

# Future Health And Social Care Association C.I.C. Dearman 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?

Requires Improvement 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

This inspection took place on 24 August 2017 and was unannounced. This is the first time we have inspected this service since it was registered in May 2016.

Dearman Road is a respite service offering accommodation and support for a maximum of five people with mental health support needs. At the time of our inspection, two people were 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.

A person told us they felt safe using the service. People were often supported by lone workers who had been suitably recruited. Staff escalated any concerns about people's health and were aware of safeguarding procedures to help protect people. Planned processes were not always followed however to ensure people's risks were always effectively monitored.

A person and a healthcare professional told us they were satisfied with the support people received with their medicines. All medicines records and processes were not always clear to support safe and consistent practice.

People made their own choices and prepared their own meals, with support available from staff if needed. Staff supported people as needed during their stay. Staff found the induction helpful and training was being updated. People were signposted to local health services and attended review meetings with their community healthcare teams to help promote their health and recovery.

People could engage with staff about their progress and express their views about the support provided if they wished. Monthly meetings for people were not held as planned however to always allow people further opportunity to share feedback and receive information about the service. People using the service had the privacy they needed and were treated with respect. People's independence was encouraged.

There were systems in place to help people share feedback. One person's feedback had been addressed during their stay and there were systems in place for people to offer compliments or raise complaints. The registered manager told us no formal complaints had been made about the service since its registration.

People received a service that was responsive to their needs. There was a registered manager in place and support mechanisms for staff and the existing service project leads. Systems and processes to help ensure and drive the quality and safety of the service were not always followed as planned.

## 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.

A person we met told us they felt safe. Staff were aware of people's support needs for their time during their service and guidance was available to inform staff of people's risks. Staff were not always aware however of all possible risks to staff or others as needed. Safety checks were not always robustly completed to ensure the safety of the service.

We received positive feedback about how people were supported with their medicines. Records and processes were not always clear or in line with good practice guidelines. People were protected by safe recruitment practices.

### Is the service effective?

**Good** ●

The service was effective.

People received the help they needed. Staff felt supported and received guidance in their roles. People made their own choices and prepared their own meals. Support was available as needed.

People were signposted to local health services and received ongoing support from their community health teams.

### Is the service caring?

**Requires Improvement** ●

The service was not consistently caring.

People could approach staff with feedback and could express their views through support reviews. However, meetings for people to share feedback and receive information about the service did not always take place as planned.

A person told us staff were kind. People's privacy and independence was promoted.

### Is the service responsive?

**Good** ●

The service was responsive.

People received support that was responsive to their needs and as agreed with their community health teams. People spent their time as they wished and staff checked they remained well and safe. There was a complaints process in place to help address people's feedback and any concerns they had.

**Is the service well-led?**

The service was not consistently well-led.

Systems and processes to help ensure and drive the quality and safety of the service were not always followed as planned.

People received a service as planned to help promote their recovery. There was a clear leadership system and support mechanisms for staff to receive help and guidance in their roles.

**Requires Improvement** ●

# Dearman Road

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 24 August 2017 and was unannounced. The inspection was conducted by one inspector. As part of our inspection, we reviewed the information we already held about the provider. Providers are required to notify the Care Quality Commission about specific events and incidents that occur at the service, including serious injuries to people receiving care and any safeguarding matters. These help us to plan our inspection. As part of our inspection, we spoke with a member of the commissioning team and contacted the local Healthwatch to seek their feedback. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

As part of our inspection visit, we spoke with one person, two staff members, a domestic staff member, the temporary service project lead and the registered manager. We also spoke with a community healthcare professional involved in the care of a person using the service. We sampled two people's support records and two staff files. We also reviewed records maintained by the service about health and safety, and records provided to us by the registered provider in relation to staffing and quality assurance.

# Is the service safe?

## Our findings

Systems were not always robust to help ensure a consistently safe service. People were supported to have their risks managed as staff monitored their wellbeing and promptly reported any changes or concerns to people's community health teams. Staff shared such information and updates with one another as planned, which helped continue this practice and ensure people received the support they needed.

We found however that some key information of people's specific risks were not always known to staff, where this would have helped staff always remain mindful of people's risks and possible ways to further promote their safety. One staff member was not aware of information available in people's support plans about some specific previous behaviours that presented a possible risk to staff and others. One person's support plan specified that staff needed to be aware of one specific risk at all times, however we found staff were not always aware of this. Information about risk was not always accessible to ensure it was always clear and known to all staff at the service, to help always promote safe risk management.

