

New Servol

68 Stirling Road

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?	Good ●
Is the service effective?	Requires Improvement ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Requires Improvement ●

Summary of findings

Overall summary

This was an announced inspection which took place on 17 and 18 December 2015. The inspection was undertaken by one inspector and an Expert by Experience.

At our last inspection 9 June 2014, we identified that the provider was not keeping us informed of incidents that they were required to inform us of. During this inspection we saw that the provider had rectified this and was now complying with the regulations.

A registered manager was 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.

68 Stirling Road provides accommodation and respite care for up to five adults with mental health conditions. People using the service continue to be supported by community mental health teams. There were five people using the service at the time of our inspection.

Systems were in place to monitor the quality of the service people received. However, improvements were needed to ensure a consistently well-led service. Specific training was not provided to ensure staff fully understood people's needs.

People were protected from harm because procedures were in place to reduce the risk of harm to people and staff knew how to support people to keep safe. People were involved in deciding how risks to them were managed.

People were supported by sufficient numbers of staff that were appropriately recruited and supported to provide care and support to people.

People received their medicines as prescribed and safe systems were in place to manage people's medicines. Procedures were in place for foreseeable emergencies and staff knew the procedures. The environment and equipment used for people's care were safely maintained.

People had control over what they ate and drank, with support from staff if necessary. People had access to mental health professionals and were supported to maintain their physical health.

People's privacy and dignity was respected. People were free to pursue their individual social activities, with family and friends as they wished.

Most people knew how to raise concerns if they needed to and systems were in place to investigate and respond to any concerns raised.

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 they felt safe. Procedures were in place to manage risks and staff knew how to ensure people's safety.

There were sufficient numbers of suitably recruited staff to provide care and support to people.

People received their medication safely and as prescribed.

Is the service effective?

Requires Improvement ●

The service was effective.

People's rights were supported whilst using the service.

People were not confident that staff fully understood their needs and specific training was not provided to staff to help them to fully understand people's needs.

People had a choice of food to ensure a healthy diet and had access to health care professionals.

Is the service caring?

Good ●

The service was caring.

Staff showed a caring and sensitive attitude towards people.

People's privacy, dignity and independence was maintained.

Is the service responsive?

Good ●

The service was responsive.

People felt they had involvement in how their care was planned.

Most people knew how to complain if they needed to and there were systems in place to listen to people's complaints and concerns.

People could take part in social activities, if they wished and their visitors were welcomed.

Is the service well-led?

People were happy with the service they received and felt managers were approachable.

Systems were in place to monitor the quality of the service and consult with people. However, monitoring processes were not sufficiently robust to identify where there were gaps in the systems for ensuring people received a consistently well-led service.

Requires Improvement 

68 Stirling 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 17 and 18 December 2015 and was announced. The provider was given 48 hours' notice because the service was a small respite service for younger adults who are often out during the day; we needed to be sure that someone would be in. The inspection was undertaken by one inspector 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 care service.

Whilst planning our inspection we looked at the information we held about the service. This included the previous inspection report, notifications received from the provider about deaths, accidents/incidents and safeguarding alerts which they are required to send us by law. We asked the provider to complete a Provider Information Return (PIR), this was returned to us within the timescale requested and we reviewed the information. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During our inspection we spoke with three people that were using the service, the registered manager and two support staff. We looked at one person's care records to check they received the support as planned. We looked at the medicine management processes, two staff recruitment records and records maintained by the provider about the quality and safety of the service. We contacted the mental health trust who purchased the care on behalf of people and health care professionals involved in supporting people, to see if they had any comment about the service.

Is the service safe?

Our findings

People told us they felt safe and they would speak to staff if they were concerned about their safety. One person said, "They, [staff] know how to calm a situations down, staff members are good, they know what to do." No one told us they had raised any concerns about their safety.

