New Servol

School Road

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

The inspection visit took place on 28 and 29 July 2016. The first day was an unannounced visit and the second day was announced. This was the provider's first inspection of this location since its registration in November 2014.

School Road is a service that provides accommodation and support for up to nine adults with mental health needs. At the time of our inspection seven people were living there.

There was no registered manager in post. The acting manager has submitted an application to the Care Quality Commission that is currently being processed. 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.

Although risk assessments had been completed to reduce the risk of harm for people who lived at the service, these were not always consistent and required some improvement.

People felt there were not always sufficient staff members available to consistently meet people's identified support needs. We have made a recommendation to the provider to review how staffing numbers are assessed.

The provider had management systems in place to assess and monitor the quality of the service however they were not always effective and required some improvement.

People who lived at the service felt secure and safe in the knowledge that staff were available to support them, when they needed to be supported. The provider had systems in place to keep people safe from the risk of abuse.

The provider ensured staff were effectively recruited and they received the necessary training to meet the support needs of people.

People received their medicines as prescribed by healthcare professionals.

Staff sought peoples' consent before providing support. Staff understood the circumstances when the legal requirements of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards (DoLS) should be followed.

People were encouraged to be as independent as possible and were supported to make choices and to take responsibility for their own daily routines. People prepared their own food and drink at times to suit them and were encouraged to consider healthy food and drink options.

People had good access to health care professionals to ensure their health care needs were met.

People were supported by caring and respectful staff who maintained their privacy and dignity.

People's health and support needs were assessed and reviewed and they were encouraged to participate in activities and interests if they wished. People knew how to complain about the support they received and felt confident their concerns would be addressed.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

Risks to people were not consistently assessed.

People were not consistently supported by adequate numbers of staff members so that their individual needs would be met.

People received their medicines as prescribed by health professionals.

People were protected from the risk of abuse because the provider had effective safeguarding systems in place and staff were aware of the processes they needed to follow.

Is the service effective?

Good

The service was effective

People were supported by staff that were experienced and suitably trained.

Staff encouraged people to consider healthy eating options.

People's rights were protected because staff understood the legal principles to ensure that people were not unlawfully restricted.

People were supported to meet their healthcare and support needs and had access to health and social care professionals.

Is the service caring?

Good

The service was caring

People were supported by staff that were caring and kind.

Staff were respectful of people's choices.

Staff encouraged peoples' independence.

Is the service responsive?

Good

The service was responsive

People's support needs and preferences were assessed to ensure that their needs would be met in their preferred way.

People were encouraged to take part in group or individual hobbies and activities.

The provider ensured feedback was sought through meetings and satisfaction surveys.

Is the service well-led?

Requires Improvement

The service was not consistently well-led

The provider had quality assurance processes in place to monitor the service to ensure people received a quality service, but they were not consistent and required improvement.

People told us they were happy with the quality of the service they received.

People said the acting manager was approachable and responsive to their requests.

School 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.

The inspection visits took place on 28 and 29 July 2016 and was conducted by one inspector.

When planning our inspection, we looked at the information we held about the service. This included information received from the provider about deaths, accidents/incidents and safeguarding alerts which they are required to send us by law. We also asked the provider to complete a Provider Information Return (PIR). This was returned to us within the timescale requested, however due to technical difficulties it was not available at the time of the inspection. 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. We contacted local authorities who purchased the support on behalf of people to ask them for information about the service.

During our inspection, we spoke with four people who lived at the service, one relative, four support workers, one health care professional and the acting manager.

We looked at records in relation to three people's support and medication records to see how their support and treatment was planned and delivered. We looked at the medicine management processes and records maintained by the service about recruitment, staffing levels and training. We also looked at records relating to the management of the service and a selection of the provider's policies and procedures, to check people received a good quality service.

Requires Improvement

Is the service safe?

