

# Huntercombe (No. 3) Limited

# The Royd

## Inspection report

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## Ratings

Overall rating for this service	Good ●
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Is the service safe?	Good ●
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Is the service effective?	Good ●
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Is the service caring?	Good ●
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Is the service responsive?	Good ●
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Is the service well-led?	Good ●
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# Summary of findings

## Overall summary

This inspection took place on 12 May 2016 and was unannounced. We last inspected this service on 12 June 2013 and we saw that all the regulations we checked were being met.

The Royd provides accommodation and support to up to 16 people who have an enduring mental health illness. At the time of our inspection there were 14 people that lived at The Royd.

There was a registered manager in post at the time of 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 were provided with care and support that met their needs and that ensured that they were protected from harm and abuse. Risks associated with people's needs were assessed and discussed with people so they had some control over the risks they wanted to take.

People were supported by sufficient numbers of skilled, knowledgeable and safely recruited staff.

People were supported to have their medicines as prescribed and people were supported to manage their medicines if possible.

People were happy with the food they ate and were supported to make choices and make their own snacks and drinks. People's specific dietary needs were catered for and their health needs were met by healthcare professionals that were available in the community or in hospitals.

People had built up good relationships with staff that were caring and supportive and that promoted people's privacy, dignity and independence.

People's changing needs were identified and met by staff that were knowledgeable and had the skills to seek advice when needed.

People were able to raise concerns if they had any and these were resolved appropriately.

The service was led by a registered manager who ensured that the support provided to people was based on their needs. Staff were supported to develop their skills. Systems in place ensured that the service continued to improve.

## 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 were protected by staff that had the skills and knowledge to recognise abuse and take actions to protect people from harm.

People were supported by enough members of staff to meet people's needs.

People received their prescribed medicines as required

### Is the service effective?

Good ●

The service was effective

People received care from staff that had received adequate training and had the knowledge and skills they required to do their job effectively.

People received care and support with their consent and people's rights were protected because key processes had been fully followed to ensure people were not unlawfully restricted.

People's nutritional needs were assessed and monitored to identify any risks associated with nutrition and hydration and had food they enjoyed.

People were supported to maintain good health because staff worked closely with other health and social care professionals when necessary.

### Is the service caring?

Good ●

The service was caring.

People were supported by staff that were kind and caring and who knew them well, including their personal preferences, likes and dislikes.

People were cared for by staff who protected their privacy and dignity and who respected their equality and diversity needs.

People were encouraged to be as independent as possible.

### Is the service responsive?

Good ●

The service was responsive.

People felt involved in the planning and review of their care.

People had the opportunity to engage in group and individual social activities that they were interested in.

People were supported to maintain relationships with their friends and relatives.

People were encouraged to offer feedback on the quality of the service and knew how to complain.

### Is the service well-led?

Good ●

The service was well led.

The service provided was of a consistently good standard that ensured that people's needs were met appropriately.

There was an open, supportive and inclusive culture where staff, visitors and people were able to express their views.

There were systems in place to monitor the quality of the service and to ensure continued improvement.

# The Royd

## **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 12 May 2016 and was unannounced and was carried out by one inspector.

As part of our inspection we reviewed previous inspection reports and the Provider Information Record (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.

We looked at notifications we had received from the registered manager. A notification is information about important events which the service is required to send us by law. We also looked at information we held about the service and safeguarding concerns reported to us. This is when people's rights may not have been properly protected and they may have suffered harm.

We spoke with nine people that lived at The Royd and looked at three people's care records to check they had received care as planned. We spoke with two visiting professionals and three staff about the service. We looked at other records that related to the management of the home including surveys, complaints and records of meetings.

# Is the service safe?

## Our findings

People told us they felt safe in the home. One person told us, "I feel safe here. Staff are good." We saw that people were comfortable in the presence of staff. People had the opportunity to talk about feeling safe and raising concerns at meetings where an advocate was involved. People told us they were able to lock their bedroom doors and this helped them to feel safe and keep their belongings secure.

Staff spoken with were able to describe the different types of abuse and showed that they were able to recognise poor practice if it was occurring. Staff told us and records showed that they had received training that provided them with the knowledge they needed to keep people safe and to raise any concerns they may have. Staff were aware of people, such as the registered manager, provider and social workers they could contact if they had any concern. Where safeguarding concerns had been raised, we found the registered manager had taken appropriate action to liaise with the local authority to ensure the safety and welfare of the people involved.

