

# Future Health And Social Care Association C.I.C. Trafalgar 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?	Good ●

# Summary of findings

## Overall summary

This unannounced inspection took place on 27 April 2017. This is the first time we have inspected this service since it was registered in May 2016. Trafalgar Road is a short stay respite service offering accommodation and personal care for up to four adults with mental health support needs. At the time of our inspection four people lived at 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 living at the service. Staff knew what action to take if they had any concerns about people's safety. People's risks had been assessed and were managed effectively. People received their medicines as prescribed.

People were supported by adequate numbers of staff. Staff received training and felt they had the skills to meet people's needs. The provider had safe processes in place to recruit new staff.

Staff understood people's rights and choices when supporting them. People bought and prepared their own meals. People had access to healthcare professionals when needed. Staff were kind and caring. Staff knew people well and supported people to maintain their independence. People were supported to maintain their daily routine. People felt listened to and able to raise any concerns they may have.

People, staff and healthcare professionals were complimentary about the service people received and how the service was managed. Staff understood their roles and responsibilities and felt supported by the provider. Processes were in place to listen to and respond to people's experiences of the service and audit systems were in place to monitor the quality of care being provided.

## 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 told us they felt safe. Staff understood how to keep people safe and protect them from harm. Risks to people's health and care needs were assessed and managed appropriately. There were adequate staff to meet people's needs who had been recruited safely. People received their medicines as prescribed.

### Is the service effective?

Good ●

The service was effective.

People were supported by staff who had the skills to meet their needs. Staff understood their responsibilities to protect people's rights and freedom. People were supported when required to access healthcare services.

### Is the service caring?

Good ●

The service was caring.

People were supported by staff that were kind and who respected their dignity and privacy. People were involved in decisions about their care and supported to maintain their independence.

### Is the service responsive?

Good ●

The service was responsive.

People received support that reflected their needs. People chose how they wished to spend their free time and where required staff signposted people to external services. People had the information they needed to raise concerns or complaints should they need to

### Is the service well-led?

Good ●

The service was well-led.

People, staff and healthcare professionals felt the service was well managed. Staff were aware of their roles and responsibilities and felt supported by the provider. There were systems in place to respond to people's experiences and monitor the quality of the service provided

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# Trafalgar 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 checked 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 27 April 2017 and was unannounced. The inspection team consisted of one inspector.

As part of our inspection the provider completed a provider information return (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 also reviewed the information we held about the service. This included any statutory notifications we had received, which are notifications the provider must send us to inform us of certain events, such as serious injuries. We spoke with other agencies including the local authority to gain their views about the quality of the service provided. We used this information to help us plan our inspection of the service.

During the inspection we spoke with two people who lived at the service, two members of staff and the registered manager. We also spoke with two healthcare professionals. We reviewed a range of records about how people received their care and how the service was managed. These included two care records of people who used the service and records relating to the management of the service such as audit and quality checks.

# Is the service safe?

## Our findings

People told us they felt safe living at the service because the building was secure and they trusted the staff. One person told us, "I feel comfortable and happy here it is a safe place to live." Another person said, "Staff are about and they are helpful and I feel safe living here." We saw people were relaxed with staff and responded positively to them. One person commented, "[Staff] are good they are easy to talk to they make you feel relaxed. I can talk to them."

People were protected from the risks of abuse or harm because staff were knowledgeable about the different types of abuse and the actions they could take to keep people safe. Staff understood the provider's procedures for raising concerns and had attended training in safeguarding. Staff had access to information about how they could contact managers or community mental health teams if they identified any risks to people's safety. One member of staff said, "I would report any issues about people's safety to the [registered manager]. We have an on call number as well so you can always get hold of someone if you have concerns about a person." The registered manager was aware of their responsibilities in reporting any potential harm or abuse; and records we looked at where incidents had occurred concerning people's safety showed these had been appropriately reported in order to keep people safe.

Trafalgar Road provides respite care to people for short periods of time. During people's time at the service processes were in place to ensure people remained safe. For example, people did not have access to unsafe items in their rooms. One person told us, "[Staff] are aware of my background and I can talk to them about things including what I think or feel." Staff told us about people's individual needs and how they supported people who might become anxious. One member of staff told us, "I know people well I will check on them and make sure they are okay. I am aware of people's needs and how to support them while they are here." Records we looked at clearly identified people's individual risks and the action staff should take to minimise these. This was done in collaboration with the person and focused on reducing the risk. Some people could put themselves at risk of harm or others if they became anxious or upset. Staff we spoke with were aware of what might trigger this type of anxiety and worked with people to reduce these triggers. Staff were clear about risks people might face and knew how to minimise these to keep people safe. For example staff told us they would contact people's mental health team if they thought people were at risk of harm due to a change in their need. A visiting healthcare professional confirmed this.