Our findings

Everyone we spoke with told us they felt there was a requirement for the provider to review staffing numbers. One person told us, "There's enough staff during the week but at weekends there's only one and I don't think that's enough." A staff member said, "We need extra staff so we can be more involved with people, especially at the weekends, if someone needs support to go out, we can't take them because we can't leave School Road unattended." We saw from one person's file it had been recorded that a staff member was unable to support the person, with an outdoor activity at the weekend, because there was only one staff member on duty. A relative told us "I think they need more staff at the weekends, what would happen if someone became unwell." We asked the acting manager how staffing levels were determined. They explained there was no system in place and said the decision to have one staff member on duty at weekends was 'historic' because 'most people go to stay with relatives at the weekends.' However, we found this was not the case with the number of people on site at weekends being the same number as during the week. Although we saw there was sufficient staff members on duty during our inspection visit, people had told us at weekends it would benefit them if there were 'at least' two staff members. For example, people who required support to take part in outdoor activities that may not be available to access during the week.

We recommend that the provider consider current guidance on determining staffing levels to ensure the support needs of people living at the service are consistently met.

We asked staff members how planned and unplanned leave was covered. They told us that they would cover shifts for each other or the acting manager would request agency staff. The acting manager explained they requested the same agency staff so people had continuity of support. People we spoke with confirmed this was the case. The provider had a recruitment process in place to ensure suitable staff were recruited. Staff spoken with explained they were interviewed and their two references and police checks had been completed, before they started to work for the provider. We checked the recruitment records of two staff and found the necessary pre-employment and security checks had been completed. The checks can help employers to make recruitment decisions and reduce the risk of employing unsuitable staff.

Staff members explained to us what risks had been identified in relation to people they supported. We saw that two of the three files we looked at contained up to date risk assessments to ensure the provider continued to meet people's individual needs. We saw the support plans were also reviewed and identified risks were managed appropriately. For example, information was available to staff about patterns of behaviour that could identify when people were becoming unwell. The information would assist staff to support people safely and clearly explained what action should be taken.

However, one file contained no recent risk assessment or support plan. Although we found there was information available provided by other agencies, we saw previously identified risks had not prompted an up to date risk assessment. The acting manager explained conversations and meetings had taken place with the agencies and the person but confirmed this information had not been recorded. He continued to explain that staff members knew how to support the person, which was confirmed in conversations we had

with them. The provider's responsibility to people living at the service, staff members and agency staff members was to ensure everyone was protected from the risk of potential harm. In order to apply this, the most recent, accurate and up to date information should be readily available within support plans and risk assessments. This would ensure all staff members supported people appropriately.

All people living at the service had mental capacity to make decisions about their medicine.
People we spoke with told us they had no concerns about their medicines and confirmed they were given to them as they had been prescribed by the doctor. One person said, "I know what my medicine is and why I'm taking it, I don't particularly like it but I'm doing well at the moment and I want to stay well." Another person told us, "I take my own medication, it's kept locked away." We saw that people were supported by staff to self-medicate and arrangements were in place to ensure that people received the support to do this safely.

There were people who required medicine 'as and when', we saw there were procedures in place to ensure this was recorded when administered and records were audited daily. We looked at four Medication Administration Records (MAR) and saw that these had been recorded accurately and medicine counted balanced with stock remaining. All medicines prescribed by health care professionals received into the service were securely stored, administered and disposed of when no longer in use.

We saw that safety checks of the premises and equipment had been completed and that records were up to date. Staff were able to tell us what they would do and how they would maintain people's safety in the event of fire and medical emergencies. We asked staff members what action they would take if there was an incident at a weekend or at night. We saw where the emergency numbers were displayed for the 'on call duty list' and out of hours 'Outreach Teams.' Staff told us when they have called for out of hours support, there had been a 'quick' response. Staff knew what action to take because procedures had been put in place by the provider, which safeguarded people in the event of an emergency.

People living at the service told us they felt secure and safe and they would not hesitate in speaking with their key worker, if they felt upset or threatened in any way. A key worker is a member of staff that works and in agreement with the person and acts on behalf of the person they support. The key worker has a responsibility to ensure that the person they support has as much control as possible over aspects of their life. One person said, "I feel as safe as houses, it is a safe haven here." Another person told us, "I do feel safe living here" a third person explained how they would speak with a staff member if they were concerned about anything.

Staff was clear about their responsibilities for reducing the risk of abuse and told us about the different types of abuse. They explained what signs they would look for, that would indicate a person was at risk of abuse. A staff member told us, "People living here would tell us, but if they didn't we would know if something was wrong by their body language, if their behaviours had changed or if they were just not themselves." Another staff member said, "If I suspected anyone was being abused, I would record it and make sure the manager was told." The provider's safeguarding procedures provided staff with guidance on their role to ensure people were protected from the risk of abuse.

