

# Future Health And Social Care Association C.I.C. Endwood Court Road

## Inspection report

27 Endwood Court Road  
Handsworth  
Birmingham  
West Midlands  
B20 2RX

Tel: 01215519183

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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 15 May 2017 and was unannounced. This is the first time we have inspected this service since it was registered in May 2016.

Endwood Court Road is converted house offering a respite service, accommodation and support for a maximum of five adults with mental health needs. Some people may also have learning disabilities. People are referred to the service from a local NHS mental health provider. The service had a regular turnover of people who may stay at the home from one night to several months. At the time of our inspection, there were four people using the service.

There was a registered manager in place who was present during our inspection. 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 the home was safe. Staff demonstrated they were aware of the action to take should they suspect someone was being abused. Staff knew the risks associated with people's physical and mental health and the actions required in order to minimise the possibility of harm. There were enough staff on each shift to meet people's care and support needs promptly. People received their medicines safely.

People were supported by staff who had the skills and knowledge to meet their needs. People were supported to have the maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People were responsible for preparing their own meals. People in the home were supported to maintain their relationships with a variety of mental and physical health professionals who were supporting them prior to using the service.

People told us the registered manager and staff were caring. People were supported by regular staff who spoke fondly about the people they supported. People had key workers who understood people's specific needs and regularly sought their views. Staff respected people's privacy.

People were encouraged to have an independent life while remaining safe. People's care and support was planned in partnership with them so records reflected their views and wishes. People told us the registered manager and staff were approachable and would take action if they were not happy or had a complaint.

People told us the home was well run. The registered manager was aware of their responsibilities to the Commission and they were knowledgeable of the type of events they were required to notify us of. Staff told us the registered manager and project leader were supportive and led the staff team well. People had the

opportunity to influence and develop the service they received. The registered manager and project lead made checks the standard of care was maintained and in some instances these checks had led to further improvements.

## 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 is safe.

People were supported by staff who were aware of action to take should they suspect abuse had occurred.

People were supported by sufficient staff who had been safely recruited.

People received their medicines safely, although we found there was a need to improve some medicine records.

### Is the service effective?

Good ●

The service is effective.

Staff had suitable training to understand and know how to meet people's individual physical and mental health needs.

People had been supported to receive continuity of care and maintain relationships with health professionals who had referred them to the service.

People were supported in line with the Mental Capacity Act 2005 and staff respected their wishes.

### Is the service caring?

Good ●

The service is caring.

Caring and respectful relationships had been built between people and staff.

People were able to express their views of the service and how they wanted to be supported.

### Is the service responsive?

Good ●

The service is responsive.

Staff knew and supported people to achieve their personal goals.

People knew how to raise concerns and these were dealt with appropriately.

**Is the service well-led?**

**Good** 

The service is well-led.

There were regular checks to assess the quality of the service people received.

The provider promoted a clear vision of the service which staff understood.

People provided positive feedback about the management of the service and staff felt supported in their roles.

# Endwood Court 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 checked 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 comprehensive inspection took place on 15 May 2017 and was unannounced. The inspection team consisted of 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 service.

As part of planning the inspection we asked the provider to complete a Provider Information Return (PIR). 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 and we took this into account when we made the judgements in this report. We also checked if the provider had sent us any notifications. These contain details of events and incidents the provider is required to notify us about by law, including unexpected deaths and injuries occurring to people receiving care. We used this information to plan what areas we were going to focus on during our inspection visit.

During our visit we spoke with three people who lived in the home. We also spoke to the registered manager, project lead and one member of staff. We spoke with one person's relative and a health professional. We observed a staff handover meeting. We looked at records including two people's care plans, staffing records, medication and quality monitoring information.

After our inspection we spoke by telephone with another member of staff and a person who commissions places at the service.

# Is the service safe?

## Our findings

All of the people we spoke with told us they felt safe in the home. One person told us, "I feel relaxed and safe." Another person said, "Yes I'm safe. It's a good place." We saw people looked relaxed in the company of staff and happy to approach them when they required support or reassurance.

The registered manager and staff told us all members of staff received training in recognising the possible signs of abuse and how to report any suspicions. Staff demonstrated they were aware of the action to take should they suspect someone was being abused. There were details for people who used the service and visitors around the house about other agencies they could contact if they felt anyone was at risk of harm.

People were encouraged to have as full a life as possible, whilst remaining safe. Before a person used the service the registered manager or project lead reviewed their care plans from the referring mental health trust to assess if they would have the necessary resources to meet the person's specific needs. They also assessed if a new person would be compatible with the people already using the service. When people started using the service the registered manager had assessed and recorded the risks associated with people's mental health and any physical conditions. These were regularly reviewed and updated if necessary. The registered manager had assessed risks associated with people's living environments and there were clear fire emergency plans so people could be evacuated safely if needed.

