

Future Health And Social Care Association C.I.C. Sandon 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

This inspection took place on 01 March 2018 and was unannounced. We last inspected this service in September 2016 and it was rated Requires Improvement overall and two breaches of regulation were found. At this inspection we found improvements were still required and the service was rated Requires Improvement overall for the second time. We identified three breaches of the regulations that relate to safe care and treatment, safeguarding processes and governance. We also identified a breach of Regulation 18 of the Health and Social Care 2008 (Registration) Regulations 2009. We are deciding our regulatory response to this and will issue a supplementary report once this decision is made.

Sandon Road is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Sandon Road is a respite service for a maximum of four people with mental health needs. At the time of our inspection, three people were using the service.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us they felt safe and that staff were available to talk to about any of their concerns. However, the providers systems had not protected people using the service where an incident had occurred as they had not been investigated and referred to relevant partner agencies as required. Risks and incidents were not appropriately recorded or responded to in order to protect people and ensure their safety.

People told us they were happy with their medicines being monitored and maintained within the home. However, the provider had not ensured that records accurately recorded the medicines people had taken. Improvements were need in record keeping and competency assessments for staff to ensure they always provided safe support.

At the inspection on 20 October 2105 we found the service required improvement in leadership and governance. At this inspection we found that further improvements were needed to demonstrate continual improvements. Quality assurance processes did not always effectively monitor and improve the safety of the service. The provider had not demonstrated how these would make positive changes to how people were supported to live their lives now and in the future.

People told us their needs were monitored and referrals were made to community health teams by staff as needed. People were satisfied with the support of staff and described their improved health and wellbeing. People told us they knew staff who were available to assist and guide them where needed.

People are supported to have maximum choice and control of their lives and staff supported them in the

least restrictive way possible; the policies and systems in the service supported this practice People were involved in making decisions about their care and their consent was appropriately obtained by staff when caring for them.

People told us they liked the staff and told us their care needs were supported well. People were encouraged to be in control of their decisions and choices. Staff respected people's dignity and privacy. People spoke with us about the registered manager being accessible and provided examples of when the registered manager had listened to them. Care plans had not always detailed people's needs and wishes or included guidance for staff on how to support people.

You can see what action we told the provider to take at the back of this report.

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.

Systems were not safe to ensure significant concerns, risks and safeguarding matters were always appropriately responded to and shared to help always protect people.

Some systems were followed effectively and helped keep people safe during their stay. People told us they felt safe. Further improvements were required to medicines management and records to achieve consistently safe practice.

Is the service effective?

Good ●

The service was effective.

People's needs and preferences were supported by trained staff that understood their care needs. People made decisions about their care and support.

People told us that they enjoyed the meals that were made for them and it was what they wanted. People had accessed other health professionals when required to meet their health needs with staff support.

Is the service caring?

Good ●

The service was caring.

People were happy that they received care that met their needs, reflected individual preferences and maintained their dignity and respect.

Is the service responsive?

Good ●

The service was responsive.

People reported improved health and wellbeing over their time at the service. People received a service that was responsive to their needs.

There was a complaints process which people could access if

they had concerns.

Is the service well-led?

The service was not consistently well-led.

Systems and processes failed to assess, monitor and improve the quality and safety of the service. The Commission and other relevant partner agencies had not been informed of incidents and events as required.

People and feedback often described a positive and supportive service.

Requires Improvement 

Sandon 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 01 March 2018 and was unannounced and conducted by one inspector.

As part of our inspection planning, we reviewed the information we already held about the provider. Providers are also required to notify the Care Quality Commission about specific events and incidents that occur at the service, such as any safeguarding matters or serious injuries to people using the service, 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.

During our visit, we spoke with three people, a member of staff and the registered manager. We also looked at records relating to health and safety, staffing and quality assurance. We sampled three people's care records and medicines records.

Is the service safe?

Our findings

At our last inspection in September 2016, we rated this key question 'Requires improvement' this was because safeguarding processes and medicines management were not consistently safe. At this inspection, we rated this key question 'Requires improvement' again. Sufficient improvements had not been made in these areas and shortfalls in safeguarding processes failed to always keep people safe.