Good

Is the service effective?

Our findings

Everyone we spoke with was complimentary about the staff and thought they were skilled, knowledgeable and adequately trained to support people. One person said, "The staff are very good, excellent." Another person told us, "I'm very happy with the support I get from the staff, they are all good." A health care professional explained to us they felt the staff had the skills and experience they needed to support people. One person told us, "[Staff name] knows me very well," and discussions we had with staff members demonstrated they had a good understanding of people's individual needs. Staff also told us they had received on-going training, supervision and appraisals to support them to do their job. One staff member told us, "I found the training really effective and I've been able to put it into action." A second staff member explained that the training had been 'really good' but since the provider had changed to another trainer they felt it was not as effective because it was now 'more on-line learning'. A third staff member said, "I think the training has been very good, I have learnt a lot." We saw the provider recorded the training completed by staff and identified when refresher training was required.

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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. All the people living at the service had the ability to make decisions about their support needs. People we spoke with told us they discussed their support and treatment with their key workers on a regular basis therefore, they were able to agree and have some control over their treatment. We saw staff members offered people choices, gained consent and encouraged people to make decisions about their support. Where people did not want to engage or participate in, for example, a suggested activity, the staff respected their decision.

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. We found people had free access around their own flat as well as the communal areas at the service. People held keys to their own flats and could come and go as they wished. Therefore, the provider was meeting the requirements of the legislation because no restrictions were in place and no-one was being unlawfully deprived of their liberty.

People we spoke with living at the service told us they prepared and made their own meals. One person told us, "I try to eat more healthily, I buy vegetables and fruit." Another person said, "I have to reduce my sugar so I use sweetners instead." Staff members we spoke with explained how they supported and encouraged people to eat more healthily. A staff member said, "We do try to encourage people to eat a more healthy diet, we do make suggestions."

People we spoke with told us they were happy with the support they received from staff members. One

person told us, "It's great, I'm very settled it's the best place I've been." Another person told us, "I have regular meetings with my CPN (community psychiatric nurse) for support." We saw appointments had been arranged with the GP, psychiatrist, dieticians and community mental health teams. Staff explained they received 'excellent' support from the out of hours' community mental health Outreach teams should a person become unwell and required additional support or treatment. This is a specialist service which provided mental health support to people outside typical working hours. We also saw that people were encouraged to access information and guidance on preventative health, for example, reducing or stopping smoking, which supported people to maintain their health and wellbeing.

Good

Is the service caring?

Our findings

People told us that the staff were helpful and respectful. One person said, "All the staff are great, I'm very happy here." Another person told us, "Staff listen to me." We saw that staff called people by their preferred names and listened to what people had to say about events and matters that were important to them. Staff members were also able to tell us about people's individual support needs, their likes and dislikes. This contributed to the staff being able to support people in a way that was individual to the person.

The environment was calm and relaxed. One person told us, "It's so quiet here, peaceful, I like that." A health care professional explained how this calming environment could help to ease people's anxieties and support their recovery. They continued to tell us 'it was a pity' there were not more services similar to the service.

People explained how they were involved in discussing and planning their support needs. One person said, "Every month we have a review with our key worker." Support plans we looked at showed peoples' views were taken into account, this ensured staff supported people in a person centred way. Person-centred approach is seeing people who use health and social care services as equal partners in planning, developing and monitoring their support, to meet their individual needs. We saw people speak with staff and the acting manager about how they felt, where they were going and when they would be back. One person told us, "I feel really supported." We saw staff had a good understanding of people's needs and showed empathy towards people. A staff member told us, "We talk a lot to people, sometimes that is all they need, someone to listen to them." There were good humoured interactions between staff members and people living at the service. We saw relationships between staff members and people were good and people felt they could ask for support when needed.

We saw that people were treated with respect and dignity. One person told us, "The staff are very respectful." Another person told us, "Staff always knock on my door and ask if they can come in." Staff members knew the people who lived at the service well and spoke about their health challenges in a sympathetic way. They were able to explain how they ensured people's privacy and dignity. One staff member said, "We are told things by people that they wouldn't always tell their relatives and it's important to respect their decision to keep it private, unless it was a risk to that person then we would have to explain to them we would need to tell the manager." Another staff member told us, "We never discuss people out of work and we never discuss people's worries with other people that live here." The provider ensured staff were familiar with their confidentiality policy as part of their induction. This safeguarded peoples' privacy and ensured there was no breach of confidentiality.

