

# Future Health And Social Care Association C.I.C. Endwood Court Road

## Inspection report

27 Endwood Court Road  
Handsworth  
Birmingham  
West Midlands  
B20 2RX

Tel: 01215519183






Date of inspection visit:  
12 March 2019

Date of publication:  
21 May 2019

### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	<b>Requires Improvement</b> 
Is the service effective?	<b>Good</b> 
Is the service caring?	<b>Good</b> 
Is the service responsive?	<b>Good</b> 
Is the service well-led?	<b>Requires Improvement</b> 

# Summary of findings

## Overall summary

About the service: Endwood Court Road is a respite service offering short term accommodation and support for up to five people with mental health support needs. Five people were supported at the time of the inspection.

People's experience of using this service:

Systems were not always effective to ensure the quality and safety of the service although people told us they felt safe using the service.

People spoke positively about the support they received. People's circumstances and support needs were known to staff.

People were treated with care and respect, and they were involved in planning their support to help promote positive outcomes.

The service promoted people's wellbeing, choice and independence.

People and staff spoke positively about how the service was run.

More information is in the full report.

Rating at last inspection: Good (May 2017)

Why we inspected: This inspection was planned based on the previous inspection rating but was brought forward due to concerns known to CQC.

Enforcement / Follow up: We identified a breach of the Health and Social Care Act (Regulated Activities) Regulations 2014 around good governance. After our inspection, we shared our inspection findings with the commissioning team that arranges referrals to the service to support ongoing improvements.

We did not take enforcement action on this occasion because shortly after our inspection, the provider submitted an application to de-register. We will continue to monitor this provider and service until the de-registration process is complete.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk).

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our Safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Details are in our Effective findings below.

**Good** ●

### Is the service caring?

The service was caring.

Details are in our Caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our Well-Led findings below.

**Requires Improvement** ●

# Endwood Court Road

## Detailed findings

### Background to this inspection

The inspection:

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

Inspection team:

The inspection was carried out by an Inspector.

Service and service type: Endwood Court Road is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

What we did:

Before the inspection, we reviewed information we had received about the service since the last inspection. This included any notifications we had received from the service and feedback we requested from external agencies including the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We also spoke with commissioners and relevant teams for updates on their monitoring and oversight of this service.

The information shared with CQC indicated potential concerns about the management of ligature risks. This inspection examined those risks and the safety of the premises.

During our inspection we spoke with three people using the service, the deputy manager, the service project lead (responsible for managing the service) and an agency staff member. We also spoke with two visiting healthcare professionals. After our inspection we spoke with two permanent support workers over the phone. We sampled records related to four people's support, medicines records, feedback forms and other

records related to the quality and safety of the service. Some information we requested was not available to view during our inspection, including the training matrix and recruitment files. We received this evidence after the inspection.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Assessing risk, safety monitoring and management

- ☐ People's risk assessments did not always provide staff with guidance and information about people's individual needs and diagnoses to inform consistently safe support, although some relevant guidance was available on site.
- ☐ Daily checks of people's rooms were planned to ensure people did not have unsafe items in their rooms. Although one person told us their room was checked every day, records were not always completed accurately in relation to this.
- ☐ We saw staff carried out welfare checks carried out throughout the day to help ensure people's safety. However, people's records did not always detail how often these checks should be carried out to ensure consistency, and staff gave mixed responses about this.
- ☐ Audits were not always carried out as often as planned and had not helped identify the above issues.
- ☐ Since our last inspection, most ligature points had been mitigated to improve the safety of the premises. Although risk assessments were available, we recommended for these assessments to be more detailed to ensure all staff had consistent awareness of potential risks. Further guidance for staff and improvements to risk assessments were underway.
- ☐ People's risks were assessed with their input, and regularly reviewed.
- ☐ Staff were aware and vigilant in relation to people's risks and wellbeing.
- ☐ Fire safety checks had been carried out as planned. Maintenance issues were reported but repairs were not always carried out in a timely way

### Systems and processes to safeguard people from the risk of abuse;

#### Learning lessons when things go wrong

- ☐ People told us they felt safe and comfortable at the service.
- ☐ Staff had received safeguarding training and were aware of the types of abuse people could experience and how to report such concerns.
- ☐ Incidents had been responded to appropriately to help keep people safe. The provider had improved how incidents were recorded which helped oversee this.

### Staffing and recruitment

- ☐ Staff told us an increase in staffing levels allowed more flexibility with activities and practical support for people.
- ☐ Records we sampled indicated safe recruitment checks were carried out before staff started in their roles.

### Using medicines safely

- ☐ Although medicines records were not always accurately maintained, we saw, and people told us they

received timely support with their medicines.

- ☐ Medicines were stored safely and securely.

Preventing and controlling infection

- ☐ The service was clean. People and staff helped maintain this.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence. People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People spoke positively about the support they received. People described staff as having an active role in promoting people's wellbeing and positive outcomes.
- A healthcare professional commented, "It's a really good place, I feel very comfortable sending patients here as I know the care would be really good."
- Staff were aware of people's personal circumstances and support needs.
- People were encouraged to talk to staff if they had concerns. An agency staff member told us, "One person told me, 'I don't feel well.' I said sit down, we sat and talked until [person] felt better." The staff member showed a sensitive and confident approach with supporting people.