Systems were in place to identify and reduce the risks to people who used the service. One person told us about fire drills that they were involved in. Some people were able to go out unescorted. One person told us, "I go out alone. I just tell staff when to expect me back." Staff were able to tell us about the actions they would take if people did not return around the time expected. This included contacting them by telephone, contacting friends and relatives and their community support team or the police if they were deemed missing. People we spoke with were aware that this would be done. Care plans contained a range of assessments that evaluated risks to people. These focused on what individuals could do, budgeting their money, smoking and health conditions including refusals of medicines that could lead to a deterioration in their mental health. These assessments were detailed and gave staff clear direction as to what action to take to minimise risk.

The majority of people living at The Royd were independent with their personal care and able to decide when to get up and go to bed. Some people required prompting from staff to carry out these tasks. People told us there were enough staff to meet their needs. Staff spoken with told us that there were always enough staff on duty to meet people's needs. The PIR stated and the registered manager confirmed that staffing levels reflected the needs of people and we saw that there were sufficient staff available to support people during our inspection. One staff member told us that there was a stable staff team. The PIR told us that there had not been any staff leaving the service within the past 12 months. Staff spoken with confirmed that as the PIR indicated an enhanced Disclosure and Barring Service check (DBS), evidence of staff identity and references were required before staff started their employment. The showed that the appropriate recruitment checks were undertaken so that the suitability of staff was determined before they were employed.

People told us they were happy with the way their medicines were managed and that they received their medicines when they needed them. One person told us, "Tablets are in the office. I have them every morning and evening." Another person told us that in order to comply with their treatment in the community they had to take their medicines regularly. The PIR told us and staff confirmed that they were trained to administer medicines as prescribed. Staff told us that the more independent people became the more they

were able to manage their medicines. For example, some people came to the office and staff gave them their medicines. Other people came to the office and they were handed the packs of medicines to take themselves whilst the staff observed. Other people could keep their medicines in their bedrooms as there was a lockable facility to store them safely. At the time of our inspection there was no one who was managing all their medicines. However, one person was given their sleeping tablet in the evening which they took just before they wanted to go to sleep. Systems were in place that ensured medicines were being obtained, stored, administered and disposed of appropriately and that staff consistently managed medicines in a safe way. We checked the medicines administered against people's records and found that these were accurate. This showed that people received their prescribed medicines as prescribed.

## Is the service effective?

### Our findings

People told us that they were happy with the care and support they received. One person told us "The staff are very good; I can do most things for myself but get support when I need it."

All the people we saw were independent in most areas of daily living and able to make decisions and choices for themselves. People were able to live an individualised lifestyle with some prompting from staff to develop their daily living skills. For example, people told us they were able to have a bath or shower when they wanted. One person told us, "I'm off to have a shower now." Another person told us, "I can do my own laundry, cooking and shopping. I can go out alone." We saw one person doing their own laundry. Staff spoken with were clear about their role in supporting people, knowledgeable about people's needs and knew what actions to take if they had any concerns about their mental health. One member of staff told us, "We are here to provide rehabilitation or stability to people with mental health illnesses. Some people move on to supported living but some people see this as their long term home and have lived here several years."

The registered manager told us that all their staff were trained to level two or above in National Vocational Qualifications and received regular training updates in a variety of topics including dementia care, mental health awareness and first aid. Staff confirmed that they received a lot of training and felt supported to carry out their roles by the registered manager through training, supervision sessions and staff meetings. A visiting trainer to the home confirmed that a variety of training was ongoing at the home and the managers were proactive in looking for new training opportunities for staff.

Care records we looked at showed that people had been involved in implementing their individual care plans that focussed on their choices, preferences and risks associated with their needs. People were aware of any conditions associated with living at The Royd. For example, one person told us that they were not able to smoke in their bedroom and the reasons for this and told us, "There is one fire cracker here." Most people understood they needed support with their mental health. One person told us, "I hear voices sometimes, it can be frightening." Another person told us they knew that if they didn't take their medicines they could have to go back to hospital. A visiting professional told us, "I have found this to be a supportive service. My client was well supported. He did well here. Staff speak to people to help them understand their needs. They [staff] have a tough, but fair approach which helps to ensure they [people] take their medicines. They are involved in meetings and are open and transparent."

Care Plans were reviewed and updated when required There was a key worker system in place and people were able to choose who they would like to be their key worker. A key worker is a member of staff who understands a persons specific care needs and coordinate and organise the service to meet those needs.

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. Staff told us they had received training in the MCA but everyone in the home was able to make



decisions for themselves. People were encouraged to make choices and decisions about their care and those decisions were supported. For example, one person had decided to refuse treatment for a particular health condition. The person told us about their condition and that they didn't want treatment. The registered manager told us that they were discussing with the person about the support and treatment that would be available and they would be supported to remain in the home as their condition deteriorated.

