

## Ex-Services Mental Welfare Society







# Audley Court

### Inspection report

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Date of inspection visit: 30 & 31 July 2015  
Date of publication: 07/10/2015

#### 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

This unannounced inspection took place on 30 and 31 July 2015. At our last inspection on 13 December 2013 we found the provider was meeting the requirements of the regulations we inspected.

Audley Court provides rehabilitation services with nursing and personal care for up to 29 people. The service provides specialist care, support and treatment for men and women discharged from the armed forces who experience mental health problems. At the time of our inspection there were eight people receiving support from the service. Sixteen people were due to be admitted

to the service for treatment over the next couple of days. The service had 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 told us that they felt safe at the service. We saw that the provider had systems in place to protect people

# Summary of findings

from potential harm. Staff understood their responsibility to report issues of concern. People received their medicines as prescribed and medicines were managed, stored and administered safely.

People had personalised risk assessments and care plans in place that detailed their health and support needs. We saw these were developed and reviewed with people regularly to ensure they continued to meet people's needs.

People told us there were sufficient numbers of staff to meet people's individual needs. The provider ensured staff were safely recruited and received the necessary training and support to meet people's needs.

The service took the appropriate action to protect people's rights and all the staff were aware of how to protect the rights of people.

People we spoke with were happy with the food and felt that they had a choice of what they would like to eat and drink. Healthy option meals were available for people to consider. People had access to a variety of healthcare professionals to ensure their health needs were met.

People told us staff were kind and caring in their approach and treated them with dignity and respect. Staff interacted with people in a positive manner and were responsive when people needed assistance.

People said the management team was approachable and visible. People told us they felt comfortable to raise any concerns or complaints with the staff team or the manager. The provider had a system in place to respond to people's complaints and concerns.

There were audit systems in place to monitor the quality of the service people received. There were regular checks of people's care plans, medicine administration, incident and accidents. There was evidence that learning and improvement took place from audits and changes were made to improve the service.

# 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.

People were safe because staff understood their responsibilities to protect people from the risk of harm or abuse. Risks to people's health and safety were assessed and reviewed regularly. There were sufficient staff that were recruited safely to provide support and treatment to people. People received their medicines safely.

Good



### Is the service effective?

The service was effective.

People received the care and treatment they needed because staff had the relevant skills, training and guidance. People's rights were protected because staff understood their responsibility to protect people's rights and choices. People were provided with a choice of meals and drinks and supported to have a healthy diet. People had access to healthcare professionals as required and were signposted to access external healthcare professionals.

Good



### Is the service caring?

The service was caring.

People told us they were treated with kindness and respect. People said staff treated them as individuals and ensured their dignity and privacy at all times. People felt involved in making decisions about their support and treatment needs.

Good



### Is the service responsive?

The service was responsive.

People were involved in their care planning and reviews on a regular basis. Care and support was personalised and reflected people's individual needs. The provider had a complaints procedure in place. People told us they knew how to make a complaint and their concerns would be investigated.

Good



### Is the service well-led?

The service was well-led.

People and staff spoke positively about the leadership and approachable nature of the registered manager. People were happy with the quality of the service they received. Staff understood their roles and responsibilities and felt supported by their colleagues and managers. The service had quality assurance processes in place to monitor the service and made changes when required to improve the quality of care.

Good



# Audley 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.

This unannounced inspection took place on 30 and 31 July 2015. The inspection team consisted of two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of service.

We reviewed the information we held about the service and looked at the notifications they had sent us. This included information about significant events received from the provider which they are required to send us by law. The inspection was undertaken in response to concerns we received about the services' complaints admission and information sharing processes.

During the inspection, we spoke with five people who were using the service and three relatives. We spoke with seven members of staff and the registered manager. We looked at the care and medicine records for three people to see how their care and treatment was planned and delivered. We also looked at four staff recruitment and training files and records relating to the management of the service and a selection of policies.

# Is the service safe?

## Our findings

People who were using the service told us that they felt safe and secure with the staff that supported them. One person told us, “I feel safe here as the staff de-escalate things very quickly.” Another person said, “There are always members of staff around that’s what makes me feel safe.” Relatives we spoke with told us they were confident their family members were safe at the service. One relative told us, “My relative was made to feel comfortable. It made him feel safe and helped him open up.” People we spoke with felt secure within the environment whilst they received their treatment.