People living at Trafalgar Road were supported by staff who worked alone. One person told us, "Everyone living here is independent, there is enough staff. We don't need help they are here to check on us and make sure we are okay." A member of staff said, "We do work alone if we need support we have an on-call system. There is enough staff to meet people's needs." The registered manager told us the member of staff on shift was responsible for managing the shift and any support required would be provided through the on-call system. This meant staff had access to a senior member of staff should they need advice and also ensured staff and people were safe. We saw there were sufficient numbers of staff employed to meet the needs of the people using the service.

The provider had a system in place to ensure staff were recruited safely. One member of staff said, "I had an

interview and had all my checks completed before I started to work for [provider]." This included reference checks and a Disclosure and Barring Service (DBS) check. DBS helps employers make safer recruitment decisions and helps prevent unsuitable staff from being recruited.

People were supported to take their medicines safely and as prescribed. One person told us, "I go to the office and staff will give me my [medicine] to take. I don't have any problems with [medicines]." A member of staff said, "I feel confident with medicines and have had training." They continued to say if people refused to take their medicine they would seek advice from the community mental health team. Community Mental health teams visited the service regularly and were responsible for the management and stock of people's medicines. Records we looked at showed people's medicines were stored, administered and disposed of safely.

## Is the service effective?

### Our findings

People were complimentary about the staff and said they thought they had the skills to meet their care needs. One person said, "Staff know what they are doing. If I want to speak to staff I can they know what I need, they are helpful."

One member of staff we spoke with said they had recently completed an induction programme with the provider. This involved undertaking different training such as manual handling and safeguarding. They continued to say they had shadowed shifts at the service and were given the opportunity to get to know people and read through care records,[Shadowing involves working alongside more experienced care staff]. They said, "This enabled me to get to know people and the role." Staff told us they had regular supervisions which provided them with the opportunity to discuss their own personal development along with any care or support issues they thought were relevant to the role. Staff said as they were lone workers it was important that they were able to obtain advice or support if needed from the provider or the mental health teams. They explained there were clear communication systems in place to share information. For example, a communication book and a verbal handover between shifts. They also said the mental health teams were in regular contact with people and staff and this ensured people's needs were met appropriately.

People told us staff sought their consent before providing any support. One person said, "I do everything for myself but if staff need to help or do something they always ask first."

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 checked whether the home was working within the principles of the MCA and found that it was. People can only be deprived of their liberty to receive care and treatment when this is in their best interest 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 home was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

People using the service had the capacity to make their own decisions about how they lived their lives. One person told us, "I make my own decisions [staff] talk to me but I make up my own mind." Staff demonstrated an awareness of people's routines and choices and both the registered manager and staff understood their responsibilities under the Act and confirmed they had received training. Staff told us they understood procedures needed to be followed if a person's liberty was to be restricted for their safety. They said they would contact their manager or the person's community mental health team if they identified any concerns about a person's well-being.

People arranged and prepared their own meals independently and had access to a kitchen to prepare food, snacks and drinks at any time. One person said, "I go out to the shops and get food sometimes I will cook for



other [people] living here and we will eat together." A member of staff said, "People usually make their own food and drink. We will support people if it is needed." Staff we spoke with were aware of how to support people who may be at risk of not eating or drinking enough to keep them well. Staff said they would report concerns to the provider or the person's community mental health team if these needed to be acted upon in order to maintain a person's health.

People were supported at Trafalgar Road by community mental health teams and they attended regular reviews supported by the staff at the service. One person told us, "If I needed a doctor I would speak to the staff they would help me [arrange] an appointment." We saw staff contacted community healthcare professionals involved in people's care when staff identified signs that people were unwell. Staff also told us the provider had an on call system in place so that they could access guidance and support in an emergency. People were supported by the staff to maintain their health and well-being.

## Is the service caring?

### Our findings

People told us staff were friendly and caring. One person said, "[Staff] are very friendly I feel at ease with them and can talk to them." Staff told us they had got to know people well and spoke about people in a kind way. They were able to tell us about people's lives and what they liked and disliked. Staff told us they got to know people by spending time talking with them and reading through the care records. We saw staff were compassionate to people and spent time listening to them. For example, one person became anxious we saw staff talking with the person, answering their questions and offering re-assurance. We also saw staff checked if people required support and offered reminders about what was happening during the day, ensuring people had enough information to make a choice about what they wanted to do with their time.

People told us they felt fully involved in the care they received. One person said, "I can talk to staff here they are very helpful and will explain things." Another person told us, "I have regular reviews with the [mental health team] and the staff here are involved, it has been very good for me. I get to make my own choices and decisions." Staff we spoke with and records we looked at confirmed regular meetings took place and people had an opportunity to obtain advice, share their feedback and raise any queries. One person told us, "The meetings are okay you can ask questions and [staff] will explain things to you." This showed people were involved in decisions about their care.

