

New Servol

68 Stirling Road

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

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 was an unannounced inspection, which took place on 10 November 2016. We did a previous rating inspection of this service on 17 December 2015; the service was rated as required improvement overall, with no breaches of legal requirements.

68 Stirling Road provides accommodation and respite care for up to five adults with mental health conditions. People using the service continue to be supported by community mental health teams. People using the service were usually independent with their daily living, but required support with their mental well-being at times. There were five people using the service at the time of our inspection.

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 and associated Regulations about how the service is run.

People were happy with the service they received and were asked about their opinion of the service. However, systems for monitoring the overall quality of the service were not consistently applied. For example we saw that infection control procedures were not in line with recommended guidance and audits did not always identify where improvements were needed.

People were protected from harm because procedures were in place to reduce the risk of harm to people and staff knew how to support people to keep safe. People were involved in deciding how risks to them were managed and felt they received a safe service.

People were supported by sufficient numbers of staff that were appropriately recruited and supported to provide care and support to people. This is because the provider had appropriate systems in place to recruit suitable staff. People felt that there were sufficient staff to meet their needs and the registered manager and deputy manager were available to support the staff team.

People received their medicines as prescribed and systems were in place to manage people's medicines. Procedures were in place for foreseeable emergencies and staff knew the procedures. The provider was in the process of moving the service to more suitable accommodation to ensure a more appropriate environment for people.

People had control over what they ate and drank, with support from staff if necessary. This is because people retained control over their daily living activities. People had access to mental health professionals and were supported to maintain their physical health.

People's privacy and dignity was respected and people felt all staff were respectful and courteous to them. People were free to pursue their individual social and daily living activities, with family and friends as they

wished.

People knew how to raise concerns if they needed to and systems were in place to investigate and respond to any concerns raised. People felt they could talk with any staff member about their concerns and they would be addressed. Information on giving feedback or raising concerns was on display in the hallway of the home and people knew they could use these to raise their concerns if they wished. People said they felt listened to and were confident in the way staff treated them.

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 received a safe service because, procedures were in place to help keep people safe and staff was trained and knew the procedures.

Risks to people were assessed and managed appropriately and there were sufficient staff that were suitably recruited to provide care and support to people. People received their medication as prescribed and there were procedures in place to support staff to administer people's medicines safely.

Is the service effective?

Good ●

The service was effective.

People said they received care and support from staff that were trained and knew people's needs. Staff received effective support, training, supervision and development to enable them to care for people well.

People had control over what they ate and drank and staff supported them to maintain a healthy diet, lifestyle and health.

People's right to give consent to care and support and make decisions about their lives was maintained.

Is the service caring?

Good ●

The service was caring.

People had good relationships with staff, and their individuality, independence, privacy and dignity were respected and promoted.

People made decisions about their care with support and guidance from staff and were free to maintain contact with relatives and significant people in their lives.

Is the service responsive?

Good ●

The service was responsive.

People received individualised care and support, because staff ensured they were involved in planning and agreeing their care.

People were confident that their concerns would be listened to and acted upon.

Is the service well-led?

The service was not consistently well led.

People were happy with the service they received and felt managers and staff were approachable.

Systems were in place to monitor the quality of the service and consult with people. However, monitoring processes were not sufficiently robust to identify where there were gaps in the systems for ensuring people received a consistently well-led service.

Requires Improvement 

68 Stirling 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 10 November 2016 and was announced. The provider was given 48 hours' notice because the service was a small respite service for younger adults who are often out during the day; we needed to be sure that someone would be in. The inspection was undertaken by one inspector.

Whilst planning our inspection we looked at the information we held about the service. This included the previous inspection report, notification received from the provider about deaths, accidents/incidents and safeguarding alerts. A notification is information about important events which the provider is required to send us by law.

During our inspection we spoke with three people that were using the service, the registered manager, the deputy manager and a support staff. We looked at one person's care records to check they received the support as planned. We looked at the medicine management processes, records maintained by the provider about the quality and safety of the service. We contacted the mental health trust who purchased the care on behalf of people and health care professionals involved in supporting people, to see if they had any comments about the service.

Is the service safe?

Our findings

People told us they felt safe and they would speak to staff if they were concerned about their safety. One person said, "I do feel safe." Another person told us, "I do feel safe. I don't think any kind of mental or physical harm will come to me here." No one told us they had raised any concerns about their safety.