There were enough staff on each shift to meet people's individual needs. We observed staff responded promptly to meet care needs and requests for support. Staff told us and records confirmed when staff were absent their planned work was covered by colleagues working additional hours or regular bank staff. This ensured people were consistently cared for by staff who knew them and their needs. The registered manager told us they were supported by the provider's Human Resources department to conduct suitable recruitment checks and staff could not start working at the service until these checks had been completed. People were supported by suitable staff.

People were supported to take their medicines safely and when they needed them. The registered manager told us people were often referred to the service so they could be supported to learn how to take their medication appropriately. We saw a member of staff support a person to take their medication. The person knew what their medication was for and why they were being supported to take it. They told us it was, "So I don't overdose [by accident]."

Medicines were kept in a safe location. People were supported to take their medicine by staff who were trained to do so. The registered manager told us they were currently sourcing some additional medicine training for staff so they could refresh their skills and knowledge. People's care records contained details for staff about their medicine and we saw staff promptly contacted people's care teams if they felt their medication needed reviewing. Some people's medicines were prescribed to be administered 'as required'. We noted however there was not always detailed information for staff about when they should be administered. We saw staff conducted a count of people's medicines when they changed shifts and there were regular audits of the medicine to check people had taken their medication as prescribed.

## Is the service effective?

### Our findings

People told us the staff were good at meeting their needs and had improved their general health and well-being. One person said, "If you go out of routine they'll know and knock on your door to check you're ok." A health professional who was visiting to support a person who used the service told us they felt the service was effective and had no concerns with how people were supported.

People told us they were supported by staff who had the skills and knowledge to meet their needs. Staff told us they had received induction training when they first started to work in the home. A new member of staff told us, "I received a good induction. The training has given me confidence." Staff then received regular updates in relation to basic skills and received additional training when necessary to meet people's particular medical conditions. Staff demonstrated they knew and understood the implications of people's mental and physical health conditions on how they needed care and support. One member of staff described the behaviour a person would display if they were becoming anxious. This enabled staff to take prompt action to prevent the person's condition from deteriorating. There were details of people's specific needs in relation to their health in their care plans which staff could consult when necessary. Staff confirmed they received informal and formal supervision from the registered manager and project lead on a regular basis to reflect on their practice.

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. Although all the people who used the service had the mental capacity to choose how they wanted to be supported, staff demonstrated an understanding of people's rights to choose how they were supported and respected their decisions. One member of staff told us, "It's their choice; they can go out if they want." Before using the service people were presented with details of how they would be supported while living at the home. This gave people the opportunity to decide if they wanted to use the service. The registered manager told us when people were felt to lack mental capacity they had held meetings with appropriate others to identify care which would be in the person's best interests.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Although no one who used the service required support which would restrict their freedom, there were processes in place to ensure that should this be necessary people's community care teams would be involved promptly and the correct authorisations obtained.

People were responsible for managing and preparing their own meals and drinks. This ensured people could retain their independence and enjoy meals they liked and were familiar with. The registered manager told us they maintained additional stocks of food and drinks in case anyone ran out of their own supplies. This would ensure people would receive enough to eat and drink while they used the service. The registered



manager told us several people who used the service had worked together to prepare meals jointly and share culinary knowledge. This had promoted people's self-confidence and meal times as a social occasion.

People were supported to make use of the services of a variety of mental and physical health professionals. A person who commissioned packages of care said they felt they had a good working relationship with the service and they worked jointly with the provider to identify people who would benefit from using the service. This ensured people receive prompt and appropriate support when they transferred between services. Records showed staff worked closely with people's referring mental health trust so they continued to be supported by appropriate health professionals they were already familiar with. The project lead supported people to engage with the local authority regarding housing and financial needs to ensure they would receive the appropriate support and care when they left the service.

## Is the service caring?

### Our findings

People who used the service told us staff were caring. One person told us, "Staff are very easy to talk to." A person's relative told us they were encouraged to visit and made to feel welcome. On one occasion a person teased a member of staff about what they were going to say about them during our visit. It was obvious the person and member of staff knew each other well and liked to exchange banter. People were happy and content in each other's company.

People were supported by regular staff which had enabled them to build up positive and trusting relationships. Staff spoke fondly about the people who used the service and how they enjoyed supporting to engage in things they liked. One person told us they would regularly visit a gym. Staff promoted positive outcomes for people and wanted them to succeed. The registered manager expressed empathy with the people they supported and told us they tried to make the service, "As homely as possible. It's very hard when you're unwell and you come to a place that's very different to your own."