People can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA or the Mental Health Act 1983. No one in the home was prevented from leaving the home under the Mental Health Act and everyone had capacity to make decisions so were not subject to the Deprivation of Liberty Safeguards. People were able to come and go independently because they had the code to open the front door so that they didn't have to wait for staff to open the door for them. The registered manager was aware of the actions to be taken if someone's liberty needed to be restricted.

People spoke highly about the quality of the food and meal choices available. One person told us, "We discuss menus at meetings but we can choose what we want to eat." We asked another person what they were having for lunch but they couldn't remember. We looked at the menu on display on the wall in the dining room and when we said chicken Kiev was identified they said, "Yes that's what it was." We saw that people had this to eat at lunchtime. We saw that staff offered people snacks during the day. Staff were aware of people's nutritional needs. One person told us, "I have Quavers because I can't eat crisps." We saw that the individual had received Quavers when other people had crisps. Staff confirmed that the individual was at risk of choking on crisps. Systems were in place which ensured staff consistently managed people's dietary needs effectively and in a safe way. We saw that people were encouraged to eat healthy meals and one person was supported to go out on regular walks to help reduce their weight. We saw that people had access to drinks when they wanted.

People told us that they had access to health care professionals such as doctors, nurses and psychiatrists when they needed them. People had access to the mental health community teams for support when they needed it. Each person had a Health Action Plan (HAP) which detailed how they were being supported to manage and maintain their health. For example, we saw that people had routine annual health checks and access to healthcare professionals, such as their GP, when needed. One person told us they had been to see the GP the day before. Another person told us, "I would tell staff if I was not feeling well. They [staff] would get the doctor." A third person told us they had recently been in hospital because they were unwell. The PIR told us and staff confirmed that handovers occurred at the beginning of each shift to ensure that all staff coming on duty were aware of people's health and any appointments attended and any incidents that had taken place.

## Is the service caring?

### Our findings

People were involved in determining the kind of support they needed to maintain choice and control over their lives. There were regular reviews with people to determine what help they needed and how they wanted to be supported. We saw that people were encouraged to be as independent as possible and were supported to live individual lifestyles as far as possible. We saw that one person had carried out their laundry and asked for staff to let them access the drying facilities so that they could complete this task. This was facilitated.

Other people told us they were able to make drinks and snacks when they wanted. People were able to choose what they did during the day and what they ate. One person told us, "I am going to the coffee shop for lunch." Staff told us that they supported people to keep their bedrooms clean and tidy.

Staff were observed treating people kindly and with compassion. The interactions between staff and people were warm, caring, friendly and supportive. The staff had worked at the service for a long time and knew the needs of the people well. This continuity of staff had led to people developing good relationships with the staff. For example, one person told us, "I have a key worker to support me." A key worker is a named member of staff who works with the person and acts as a link with their family, and where appropriate, to ascertain information which helps to provide appropriate care.

We saw that there was an on-going programme of refurbishment to provide a comfortable environment for people and we saw that people had been involved in making decisions about the furniture and paint colours. Some bedrooms had been fully refurbished whilst others were in the process. One bedroom was being redecorated at the time of our inspection. The occupant told us that they had chosen blue as the colour for their bedroom to be painted. We saw that another person had chosen to buy their own double bed. The registered manager told us that people could have a three quarter bed provided by the organisation if they wanted.

The PIR told us and the registered manager confirmed that an advocate was involved in facilitating meetings where people were able to raise any issues, or concerns they may have. An advocate is a person who represents and works with a person or group of people who may need support and encouragement to exercise their rights, in order to ensure that their rights were upheld.

People told us that staff were caring and respected their privacy and dignity. One person told us they were able to speak to staff in private if and when they wanted. Everyone living in the home had a bedroom of their own. People were able to lock their bedroom doors and maintain their bedrooms as their private area and were able to invite people they chose to go in. One person told us, "I've got my own key for my bedroom and can lock it." Our observation during the inspection confirmed this as staff were respectful when talking with people referring to them by their preferred names. We saw that people were dressed in their individual styles that reflected their background and preferences. We saw that people's specific cultural needs were met by supporting them to attend places of worship and have culturally appropriate foods.

No relatives or friends were visiting at the time of our inspection, but people told us they regularly visited

their relatives, or their relatives came to the service. The registered manager and staff informed us people were encouraged to maintain personal relationships and were supported to do this.

## Is the service responsive?

### Our findings

People's needs were assessed and plans put in place to meet their needs. The care plans we looked at were reflective of people's needs and showed that people had been involved in the assessment and planning of their care. Regular reviews were carried out with the person and with health care professionals involved in their care so that changing needs were identified and met. We saw that one person's mental health had deteriorated and the community mental health outreach team were due to visit so that the person could be assessed. Advice would then be given to the staff team in how to meet the individual's current needs. People told us that staff responded to their wishes.