Staff knew how to report any incidents relating to people's safety and all said they had received training in this area. Staff knew that they could escalate concerns to the senior managers within the organisation and external agencies, should they feel it was necessary to keep people safe from harm. One staff member said, "We can use the whistleblowing policy." This is a procedure that allows staff to raise concerns about people's safety and poor practice in confidence." Information we have showed that where incidents relating to people's safety had happened, the appropriate actions had been taken to keep people safe.

People said they were involved in agreeing and discussing any risk to their care. For example they met with the community mental health team and staff to discuss their progress and any risk factors to their mental well-being. We saw that the community mental health team completed risk identification assessments as part of the assessment process. This enabled the home to complete their own risk assessments and risk management plans to ensure identified risks were managed in the safest way. Staff told us, and records showed that risk assessments were reviewed, and new risks were discussed during shift hand overs, so that staff had updated information about how to care for people safely. People told us that staff explained the fire procedures and evacuation plan to ensure they knew what to do in the event of a fire. One person said, "The fire procedures and evacuation plan was explained to me."

Staff knew the procedures for handling emergencies, such as fire and medical emergencies. A member of staff told us that they all received fire safety training and that fire drills took place on a regular basis. We didn't see up to date safety certificates for the boiler and electrical safety testing, but the registered manager told us that a new boiler had been fitted less than a year ago and the safety checks were not yet due. The registered manager also said that the organisation had recently commissioned and full and thorough check of the electrical installation and this was currently in progress a report would be available once the electrical installation has been updated. This would ensure equipment that could affect people's safety would be appropriately checked and in good working order. The registered manager said they were in the process of moving to premises that were more suitable to the needs of the service.

People said they felt there was enough staff to offer them the support they need. People told us they needed very little support with most aspect of their personal care needs and just needed support with taking their medicines, so the staffing numbers were sufficient to meet those needs. One member of staff told us, "The staffing numbers works well." Staff said that when other staff were sick or on leave they were always replaced. In addition staff said the registered manager or deputy manager was always available to provide support to the staff team.

Staff spoken with said all required checks were completed before they started their employment. This included ☐ Disclosure and Barring Service (DBS) security checks had been completed. DBS checks help

employers to make safer recruitment decisions and reduce the risk of employing unsuitable staff.

People said they received their medicines as prescribed. The registered manager told us that the community mental health team was responsible for the prescribing, ordering and delivery of medications that people received whilst staying at the service. The provider had procedures in place to ensure people's medicines were, received, stored and administered safely. Staff said they received training to ensure they administered medicines safely. Since our last inspection we saw that the organisation had reviewed the medication policy to include procedures for people that were well enough to take their medication independently.

We looked around the communal areas and one person agreed for us to see their room. We saw that the communal areas and the person's room were clean. The registered manager said commissioners of the service, had visited due to concerns they had about cleanliness and infection control. Since this visit the registered manager said the infection control policy had been revised and daily cleaning schedules were introduced, this was supported by the records we looked at. We contacted the commissioners, who confirmed that they had visited the home twice this year, due to concerns about cleanliness of the environment. They confirmed that on their second visit the cleanliness of the environment had improved.

Is the service effective?

Our findings

People said they thought staff had the skills to meet their needs, and we saw that people's needs were being met. One person said, "I feel they are trained and understand my needs." Another person told us, "Staff are really good at what they do." This person went on to tell us about how staff supported them when they felt they were having a bad day.

At our inspection in December 2015, we saw that there were significant gaps in staff training records and some people told us they did not feel staff had the training to support their mental health needs. During this inspection we saw that the training plan had been revised to include mental health awareness as core training for staff. We saw where there were significant gaps in the staff training records these had now been addressed and staff spoken with confirmed they had received the training as planned. A member of staff told us, "I feel I have all the training to do the job." Staff said they were supported in their role and had regular supervision, team meetings and that their personal development was supported. One staff member told us, "Additional training is on offer if required and the registered manager is very good at getting me into other training for my development."

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. We saw that everyone using the service had the capacity to make their own decisions about their support and treatment and people said they were free to make their own decisions.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The registered manager told us that no one was being deprived of their liberty; this was confirmed by people we spoke with. We saw that the staff training plan included training on the MCA and DoLS and staff spoken with had an understanding of this and what action to take should they believe someone was being deprived of their liberty.

People told us they had full control over what they ate and drank, with support from staff if they were unwell and required additional input to prepare their meals. People and staff said people staying at the home did their own shopping and cooking and where people needed support with monitoring their diet this was given with the agreement of the person. We saw people preparing their lunch and deciding on what they wanted to eat. People managed their own finances, so were able to buy the foods they required.

