

People told us that they felt safe using the service.

Staff were aware of people's support needs and helped people to manage their risks.

People were supported to take their medicines safely and were supported by sufficient numbers of staff who had been suitably recruited.

Is the service effective?

Good ●

The service was effective.

Staff received guidance and support in their roles, although not all staff training was up-to-date. This was being addressed.

People made their own decisions and this was respected by staff.

People were encouraged with daily living tasks and supported to access healthcare support services if needed.

Is the service caring?

Good ●

The service was caring.

People told us they were supported by staff that were kind and caring and treated them with respect.

People were involved in regular care reviews.

People were encouraged to maintain their independence.

Is the service responsive?

Good ●

The service was responsive.

People spoke positively about the support they received from staff.

People were supported to participate in activities of interest to them, through staff encouragement and signposting.

People had been informed of how to share feedback and raise concerns with the service.

Is the service well-led?

Good ●

The service was well-led.

People, staff and healthcare professionals spoke positively about the service people received.

Systems were effective for managing people's needs and risks.

The registered provider was in the process of addressing development areas they had identified for the service.

College Road

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 08 December 2016 and was unannounced. The inspection was conducted by two inspectors.

As part of our inspection, we reviewed the information we already held about the provider. Providers are required to notify the Care Quality Commission about specific events and incidents that occur at the service, including serious injuries to people receiving care and any safeguarding matters. These help us to plan our inspection. We approached the health and local social care authorities that purchased the care on behalf of people for information they held about the service.

During our inspection, we spoke with three people using the service and two healthcare professionals. We also spoke with three members of staff, the service project lead and the chair of the organisation responsible for this service. We sampled three people's care records, three staff files and records maintained by the service about care planning, risk management and quality assurance.

Is the service safe?

Our findings

People we spoke with told us that they felt safe using the service. We saw that people were at ease and relaxed in the company of staff. One person told us, "I'm at peace here, staff make me feel at home." A staff member we spoke with told us, "It's my job to make sure people are safe while they're at the service." Staff we spoke with were able to describe some of the types of abuse that people were at risk of and told us that they would report any such concerns to the service project lead or registered manager. The service project lead demonstrated that they were aware of how to report any suspicions of abuse. We found however that some staff had not received training to help them to recognise the possible signs of abuse and how to report any suspicions if they felt that people using the service were at risk of abuse. Staff were due to receive this training and good practice guidelines were on display at the service and available to staff.

People were supported to remain safe and well through effective risk management at the home. One person we spoke with told us that they had been encouraged by staff to report any concerns they experienced in relation to their health and wellbeing. One staff member told us that it was routine practice for staff to read people's care plans to help them to become aware of people's support needs and staff we spoke with demonstrated awareness of people's changing needs. People's risks and support needs were monitored and assessed through regular meetings they attended during their time at the service with staff and community healthcare professionals involved in their care. This helped staff to remain aware of people's support needs and to offer people on-going encouragement and support. Staff told us that they contacted people's community healthcare professionals if they identified that people were at risk of harm or distress due to their changing needs. A healthcare professional we spoke with confirmed that staff contacted them if they had any concerns, to ensure that people were supported to stay well.

Systems were in place to help keep people safe during their stay, people and staff demonstrated that they were familiar and comfortable with this. People using the service had been informed of a number of requirements to follow during their stay at the service to ensure people remained safe and well. For example, people were aware that they were not able to engage in specific behaviours in order to promote their safety and recovery. One person told us about the safety checks that were conducted at the home to ensure that people did not have access to unsafe objects during their stay. The person told us, "My room is nice. [Staff] do the weekly checks with me. ... I've got my own bedroom key and keep my door locked, it keeps my things safe." We observed that people had access to a safe in their bedrooms for them to use to keep their belongings and monies secure. The service project lead told us that practice fire drills were conducted at the service on a weekly basis, this helped to ensure that people and staff were familiar with these processes. A staff member we spoke with told us that fire procedures were discussed during staff meetings and that there was guidance in place to follow in the event of an emergency. The staff member told us, "It might not happen, [but] it's important to know the little things like that."