Staff were clear about how to report any incidents relating to people's safety and all said they had received training in this area. Staff knew that they could escalate concerns to the nominated individual and external agencies, should they feel it was necessary to keep people safe from harm. Information we have showed that where incidents relating to people's safety had happened, the appropriate actions had been taken to keep people safe.

People said they were involved in agreeing and discussing any risk to their care. For example they met with the community mental health team and staff to discuss their progress and any risk factors to their mental well-being.. We saw that the community mental health team completed risk identification assessments as part of the assessment process. This enabled the home to complete their own risk assessments and risk management plans to ensure identified risks were managed in the safest way. Staff told us, and records showed that risk assessments were reviewed, and new risks were discussed during shift hand overs, so that staff had updated information about how to care for people safely.

Staff knew the procedures for handling emergencies, such as fire and medical emergencies. A member of staff told us that they all received fire safety training and that fire drills took place on a regular basis. We saw and staff told us that equipment, used for people's care were serviced regularly and the environment was maintained to ensure people's safety.

People said they felt there was enough staff to offer them the support they need. People told us they needed very little support with most aspect of their personal care needs and just needed support with taking their medicines, so the staffing numbers were sufficient to meet those needs. Staff also confirmed that the staffing level was sufficient to meet people's needs. Staff said that when other staff were sick or on leave they were always replaced.

Staff spoken with said all required checks were completed before they started their employment. We saw that pre-employment and Disclosure and Barring Service (DBS) security checks had been completed. DBS checks help employers to make safer recruitment decisions and reduce the risk of employing unsuitable staff.

People said they received their medicines as prescribed. We looked at the medication administration records of two people and we saw that all medicines were recorded as given. The community mental health team was responsible for the prescribing, ordering and delivery of all medications that people received whilst staying at the service. The provider had procedures in place to ensure people's medicines were, received, stored and administered safely. Staff said they received training to ensure they administered

medicines safely. A member of staff told us that where errors had occurred with administering people's medicines, procedures were in place to ensure staff received updated training and monitoring of their competency to prevent re-occurrences.

Is the service effective?

Our findings

Most people said they thought staff had the skills to meet their needs, and we saw that people's needs were being met. However, one person said, "I feel staff could do more training on mental health as I don't think they fully understand." Two people told us they didn't think staff fully understood the effects of the medication they were taking. Staff told us that core training and other training was available, and we saw that the provider had a planned approach to staff training. Staff said the training they had received, so far gave them the skills to do their job. However, training records showed a number of gaps in staff training. For example, mental health awareness did not form part of the staff training programme. Four of the ten staff employed had not had safeguarding training. Not all staff had received medication or Mental Capacity Act and Deprivation of Liberty safeguarding training. The manager said this was because a new staff team had been employed, since we last inspected the service and the training programme for 2016 would ensure the gaps in training were 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. We saw that everyone using the service had the capacity to make their own decisions about their support and treatment and people said they were free to make their own decisions.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. 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, and whether any conditions on authorisations to deprive a person of their liberty were being met. The registered manager told us that no one was being deprived of their liberty; this was confirmed by people we spoke with.

People told us they had full control over what they ate and drank, with support from staff if they were unwell and required additional input to prepare their meals. Staff said people did their own shopping and cooking and where people needed support with monitoring their diet this was given with the agreement of the person. People managed their own finances, so were able to buy the foods they required.

People said their health care needs were being met. Staff said that people's mental health needs were met by the community mental health team, who visited the service regularly to ensure people were well and where people's mental health deteriorated, they would contact the mental health team immediately. The registered manager said people were supported to maintain contact with their own GP's so that their physical health could be maintained. We saw the registered manager talking to one person about getting

them registered at the local health centre on a temporary basis, so that they could get the medical attention needed.

Is the service caring?

Our findings

People said staff were caring towards them. One person told us, "The staff here are nice people and I get on with them very well." We saw that people had sent thank you cards to the service, thanking staff for the care and support offered to them. One card read, "To all staff thank you for helping me and for your kindness and caring." Another card read, "To [staff name], I would like to say thank you for your kindness and caring ways. You were there for me and you said the sweetest things. You made me feel I was worth something."

