# Kirkwood Road

## Quality Report

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This report describes our judgement of the quality of care at this location. It is based on a combination of what we found when we inspected and a review of all information available to CQC including information given to us from patients, the public and other organisations

## Ratings

| | |
|---|---|
| Overall rating for this location | Requires improvement |
| Are services safe? | Requires improvement |
| Are services effective? | Requires improvement |
| Are services caring? | Good |
| Are services responsive? | Requires improvement |
| Are services well-led? | Requires improvement |

### Mental Health Act responsibilities and Mental Capacity Act and Deprivation of Liberty Safeguards

We include our assessment of the provider's compliance with the Mental Capacity Act and, where relevant, Mental Health Act in our overall inspection of the service.

We do not give a rating for Mental Capacity Act or Mental Health Act, however we do use our findings to determine the overall rating for the service.

Further information about findings in relation to the Mental Capacity Act and Mental Health Act can be found later in this report.

# Summary of findings

## Letter from the Chief Inspector of Hospitals

**Professor Sir Mike Richards**
**Chief Inspector of Hospitals**

## Overall summary

We rated Kirkwood Road as Requires Improvement because:

•Staff did not always update risk assessments for each client. This meant that the service did not put a risk management plan in place to mitigate the risk or put in safeguards.

•Staff did not always contact police when a resident was deemed missing. Client records did not identify clients who were most at risk so that staff knew when to communicate with the police about high risk and vulnerable clients.

•Medicines' audits were not effective in identifying errors or poor practice.

•Staff did not develop care plans and recovery plans that included the accessible information needs of clients with a disability or sensory loss, which meant there was no information for care staff or others on their communication needs or how they should be met.

•There was little evidence of how staff were planning for clients' discharges. This was similar to the last inspection.

•The registered nurse in the service had not received clinical supervision from a registered nurse in the last 12 months prior to inspection.

•The governance overall was not robust enough to provide sufficient oversight of service performance, quality and safety. Systems and processes in place had not been effective in identifying problems with quality and safety in respect of medicines management, risk assessments, identification of clients' holistic needs and expired items in the first aid box.

•The provider should ensure that staff plan appropriately for the discharge of all people who use the service.

However:

•The service had enough staff, who knew the clients and received appropriate training to keep clients safe from avoidable harm. Staff worked well together as a multidisciplinary team and with relevant services outside the organisation.

•Staff treated clients with compassion and kindness, respected their privacy and dignity, and understood their individual needs. They actively involved clients and families and carers in care decisions.

•All clinical premises where clients received care were safe, visibly clean, well equipped, well furnished, well maintained and fit for purpose.

•Staff understood how to protect clients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

•The service treated concerns and complaints seriously, investigated them, learned lessons from the results, and shared these with all staff. The service gave clients, families and their carers information on how to make a complaint.

•Staff felt respected, supported and valued. They reported that the provider promoted equality and diversity in its day-to-day work and in providing opportunities for career progression. They felt able to raise concerns without fear of retribution

# Summary of findings

## Our judgements about each of the main services

| Service | Rating | Summary of each main service |
|---|---|---|
| **Community-based mental health services for adults of working age** | **Requires improvement**  | Start here... |

# Summary of findings

## Contents

Requires improvement

# Location name here

**Services we looked at**
Community-based mental health services for adults of working age.

# Summary of this inspection

## Background to Kirkwood Road

Kirkwood Road is provided by Hexagon Housing Association. The service provides supported living and rehabilitation for male and female adults between ages of 18-65 years old, who have a mental health diagnosis. The purpose of the service is to promote independent living to prepare people to return to living more independently in the community. It provides a service to for up to 12 people.

People using the service live in their own self-contained flat, which is fully furnished and comprises a bedroom, bathroom, living room and kitchen. The accommodation is jointly paid for by commissioners and is secured for each occupant by a written licence agreement with the provider. Individuals are responsible for their own money and receive support from staff to manage their money, if they request it. People using the service are responsible for paying the gas, electricity and water costs and council tax relating to their flats. The maximum intended stay for each person is two years.

Kirkwood Road is registered to provide the regulated activity: treatment of disease, disorder or injury. The service did not have a registered manager at the time of the inspection. The service manager was the nominated individual for this service.

The last inspection of the service was in November 2016; there were no breaches of regulated activities found and the service was rated as Good overall.

## Our inspection team

The team that inspected the service comprised two CQC inspectors, one specialist advisor and one expert by experience. The specialist advisor was a nurse who had experience working in community-based mental health services. Experts by experience are people who have personal experience of using or caring for someone who uses health, mental health and/or social care services that we regulate.

## Why we carried out this inspection

We inspected this service as part of our ongoing comprehensive mental health inspection programme.

## How we carried out this inspection

To fully understand the experience of people who use services, we always ask the following five questions of every service and provider:

•Is it safe?

•Is it effective?

•Is it caring?

•Is it responsive to people's needs?

•Is it well-led?

Before the inspection visit, we reviewed information that we held about the location.

During the inspection visit, the inspection team:

•visited the service, looked at the quality of the environment and observed how staff were caring for clients

•spoke with four clients who were using the service

•spoke with one carer

•spoke with the service manager and deputy service manager

# Summary of this inspection

•spoke with three staff members, including a registered nurse, a rehabilitation worker and a support worker

•received feedback from one client who used the service on a comment card

•looked at 10 care and treatment records of clients

•observed a staff team meeting

•carried out a specific check of the medication management; and

•looked at a range of policies, procedures and other documents relating to the running of the service.