People told us they felt safe and secure living in the home and were able to lock their rooms. The staff helped them discuss any concerns they had and provided guidance and information to keep them safe. For example, staff monitored how people were, how they spent their time, and alerted people's community health teams if people's needs changed or they had concerns about their well-being. However, we identified the provider and staff had failed to identify and respond effectively to allegations of abuse in practice. We looked at incidents that had been recorded by staff in the home that had involved two people who had previously lived at the home. These two incidents indicated potential abuse allegations, but the provider had failed to immediately inform relevant partner agencies such as the police and the Commission.

Our discussions with the registered manager found they had limited awareness of incidents that had occurred and had not taken any steps to mitigate further risk of harm to people. Systems were not safe to ensure risks and significant concerns were always effectively responded to and shared as required to help protect people. There was no process to enable staff to become aware any changes to people's management strategies so that they can be kept safe. This did not help ensure staff had all the information they needed and could reflect on their practice to always support people effectively. We discussed this with the registered manager who told us they would be more proactive in ensuring staff shared incidents with them and other staff. We prompted the provider to review their processes and inform relevant partner agencies of these incidents as appropriate.

The provider had failed to establish and operate effective systems to investigate, immediately upon becoming aware of, any allegation or evidence of such abuse. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People's personal risks had been identified and recorded when initially coming to live at the home, such as how their mental health may put them or others at risk. However, assessments had not provided staff with detailed guidance to ensure they always understood their roles in ensuring people were helped to manage their risks in a safe way. Staff were not supported to respond to people in a consistent way to protect their safety and records had not shown the steps staff should take. Staff were not aware if a person's needs had changed or how that change would effect a person's risks or how it may place others in the home at risk.

At our last inspection, people's medicines records were not accurately maintained and audits had not helped address this. We had also found staff had not always undertaken medicines training and competency assessments to ensure they knew how to support people safely. At this inspection, although staff had since received training, medicines competency assessments were still not carried out with staff. Staff were therefore continuing with medicines management processes that failed to meet current good

practice guidelines. For example, completed medicines administration records did not always clearly specify the medicines people had taken.

People told us they asked staff when they wanted their medicine, but the provider had not ensured that safe administration practice was being followed. For example one person had their medicines delivered weekly but the community health teams had dispensed the medicines into plain, unlabelled pots. Staff could not identify the medicines for the person or show how they had supported people with medicines safely and as prescribed. People signed records with staff to confirm they had taken them but the records had not identified the actual medicines taken. There were also no effective means of checking the temperature of medicines storage to ensure this was safe. We had brought this concern to the provider's attention in August 2017 through previous inspection activity and the registered manager confirmed that thermometers were now on order. Improvements were still required to ensure consistently safe medicines management.

This was a breach of Regulation 12 Safe care and treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

People kept their own rooms clean and prepared their own meals. Staff helped keep the building clean and tidy and their routine health and safety checks kept people safe from risks posed by the environment. People were protected by the prevention and control of infection. The service's infection control and principles of cleanliness were maintained to a good standard. Staff told us and we saw that staff understood their responsibilities for maintaining appropriate standards of cleanliness and hygiene.

People told us they were supported by staff and that a staff member was available for support at all times. We looked at staffing arrangements and recruitment processes. It was not possible to view staff recruitment records during our inspection as this information was stored at the provider's head office however staff we spoke with told us the appropriate pre-employment checks had been completed prior to them coming into post.

Is the service effective?

Our findings

At our last inspection in September 2016, we rated this key question 'Requires improvement' because people were not always supported by staff who had the correct training, guidance or ensured people had healthy foods to stay well. At this inspection, we rated this key question as Good as sufficient improvements had been made.

At our last inspection we found staff had not always received the training needed for their roles. All staff had First Aid and fire safety training, and most staff had completed training in safeguarding and medicines management. The registered manager told us and the PIR showed that further training was to be arranged to equip staff to meet some people's as they were identified.