People were supported to express their views and involved in making decisions about how their care was provided. We saw staff regularly asked people how they wanted supporting and respected their wishes. Records showed people were regularly approached to review their care and identify if they would like to make any changes. People told us and records confirmed they could express their views at regular service user group meetings. Records showed staff took action in response to comments made at these meetings. People were listened to and their views respected by staff.

People told us how staff were motivated to overcome any obstacles they faced which had prevented them from living healthy and fulfilling lives. One person told us, "I wasn't confident when I got here. Now I am wanting to get a flat and ready for a job." Staff supported people to follow their care plans and take as large a part in meeting their own needs as they felt comfortable to do so. Staff set agreed objectives and goals with people so they felt confident and safe to face personal challenges. People regularly reviewed their progress with key staff in order to celebrate their achievements and identify more demanding challenges.

People's privacy was respected. People had keys to their own rooms and it was the provider's policy that staff would not enter people's rooms without permission. One person told us, "This place is comfortable and private." Care plans contained information for staff to promote people's independence such as encouraging people to provide their own personal care and conduct their own daily living chores such as shopping, cooking, laundry and cleaning their rooms. One person told us, "I want to get my own place and basically staff here are helping me. [Staff name] is helping me to cook and manage money." This gave people the life skills and confidence they required to self-support when they no longer used the service.

## Is the service responsive?

### Our findings

People we spoke with told us the service was consistently good at identifying their needs and supporting them in line with their wishes. One person told us, "I wasn't well when I came in, [because of] my mental health. [I'm] better place now." Another person said, "[Staff] understand me here."

We saw staff asked people how they wanted to be supported and if they needed any assistance. Where possible staff gave people the freedom to manage their own care and welfare but offered people the choice of receiving support such as medication administration, if needed.

The staff recognised the importance of people maintaining relationships with those who were important to them. People told us there were no restrictions on their movements or who they met so long as it was considered safe to do so. We saw people meeting with relatives or speaking with them on the phone. The project lead said they supported people to maintain social links and prevent social isolation so long as this reflected their care needs and preferences.

Staff had a good understanding why people had been referred to the service and what it was hoped they would achieve while being there. Care records had clear aims and objectives for each person and these were regularly reviewed by the people and staff. Records were regularly updated as people's requirements and preferences changed to reflect their current needs.

During our visit we observed people engage in activities of their choices. People were encouraged to identify and choose what they wanted and needed to do as part of promoting their independence and welfare. People were involved in agreeing their care plans and how staff were to support them. We saw staff respected people's wishes.

People told us the registered manager, team leader and staff were approachable and they felt confident they could tell them if they were not happy or had a complaint. There were details of the provider's complaint policy on display around the house. Although no complaints had been received people were confident the registered manager would respond appropriately and make any necessary changes.

# Is the service well-led?

## Our findings

All the people we spoke with told us they felt the home was well run. One person said the service was, "Really good." A health professional told us, "I have no concerns, the service is very good." We saw people who use the service appeared happy and they engaged confidently with staff.

The registered manager was aware of their responsibilities to the commission and knowledgeable of the type of events they were required to notify us of. Their registration certificate was clearly displayed and the registered manager could explain the principles of promoting an open and transparent culture in line with their required duty of candour. People would receive a fair and honest response to their concerns and enquires.

Members of staff told us the registered manager and project leader were supportive and led the staff team well. One member of staff told us, "[senior staff] are very helpful." Staff described an open culture, where they communicated well with each other and had confidence in their colleagues and in their manager. The registered manager told us, "You are only as strong as your weakest link, so it is important to keep everyone in the loop."

The registered manager and project lead promoted a clear vision of the service to staff. All the staff we spoke with reflected the services aim's to promote people's independence and 'provide a safe haven' for people during their rehabilitation. People we spoke with said they were being supported in accordance with this ethos, such as regularly reflecting on their wellbeing.

There were systems in place to ensure people were involved in commenting on the care they received. People met with staff individually and in groups to express their views about the quality of the service they received. Where there were instructions for staff or when peoples' care plans had changed, staff had signed to indicate they had read and understood them. This meant people would receive the most appropriate care to meet their current needs. People had the opportunity to influence and develop the service they received.

Records of audits showed the registered manager and project lead made checks to review the quality of care people received. Project leads from the provider's other locations would also visit and conduct checks in order to share their own experiences and knowledge of best practice. Records showed there were systems to make sure relevant checks had also been made on utilities and equipment in the home so they remained functional and safe.