

# Future Health And Social Care Association C.I.C. Sandon Road

## Inspection report

71 Sandon Rod  
Edgbaston  
Birmingham  
West Midlands  
B17 8DT

Tel: 01214345731






Date of inspection visit:  
11 March 2019

Date of publication:  
24 April 2019

## Ratings

### Overall rating for this service

Requires Improvement 

Is the service safe?	<b>Requires Improvement</b> 
Is the service effective?	<b>Requires Improvement</b> 
Is the service caring?	<b>Good</b> 
Is the service responsive?	<b>Good</b> 
Is the service well-led?	<b>Requires Improvement</b> 

# Summary of findings

## Overall summary

About the service: Sandon Road is a respite service offering accommodation and support for people with mental health support needs. Two people were supported at the time of the inspection of a maximum of five people.

People's experience of using this service:

People benefitted from the support of the service and were treated with respect. People's independence and wellbeing was promoted. People went out as they wished and carried on with their own routines. Staff told us they were able to provide more practical support following the recent increase in staffing. Improvements had been made to the safety of the service. Two of three breaches identified at the last inspection had been met. However, we identified a continued breach of the regulations related to governance because systems and processes were still not robust. More information is in the full report. Rating at last inspection: Requires Improvement (July 2018). This service has been rated Requires Improvement at the last two inspections.

Why we inspected: This inspection was scheduled based on the previous inspection rating and other concerns known to CQC about the provider.

Enforcement / Follow up: This inspection identified a continued breach of the regulations related to governance. We did not take enforcement action on this occasion because shortly after our inspection, the provider submitted an application to de-register. We will continue to monitor this provider and service until the de-registration process is complete.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## 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

Details are in our Safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective

Details are in our Effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

Details are in our Caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

**Good** ●

### Is the service well-led?

The service was not well-led.

Details are in our Well-Led findings below.

**Requires Improvement** ●

# Sandon Road

## 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection was prompted in part by wider concerns about the provider and risk management across their registered respite services. This inspection examined those risks.

Inspection team:

This inspection was carried out by one inspector and an assistant inspector.

Service and service type: Sandon Road is a registered care home without nursing. The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

What we did:

Before the inspection, we reviewed information we had received about the service since the last inspection. This included any notifications we had received from the service and feedback we requested from external agencies including the local authority 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 also spoke with commissioners and relevant teams for updates on their monitoring and oversight of this service.

During the inspection, we spoke with one person using the service and a healthcare professional involved in their support. We spoke with three members of staff and the registered manager. We reviewed records related to people's support including medicines and records about the quality and safety of the service.

Some information we requested was not available to view during our inspection, including the training matrix and recruitment files. We received this evidence after the inspection.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management;

Learning lessons when things go wrong;

Using medicines safely

- At our last inspection in March 2017, we identified a breach of the regulations around safe care and treatment. This was due to poor management of people's risks and medicines. This breach had been met but improvements were still required:
- Although ligature points had been reduced and staff were aware of remaining risks on the premises, guidance had not been made available for staff to refer to.
- People's risk assessments continued not to provide guidance for staff to refer to in relation to all people's assessed needs.
- Emergency services had been called twice in recent months due to concerns about one person's symptoms. The person's risks had not been effectively reviewed and monitored moving forward.
- People's whereabouts were regularly monitored, however room checks had not always been carried out as planned. This had not been identified.
- Our checks indicated people received their medicines as prescribed although records were not always completed clearly. Although medicines support was provided by two staff members, staff competency in relation to medicine practice continued not to be assessed.
- Verbal reminders about how to respond in the event of a fire were given. However, fire drills and alarm checks were not always carried out as planned.
- Maintenance issues had been reported and addressed in a timely way.

Systems and processes to safeguard people from the risk of abuse

- Our last inspection found a breach of the regulations because people had not been protected by effective systems and incidents were not sufficiently investigated. This inspection found this breach had been met, although improvements had not been made in a timely way.
- Incidents in July 2018 had not been logged or recorded to promote staff learning and information sharing. An incident in February 2019 had been responded to appropriately through the provider's new processes.
- Staff had received more guidance since our last inspection and showed improved awareness of how to identify and report abuse.
- We met one person and saw they were at ease and comfortable around staff. The person showed they felt safe.

Staffing and recruitment

- Since the last inspection, the provider ensured staff did not work alone which had improved people's safety.

- The provider told us staffing levels would be increased if needed and as agreed with healthcare teams involved in people's care.
- Recruitment checks were carried out before staff started in their roles, including character references and checks through the Disclosure and Barring Service (DBS).