We saw that staff treated people with kindness and spoke with them in a caring and respectful manner. People told us staff helped them to make decisions about their support needs. We saw that people's views informed how staff developed and planned for people's progression into returning home to their families. For example, staff told us about feedback obtained from people that indicated that some people were concerned about accessing community services, such as jobs and housing support. As a result of this people's care plans had been further developed to include offering support in these areas, where required to enable people to return to independent living in the community.

People said they were treated with respect and dignity and that their independence was promoted. People had their own keys to their rooms and were able to see friends and family in private. People told us they were involved in keeping the house clean, tidy and fresh and said they were able to treat it as their own home. One person said they felt it was, "like home from home."

We saw that dignity and respect formed part of the training programme for staff, so the provider took a proactive approach to ensure their staff were trained in this area.

We were told that the main purpose of people being admitted into the service was to support them with taking their medication to improve their mental well-being and independence. We saw that the process for offering this support was that the medication was controlled in a central office by staff and people went to the office to take their medicines. Staff told us that people had no facilities in their rooms to enable them to manage and progress to independence with taking their medicines. We spoke with the registered manager, who said she would review the policy and pursue how independence in this area could be further developed, taking into account the risks to people individually.

Is the service responsive?

Our findings

People were aware that they had a treatment plan and were involved in discussion and agreeing their plan. People said they were able to discuss their care during meetings with staff and their treatment team.

People said they were free to pursue their social interests within the community. Not many opportunities for socialisation were provided in the service, but people said they spent most of their time doing outside activities of their choice. The manager said that the organisation was developing plans to offer activities such as internet café off site and people using the service would be free to use those facilities for socialisation.

People told us that friends and relatives were free to visit up until 11 o'clock at night. Staff told us people also frequently visited friends and families for overnight stays, so they maintained their personal relationships.

Most people said they knew how to complain if they needed to, no one that we spoke with had made any complaint. All staff knew how to respond to and report concerns and complaints raised by people using the service. All staff spoken with said no one had made a complaint about the service to date.

Is the service well-led?

Our findings

We saw that there were some systems in place to monitor the quality of the service. This included a monthly quality visit from the nominated person, who completed a monitoring report on the quality of the service. The registered manager also completed audits such as, health and safety, and care records. However, the systems to monitor the service were not robust enough. For example, audits such as infection control and medication were not completed. We saw that there were gaps in the staff recruitment records, such as, no clear audit trail for the authenticity of references collected and no forms of identification. Gaps seen in staff training indicated that training was not monitored to ensure that staff had the training they needed.

The provider information return was returned to us within the timescale we requested. However, this did not give us all the information requested, indicating the provider had not made a full assessment of the service.

People told us they had opportunities for giving feedback on the quality of the service and felt they received a quality service. We saw there were procedures in place to seek the views of people that used the service. This included meetings with people that used the service, questionnaires sent to people and care professionals. Currently the result of these surveys were not analysed for trends. However, the registered manager told us about actions that she had taken following discussions with people using the service. For example, a charter of rights had been developed and displayed in the service and given to all new people so that everyone knew what their rights were. The registered manager said other things that people had commented on in surveys and in meetings, related to on-going support when they left the respite service. The registered manager said the provider was working on a development plan to ensure people received the support they needed once they left the service.

There was a registered manager in post and all conditions of registration were met. People told us the registered manager was approachable and they could speak with her if they had any concerns. One person told us, "She was extremely helpful when I came here." We saw that the registered manager had a visible presence in the service. Staff spoken with said they could discuss things in team meetings and were able to report poor practices and they would be dealt with. A member of staff told us, "I have seen things and have mentioned them and they were actioned."

At our last inspection we found that the provider was not keeping us informed of incidents and events that affected the quality and safety of the service. Since then the provider has kept us informed, as required.