People had agreed to weekly room checks as a condition of their stay at Dearman Road. The registered manager confirmed these room checks were always planned to help deter people from bringing prohibited items into the service. We found however these weekly room checks had not been done. The acting service project lead told us this was because both people using the service were stable and they had no concerns about them. This decision did not take into consideration however people's possible risks as outlined in their support plans, and had removed an element of routine and stability in the service provided. Systems were planned to share information about risks and encourage people's adherence to the service's conditions, however they were not always followed as planned to always help promote people's safety.

In another example, health and safety checks were not always completed correctly and as planned. Regular checks between April and May 2017 had suggested that specific equipment was checked and working, however the registered manager confirmed this equipment had not been in use for a number of years. Weekly fire alarm checks had not always been done as planned for up to six weeks at the time of our inspection. This had not been identified by audits or leadership. The registered manager told us this would be promptly addressed in order to support the registered provider's own service checks and oversight of fire safety.

Some measures were in place to ensure the safety of the building. Continued refurbishments and maintenance work was planned and information about fire safety was made available to people and staff. A manager had plans to apply their learning from recent health and safety training, to review and improve the health and safety procedures in place at the service.

We identified some areas of improvement around how people's medicines were stored and how medicines records were maintained. For example, one person's medicines records did not accurately reflect the dosages or amount of their stored medicines, and the temperature of medicines storage was not monitored to ensure it was always safe and in line with the prescriber's instructions. The service had not ensured their medicines records and systems were always suitable and audits had not addressed these issues. Although medicines management processes did not always support safe practice, people received the medicines

support they needed from staff and community professionals. One person told us, "I take my medicines... I come myself and take my medicines," and they were satisfied with how staff supported them to access their medicines. People signed their medicines records to confirm they had taken their medicines, or for example if they had taken some medicines out if they were going out for the day. Staff were aware of how to support people safely. Community health professionals regularly restocked and reviewed people's prescribed medicines. One health professional told us, "I'm happy with medicines management [at the service]. Staff follow instructions on the sheet and encourage people to take [their medicines]." People received support to help safely manage their medicines although some improvement was required to how medicines were managed at Dearman Road.

We met with one of two people staying at Dearman Road and they felt safe. The person told us, "It's okay [here]" and that their room was comfortable. The person often spent time in their room or went out as they pleased, and the other person staying at the service was out for the day. People were able to feel that they had space and were safe at the service. People were supported by staff who were aware of the types of abuse people could experience. Staff told us they would report any concerns to on-call managers of the service and community health teams to help promote people's safety. The acting service project lead told us, "I would [report abuse] if I found the person was in danger and tell the relevant teams." Safeguarding training was being updated for all staff so they remained aware of how to identify and report signs of abuse.

People's support needs were monitored and staff reported any concerns or increased risks with people's community health professionals as required. The acting service project lead told us they would notice if a person behaved out of character and it was, "Practice to have communication [accordingly] and raise concerns." Another staff member told us, "It's natural to worry if someone's needs change, we call on-call to seek advice and inform the relevant people. They're there to listen, [even if it's] anything little we have to inform them." A community health professional confirmed that staff promptly contacted them if they were concerns about people's health. Staff had access to guidance to understand people's risks and behaviours to be aware of. For example, one person's support plan advised that a decline in their personal hygiene was a sign they were unwell. People were helped to keep safe and well because changes to their risks and levels of wellbeing were promptly escalated.

People were often supported by lone working staff who could contact on-call managers and people's community health teams if they had any concerns. At the time of our inspection, people were often supported by bank staff who were familiar with the service provided. The registered manager told us this was because recruitment processes for new, permanent staff were being finalised before they could start their roles. Recruitment processes included checks through the Disclosure and Barring Service (DBS) and reference checks. Another staff member confirmed they had undertaken these checks before starting their role. Records we sampled showed that such checks had always been done for staff. This information was used to assess the suitability of staff and help protect people using the service, however all recruitment decisions were not always recorded to reflect this safe practice. People were supported by suitable recruitment processes.

## Is the service effective?

### Our findings

A person we met with told us they were satisfied with their support from staff. Staff monitored people's routines and how they were, and contacted people's community health teams if people's behaviours or routines changed. Staff handovers and communication books were effectively used to help staff share information about how people were spending their time and any additional support they needed. This helped staff work consistently and remain aware of people's activity and updates.

Staff felt supported in their roles. One staff member told us, "If I've got an issue, I'm happy to raise it with the registered manager. I have done and have found it has been quite helpful." Another staff member told us, "I speak to the manager to raise any concerns." Most staff had received recent training in safe working practices such as health and safety, infection control and First Aid. Refresher training was being provided in other areas relating to their role such as safeguarding, mental health awareness and medicines management. Staff had not always received mental health awareness training, however they demonstrated general awareness of how to support people with mental health needs and risks to their safety. Other relevant guidance was available at the service which helped build on the induction provided when staff first joined the service. A staff member told us their induction had been helpful and covered a range of training topics to prepare them for the role. The induction also involved shadowing other staff and becoming familiar with processes at the service. The Care Certificate provides a set of minimum care standards for new staff to cover as part of their induction. The registered manager told us this was not made available to staff as no staff at the service were new to working in health and care support settings.

