

# New Servol School 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

The inspection visit took place on 17 and 23 August 2017. The first day was an unannounced visit and the second day was a detailed telephone discussion with the registered manager who was unavailable on the first day of the inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At our last inspection of the service in July 2016 we rated the provider as requires improvement overall with specific concerns identified under the domains of Safe and Well Led. At this inspection we found that sufficient improvements had been made to meet the relevant requirements.

The provider New Servol is a registered charity. The provider operates School Road as a service that provides personal support for up to nine adults with primarily mental health needs. The service's main aim is to assist people to develop or relearn the life skills to enable them to live independently in the community. At our inspection seven people were using the service.

People were protected because updated risk assessments had been completed to reduce the risk of harm for all the people who lived at the service.

Sufficient numbers of support workers were available throughout the week to consistently meet people's identified support needs.

People who lived at the service felt secure and safe with their support workers who were available to support them, when needed. The provider also had systems in place to keep people safe from the risk of abuse.

The provider had effective recruitment processes for support workers and ensured they received the necessary induction and training to meet the support needs of people living at the service.

People were supported and received their medicines as prescribed by their healthcare professionals.

Peoples' consent was obtained before providing support. The provider understood and the legal requirements of the Mental Capacity Act (2005) and the need to consider Court of Protection applications where appropriate.

People were supported by support workers to be as independent as possible and were able to make choices and to take responsibility for their own daily activities. People prepared their own food and drink at times to suit them. The provider and support workers ensured people were encouraged to consider healthier food and drink options.

People's health and support needs were assessed and people were supported to access to local health care professionals to ensure their health care needs were met.

People confirmed they were supported by caring and respectful staff who maintained their privacy and dignity.

People's support needs were clearly recorded in person centred support plans which were regularly reviewed.

People knew how to complain about the service they received and were supported to make complaints.

The provider had improved their management systems to assess and monitor the quality of the service and was taking action to improve consistency across their services.

## 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 in the service and with their support workers.

Support Workers had a working understanding of safeguarding and ensured people were protected from the risks of abuse.

There were enough suitable trained support workers to safely meet people's needs.

People were supported and received their medicines as prescribed.

### Is the service effective?

Good ●

The service was effective.

People were supported with their on-going healthcare and mental health needs.

People were supported with their dietary and nutritional needs to maintain their physical and mental wellbeing.

Support workers received regular supervision and the training they needed to undertake their duties.

### Is the service caring?

Good ●

The service was caring.

People were supported and encouraged to spend their time as they choose.

Support workers respected people and acknowledged they worked in people's homes.

Support workers spent time with people and formed good working relationships.

### Is the service responsive?

Good ●

The service was responsive.

People's support plans were person centred and were updated regularly to reflect people's current needs.

People were supported to access the community independently and where appropriate to find jobs with support from the provider.

People's comments and concerns were listened to and acted upon by the provider.

### **Is the service well-led?**

The service was well-led.

The registered manager and provider had audits and systems in place which enabled them to identify concerns and take action to improve the service.

The provider had started to introduce new policies and procedures to achieve consistency through-out their group services.

People's views were sought were acted upon.

Support workers felt comfortable suggesting ideas for improvement of the service and confirmed they were listened to and changes were made by the provider.

**Good** ●

# School 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.

The inspection visits took place on 17 and 23 August 2017. The first day of the inspection was unannounced and was conducted by one inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. For this inspection the expert-by-experience was familiar with mental health services. The second day of the inspection was conducted by a lone inspector.

When planning our inspection, we looked at the information we held about the service. This included the notifications received from the provider about deaths, accidents/incidents and safeguarding alerts which they are required to send us by law. We also looked at the Provider Information Return (PIR) which is a document containing current information about the service and the provider's assessment about how it is meeting the regulations. It also confirmed the improvements the provider planned to make.

We also contacted local authorities who purchased the support on behalf of people to ask them for information about the service. We were not informed of any concerns with the service.

During our inspection, we spoke with six people who lived at the service, two support workers, and an agency support worker. We also spoke with the registered manager, the deputy manager and operations manager.

We looked at the support plans for two people to see how their support and treatment was planned and delivered. We also looked at their Medication Administration Records (MAR) and the medicine management processes and audits for the service.

We looked at two support worker recruitment files, and the training and supervision records for the permanent staff at the service.

We also looked at records relating to the management and audit of the service and reviewed the provider's policies and procedures. We were informed the policies and procedures were being reviewed and being tailored to better suit the service.

In addition we requested the provider to supply further evidence of the audits and quality assurance undertaken which was provided following the inspection.