People we spoke with were happy that staff understood their needs, were able to offer advice about what would assist them on leaving the home after their stay, such as completing paperwork for benefits or housing. Care plans showed that people had been assessed by the provider before coming to the home for a period of time to help with the transition back to independent living. The provider had shown that people successfully moved back to independence after a short stay in the home or on advice and guidance from other professionals involved to move to alternative services. One person told us, "The staff are really supportive from being sociable to completing benefit forms with me". Staff also provided care in line with advice that had been given by community health professionals and GP's.

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 told us they made their decision and were free to come and go as they pleased. Staff we spoke with understood all people have the right to make their own decisions. People chose how they spent their time at the home and were supported with communal areas that were accessible to them. We saw people spent their time in the communal lounge or their bedrooms. Staff also knew they were not able to make decision for a person and would not do something against their wishes.

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. The registered manager confirmed that it had not been necessary for applications to be made to deprive people of their liberty.

People shopped for their own food, prepared their own meals and we saw the kitchen was kept clean and ready for their use. The staff were available if needed to offer nutritional advice or what a healthy diet would be to ensure that people were supported as needed to have sufficient amounts to eat and drink.

People's healthcare needs were monitored to make sure any changes in their care needs were responded to promptly and people had access to health and social care professionals. Other professionals had been involved to support people with their care needs, for example, attending hospital appointments. One person told us, "I make my own appointment at the hospital once a week". Staff were able to tell us about how people were individually supported with their health conditions that needed external professional support.

Is the service caring?

Our findings

At our last inspection in September 2016, we rated this key question 'Requires improvement' because people's privacy and dignity had not been supported. At this inspection, we rated this key question as Good as sufficient improvements had been made.

People received care and support from staff who respected their privacy and people we spoke with felt the level of privacy was good. One person said, "I do what I want and I'm free to come and go". When staff were speaking with people they respected people's personal conversations. Staff spoke respectfully about people when they were talking and having discussions with us about any care needs.

People we spoke with told us about living at the home and how the staff were kind, caring and attentive to them. One person told us, "I know the staff well and I am happy to make my feelings and needs known". The atmosphere in the home was quiet and calm and staff and people were seen to enjoy each other's company. People were pleased to be at the home, and told us it was beneficial to their wellbeing and their plan to return to independent living.

People told us the staff involved them with the care they wanted, dependant on how much assistance they may have needed. People told us their preferences and routines were known and supported. For example, their preferred daily routines were flexible and their choices listened to by staff. Records we saw reflected that people were offered choice around personal care wake up times and how they wanted to spend their time.

People told us about how much support they needed from staff to maintain their independence within in the home. Two people told us staff offered encouragement and guidance when needed. One person told us, "I have no problem looking after myself". Staff were aware that people's independence varied each day and on how they were feeling.

People told us the importance of having their independence respected and encouraged during their time at the service. This was important for them as part of their plan of care to return to full independent living over the course three to four weeks.

Is the service responsive?

Our findings

At our last inspection in September 2016, we rated this key question 'Good'. At this inspection we found the service continued to be responsive to people's needs and this rating has remained Good.

All people who we spoke with told us they had the care and support they wanted. One person told us, "I know my care plan. I'm to move back to independence [living] in a few weeks". People's plans of care were structured and developed around their own health and care needs; personal preferences and lifestyle choices. The wishes of people, their personal history, the opinions of relatives and other health professionals had been recorded.

Care plans had been reviewed with the person each week and their views and conversations had been recorded and updated. One person told us, "A short stay is planned as I have somewhere to go". One person told us staff were helping them with accommodation arrangements and that they were happy staying at the service in the meantime and told us, "It's my pace, it's when I'm ready".

Staff engaged with people's community health teams. Community health teams were involved with each person to promote their health and wellbeing. One person told us, "I have support [community health team] to go out from here". Staff told us they were able to recognise a change in a person's mental health needs. Where needed referrals to people's community health teams had been made to seek appropriate support. Staff we spoke with felt people's care records were accurate and reflected the person's care. Staff told us that information was shared in a variety of ways such as during shifts changes and communication books so staff were aware of people's recent experiences and how they were.