Staff explained the process they followed to protect people who were not currently staying at the service but had contacted them by telephone and who were at risk for example, of self-harm. They told us and records confirmed staff continued to offer support to people, whilst contacting emergency services to request safe and wellbeing checks. Staff told us consideration was given in relation to people’s individual safety risks associated with their mental health when undertaking treatment programmes at the service. We saw and staff confirmed plans were put in place to support people to remain safe whilst at the service. All staff spoken with said they would contact their manager or registered manager if they had any concerns and explained the provider’s procedures to protect people. Staff were also aware they could report any concerns to us, the local authority safeguarding team or police if required to keep people safe. We looked at records and saw that where incidents had occurred concerning people’s safety the registered manager completed notifications. Records we looked at showed that staff followed the provider’s procedure to protect people from abuse. We saw information was available and visible around the service about how to recognise abuse and how people could raise any concerns about their safety.

People we spoke with confirmed that they were involved in completing their individual risk assessments and how their risks were managed. One person said, “Staff involve me in everything. I agreed and signed my care plan and risk assessment. I am fully informed.” Staff we spoke with understood how to support people where there were risks identified, such as people self-administering medicines during their stay. Staff explained and records confirmed that discussions took place explaining the service’s

protocols for self-administering medicines within the service. For example, medicines were stored in a locked drawer or safe within a person’s bedroom. One staff member told us, “We develop care plans and risk assessments with veterans and we go through everything with them and we both sign to confirm information has been agreed and is correct.” We looked at risk assessments in people’s care records and saw that support was being provided as directed. We saw that information had been updated and reviewed regularly to ensure the provider continued to meet people’s individual needs. We saw staff reviewed the level of risk using a rating system to highlight people’s individual risk for example, with physical or mental health.

Staff told us that safety checks of the premises and equipment were completed and records we saw confirmed checks were up to date. Staff knew what action they were required to take because procedures had been put in place by the provider to safeguard people in the event of an emergency such as a fire or medical event. All incidents and accidents were recorded in detail and reported appropriately by staff to their line manager for action to be taken. Information was analysed and any learning outcome or changes to practice within the service were implemented to protect people. Staff told us that any learning or changes to practice were shared with them during staff handovers, meetings with their line manager or email.

One person told us, “There is enough staff and they always offer support.” Another person said, “If I press the alarm someone comes straight away.” The nature of the service meant that staffing levels reflected the numbers needed to ensure people were able to undertake a variety of therapies and treatments throughout the day. All staff we spoke with told us staffing was sufficient to meet the needs of the people using the service. We saw there was adequate staff numbers on duty to assist people with their care and support needs throughout the day.

We looked at the recruitment processes for new staff and saw that the provider had systems in place that ensured staff were recruited with the right skills and knowledge to support people using the service. Staff told us and records we saw demonstrated that the provider had undertaken

## Is the service safe?

the appropriate pre-employment checks, these included references from previous employers and disclosure and barring service checks (DBS). DBS checks help employers reduce the risk of employing unsuitable staff.

All people using the service told us they had no concerns about their medicines and said they were given as prescribed by their doctor. Some people took responsibility for administering their own medicine and were supported

by staff to do this safely. We looked at two medicine administration records (MAR) charts and saw that these showed people received their medicines as prescribed. Some people had medicines that they took only when required. We saw that there was guidance in place to support staff in the administration of these. We saw that medicines were checked regularly to ensure that they were stored, administered and disposed of safely.

# Is the service effective?

## Our findings

People and their relatives were all complimentary about the staff. One person told us, “Staff are fantastic they know what they are doing and put my mind at rest straight away.” Another person told us staff, “Seem well trained.” We observed staff were engaged in different therapies and interests with people, offering support or taking time to sit and talk with people. Conversations we had with staff demonstrated they had a good understanding and knowledge of people’s individual needs and how to respond and support people with post- traumatic stress disorder. We saw people were offered individual treatments and therapies from a variety of professionals which included psychiatrists, psychologists, occupational therapists, nursing and resource support workers.

We spoke with staff who told us they were supported by the management team to develop their knowledge and skills to meet people’s changing needs. Staff members we spoke with told us that when they started in their roles they completed an induction which involved shadowing members of staff. They told us they received ongoing support from their team colleagues and managers and had regular peer meetings and one to one meetings with their line manager. One staff member told us, “I feel really supported by my team and managers.” Another staff member said, “I have regular supervisions and anything I need to talk about such as problems, workload, extra training or support is discussed and dealt with.” We saw people received care from staff that were trained in the areas required to deliver individual care to people. We saw that training was delivered in various ways which included online and specialist training appropriate to staff responsibilities and roles. Records seen confirmed that individual training requirements were planned and tracked and staff had regular one to one meetings with their manager.