## Is the service safe?

### Our findings

At our last inspection on 28 and 29 July 2016 we found the service was not consistently safe. At this inspection we saw that the provider had responded to our concerns and had made sufficient improvements to make the service safe.

People told us they felt safe in their own flats and with the support workers who helped them. One person we spoke with told us, "I feel safe here, the staff are good and other residents are quite friendly. I have my own key to my flat and the buildings secure with a security guard on duty over-night." Another person told us, "I feel safe here, it's the quietest place I've ever lived in and it's one of the nicest places I have ever stayed."

At our last inspection we had concerns about the number of support workers available. The provider took action to address these concerns and ensured additional support workers were available. This included ensuring two support workers were on duty each week-end. One person confirmed to us, "There are plenty of staff on duty and I feel I can talk to them about anything, especially the manager who is also my key worker. I feel the manager will help me to move on to supported living when the time comes."

People were protected from the risk of abuse. Support workers and their managers had knowledge of the signs of abuse and potential abuse that could occur. A support worker told us about safeguarding, "It is something I expect most people to know about when they work in care. You can tell if someone is not right by their mood, and you can look at daily logs to see what could have happened. You can look for other signs such as not going out and then try to speak to them to find out if there is any abuse... and speak to the manager to take further action." We saw from the minutes of residents meeting held in July 2017 that the provider had held a session about safeguarding to ensure people who received a service had awareness about potential abuse situations.

The provider's recruitment process reduced the risks to people's safety which could be caused by the employment of unsuitable staff. The provider had established that each prospective applicant had a right to work in the UK and obtained references from two previous employers. The provider had also checked whether the Disclosure and Barring Service (DBS) held any information about the applicant before they started work. The DBS is a national agency that keeps records of criminal convictions. The support workers we spoke told us they had not started work before these checks had been completed. We saw their recruitment files confirmed this had occurred.

At our last inspection we found that the provider had not ensured that all support plans contained risk assessments for people. At this inspection we found that the provider had taken appropriate action and all the people who received a service had risk assessments in their support plans. The provider was aware of the risks to people involved with providing the service. People's care and support needs had been identified and assessed according to people's individual needs and abilities. All the people living at the service had mental capacity and were able to choose how to live their lives. We observed throughout the day that people went out into the local community. We saw that the risk assessments in the support plans

considered people's needs at the service and when out in the community.

We saw that information was available to support workers in the support plans about escalating patterns of behaviour that could identify when people were becoming unwell. The information clearly explained what action should be taken to support people and safely manage the behaviour appropriately. We spoke to the deputy manager about the information. The deputy manager acknowledged the information could be improved further by also identifying specific actions support workers should not do which may cause the people's behaviour to deteriorate, placing them and others at risk.

People told us they were safe in their rooms and the building. The provider had undertaken risk assessments in people's flats to ensure risks to people and support workers were considered, and where appropriate action was taken to reduce the risk. Electrical equipment in people's rooms was tested for safety and legal compliance. The deputy manager told us, "We do fire checks every week, so people know when the alarm goes and what to do". A support worker told us about the fire drills, "We do fire drill every Tuesday, we recently did a full drill with everybody going to the fire evacuation spot. It went well with everyone knowing what to do."

People told us they were assisted or reminded to take their medicines on time and as prescribed. One person we spoke with told us, "They always ensure that my medication is given at regular times each day, I don't have to worry about my meds". We saw that the Medication Administration Record (MAR) sheets showed people had received their medicines correctly, and did not contain any gaps in recording. Protocols were in place for people using 'as and when required' medicines [P.R.N.] which included information provided by people's community psychiatric nurses to help support workers decide when these medicines were needed or if people were unable to tell support workers they were required.

The provider had processes in place to ensure medicines were administered safely to people and stock audits took place twice daily. Support workers told us their medication administration practice was checked by service managers to ensure they remained competent to do so. The agency worker we spoke with told us, "I had induction with the registered manager who concentrated on the medication and audit systems. The registered manager made sure I understood what was needed."

At our last inspection we had concerns about the location of the medication room and medication cabinet because the temperature could not be satisfactorily monitored. The provider had taken action in response to our concerns and had moved the medication cabinet to the main office which had windows and a fan to maintain a constant temperature of the room. We saw the record of the daily temperature of the inside of the cabinet and the room was being maintained at regular intervals. The deputy manager assured us that none of the current medication required storage below the average temperature levels being maintained in the cabinet and room.

Safety checks of the premises and equipment for the building had been completed. We saw records were up to date for gas safety, electrical wiring and fire equipment. Where the landlord of the building had responsibility for the safety checks, for example regarding building structure fire safety we saw the provider had ensured these had been undertaken and the outcome had been notified to them.