# 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

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Staff had received additional relevant training related to mental health since our last inspection and showed awareness of how to respond calmly and effectively if people became distressed. Further relevant training was planned for all staff.
- Guidance was not made available to staff to refer to about all people's conditions and needs. The provider told us guidance about mental health conditions and information from people's healthcare professionals was available on site for staff to refer to. The provider had not implemented this information into people's individual care plans.
- Handover processes had been developed to improve information sharing within the team.

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 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 to receive care and treatment with appropriate legal authority. We checked whether the service was working within the principles of the MCA.

- People did not need this level of support and made their own decisions. Staff knew what factors could impact a person's capacity to make decisions and had received MCA training.
- Although closed-circuit television (CCTV) had been introduced to help improve the safety of the service, people had not been fully consulted on CCTV use. The provider had not sourced or followed good practice guidelines in relation to this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law;

Staff working with other agencies to provide consistent, effective, timely care;

Supporting people to live healthier lives, access healthcare services and support;

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

- Staff monitored and recorded people's routines, medication support and sense of wellbeing. Staff shared concerns about people's health and wellbeing with relevant community health teams.
- A healthcare professional involved in one person's care told us, "Staff have been fantastic with [person], they respond appropriately when [person] gets frustrated. I've seen improvements in [person's] mental health since here."
- People accessed healthcare services independently. Staff signposted or supported people to access those services if needed.

- Staff encouraged people to eat well and often enough. People were supported to prepare meals if needed.



## Is the service caring?

### Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity;

Supporting people to express their views and be involved in making decisions about their care;

Respecting and promoting people's privacy, dignity and independence

- Staff had a relaxed and easy-going approach with people. We saw a person responded well to this. An agency staff member told us, "They really connect and try to help people."
- A person we met was comfortable and relaxed. We overheard the person chatting and laughing on their phone. They spent time with staff or spent time in their room as they wished.
- People were treated with respect.
- Staff were aware of people's safety and independence. A staff member told us, "Someone might be feeling lonely and want to come down and have a chat, or just want to chill in their room but as long as I know where they are [and safe]."
- Staff helped develop good relationships with people. A healthcare professional involved in one person's care told us, "The environment is really nice, always feels very homely. Staff are always interested and have got to know [person] really well."
- One person was given a birthday present by staff. This showed care for the person and efforts to welcome and involve people.
- A recent residents' meeting had been held to give people reminders about the service and for opportunities for people to raise any issues. People had taken part in occasional reviews about their support with staff.
- Information about people's individual needs and preferences, for example religion and relationships had been considered and was known to staff. Staff provided support or signposted as needed. Staff had not received equality and diversity training however to inform fair and respectful practice at all times.

## Is the service responsive?

### Our findings

Responsive – this means we looked for evidence that the service met people's needs  
People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People were given practical support for example with accommodation to help them prepare for moving on from the service. Staff were aware of people's individual circumstances and plans for the future.
- One person's feedback during reviews referred to improvements to their health, wellbeing and social relationships during their time at the service. Another person had been given more support from staff with some decisions due to their known support needs.
- Both people went about their own routines as they wished. Staff described plans to arrange activities and outings in future.

Improving care quality in response to complaints or concerns

- The registered manager told us there had been no complaints.
- One person told us they would feel comfortable telling staff if they had a complaint. Guidance about how to complain was available.

# 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. Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

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

Continuous learning and improving care;

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

This inspection found the provider remained in breach of the regulations over three inspections in relation to good governance:

- Records related to people's support were still not accurately maintained. Audits were still not carried out as often as planned to help address this.
- Systems still did not ensure people's feedback would be analysed and used to monitor and improve the service.
- The provider had not identified that health, and safety checks, including around fire safety had not been carried out as planned to help ensure the safety of the service.
- The provider had not followed good practice guidelines to fully consult people on CCTV use at the service.
- An overall audit of the service in February 2019 referred to CQC's key lines of enquiries but had not helped address the above issues.
- Improvements were not robust and sustained to achieve a consistently Good service. This service has been rated 'Requires improvement' overall for a third time.
- The provider had failed to operate effective systems to assess, monitor and improve the quality and safety of the service. This is a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulations 2014).
- The provider had met another breach of the regulations identified at our last inspection. We had since been notified as required of incidents and events at the service. The provider had recently improved how they analysed and logged incidents.
- The provider had displayed the last CQC rating on their website as required. During the inspection we asked the provider to display their rating more visibly at the service.

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

Working in partnership with others

- People were involved in discussing and reviewing their support. People's health and wellbeing had improved over their time at the service.
- A staff member told us, "I have a great manager who does really support me. They do their best." Staff had regular supervision and team meetings.

- Staff welcomed recent improvements to how risk was managed. One staff member felt their previous feedback about this had not been effectively responded to.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had failed to operate effective systems to assess, monitor and improve the quality and safety of the service.</p>