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 so that they can 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. Staff had not always completed MCA training to support their knowledge in this area. People were able to make their own decisions however and chose for example what to do, and where to spend their time. The registered manager had not needed to make any applications to deprive people of their liberty although they recognised their responsibilities in this area and told us they would involve people's community health teams if any changes or concerns arose around people's abilities to make their own decisions. Staff knew people's chosen routines and activities, and confirmed they would also inform people's community health teams if things changed and they were concerned, to continue to promote people's safety and wellbeing.

People prepared their own chosen meals and the kitchen was kept clean and ready for their use. One person told us, "I cook here sometimes, make my own food." A staff member told us they would always support people to cook if they needed help. The kitchen was clean and measures were in place to ensure people's safety when using the kitchen and food preparation items.



People were given details of local health services such as walk-in centres and the dentist to help them access such support if they needed this during their time at Dearman Road. One person confirmed this and told us, "I book [appointments] myself." People had regular meetings with their community health teams to discuss and monitor their mental health needs during their stay at Dearman Road. Staff had access to the contact details of these teams if people's needs changed or if they required urgent assistance. People were supported to maintain their health and wellbeing.

## Is the service caring?

### Our findings

Reasonable and planned steps had not always been taken to involve people as much as possible in the running and development of the service. The registered manager suggested that the particular ages and genders of people staying at the service meant they would not always want to participate in reviews of their support with staff, or complete feedback surveys about their experience of the service. We found that one person had approached staff when they had queries. Some support reviews had been held where people had the opportunity to express their needs and progress with staff and healthcare professionals. Monthly meetings were not always held as planned however to give people such opportunities to share their feedback, to receive information about the service and raise any discussions or ideas together. These meetings had last taken place in March and June 2017 and records of those meetings showed that people had only been reminded about the conditions of their stay and keeping the service clean. The registered manager recognised our feedback that the content of these records did not reflect an inclusive and open meeting for people using the service on the occasions that these meetings had gone ahead. Meetings had not been used as regular opportunities to gather people's views and experiences, or to ensure they were comfortable at the service and had information and support they needed. Where a person had recently been served notice and left the service in line with the registered provider's processes, our discussions with staff found they did not always show full compassion for and understanding of this person's behaviours. A healthcare professional told us that although people received the support they needed during their time at Dearman Road, further guidance might help all staff always understand people's behaviours and always show the right level of compassion and intervention. Our findings did not consistently reflect a culture where people were always encouraged to engage with processes and be supported in line with their own individual choices and expressed views.

We also found evidence of how the service was caring and promoted people's privacy. One person told us staff were caring and commented, "Staff are okay, sometimes I come downstairs [and] we chat." A domestic staff member who regularly visited the service told us, "Staff are kind here and chat with people." The acting service project lead told us they had built up rapport with one person and had praised their cooking at the service. Staff told us they supported people if they needed help and if they were distressed or unwell. A staff member told us they helped reassure one person who was worried and commented, "We helped settle them, we've got to be patient."

People had the privacy they needed and we saw staff speak with one person respectfully and appropriately. Staff knocked on their door and asked for their permission before entering their room to speak. Staff told us they treated people with respect. Comments included: "I treat [people] like myself, how I want to be treated, I offer if they need anything and encourage them to approach me," and, "It's ensuring we have the right approach, it's the way you talk to someone, we can't be disrespectful." People's support notes were written respectfully and briefly outlined how people spent their time and how they were feeling. Staff helped support people and showed them respect.

People's independence was promoted. People went out as they pleased and had the privacy they needed. People were encouraged by staff and community health teams to chat, to come out of their rooms or go out

to prevent people isolating themselves. A staff member told us, "We encourage independence of all people. If for example, they are not able to cook, I can assist." The staff member told us they would only recommend steps to help people learn to cook when assisting them, rather than telling people what to do or doing it for them. People's independence was promoted.

## Is the service responsive?

### Our findings

One person showed they had valued their progress and improved sense of wellbeing during their time at the service. They told us, "I'm comfortable here now ... Since I came to respite, I sleep well... I'm doing well you know." The person was able to speak to staff about their future plans and could call on their community health team about symptoms they experienced. The person told us that they were satisfied with the service and commented, "My room's okay, the place is comfortable, nice and clean." People were invited to review their sense of wellbeing and plans with staff over their time at the service. People had space and opportunity to reflect on their progress with continued support and oversight from staff and community health teams. People's referrals to the service were agreed by service managers and community health as a suitable place to continue their care and support. A staff member told us, "We wouldn't accept an admission if it was not suitable or [posed] a risk to others. We're mindful of safety to others at Dearman Road." This helped ensure people's needs could be safely met and managed during their stay.