## Is the service effective?

### Our findings

All the people we spoke with told us they believed support staff had the necessary skills to support them. One person told us, "Staff here know how to support me and together with my support worker I hope to be moving on soon." The provider ensured people's needs were met by support workers who had a structured induction and access to the training they needed before they started work with people. The registered manager confirmed that in April 2017 the Care Certificate had been re-introduced into the induction process for new employees who required it and that one support worker was currently completing the standard modules. The Care Certificate is the minimum training, supervision and assessment that employees new to health and adult social care should receive as part of induction before they start to deliver care independently.

The provider had a clear process in place for support workers to demonstrate the application of the skills learnt by a system of testing and observation of practice. A support worker told us, "Training has improved my skills, like before on lone working I didn't know who to contact now I know what to do if there is a problem. Currently I am also doing the NVQ3 in Social care. I would like to do more training on mental health and they [managers] have said I will be able to have extra training" Another support worker told us, "I am happy with training, so far so good and I am up to date with it." We saw the provider had a training matrix which identified the training needs of each support worker and the dates the training was undertaken and when refresher training was due. Support workers were required to undertake mandatory courses, including mental health awareness, safe administration of medication, safeguarding and health and safety. All the support workers at the service had completed these courses.

The provider had an effective process for undertaking and recording staff supervisions and annual appraisals. The support workers we spoke with were satisfied with the frequency and purpose of their supervisions and appraisals. A support worker told us, "Supervision is every two to three months my manager asked me about sickness absences, how I am finding the job, and if I still like it. They ask me how I am getting on with residents". Another support worker told us how supervisions are used to test learning from training "managers will ask me about training and ask questions to test what I have learnt and how I have applied it. I know that if they do not feel I have an understanding they will look at further training or get me to repeat the original training." The recruitment files we reviewed confirmed regular supervisions were taking place.

People's capacity to make decisions was considered by the provider. 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 throughout our time at the service that people were deciding how they spent their day for example when to get up or when to have something to eat. Support workers had a daily list of duties which included a requirement to prompt some people to undertake personal care tasks. All the support workers we spoke with confirmed people had the right to decide not to complete the task when prompted.

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. We checked whether the service was working within the principles of the MCA and if any applications had been made to the Court of Protection to authorise any deprivation of liberty. The deputy manager confirmed there were no Court of Protection orders authorising the deprivation of liberty for anyone at the service. The support workers and managers we spoke with confirmed they had undertaken training in relation to the Mental Capacity Act (MCA) 2005.

The provider assisted people to maintain their health. The support plans we saw confirmed people had access to support and advice from health professionals at appropriate times. All of the people at the service were able to independently arrange contact with their health professionals. However all the people we spoke with confirmed support workers would assist them access healthcare if needed. One person told us, "If I want to see a GP I would make my own appointments, although the staff will help if I ask them".

People we spoke with living at the service told us they prepared and made their own meals. One person confirmed, "I buy my own food and I'm happy to do my own cooking in the kitchen provided. I also do my own shopping with encouragement from staff to buy healthy food and not spend my money on junk food." A support worker told us "If we go with a person shopping and they need to know about buying healthy food we advise them. If they insist on buying unhealthy food we can't stop it is their choice. We have to leave people to make their own choices."

## Is the service caring?

### Our findings

People spoke very positively about the support workers who supported them on a regular basis. One person we spoke with told us, "Staff are nice, they help me with my chores and if I want any assistance they will always help, I just have to ask." Another person told us, "I like living here, everyone is nice and friendly and I've definitely improved since I came here."

The support workers and service managers we spoke with referred to supporting people in a compassionate and caring way. A support worker we spoke with confirmed, "We do what people want. I look at the care plans but it is up to people on the day what they want and how they want it done." One person told us "I'm very happy with the support I get here and for the most part staff treat me with respect and observe my dignity."

We observed the people and their support workers enjoying their time together and saw a lot of mutual laughing and joking. Support workers spoke positively about how they were fully aware they worked in someone's home and respected peoples' wishes, private lives and spaces. A support worker told us "I like it here because I am used to the residents, we talk as if we are friends, I like it that way. It is like being within my own family". Another support worker told us, "I get on with everyone here. I really enjoy coming into work and putting a smile on people's faces."

The provider supported people to maintain and where necessary develop social skills and make lifestyle choices. For example we were told that support workers would show people how to cook meals and then assist people with the preparation of their own meals. Most of the people living at the home chose to smoke which was not allowed inside the premises as a condition of their tenancies. The provider had explained the health dangers of smoking but had ensured a covered smoke shelter was erected to allow people to smoke in a safe and comfortable area if they still chose to.