People were supported to be as independent as possible. One person told us, "I do everything for myself; staff are here should I need their advice." Another person said, "I go out, do my shopping, tidy my room. Staff will support me if I need it. I might ask for advice and they would help with that." The registered manager explained the service promoted people's independence through signposting people to other resources such as the benefit office or community support groups. Staff also supported people to complete daily living tasks such as household tasks to maintain their independence once they had left the service.

People told us their dignity and privacy was respected at all times. One person told us, "I have my own room and key when I go out I lock the door." Staff shared examples of how they treated people with dignity and respect for example, maintaining people's confidentiality when discussing personal issues and speaking to people in a respectful manner.

## Is the service responsive?

### Our findings

People lived at Trafalgar Road for short periods of time while they received support with their mental health needs. People told us staff responded quickly and appropriately to their requirements. One person said, "[Staff] sort things out for you. If you need anything you can ask and they will try and deal with it straight away."

Community mental health teams along with staff from the service assessed people's needs to ensure they would be appropriately met. One person said, "I have regular meetings with [the community mental health team and staff] and I am involved in all the decisions about what [support] I need." People's care records contained details of their support needs and we saw information was regularly reviewed and updated on an on-going basis to ensure they were accurate in reflecting people's requirements and wishes. Staff provided support that reflected people's individual needs as detailed in their care records. Staff we spoke with were well informed as to what people's needs were and how people preferred these to be met. Staff told us they shared information about people's progress during daily handovers these ensured people received the appropriate care. This included information about people's well-being and any changes to care or support needs. Any issues which were outstanding at the end of a shift such as contacting healthcare professionals were also shared in order for issues to be addressed.

People said they felt fully supported by staff during the time they spent at the service. They said staff supported them to maintain their daily routines or helped access community or benefit services in order to meet their needs when they left the service. People told us during their leisure time they enjoyed spending time with the other people who lived at the service, chatting to staff and spending time with their families or shopping. People told us their families were always welcomed at the service by the staff and they were able to visit when they wanted.

People told us there were a number of ways they were able to feedback their views about the service. We saw people's views were sought through conversations, meetings and questionnaires. We saw people's comments were positive and the provider had received a number of compliments about the quality of care people had received. People told us they felt confident to approach and speak with the staff about their concerns or worries. One person said, "I would speak to the staff if I wanted to complain. I have no concerns though." We saw guidance was available to people should they wish to raise any concerns and regular meetings took place which provided an opportunity for people to share their views about the service. Staff we spoke with understood the provider's complaints procedure and said if people raised any concern they would contact the provider straight away. Staff said they felt confident any issues would be investigated and resolved quickly. Although no complaints had been received about the service we saw the provider had a system for receiving and handling complaints. This showed people's concerns and complaints would be listened to and addressed by the provider.

# Is the service well-led?

## Our findings

People were complimentary about the staff and the management of the service. They said the staff and the registered manager were approachable and friendly and the atmosphere within the service was open and welcoming. One person said, "I think the [service] is well run I feel it has met my needs and I am happy here." Another person said, "[Staff] are easy to talk to. I think the service is well-run."

Both staff and healthcare professionals we spoke with all provided positive feedback about the management of the service. There was a clear management structure in place and staff knew who to go to if they had any issues. Staff told us they worked as part of a team and said they enjoyed working at the service. They told us they felt supported by the registered manager and provider. They said any concerns they might have would be listened to and acted upon appropriately. One member of staff said, "I think the service is well-run [staff] and the [registered manager] are approachable." Staff told us they had regular supervisions and team meetings and said these provided an opportunity to discuss issues, training and their own personal development. Staff told us they understood their roles and responsibilities and were aware of the provider's policies and procedures. An example of this was that staff were aware of and understood the provider's whistle-blowing policy. Whistle-blowing means raising concerns about a possible wrong-doing within an organisation.

The registered manager was responsible for managing a number of different locations under the registered provider's registration. This meant Trafalgar Road was managed on a daily basis by a senior member of staff with the title 'project lead' Both the project lead and registered manager demonstrated a good knowledge of the people using the service. Both the registered manager and project lead understood their legal responsibilities. This included an awareness to send us notifications about important events. The provider had met their legal obligations around submitting notifications to CQC about incidents that had happened at the service.

The provider had systems in place to obtain feedback about the quality of service provided. For example, people were asked to provide feedback at the end of their stay. Comments we saw from people were positive. For example, one person thanked staff for 'being kind, approachable and helpful and making me feel safe again'. An external healthcare professional who was visiting the service also made positive comments about the quality of care given to people. We saw the provider had a range of quality audits to monitor the quality of care people received. For example, there was a system in place to identify, assess and manage risks to people's safety and welfare. We also saw a range of checks were completed of the environment and of other aspects of the service. These included medicines and health and safety checks. Where incidents and accidents had occurred these had been recorded and reviewed by the project lead and registered manager. Information had then been sent to the head office where it was analysed to identify any trends and actions that may be required to improve peoples' safety. This meant effective systems were in place to assess, monitor and improve the quality and safety of services provided.