People using the service were often supported by staff who worked alone at the service. Staff we spoke with told us that there were enough staff to support people and that they felt comfortable when working alone at the service. One staff member told us that this was because they felt equipped in their roles and they knew that they could contact service project leads if they needed support during their shifts. Another staff

member confirmed that staffing levels were increased on the rare occasions that this was required. The service project lead told us that staff were responsible for leading the shift as lone workers and that staff were able to seek guidance from the service project lead through the on-call system at the service as necessary. This ensured that both staff and people were safe.

Staff we spoke with told us that they undertook suitable recruitment processes before commencing in their roles, which included reference checks and a check through the Disclosure and Barring Service for any criminal history. The registered provider had also recruited bank staff using this process, and they supported people at the service in the event of staff shortages. This made sure that people were always supported by safely recruited staff.

People using the service required support to take some of their medicines and we found that people were protected by safe medicines management. A staff member we spoke with told us that they had received medicines training and that staff practice had been observed to ensure that staff supported people to take their medicines safely. We saw that people signed their own medicines records to confirm that they had taken their medicines and consented to this.

The service project lead told us that all staff had received training in this area and that staff sought the guidance of community healthcare professionals if people refused to take their medicines. We found however that one staff member had not received training to equip them to support people with their medicines, although the staff member had received some observed practice and support and told us they felt comfortable with this task. The registered provider informed us after our visit that medicines training had been arranged for this staff member.

People's medicines were restocked by community healthcare professionals and we saw that medicines were stored safely and securely at the service. A healthcare professional we spoke with told us, "[Staff] have been very good. I've seen that [staff] are very hot on the medication here, I've seen that the medication is very well organised."

Is the service effective?

Our findings

People were supported by staff who understood their needs and who had access to further support to help people remain well. One person told us, "Staff are nice, helpful, approachable." A healthcare professional told us, "[Staff] are very good and have managed people's needs really well." The healthcare professional told us, "We put in more support if it's needed and we can go [to the service] every day if this is needed." Staff we spoke with confirmed that they sought the guidance of healthcare professionals if they felt that people using the service required additional support.

Staff we spoke with told us that they felt supported in their roles and that they had received training and guidance to aid their development in the role. One staff member told us that they found supervision with the service project lead helpful and added, "My service project lead is very approachable, I can talk to them about anything." Staff received monthly supervisions and a staff member we spoke with told us that this gave them the opportunity to raise any concerns they had and to receive feedback in order to improve their role performance. The service project lead told us, "All staff are very good, very supportive [to people using the service]."

The service project lead told us that staff remained informed of people's needs and updates at the service through access to the communication book at the home, in which updates during staff shifts were routinely recorded. All staff we spoke with told us that they accessed this information, although there was not a process in place to confirm this had been done. Staff told us that they also received verbal handovers between shifts and information about the needs of each person. This meant that staff had up-to-date knowledge about the people they supported.

Staff told us that they had been supported to complete an induction when they first joined the home, we viewed the induction programme available to staff and found that this did not meet the standards of the Care Certificate in covering all of the required areas. The Care Certificate is a set of minimum care standards that new care staff must cover as part of their induction process. We asked the service project lead about this who told us that staff received an induction which was more of a practical introduction about working at the service.

Staff we spoke with told us that they felt confident in their roles and that they felt that they had received sufficient guidance and training for their roles to support people well. However we found that the registered provider had not ensured that all staff had received training or refresher training in core areas such as safeguarding, fire awareness, health and safety and infection control. We saw that some staff had been prompted to complete such refresher training they required for their roles and a staff member we spoke with confirmed this. We found that staff did not receive consistent training to ensure they were all equipped in their roles and shared an understanding of the support needs of people using the service and current best practice. The registered provider told us this was being addressed.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible,

people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA. The service project lead told us, "We always do things with people's consent." The service project lead confirmed that people using the service had capacity to make their own decisions and that this had been assessed during people's referral to the service. A staff member told us, "I chat to people about what they're doing [during the day]." We observed, and staff we spoke with confirmed, that people using the service made their own decisions about their routines and activities. One person went to see a family member during the day of our visit and told staff that they would not be returning until the late evening. Another two people using the service went to the community together to buy some food and do some shopping. People made their own choices about what they wanted to do.