Staff support: induction, training, skills and experience

- Staff told us they had enough training. Training updates were planned, including training related to mental health at the time of our inspection.

Staff working with other agencies to provide consistent, effective, timely care;

Supporting people to live healthier lives, access healthcare services and support

- Professionals we spoke with confirmed staff promptly contacted them if they had concerns about people's mental health.
- People were supported to access community health services when needed.

Supporting people to eat and drink enough to maintain a balanced diet

- People could access the kitchen and prepare meals as and when they wanted to.
- People told us they were supported with food preparation if needed. People had been encouraged to consider healthier options and budgeting for meals.

Adapting service, design, decoration to meet people's needs

- A person told us, "It's a nice house".
- Improvement work had been made to the safety of the premises since our last inspection.
- This was occasionally a mixed gender respite and arrangements were made to ensure people had designated private bathroom facilities.

Ensuring consent to care and treatment in line with law and guidance

- 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 to receive care and treatment with appropriate legal authority. We checked whether the service was working within the principles of the MCA.

- People did not need this level of support. People made their own decisions and went out as they wished. Training updates were underway as staff had not all received training in this area.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated with care and respect. We observed good relationships and friendly conversations between people and staff.
- People appeared comfortable and at ease at the service.
- People described feeling well supported. One person told us, "They will help you when you want help, and even when you don't."
- A healthcare professional told us, "People who come here get more than accommodation, they get staff talking to them. Staff know people well, individually, their needs and updates."
- Staff supported one person to access an interpreter for an upcoming appointment as the person's first language was not English.
- The service project lead showed awareness of people's needs in terms of diversity and supported people to feel included.

Supporting people to express their views and be involved in making decisions about their care

- The service supported people to express their views and to achieve their goals and positive outcomes. This was achieved during their time at the service and also by preparing people well for when they left.
- People were asked for their views and feedback, for example during house meetings and regular support reviews.

Respecting and promoting people's privacy, dignity and independence

- People's independence was promoted. One person described their improved lifestyle since joining and commented, "When I came here I was made to feel welcome for the first time." The person had been supported to do things they wanted to which had helped promote their wellbeing.
- We saw people's privacy was promoted, and people were given space when they wanted it. People's records were stored securely.

## Is the service responsive?

### Our findings

Responsive – this means we looked for evidence that the service met people's needs. People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People and staff described positive outcomes for people using the service. Support reviews helped oversee and encourage this. Records we sampled identified people's goals and support needs.
- People went out when they wanted and carried on with their own routines as they wished.
- We saw a staff member and person watched a film together, another person was welcomed to join if they wanted to. Another person told us, "There's always something to do, puzzles, magazines."
- A healthcare professional told us, "Staff are very open, everyone referred here has always been happy and said good things about how they've been supported."
- A person told us, "It's nice here, I get a lot of help and support. Staff go out of their way for you and [staff member] takes the time... if you're having a bad day your mood switches."

Improving care quality in response to complaints or concerns

- The service project lead told us the service had received no complaints.
- A person told us they were happy at the service and would have no problem raising concerns if they had any.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture. Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility;

Continuous learning and improving care

- Records were not always accurately maintained for example around people's medicines support and safety checks. We found inconsistencies with how often staff carried out people's safety checks and records did not always clarify this.
- The provider's risk assessments did not ensure staff had all the information they needed about people's individual needs and risks.
- Audits of people's support records had not always been carried out as planned to help identify and address this.
- Medicines competency assessments were not formally carried out by the provider to promote safe practice. We have previously informed the provider that these are recommended in line with current good practice to ensure people were always supported safely.
- People's feedback about the service was often positive but had not been analysed. Healthcare professionals told us they had not been asked for their views on the service. These were missed opportunities to help assess, monitor and continuously improve the service, and ensure this information was shared with people using the service and staff.
- The deputy manager had started to support oversight of the service and completed their own audits. Another manager had also audited the service recently which helped oversee the quality and safety of the service. However, their feedback had not been used to address and prevent record keeping discrepancies we found.
- The provider had not ensured all staff had completed training they had identified as mandatory. This did not ensure staff understood the requirements of their roles and how to support people effectively.
- Systems were not established and operated effectively to assess, monitor and improve the quality and safety of the service. This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulations 2014).

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The CQC rating from the last inspection was displayed.
- The service project lead, responsible for overseeing the service on a day-to-day basis, was aware of the service's policies and processes. We saw they had also referred to current good practice guidelines.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics;

- People, staff and healthcare professionals described the service positively. People were supported in a caring, welcoming environment where their wellbeing was a priority for staff.
- Staff understood their role responsibilities and told us they felt supported. Staff handover information was now recorded to help improve information sharing.
- People and staff spoke positively about the service project lead. One person told us, "[The service project lead] is a good manager, nice person." A staff member told us, "The project lead is very supportive," with supervision, training and personal issues.
- We found, and the service project lead told us, "The ethos here is not just to support people while they're here but to set them up for life, with whatever skills, cooking, social." A staff member had helped support develop skills around budgeting and meal preparation.

#### Working in partnership with others

- The provider was working with commissioners to support ongoing improvements to their risk assessment processes.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Systems were not established and operated effectively to assess, monitor and improve the quality and safety of the service. This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulations 2014).</p>