People were supported to be as independent. People were encouraged to complete their own shopping, cooking and completing household tasks. For example, maintaining the cleanliness of their rooms, laundry and shopping for personal items. One person told us, "I love shopping but I have to be careful not to spend all my money." A second person explained how they had been out shopping and showed us the items they had purchased. A relative explained how their family member had 'become more independent' since moving to the service.

All of the people living at the service resided in individual flats with a kitchen area and en-suite shower facilities. People we spoke with told us they chose when they got up and went to bed. They continued to tell us how staff supported them to develop their 'life skills' so when they left the service, they would be able to maintain their independence and look after themselves. One person said, "I hope to be well enough to leave and have my own flat or house share, my key worker is helping me achieve this."

Everyone we spoke with told us they were able to maintain contact friends and family if and when they wished. People we spoke with confirmed they were free to remain in their rooms and relax or choose to go out

We found that people were encouraged to express their individuality. One person told us, "We can personalise our flats, I have my pictures and ornaments in place." A person living at the service had become interested in attending a place of worship. Staff explained how they had supported the person to attend and how they had also arranged for bible classes to support the person.

Good

Is the service responsive?

Our findings

All the people living at the service were able to make decisions about their support. People we spoke with told us they were 'happy' with how their support needs were being met. One person said, "The staff are great, I can't complain." People we spoke with told us they discussed their support and treatment with their key workers on a regular basis. A health care professional told us that any advice or guidance given to staff was followed. We saw that staff responded to people that needed support when they required it. For example, one person had become anxious and approached the acting manager for support and reassurance.

People living at the service were supported by their key worker to try and structure their week as this would help to establish a positive use of their time. For example, one person had agreed with the provider to attend a local centre to support them to develop and maintain their living skills. We saw that the provider had arranged this for them on their behalf. We saw that people had applied for educational courses and one person expressed their interest in using their mental health condition to 'educate' staff on 'what it's like to live with a mental health problem.' The person told us they would speak with the acting manager about how they could 'make this happen.' People we spoke with explained they were well supported by their key worker to find different courses or recreational hobbies such as the location of the local gym and swimming pool. One person told us, "I've just stopped going to the gym for a short break but I intend to go back."

Staff were able to tell us about people's individual support needs and interests. For example, one staff member explained how they had supported one person to strengthen their confidence since coming to the service. A health care professional explained how well one person had improved since arriving at the service. We saw staff involved people in all decisions and because each person had a named key worker, that provided consistency, we could see people were comfortable working with them. One staff member said, "Everyone has an input, everything is discussed in an open way with the person and if they want, their family members are involved too." Support plans showed people's preferences and interests had been identified and were regularly reviewed.

People living at the service we spoke with were encouraged to maintain contact with the family members and friends, if the person wanted this. One person told us, "My partner visits every day and I also see members of my family on most days." Another person said, "I'm waiting for my friend to arrive today. I also sometimes stay with my family overnight."

Everyone we spoke with told us they had no complaints about the quality of the service being provided. Everyone knew how and who to complain to if they had any concerns. One person told us, "If I wasn't happy I'd speak to my key worker or the manager." Another person said, "I'd speak with the staff." A relative explained to us there had been an issue but 'not really a complaint' with their family member. They were happy with how the acting manager had addressed it and were satisfied with the measures put in place to prevent a reoccurrence. Staff explained how they would deal with complaints and confirmed they would follow the complaints process. The acting manager explained how they would follow the provider's complaints policy and processes to investigate and resolve a complaint. We saw the provider had a

complaints recording system in place to investigate complaints, but we were unable to review the system's effectiveness in checking how the provider would identify any trends and improve the service.

Requires Improvement

Is the service well-led?

Our findings

The acting manager had told us about an incident reported as a safeguarding concern. The local authority had conducted and completed their investigation. Although the acting manager had complied fully with the investigation and the safeguarding was closed with no further action to be taken, the Care Quality Commission (CQC) had not received a notification as the provider was required to do so by law. The acting manager explained there had been a misunderstanding about the criteria of what constituted a safeguarding and confirmed any future significant events would be notified to us. We saw appropriate measures had been put in place to reduce the risk of a reoccurrence.