We saw that staff respected and encouraged people to make their own choices, although staff we spoke with were unaware of the principles of the MCA and had not received training in this area. After our visit, the registered provider assured us that some staff had received guidance about the Mental Capacity Act and that specific training had been arranged for all staff.

People using the service told us that they prepared and arranged their own meals independently, with support and encouragement from staff as required. One person told us that people using the service sometimes shared meals or ordered takeaway food together. Staff we spoke with told us that whilst people were required to prepare their own meals independently, staff checked with people that people ate enough to stay well.

People using the service were supported to use healthcare services and to access this support independently. Staff told us that they contacted community healthcare professionals involved in people's care when staff identified signs that people were unwell. Staff took appropriate steps to ensure that people received the support they needed, healthcare professionals we spoke with confirmed this.

Is the service caring?

Our findings

People we spoke with told us that staff were kind and that they had been treated with care and respect during their time at the service. One person who had recently joined the service told us, "The staff are lovely. I was nervous when I arrived here and I wanted to go home. If it wasn't for the staff, I would have gone home. . . Staff told me to come and tell them if I couldn't sleep or wanted to talk." Staff we spoke with and the service project lead spoke respectfully about people using the home and demonstrated an understanding of their support needs. Staff described how they took time to talk to people and make them feel at ease. A staff member told us, "I treat people with the utmost respect, whatever they're going through." A healthcare professional told us, "The staff have a lot of empathy and can be really kind, they do spend time [with people using the service]."

People using the service told us they felt listened to and respected. A healthcare professional told us that staff had a good approach with people and displayed "Nice mannerisms" towards people using the service and we observed this in practice. One person told us, "I feel like I've been listened to here already, it's been good." People were involved in their care planning through regular meetings at the service with staff and community healthcare professionals. People were also invited to share their feedback about the service during monthly service user meetings that were held where they also received information about the service.

People using the service told us that they felt comfortable and relaxed at the home. One person showed us a communal area and described what they liked about this environment and their bedroom. The service project lead told us that people using the service developed friendships over time and we observed that some people chose to spend time together at the service and out in the community.

People were supported to maintain their independence to promote their recovery and wellbeing during their stay and once they left the service. The service project lead provided us with examples of how people maintained their independence, and told us that staff promoted people's independence through signposting people to helpful resources, such as the benefits office and local community support groups, and prompting people to fulfil daily living tasks. One staff member told us that they had recommended a local support group to one person so that the person would be aware of on-going support they could receive in line with their needs.

Is the service responsive?

Our findings

People received care that was responsive to their needs at the service. One person told us, "It's like being at home really but with people who can help you... it's great here." Another person told us, "I really feel that I can benefit from being here."

Staff we spoke with demonstrated awareness of people's support needs and provided examples of how they promoted people's health and wellbeing. One staff member told us, "I read the notes to familiarise myself with [people's needs]." People participated in regular support reviews with staff and community healthcare professionals. One person's care records we sampled showed that their daily care notes were kept up-to-date and their support needs and risks had been monitored by staff over time. A healthcare professional told us, "When I've made a recommendation [about people's support needs], [staff] have followed it through."

The service project lead told us that people were supported to complete recovery stars to establish how people were feeling and the specific areas they wanted to focus on during their stay at the service, for example, developing living skills. One person's feedback referred to how they had learned how to do cooking and washing during their time at the service.

We found that some people had shared feedback about the service which showed that they had not always been supported to participate in activities of interest to them. The service project lead told us, "We treat people individually," in respect of the activities that were held at the home and that some people were encouraged to attend a local centre where activities were held. One staff member told us, "We find out people's interests and things to attend close by. If I find they have an interest, for example, one person wanted to do some volunteering, I will signpost people to things." Staff we spoke with also demonstrated that they respected that people using the service sometimes did not wish to participate in activities and feedback from some people confirmed this.