People told us they were supported to maintain family relationships and the friendships which were important to them. This helped to maintain their mental health. One person told us about going to visit their [male relative] and another person told us about an expected visit from their [child]. We reviewed the Code of Conduct people had agreed to on admission. The Code restricted visitors in people's flats after 8pm which could have a negative influence on family life or building relationships. The deputy manager confirmed the apparent restriction on people had not resulted in any complaints or issues, but agreed the matter would be discussed further with the registered manager.

People were treated with respect and dignity. At the date of our inspection visit there were four male and three female service users. One person told us, "There is no problem with the male/female mix; our dignity is observed by both staff and residents." Another person we spoke with said, "Staff are effective in the way they support me, they are polite and always knock on my door before entering." At the commencement of the inspection we were taken around to be introduced to the people in their flats to ensure they were comfortable with strangers being in their home. We observed that the deputy manager adjusted the approach for each person knowing when to ask a person to come to the door or whether to agree to come

back later. The deputy manager was able to tell us about each person and anticipate the way the person would react to us, demonstrating a good knowledge of and respect for the people being supported.

The provider worked towards building a community feel for the service where people were cared for and cared about. The PIR we received prior to the inspection referred to the sudden death of one of the service users and the emotional distress caused to the whole community of service users and support workers. The registered manager told us, "Service users were supported emotionally during this time and four people who live at School Road were supported to attend the funeral... The chief executive, operations manager and off-duty support workers attended the funeral which was greatly appreciated by the family of the deceased."

## Is the service responsive?

### Our findings

People's support plans were written in a personalised way, with details about people's life history, their likes, dislikes and preferences, and how they wanted to be supported. The registered manager however accepted that some of the information needed to be in the first person to better reflect the views of the person, and agreed to update all the support plans. Most of the people we spoke with were uncertain about the contents of their support plans. One person told us, "I'm not sure what my care plan looks like and cannot remember having regular discussions with staff about my care."

People's support plans were updated to meet changing needs. We saw that the reviews were taking place regularly and the support plans were signed by people at the support review meetings. The registered manager told us the support plans were reviewed at least once every three months and changed to match the needs and wishes of people receiving the service. The support workers we spoke with were aware of the need to read the support plans, a support worker confirmed "I make sure I read all the care plans anytime it is updated. The managers' ensure I read it and sign to confirm". We contacted the agency who commissioned service from the provider on behalf of the people at School Road they confirmed, "We found the patients happy, the support plans person centred and the staff professional with an element of recovery and quality of life included in the services."

People living at the service had the capacity to make decisions about their support. The registered manager told us about the provider's aim to assist people to be independent enough to start living on their own within a two year period. All the people who received a service were seen weekly by the Assertive Outreach Team which assists adults who have severe and enduring mental health problems and aims to support people towards recovery and community integration. The registered manager confirmed that they worked closely with the Assertive Outreach Team and were prepared extend people's stay to reflect their needs and progress towards independent living. The registered manager told us, "When you know what people have been through and how they are at School Road you would not want to move someone before they are ready."

People living at the service were supported by a keyworker. The keyworker is the support worker who takes the lead in working with an individual. They would normally attend support plan reviews with the service user and spend time with the service user to ensure that they are getting the support they need. We saw the meetings with keyworkers were taking place. One person we spoke with confirmed, "The manager is my key worker and I see him on a regular basis."

The provider was introducing the Recovery Star program to the service as an additional part of the support plans. The Recovery Star was created by Mental Health Providers Forum and Triangle Consulting for people recovering from mental illness. It aims to think about recovery as a journey with different stages. People are encouraged to think about which stage they are in to get a picture of where are on their journey and what they need to do to move onto the next stage. The support plans we saw had commenced the use of the Recovery Star program, and the meetings held had identified a set of positive outcomes that people had agreed for the year to assist them towards achieving independent living. The provider confirmed all people

receiving a service would be offered the opportunity to record their improvement by the use of the Recovery Star.

People were supported to attend activities and achieve the objectives they wanted. For example one person had been assisted to find a job in the local area. Another person spoke about the support provided to achieve an ambition and told us "I have just passed my theory driving test." The provider also held regular residents meetings and in response to a suggestion made by residents in the recent satisfaction survey, community activities were a standard item on the agenda. The deputy manager told us about a recent boat trip suggested at a residents meeting. One resident told us about the activity, "The boat trip was lovely I hope we can do it again."