Each person had individual social lives and interest and one person told us, "I can do my own thing". Staff told us that people chose how they spent their time, and were happy to spend time socialising with people in the home talking or sharing ideas for people about things to do.

The registered manager told us they addressed the needs of each service user as an individual. The PIR stated the staff understood that, 'treating people fairly does not necessarily mean treating them the same' and provided an example of how they ensured a person had a more accessible room to meet their mobility needs. The provider had equality and diversity policies and procedures in place, which staff knew about and told us the policies were easily accessible if needed. Staff were able to identify people's needs as part of the initial assessment process and during reviews with people.

The provider had a formal complaints process in place which gave people the names and numbers of who to contact and the steps that would be taken to respond and address any concerns. People we spoke told us that they were happy with their care and support and they would tell their staff if they were unhappy about something. People had meetings and minutes from the meetings showed that people were reminded of the complaint process if needed.

Is the service well-led?

Our findings

At our last inspection in September 2016, we rated this key question 'Requires improvement' because systems to monitor the quality and safety of the service were not always applied effectively. Records were not always robust, and staff training was not always provided in a timely way. We had also found quality assurance processes did not identify necessary areas of improvement. At this inspection, we rated this key question 'Requires improvement' and identified a continued breach of the regulation as the required improvements had not been made.

The provider had not assured themselves that checks were being undertaken as part of their monitoring of the service. Steps to check and improve the services offered had not identified that records were not being fully completed to accurately reflect the care people received. Planned improvements the registered manager shared with us at the last inspection had not been made. The PIR submitted by the provider since our last inspection had not addressed the previous shortfalls we identified. The provider detailed the planned improvements to be made over the next 12 months were, 'Project refurbishments improving and personalising removing numbers from doors'. The provider had not been clear in the changes needed to the overall governance arrangements to ensure that staff knew how to support people safely with their medicines and we found this continued to not be addressed.

The provider system to record and reduce people's risk of harm failed to direct staff so they were able to keep the person and themselves safe. At the time of our inspection the provider had failed to assess, monitor and improve the safety of the service. People were not supported when making allegations of abuse as the providers system had failed to identify and involve the required specialist support. Safeguarding matters had not been appropriately recorded and reported to the local authority in order to protect people and ensure the safety of the service.

The providers systems had not identified how they involved, included or reviewed how the service was learning from incidents to continually improve and ensure that good practice was going to be sustained. For example, the provider had not ensured that where a person had made an allegation of abuse that this was acted on.

Failure to implement, sustain, establish and operate systems to effectively assess, monitor and improve the quality and safety of the service is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Incidents that were notifiable under law were not investigated and referred onto relevant partner agencies such as the police, local authority and Commission as required. This is a breach of Regulation 18 of the Health and Social Care 2008 (Registration) Regulations 2009. We are deciding our regulatory response to this and will issue a supplementary report once this decision is made.

People were asked for their feedback following their stay and positive comments had been positive in relation to their stay at the home. The provider had taken action in response to comments on the

decoration and boiler issues.

People had shared their views via a 'weekly house meeting' and had been involved in making decisions about the week ahead. Guidance was available to assist people with independent living such as healthy recipes, stress management and how to raise concerns. Staff told us the management team were approachable and listened to their views and experience. They had the opportunity to share these views at staff meetings or as needed. The registered manager and staffing team, told us they worked well together as a team.

Staff told us they were able to talk about their role and responsibility at staff meetings that were held regularly. Records were kept of the staff meetings and included discussions about service updates.

The registered manager had developed partnerships with external stakeholders to support people to move to independent living and their goals to improve people's well-being. This had worked well for people as those partnerships had been successful in people remaining safe and secure in their home.

The provider had upheld a responsibility to the Commission in submitting a Provider Information Return as requested before our inspection and ensuring the previous inspection ratings were on display.