We found between 6 June 2016 to 22 July 2016 temperatures above 25 degrees were recorded on 14 separate occasions within the medicine storage facility. The recommended room temperature for storing medicine by manufacturers is 25 degrees; temperatures higher than this could affect the medicine and reduce its effectiveness. If medicine quality is compromised it could raise serious issues for the people taking it. There were no processes in place to inform staff of what action to take in the event of temperatures exceeding 25 degrees or guidance on how to reduce the risk of reoccurrence. We could not see what action had been taken to reduce the temperature. When we discussed this issue with the acting manager they explained the days in question were 'extremely hot' and the temperature in the storage room was 'normally' under 25 degrees. The acting manager assured us a 'fan' would be put into the storage room to reduce the temperature in the future.

The acting manager told us they monitored different aspects of the service through reviewing daily recordings and 'handover sheets' completed by staff members but confirmed this information was 'not written down'. We saw from one person's records they were in receipt of medication that was not being administered by staff members. Although the staff members were aware of the medication, the key worker weekly reviews had not identified the medication had run out. Records also showed one person had lost weight but had not recorded what action should be taken or how to support the person to monitor their weight to maintain their health. Therefore, records were not always maintained to reflect the support required.

We saw some records of accidents had been recorded. We asked to see what processes were in place to ensure all accidents and incidents were recorded so that learning could take place and monitored for trends. The provider explained they were in the process of reviewing their procedures. Therefore, we were unable to review the system's effectiveness in checking how the provider identified trends and learned from incidents and occurrences.

There had been a period of time that the service was without a registered manager. The acting manager had been in post for three months and their application to CQC to become the registered manager was being assessed at the time of this inspection. Staff members we spoke with told us the acting manager had introduced some changes that were 'sensible and practicable'. One staff member told us, "He [acting manager] is approachable, he's accessible I feel comfortable with him and the morale is good." Another staff member said, "[Acting manager's name] is very reasonable, he has had a lot to deal with." A third staff

member explained about some of the difficulties the service had experienced between one manager leaving and the arrival of the new manager. Another staff member told us there had been an improvement since the new manager's arrival.

We saw the provider's management structure was clear and staff knew who to go to with any issues. Staff members we spoke with told us the management team were approachable and if they had concerns regarding the service, they could speak with them. The provider had a whistleblowing policy that provided the contact details for the relevant external organisations for example, CQC. Staff told us they were aware of the provider's policy and would have no concerns about raising issues with the acting manager and if necessary, external agencies. Whistle-blowing is the term used when someone who works in or for an organisation raises a concern about malpractice, risk (for example, to a person's safety), wrong-doing or some form of illegality.

People we spoke with told us they 'felt' the service was 'well managed' and the quality of the service was 'excellent' and 'really good.' One person told us, "I like [acting manager's name] he's very approachable." Another person said, "I've found [acting manager's name] helpful he's trying to find me places where I can volunteer." A health care professional explained the acting manager was professional in their approach and always contacted them when there were any concerns. An agency staff member we spoke with said, "I like it here and would like to come back, it's very good." Another staff member told us, "I am very happy here, the job is flexible and versatile."

Staff told us there had been a limited period of time when the service was between managers, that they had not received supervision. However, since the acting manager had been appointed supervision had recommenced and they had regular staff meetings. One staff member told us, "Staff meetings had stopped when we didn't have a manager but we have them now." Records we looked at confirmed staff received supervision and staff meetings had been held.

We asked the acting manager how the provider sought feedback from people living at the service. He explained they had held 'resident meetings' and showed us minutes of those meetings. We saw people had put forward suggestions. For example, a commitment from the provider had been agreed to arrange a barge trip for all those who wanted to participate, before the next resident meeting. The provider informed us their services were expected to conduct feedback surveys at six month intervals. Although because there had been a disruption to the management of the service, this had not happened. However, everyone who lived at the service was capable of raising any issues, directly with the staff members or management themselves. People we spoke with confirmed they had regular meetings to discuss how the service was being managed and were given opportunities to raise any issues. One person told us, "We sometimes have little upsets with each other, but generally we all get on and staff will always support us."