

Future Health And Social Care Association C.I.C. Trafalgar Road

Inspection report

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Date of inspection visit:
08 March 2019

Date of publication:
30 May 2019

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

About the service: Trafalgar Road is a respite service offering accommodation and support for up to four people with mental health support needs. Three people were supported at the time of the inspection.

People's experience of using this service:

Feedback from people, staff and professionals showed they felt the service was safe. People's risks were responded to. People's independence and choice was promoted. People were treated with respect and staff showed interest in promoting positive outcomes. People were asked about and involved in their support. Systems were not always effective to assess, monitor and continuously improve the quality and safety of the service.

More information is in the full report.

Rating at last inspection: Good (May 2017)

Why we inspected: This inspection was planned based on the previous inspection rating and was brought forward due to concerns known to CQC about the provider's other services.

Enforcement / Follow up: We identified a breach of the Health and Social Care Act (Regulated Activities) Regulations 2014 around good governance. After our inspection, we shared our inspection findings with the commissioning team that arranges referrals to the service to support ongoing improvements.

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

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 effective.

Details are in our Effective findings below.

Good ●

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 always well-led.

Details are in our Well-Led findings below.

Requires Improvement ●

Trafalgar 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.

Inspection team:

The inspection was carried out by an Inspector and an Assistant Inspector.

Service and service type: Trafalgar 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.

The information shared with CQC indicated potential concerns about the management of ligature risks. This inspection examined those risks and the safety of the premises.

During our inspection we spoke with one person using the service, the registered manager, the service project lead, an agency staff member and a permanent support worker. We spoke with a healthcare professional during our inspection, and another healthcare professional after our inspection. We looked at records related to three people's support including with medicines, and other records related to 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

- ☐ Since our last inspection, most ligature points had been mitigated to improve the safety of the premises. However, we highlighted other possible ligature risks to the provider, which had not been addressed and showed a lack of staff knowledge in identifying areas of risk to people. After our inspection, the provider sent us evidence showing they had updated their risk assessments.
- ☐ Staff we spoke with were mindful of ligature risks and had been given some guidance about to help promote people's safety. Training in this area would be rolled out to all staff in future to increase staff awareness and support the provider's ongoing improvements to the safety of the service.
- ☐ Ligature risk assessments were available for staff to refer to. During our inspection we recommended that more detailed assessments would help ensure staff were clear on all possible risks at the premises.
- ☐ Health and safety checks were carried out as planned to help promote people's safety and ensure the safety of the premises. This included fire drills and reminders for people and staff about how to respond in the event of a fire.
- ☐ However, daily checks of people's rooms were also planned to ensure people did not have unsafe items in their rooms. Records did not demonstrate these checks were always carried out as planned to ensure people's safety at all times.
- ☐ One person joined the service prior to a full assessment of their risks. Processes were being improved to prevent this happening in future to ensure the safety of people and staff.
- ☐ People's risk assessments were regularly reviewed and updated as needed. A healthcare professional commented, "People are safe whilst there, it is a helpful service."
- ☐ Staff were mindful of people's risks and wellbeing, including signs of deterioration in people's health. It was agreed one person would stay a while longer at the service when staff raised concerns about their health.

Using medicines safely

- ☐ Staff had received medicines training, but this was not followed up with medicines competency assessments. Audits had not picked up some inconsistencies in medicines records. This did not promote safe medicines management.
- ☐ One person told us they were satisfied with their medicines support. We saw another person requested their medicines and had these on time. Medicines were stored securely and stock levels we checked were correct.

Systems and processes to safeguard people from the risk of abuse

- ☐ Incidents had been responded to appropriately. The provider was improving how incidents were

recorded so staff could always refer to and learn from previous incidents.

- ☐ A person we spoke with, healthcare professionals and staff felt the service was safe.
- ☐ Staff knew the possible types of abuse people could experience. Staff had received safeguarding training and guidance about how to report concerns was displayed.

Staffing and recruitment

- ☐ Since the last inspection, staff confirmed they no longer worked alone and felt the service was safer as a result.
- ☐ Records showed safe recruitment checks were carried out before staff started in their roles. This included character references and Disclosure and Barring Service (DBS) checks.

Preventing and controlling infection

- ☐ The environment was clean and there were no infection control concerns. People and staff helped keep the service clean.

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
People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law;
Staff support: induction, training, skills and experience

- ☐ People had regular reviews about their health and wellbeing with staff to review their support needs and goals. One person spoke positively about the service and told us, "It's best for me to be here."
- ☐ Staff were aware of people's individual circumstances and backgrounds, and showed understanding of how to effectively monitor and support the people staying at the service.
- ☐ Staff had received additional relevant training related to mental health since our last inspection however the provider had not ensured guidance and training was made available to staff about all people's needs and diagnoses.
- ☐ Information to help staff identify possible deterioration in people's health was available in people's support records. Additional guidance had been made available by people's healthcare teams.
- ☐ Staff had completed the provider's mandatory training as planned such as First Aid, Safeguarding, Infection Control and Fire Safety. An agency staff member had been given an induction to complement training they had already received through their agency.
- ☐ Staff spoke positively about their roles and the support they received.
- ☐ Staff handover processes had been developed to improve information sharing.