All the people that used the service had the ability to make their own decisions about their care and support needs. People told us they discussed their care and treatment with staff regularly and were able to agree and have some control over their treatment plan. All staff were able to demonstrate a thorough understanding of the Mental Capacity Act 2005 (MCA) and had knowledge of the

Deprivation of Liberty Safeguards (DoLS). MCA sets out what must be done to protect the human rights of people who may lack capacity to make decisions to consent or refuse care.

People were provided with food which was well balanced and included fresh food which reflected people’s taste and choices. One staff member told us, “We do try to encourage people to eat a more healthy diet.” One person told us, “I think the food is brilliant, there’s a lot of choice, today we had curry. I love curry.” Another person said, “The food is alright here there’s enough of it and it is always fresh and hot.” People told us they were offered a variety of alternative food choices if they did not want what was offered at meal times and that their individual dietary requirements were met. We observed lunch and saw that the dining experience was calm and pleasant with people able to interact freely with each other. One person told us, “We have access to hot and cold drinks and there are snacks available if you get peckish in the evening.” People told us small kitchens were available for people to use throughout the day to prepare their own food, snacks and make drinks.

One person told us, “If you get ill they get you to see a doctor as quick as possible.” Another person said, “Its real support here and staff will put you in touch with the right people outside combat stress when required.” People attended either a two week intervention or a six week intensive treatment programme which required them to live at the service during this time. Support and treatment was provided by a variety of healthcare professionals such as specialists and doctors and were developed around people’s individual needs. We spoke to staff about the professional input people received to support them with post- traumatic stress disorder. Staff explained the support offered to people during their time at the service and the arrangements and processes in place to support people once they had completed their treatment programme.

Staff told us and records confirmed discharge letters were sent to the person and their doctor following treatment. We also saw discharge plans were produced and regular ‘follow ups’ were arranged with people to monitor progress. We saw referrals were made to external agencies such as local mental health teams when planned treatments were not appropriate to a person’s needs.

# Is the service caring?

## Our findings

People spoke positively about the kind and caring approach of staff towards them. One person told us, “Staff are amazing” and “Staff don’t act as if it’s a job they seem to really care.” Another person said, “If you have a problem or you’re feeling down staff go out of their way to help you by talking to you.” We observed staff interactions with people were warm and friendly. We saw staff took time to engage with people and took an interest in what they were doing. One relative we spoke with said, “Staff have a very personal approach and took an interest in what my relative was saying.” Another relative told us, “It’s the staff that stops people giving up.”

People told us they engaged with a variety of different staff during their treatment at the service. One person said, “Staff can tell if I’m not feeling right and always make time to chat.” Staff we spoke with were able to tell us about people’s individual needs and the support people required to help them manage their post-traumatic stress disorder and other issues such as anxiety and depression. Staff told us they worked closely with people they supported to ensure support and treatment were provided in a way that took into account people’s individual needs and ensured people were cared for in a way that was personal to them. One relative told us, “I am pleased with the treatment offered. It has given me my husband back.”

All the people we spoke with told us staff listened to them in order to understand their needs and requirements.

People told us they were involved in developing and making decisions about their care and treatment while living at the service. We looked at people’s care records and saw that care planning was completed in a personalised way, which reflected the person’s individual needs and history.

We saw that staff respected and supported people’s individual needs and choices. One person told us, “Staff always knock and wait to be invited into my room” and “I am always treated with dignity and respect.” We observed times when people wanted to talk with a member of staff. We saw staff members suggest to people that they talk in quiet areas to ensure privacy. Staff we spoke with had a good understanding of how to promote people’s dignity and respect their choices

One staff member told us women who used the service were offered room’s with en-suite facilities. Another staff member said the service provided appropriate facilities and equipment for people with disabilities such as large bathroom and shower facilities.

While people were living at the service and receiving treatment visits from relatives or friends needed to be pre-arranged with the manager. A planned visiting day was arranged for families’ mid-way through the six week treatment programme. This provided relatives with the opportunity to visit their relative and discuss the various treatments and therapies with staff members.