People said their health care needs were being met. Staff said that people's mental health needs were met by the community mental health team, who visited the service regularly to ensure people were well and where people's mental health deteriorated, they would contact the mental health team immediately. The

registered manager said people were supported to maintain contact with their own GP's so that their physical health could be maintained.

Is the service caring?

Our findings

People said staff were caring towards them. One person told us, "I have been in other respite house before. This place has helped me no end. They [staff] are really caring and excellent." This person went on to tell us about how staff had showed care and support to them whilst they were feeling down. This person said, "I was having a bad day and two staff sat down and spoke to me for about an hour and I felt much better." Another person said, "Staff make an effort to have a chat and see how we are. They are very nice and kind and they are there if you need them."

People said they were treated with respect and dignity and that their independence was promoted. One person said, "I feel every staff show support with respect. They [staff] don't look down on you. I like it here." Another person commented, "Everyone seems friendly and courteous. It's a big difference from other place I have been." People told us they were involved in keeping the house clean and tidy and did their own shopping and laundry, so that they were supported to maintain their independent living skills.

Staff gave good examples of how they maintained people's privacy and dignity. Such as, ensure they knocked people's doors and wait to be invited in, closing doors, curtains and windows when supporting people with personal care. A member of staff told us, "Choice and respect is important. I always knock people's doors and wait for them to invite me in." We saw that dignity and respect formed part of the training programme for staff, so the provider took a pro-active approach to ensure their staff were trained in this area.

Is the service responsive?

Our findings

People used the service on a temporary basis and some of the people we spoke with were new to the service. However, all felt their needs were being met by staff at the home. People were aware that they had a treatment plan and were involved in discussion and agreeing their plan. People said they were able to discuss their care during meetings with staff and their home treatment team. One person said, "Here the staff are very proactive in the help and support offered." This person went on to say, "If it wasn't for the staff here I would have gone under."

We saw that information was on display in the hallway about various groups and events that would be of benefit to people. For example information about building self-esteem and confidence.

People said they were free to pursue their social interests within the community. Not many opportunities for socialisation were provided in the service, but people said they spent most of their time doing outside activities of their choice.

People told us that friends and relatives were free to visit up until 11 o'clock at night. Staff told us people also frequently visited friends and families for overnight stays, so they maintained their personal relationships.

People said they knew how to complain if they needed to, no one that we spoke with had made any complaint. People said they were told how to complain on admission and information was available, so they could fill a form in if they wished. Everyone said they could speak with the registered manager and any staff member freely if they were concerned and staff would deal with it. All staff knew how to respond to and report concerns and complaints raised by people using the service. One person we spoke with was dissatisfied with the location of the home, but they clearly told us that this was not the fault of the provider.

Is the service well-led?

Our findings

At our inspection in December 2015 we saw that systems for monitoring the quality of the service were not as effective as they should be. During this inspection the registered manager told us about the improved processes that had been put in place to secure improvements. These included, a review of the medication policy, developing an infection control policy, cleaning schedules and room audits, revised training plan and improved auditing arrangements for the registered manager and deputy manager to undertake. However, we found a missing toilet seat in one person's room, when we looked at the daily room audits we saw that the missing toilet seat had not been identified. We spoke with the registered manager who said it was unacceptable for the toilet seat to be missing and that this was also not reported in the maintenance book. We reviewed the infection control policy and saw that it was not in line with the code of practice on the prevention and control of infections guidance. We saw that the medication policy was not specific to the practice at 68 Stirling Road. The registered manager said she would develop a local procedure to reflect the practice in the home.

People told us they had opportunities for giving feedback on the quality of the service and felt they received a quality service. We saw there were procedures in place to seek the views of people that used the service. This included meetings with people that used the service and surveys. We saw the results of surveys that had been analysed in September 2016. This showed a high level of satisfaction with the service.

There was a registered manager in post and all conditions of registration were met. People told us the registered manager was approachable and they could speak with her if they had any concerns. We saw that the registered manager and deputy manager had a visible presence in the service and. Staff spoken with said they could discuss things in team meetings and were able to report poor practices and they would be dealt with. A member of staff told us, "The manager is good, if there is a problem I can talk to her about it." Another staff member said, "I think [registered manager's name] is a good manager. She involves me in all aspect of the management, so if she is ever off I know where everything is."