People knew how and who to complain to if they had any concerns. People told us they felt able to speak with their regular support worker or the managers if they wanted to complain or raise an issue. One person told us, "I have no concerns but would be happy to speak with staff if anything troubles me and I am confident staff will try to help me." The provider had a system to record complaints or concerns. The deputy manager confirmed the complaints procedure was part of the tenancy agreement and that people were given printed copies. The deputy manager told us, "I tell people they can complain about anything, even me." At the date of the inspection visit the deputy manager confirmed there were no complaints being processed.

## Is the service well-led?

### Our findings

At our last inspection we found that the provider had an inconsistent approach to auditing their processes and procedures. The provider at this inspection had introduced systems and a consistent approach to audit monitor and improve the quality of care and support people received. More effective systems had been introduced, for example to monitor medication storage, to record daily interaction between support workers and people, and to learn from accidents and incidents. This had been achieved by appointing a permanent registered manager and removing support workers who were unable to work within the provider's aims and objectives specified in the Statement of Purpose. A Statement of Purpose is a legally required document that includes a standard set of information about a provider's service.

People were aware of the management structure of the service and the charity board of the provider. One person confirmed "I know who the manager is and I see him in the home on a regular basis". Another person told us "I know who the manager is and his name, I see him in the home... and there have been times when he has offered to take me to the hospital if I cannot get a lift".

People and Support workers told us they felt well supported by the registered manager, and senior management. We saw that the operations manager knew the people receiving a service. We observed the operations manager engaged in friendly conversation with people coming into the office and demonstrate a good knowledge of the person's circumstances evidenced by the topics being discussed. A support worker referring to the management structure told us "They [the Board and management] let us know what is going on in the charity they are open, they are more like family, particularly the managers". The registered manager told us about the Board of the charity "the door is always open, and the chief executive is a good critical friend for new ideas. I feel very open with them... I can go direct to the Chief Executive if they can help they will do."

The provider was seeking ways to improve the service. The registered manager and operations manager told us about the improvement plans to achieve consistency across all of the provider's locations. New procedures and policies were being introduced together with software to improve consistency and the recording and management information available to the provider. The operations manager told us, "We are now looking at Governance, not only at one location, but all the locations. The Board are now more involved, getting information they need. Staff meetings have been held before but now we ensure they take place. Managers ensure information is passed on to support workers. We have an annual staff and board event where expectations are discussed with the aim to achieve consistency. Staff now are more involved and there is better communication." The registered manager also told us about introducing regional manager meetings to encourage consistency and attending meetings with other providers to share ideas regarding improving services.

Support workers we spoke with confirmed they were involved in the day to day running of the service and were encouraged to suggest changes and improvements. A support worker told us about suggesting the introduction of a cleaning rota for people living at the service to encourage community responsibility. The idea was agreed at a residents meeting, one person told us about the introduction of the cleaning rota "I

scrub the place like everyone else, I pull my weight."

The provider invited people receiving services, service commissioners and other professionals to complete a satisfaction questionnaire each year. The outcome of the surveys were analysed and presented to the Board of Trustees for the provider with proposed actions. We saw from the minutes available that people receiving the service were informed at residents meetings about the actions the provider was intending to take in response to the survey results.

The provider demonstrated a willingness to improve systems and processes to help people achieve independence. The operations manager told us how they had started to improve the service following the last CQC inspection, "We introduced the recovery star to help people towards independence. There was a negative cultural attitude of support workers, there has been almost a full change from the last CQC inspection, support workers are now helping people to be independent."

The registered manager told us there was a good relationship with the Assertive Outreach Team and Community Mental Health teams. The registered manager told us the relationship with these agencies resulted in quicker interventions and reduced the chances of people deteriorating into a mental health relapse requiring hospital admission. One agency responded to the provider's survey, "I have always been impressed with School Road – Support workers are knowledgeable and approachable. Support workers show kindness and compassion towards service users. Help to keep service users feeling safe and cared for." We were not made of any issues of concern about the service from these agencies during this inspection.

We spoke to the registered manager and operations manager regarding the future direction of the service and whether it was still meeting its objective to primarily serve people with mild learning disability conditions from the African Caribbean community in Birmingham. We were told as part of the improvement plans for the service the provider would be considering if the objective needed to be revised. The provider confirmed any changes made would be notified to us in an updated Statement of Purpose.

We found the registered manager and service managers understood their legal responsibility for submitting statutory notifications to CQC. The statutory notifications inform CQC about events and incidents affecting their service or the people who use it. We were able to confirm these had been reported to us as required throughout the previous 12 months.