# Is the service responsive?

## Our findings

Over 90 percent of people referred themselves to use the service without having to see anyone else first, or without being told to refer themselves by another health professional. All the people living at the service had the ability to make their own decisions about their support and care needs. People told us they discussed their individual treatment and care programme with staff during their admission process. They confirmed they had been involved in all aspects of planning their care and support. One person told us, “I have seen my care plan and have signed it.” We looked at care plans and saw they contained personalised information on how people’s individual needs should be met. This included information about the purpose of the admission including person’s expectations, key risks and management plans. Other information such as confidentiality and consent to sharing information was agreed and signed. People and staff told us that care plans were reviewed as required and people confirmed they were involved in any decisions made such as changes to therapies. Staff told us they shared information daily which ensured they had current information about people and enabled them to respond to any changes in people’s treatment plans.

All the people we spoke with confirmed that their feedback was sought by the provider through feedback surveys. One person told us, “We are always being asked for feedback.” Another person said, “To give feedback we do surveys, there’s a comments box and we have a meeting every morning and I will have a survey sent when I leave.” We were informed the service employed a quality and clinical governance person who ensured people received exit surveys after a course of treatment. We saw a feedback board was located in the main corridor of the service which kept people informed of any outcomes to concerns, issues or improvements raised by people during their stay at the service.

One person we spoke with told us, “If I had a complaint I could speak to the staff. They’re very approachable.” People we spoke with told us they were comfortable with raising complaints and concerns should they need to and had been given the information to enable them to do so. Staff we spoke with explained how they would handle any concerns or complaints and said they would refer people to the provider’s complaints process and direct people to the registered manager. We saw the provider’s complaints leaflets, offering advice to people on how to make a complaint was available in the reception area and on the notice boards around the service. The complaints leaflet was also provided to people as part of their admission pack into the service. We looked at the complaints procedure and log and saw that any complaint received by the service had been recorded, investigated and responded to appropriately within the provider’s timescales. We saw that the manager had acted on the complaints raised and people had been informed of the outcome. We saw where issues were not resolved fully the registered manager had arranged a meeting to discuss outstanding issues.

Prior to our inspection we received concerns that complaints were not being dealt with satisfactorily. Relatives told us communication needed to be improved as often they did not feel adequately equipped to support their relative when they had finished their course of treatment or when treatment was postponed. One relative told us, “I would like to know more about what’s happening.” We discussed these concerns with the registered manager who told us they had recognised communication between families and the service needed to be improved. The registered manager showed us an information booklet which had been produced which gave people and their families’ information about the service aims, therapies and treatments.

# Is the service well-led?

## Our findings

The service has a registered manager in post who was also covering a vacant operational manager position within the organisation. We spoke with the registered manager about this and they said that whilst they were covering two posts a staff member was 'acting up' into the management position providing cover and support with day to day issues within the service. People we spoke with told us the registered manager was accessible and approachable and they felt that they could speak openly with them. One person told us, "I have seen the management and they seemed really nice." All the staff we spoke with told us the registered manager was friendly and always had time to listen, offer support, or advice. One staff member said, "The manager listens and is very approachable." The registered manager demonstrated a thorough knowledge of all aspects of the service including the needs of the people staying there, staff members and of their responsibilities as a registered manager. Records showed that the provider has a history of meeting legal requirements and notifying us about events that they are required to do so by law.

The management structure was clear within the service and staff knew who to go to with any issues. Staff told us they would have no concerns about whistleblowing and felt confident to approach the manager, and if it became necessary to contact us. Whistleblowing means raising a concern about wrong doing within an organisation. Staff told us they had regular meetings within their team and were informed about developments within the service.

Staff said they felt comfortable putting forward their views and ideas. One staff member told us, "Everyone works closely together departmental line management is good and helpful." We observed staff worked well with each other. One staff member said, "The staff team and support within it is brilliant. Guidance and advice is always available."

The provider had systems in place which ensured the effective running of the service. We saw that weekly and monthly audits were completed by the managers of the service and information was forwarded to the person responsible for quality and clinical governance. Information from the audits was analysed to see if any trends or patterns were developing. Information was used to develop plans to improve the quality of service provided to people receiving treatment. Staff told us they were informed of any improvements or actions that were needed to address any concerns as a result of the auditing process. Information from people's feedback was analysed and where trends or areas of improvement were identified action was taken to address issues. For example, improvements/changes made to people's food choices. We looked at records and saw action plans had been completed about how improvement would be achieved. We saw guidance information was also provided to support managers with any improvements that needed to be made. We saw that all checks and records relating to running of the service such as medication, infection control and health and safety were accurate and up to date.