Written guidance was made available to people when they joined the service, which informed them about how they could make a complaint, a suggestion or a compliment about the service. Monthly meetings were also held where people were provided with the opportunity to share feedback about the service and raise any concerns they had. One person told us that they had informed staff of a maintenance issue at the home and that this issue had been resolved on the same day. The service project lead told us that people were kept informed about how to complain at the service if they had any concerns. A staff member told us, "People feel comfortable making complaints. If they have any issues, they would come and tell us... We have a complaints form that we can use and send to [the registered provider]." We saw that people had provided several messages of thanks and written compliments about the service and the service project lead confirmed that no complaints had been made about the service.

Is the service well-led?

Our findings

People, staff and healthcare professionals we spoke with all provided positive feedback about the service and the management of the service. One person spoke positively about the service project lead and told us, "She is lovely... they would sort [any issues or concerns] straight away." We found that people received support that was responsive to their needs by staff who demonstrated a caring approach and felt supported in their roles. The service project lead told us that they were happy with how the service was running at the time of our inspection and told us that they had no concerns.

Staff we spoke with demonstrated enthusiasm for their roles and showed that they were engaged in supporting people. One staff member told us, "I absolutely love [my role]." Staff told us that they felt supported in their roles and we saw that some processes were in place to aid staff development, for example, supervisions, handovers and informative care records. Staff had not always been supported however to complete recent or refresher training for their roles which had been identified by the registered provider as mandatory. The registered provider was in the process of addressing this at the time of our inspection and assured us that ongoing training needs would be monitored. Staff demonstrated accountability for their roles and an understanding of their duties. Guidance was available to staff to equip them to seek the relevant support if they had any concerns about people's health and we found that staff demonstrated awareness of this guidance and appropriate steps to take in such circumstances. Monthly staff meetings were held where staff were informed of and discussed aspects of their roles and where staff received reminders of processes in place at the service to help meet people's needs.

Staff we spoke with showed that they were open to sharing ideas and concerns with the service project lead as well as sharing the responsibility for any improvements at the service. One staff member told us that they felt comfortable providing feedback about the service to the service project lead and commented, "I'm there to help and support people and that's what I do." Another staff member we spoke with told us, "I wouldn't do anything differently at the service [to the service project lead]... but I would feel comfortable raising concerns and we would together to improve it." A staff member we spoke with told us that the registered manager routinely attended staff meetings at the service. This helped the registered manager to oversee some of the support staff received and to provide staff with the opportunity to share concerns.

There were clear processes in place at the service to help manage people's risks, for example, conducting safety checks and ensuring that people respected conditions of their stay at the service. People we spoke with had been informed of these processes and staff showed that they were aware of why they needed to follow processes to help keep people safe and well. Systems were in place for staff to receive updates about people's needs at the home and they were aware of who to contact in the absence of the service project lead if they had any queries or concerns about people's health. A healthcare professional told us, "[The service project lead] is very professional and approachable and she gives good information. The communication is very good."

The registered provider had systems for recording incidents and accidents that occurred at the service; however records available to review did not reflect that incidents had been investigated to determine trends

or ways to reduce the risk of similar occurrences in future. The service project lead described how appropriate action had been taken in response to the small number of incidents that had been reported at the service and staff we spoke with demonstrated that they knew how to seek the relevant support if such incidents were to take place at the service.

There were systems in place to help monitor the quality of the service that people received. For example, people were asked to provide feedback at the end of their time at the service and we found that the majority of people's feedback we sampled was positive. The service had received several written compliments to reflect people's positive experience of using the service. The registered provider assured us that people's feedback was analysed and monitored to drive improvement at the home, although records were not in place to reflect this practice. A staff member told us that the registered manager conducted unannounced visits of the home to monitor the quality of support that people received. A record we sampled showed that the registered manager had completed an audit in relation to the safety of the service. The service project lead told us that the auditing processes for monitoring the quality of the service were being further developed.

The service project lead demonstrated that they referred to CQC guidance about their duties at the service. We found that they demonstrated awareness of the duty of candour and the responsibilities of their role in relation to the quality of care people received.