People carried on with their chosen routines during their stay. One person told us, "I will go out today, see friends, go to chat [with them]." This person spent some time reading in their room before going out, and another person was out for the majority of the day. Staff told us both people were doing well and they were aware of the level of support people needed around their routines. Staff told us that both people using the service generally only needed support with taking their medicines, and that people approached staff at the right times to have this support. One staff member was aware of one person's plans and progress over their time at the service and staff were aware that people had recently enjoyed celebrating a religious festival. A healthcare professional told us, "The nature of the service gives people the space they need to get better to have sense of independence." Our findings confirmed that people received support as needed with input from their community health teams.

People's needs were monitored by staff and community health professionals to promote their health and recovery. A staff member told us, "We interact [with people], asking about their mental health and progress." People were invited by staff to review and reflect on their support needs, risks and possible actions to help further promote their recovery. Records we sampled showed this process had helped some people express their goals and plans. One person had reported during a review that they were feeling better and had been able to think more clearly over their time at the service. Records showed this person had made progress over time in areas such as physical health and self-care. People's progress was monitored over the time they used the service and concerns about their health were raised with their community health team as needed.

There was a complaints process and guidance about how to use this so people could raise concerns and have them addressed at the service. A person told us they would go to the office and raise any issues or complaints they had with the staff member on shift. The person told us they had raised feedback with staff about the cleanliness of the bathroom and this had been addressed. No formal complaints had been received however feedback when given had been addressed to ensure people's satisfaction with the service.

## Is the service well-led?

### Our findings

The registered provider and registered manager maintained oversight of some aspects of the service which included undertaking unannounced quality visits to help assess the quality and safety of the service. The registered provider's quality assurance processes failed to always identify and address however where all planned processes were not always followed. For example, people's room safety checks and internal fire safety checks had not always been completed as planned. This posed a risk in compromising the safety of the service. In another example, people could approach staff during their time at the service and one person described an occasion where they had done so and their feedback had been appropriately addressed. We found however that regular meetings for people using the service were not held as regularly as planned. We also found that steps had not always been taken during previous meetings for people using the service, to involve them as far as possible and ensure they had opportunity to express their views and any requests. Systems were in place to help promote the ongoing quality and safety of the service, however they had not always been followed as required by the registered provider.

The registered manager told us that details of any compliments and incidents were stored at head office and shared with the registered provider. Where people had shared feedback about the service, or people had been involved in incidents due to their needs, this information was not always made readily available to staff to enhance their understanding and learning. This did not help ensure staff on the frontline could always have guidance about experienced areas of strength and improvement for the service. In another example, although an audit had previously identified areas of improvement around how a person's medicines records were completed, this feedback had not been applied or learned from to help improve record keeping for people using the service in future. The registered provider had not ensured their medicines management processes were always in line with safe and good practice guidelines. The acting service project lead recognised that some medicines records were inaccurate and commented, "This is the type of thing picked up in audit and to be addressed." This particular auditing process was new to the service and required further development in order to lead to sustained improvements to the service provided.

People received support as planned and required. One person described their progress and improved wellbeing over their time at Dearman Road. Staff supported people as needed during their stay and confirmed that both people were doing well and were stable. Staff felt supported and promptly called managers or community health teams if they needed help or had concerns. A staff member told us, "Whenever there are incidents, I've always seen the registered manager- with things that happen they're very much involved." A community healthcare told us, "Communication is pretty good, [we] call daily if wanted and [do] weekly visits." People received the support they needed during their time at the service as planned with input from their community health teams.

Staff had last attended a staff meeting in July 2017 where they had received key reminders and guidance about their role, for example, how to support and monitor a person who was refusing their medicines at this time. Staff continued to receive training updates in core areas for their role such as safeguarding and medicines training. Some staff had received mental health awareness training to support their development

and learning taken from the provider's induction. Staff understood their responsibility to monitor people and report any concerns to people's community health teams. Staff had not always taken the time as required to become familiar with all people's possible risks to help promote their own understanding and people's safety as far as possible.

The registered provider upheld their responsibilities to the Commission in displaying their registration certificate and notifying us of incidents and events as required by law. The registered provider regularly met with representatives of people's community health teams and commissioners to review how they worked together. Service project leads who were responsible for leading Dearman Road and other services under the registered provider, met regularly to discuss practice and learning points together and received support from the registered manager.