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

- ☐ People could use the kitchen facilities to prepare meals and had support with this if needed. One person told us they could make food when they wanted.

Adapting service, design, decoration to meet people's needs

- ☐ People were supported in a welcoming environment. Signage was displayed to inform people of local wellbeing support initiatives and events.
- ☐ The safety of the premises had improved since the last inspection.

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

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

- ☐ People accessed healthcare services in the community independently, and were signposted to those services if needed.
- ☐ A healthcare professional confirmed staff promptly contacted them if they were concerned about people's wellbeing.

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 require this level of support. People could make their own decisions as promoted by staff. Staff had received training related to the MCA.

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; Respecting and promoting people's privacy, dignity and independence

- ☐ People were supported in a warm and welcoming environment. Some people had left 'thank you' cards and similar items following their stay.
- ☐ One person told us, "Staff here are caring, we have a laugh."
- ☐ People's individual circumstances were known to staff and staff showed concern and interest in people's wellbeing and recoveries. Staff showed care and respect for people.
- ☐ People were encouraged to go about their own routines and to do things that helped keep people well. A staff member told us, "I try to motivate people to do more and go out. When people watch television, we will come down and have a talk."
- ☐ People had visitors to the service. A staff member told us, "[We ask people to] let us know if visitors are coming around, we'll make space. We ensure people are made to feel welcome, home from home."

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

- ☐ People were asked for their views about the service. House meetings were used as opportunities for people to give feedback and to have their experiences of the service listened to and acted on.
- ☐ Staff were aware of people's views and wishes and helped people achieve things they wanted. One person was supported to make a complaint about another service they received.
- ☐ People had been given information they needed about the service. Signposting information was displayed about advocacy services and support groups.

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 involved in discussions about their support needs and goals. The service project lead told us, "We find out what people's goals and needs are and how we can support them to reach goals, without doing it for them, but being in the background."
- ☐ People's needs and preferences had been assessed and clearly reflected in their support records, at the beginning of their stay and during support reviews. This helped inform staff about how people wanted to be supported.
- ☐ The service showed interest in people's wellbeing and recovery. One person told us their health had improved during their time at the service. Discussions with staff and our sample of records reflected a similar experience for another person.
- ☐ People were invited to take part in activities and resources such as games were available on site. The service project lead told us the suggested activities depended on the group of people staying and their individual interests. People had recently gone on a day trip together to celebrate one person's birthday.
- ☐ People's needs around diversity were known to and respected by staff.

Improving care quality in response to complaints or concerns

- ☐ The service project lead told us there had been no complaints about the service. One person confirmed they were satisfied overall with the service and had no concerns. Guidance about how to complain was displayed.

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

- ☐ The service project lead and staff told us they often received positive feedback from people who had stayed at the service. We saw staff listened to people and respected people's views and choices. People were also invited to complete feedback surveys at the end of their stay and to share this feedback confidentially with the provider.
- ☐ People's feedback survey responses had not been analysed and shared with the service by the provider. We have previously shared feedback with the provider that this is a missed opportunity to assess and continuously improve what went well, to share learning with staff and to identify any possible improvements. The service project lead told us this was because the feedback was all positive.
- ☐ The provider had not ensured staff had all the training and guidance for their roles to promote people's safety at all times. Some training and further guidance was planned for staff around possible ligature points to support the provider's ongoing improvements.
- ☐ Our checks indicated people had received their medicines safely, however safe medicines management was not consistently promoted. Audits had not always been carried out as planned to ensure people's records were accurately maintained. Medicines competency assessments were not carried out with staff although we have previously informed the provider these are recommended in current good practice guidance.
- ☐ Recent records we sampled did not demonstrate daily safety checks of people's rooms were always carried out as planned, although staff said they had done these. The same issue had been picked up in earlier records through an audit in February 2019. These processes were not embedded in practice to always ensure people's safety. Records we sampled showed other health and safety checks were carried out as planned.
- ☐ Systems were not established and operated effectively to assess, monitor and improve the quality and safety of the service. This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulations 2014).

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;

Working in partnership with others

- ☐ The provider was working with commissioners to support ongoing improvements to their risk assessment processes.
- ☐ The registered manager had carried out an audit of the service based around CQC's key lines of enquiries. This had helped assess and monitor the quality of the service in addition to ongoing improvements by the

provider.

- ☐ The service project lead had input in, and oversight of people's support although they had not always completed their own audits of people's records as planned.
- ☐ People received support planned around their individual needs and to promote their wellbeing. Staff showed interest in people's needs and achieving positive outcomes.
- ☐ Staff understood their role responsibilities and told us they felt supported.
- ☐ The provider had displayed the last CQC rating at the service and on their website as required.
- ☐ The service project lead and registered manager showed awareness of the requirements of the Duty of Candour.

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

- ☐ People were treated with respect and treated as individuals by staff. People were given opportunity to discuss their support needs and goals. Records reflected people's preferences.
- ☐ A staff member told us, "Management is really supportive, I haven't worked for a company with this much support. They are really understanding. What helps is that it is mental health and they always ask if we are okay."

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>Systems were not established and operated effectively to assess, monitor and improve the quality and safety of the service. This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulations 2014).</p>