Care plans contained guidance for staff to manage behaviours that was considered challenging by some people. Staff had a good understanding of people's individual personalities and what could cause their behaviours to change. For example, a member of staff told us one person had recently started to hear voices and they were monitoring their behaviour. The care records of another person indicated that they could sometimes take non prescribed medicines which would alter their behaviours and what actions staff needed to take. Staff were aware of what actions to take.

People were supported to structure their day and week to promote their health and well-being through maintaining relationships with friends and relatives, eating healthily, discussing any concerns they had and being involved in fulfilling activities. One person told us, "I want to go to college and the staff are helping me find a course to do." Another person told us, "I go out to the cinema, bowling. These are the things to do that I enjoy." Another person told us they had celebrated their birthday and had gone on holiday to Wales with other people that lived in the home. People were encouraged to ask staff for their medicines at the times they were due to take them.

People told us they felt able to raise any concerns they might have. Information we had received showed that people had raised concerns with the registered manager about things going missing or the actions of other people living in the home towards them. This showed that people felt able to discuss concerns they had and felt they would be listened to. People were able to provide feedback about the service during reviews, meetings and through questionnaires.

We saw that people were dressed in clothes that reflected their individuality and preferences. We saw that the staff group reflected the diverse culture and background of the people that lived in the home. This helped to create a culture that was understanding, reflective of people's backgrounds and engendered respect for each other. One person living in the home showed us that they had bought a cross to wear even though they were not of the Christian faith. Another person was provided with a diet that was reflective of their religious requirements.

## Is the service well-led?

### Our findings

The registered manager operated an open door policy where staff, relatives and external professionals could visit and have informal discussions about any complaint, concerns or compliments. Staff told us the registered manager was very supportive and always available for advice. Staff had completed questionnaires that had resulted in the development of "conversation in action" workshops. These were meetings facilitated by the registered manager and a member of the senior management team to ensure staff felt listened to. This provided the opportunity for staff to voice any concerns they may have. Staff were kept informed about what was going on in the organisation through a conversation into action blog led by a senior officer representing the provider.

The registered manager had been in post for several years and had an in-depth knowledge about the people being supported in the home. We saw that a consistently good standard of care had been provided over several years as evidenced in previous inspections. The registered manager fulfilled her responsibilities of registration and ensured that we were kept informed of all significant events and incidents that occurred in the home.

The registered manager and her staff team had developed good relationships with other professionals ensuring that people's needs were met. This was confirmed by the two visiting professionals we spoke with during our inspection. We saw that the community support teams responded quickly when advice was sought or concerns were raised about people's mental health conditions by the management team. Staff told us that handovers occurred at each staff shift change and this ensured that concerns were escalated within the staff team quickly.

People told us they were happy with the service they received. Systems were in place to monitor the different aspects of the service through audit and analysis. The service was assessed through satisfaction surveys and audits that included health and safety and medication management. The health and safety advisor carried out audits of the premises to ensure compliance with health and safety regulations. Accidents and incidents were logged on the organisations reporting system to ensure trends and near misses were identified and addressed. We saw that staff undertook audits of medicines on a daily basis to ensure that any errors were identified quickly and followed up if needed. The PIR told us that there had not been any medication errors in the past year and that internal audits were carried out alongside pharmacy audits.

The registered manager encouraged participation from the staff team by operating a culture of transparency where issues were openly discussed. Staff were encouraged by the registered manager to report any poor practices or potential safeguarding issues to the appropriate persons. Staff were confident that the necessary processes would be followed and that they were protected under the whistle blowing procedures. Whistle blowing means that staff can raise concerns about poor practice and would be protected from actions being taken against them for doing so.

Staff were encouraged to take responsibility for specific areas of development. For example, there was a

communication champion who kept notice boards up to date and collected positive stories and information for the internal newsletter.

The registered manager understood the importance for managers and staff to keep up to date with changes in Health and Social Care and the development of knowledge. The registered manager attended meetings where examples of good practices were shared. Where shortfalls had been identified in services strategies were discussed to limit any risks. Information was then cascaded to the staff team and any feedback from them [staff] was fed back to the senior management team ensuring two way feedback. Staff were supported to attend the Birmingham Care Development Agency (BCDA) forums to keep updated of any changes in practice guidelines. CQC update bulletins were displayed on staff notice boards and were discussed in staff meetings along with any issues raised in the Caring Times Magazine and the BCDA Organisation's newsletter and bulletins.