## What people who use the service say

We spoke with four clients and one carer who described staff as respectful, available when needed and pleasant.

Clients and the carer told us that staff were always available to speak to when needed. Clients felt that staff encouraged them to be independent and encouraged keeping contact with their families.

# Summary of this inspection

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

We always ask the following five questions of services.

### Are services safe?

Requires improvement 

We rated safe as requires improvement because:

Staff did not always update risk assessments for each client after incidents had occurred. This meant that the service did not put in place a risk management plan to mitigate the risk or safeguard the client.

Staff did not always contact police when a resident was deemed missing. Client records did not identify who was most at risk and vulnerable so that staff could give sufficient information to the police if they went missing.

Staff conducted medicines audits but did not always identify gaps and concerns.

However:

All clinical premises where clients received care were safe, visibly clean, well equipped, well furnished, well maintained and fit for purpose.

The service had enough staff, who knew the clients and received appropriate training to keep clients safe from avoidable harm.

Staff understood how to protect clients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

### Are services effective?

Requires improvement 

We rated effective as requires improvement because:

•The registered nurse in the service had not received clinical supervision from a registered nurse in the last 12 months prior to inspection.

•Assessments of clients' needs were not always holistic. Staff did not develop care plans and recovery plans that included the accessible information needs of clients with a disability or sensory loss, which meant there was no information for care staff or others on how their communication needs should be met.

However:

•Staff provided a range of treatment and care for the clients based on national guidance and best practice. They ensured that clients had good access to physical healthcare and supported clients to live healthier lives.

# Summary of this inspection

•Staff had effective working relationships with other services such as community mental health teams.

•Staff supported clients to make decisions on their care for themselves. They understood the provider's policy on the Mental Capacity Act 2005.

## Are services caring?

**Good**

We rated caring as good because:

•Staff treated clients with compassion and kindness. They understood the individual needs of clients and supported clients to understand and manage their care, treatment or condition.

•Staff involved clients in care planning and risk assessment and actively sought their feedback on the quality of care provided. They ensured that clients had easy access to advocates when needed.

•Staff informed and involved families and carers appropriately.

## Are services responsive?

**Requires improvement**

We rated responsive as requires improvement because:

•There was little evidence of how staff were planning for clients' discharges. This was similar to the last inspection.

However:

•The service was easy to access. Its referral criteria did not exclude patients who would have benefitted from care.

•Staff helped clients with advocacy and cultural and spiritual support.

•The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with all staff. The service gave clients, families and their carers information on how to make a complaint.

## Are services well-led?

**Requires improvement**

We rated well-led as requires improvement because:

•The governance overall was not robust enough to provide sufficient oversight of service performance, quality and safety.

•The service did not have effective systems and processes in place in identifying problems with quality and safety in respect of medicines management.

•The service did not have effective systems and processes in place in identifying problems with quality and safety in respect of risk assessments.

# Summary of this inspection

•The service did not have effective systems and processes in place in identifying problems with quality and safety in respect of identification of clients' holistic needs.

•The service did not have effective systems and processes in place in identifying problems with quality and safety in respect of and expired items in the first aid box.

However:

•Leaders had the skills, knowledge and experience to perform their roles. They were visible in the service and approachable for clients and staff.

•Staff knew and understood the provider's vision and values and how they were applied in the work of the service.

•Staff felt respected, supported and valued. They reported that the provider promoted equality and diversity in its day-to-day work and in providing opportunities for career progression. They felt able to raise concerns without fear of retribution.

# Detailed findings from this inspection

## Mental Health Act responsibilities

The service did not have any clients under a community treatment order at the time of the inspection.

## Mental Capacity Act and Deprivation of Liberty Safeguards

Staff had access to training on the Mental Capacity Act, which included training on capacity and consent.

Staff understood mental capacity and were aware of how substance misuse can affect capacity.

The service had a policy on Mental Capacity Act. Staff ensured that clients consented to their care and treatment. Staff completed consent agreements with clients during their initial assessment.

Staff demonstrated that they understood deprivation of liberty safeguards.

## Overview of ratings

Our ratings for this location are:

| | Safe | Effective | Caring | Responsive | Well-led | Overall |
|---|---|---|---|---|---|---|
| **Community-based mental health services for adults of working age** | Requires improvement | Requires improvement | Good | Requires improvement | Requires improvement | Requires improvement |
| **Overall** | Requires improvement | Requires improvement | Good | Requires improvement | Requires improvement | Requires improvement |

Requires improvement

# Community-based mental health services for adults of working age

| | |
|---|---|
| Safe | Requires improvement |
| Effective | Requires improvement |
| Caring | Good |
| Responsive | Requires improvement |
| Well-led | Requires improvement |

## Are community-based mental health services for adults of working age safe?

Requires improvement

### Safe and clean environment

Safe and clean care environments

The premises were safe, clean, well equipped, well furnished, well maintained and fit for purpose.

### Safety of the facility layout

The premises were safe and fitted with safety detection devices to help protect clients. The building consisted of 12 flats in two blocks of six. There were two flats on each of three floors. There were convex mirrors in the corridors to allow good observation for staff. Each flat was fitted with a smoke, CO2 and heat detector and a fire extinguisher.

Staff carried out regular risk assessments of the care environment and recorded these. When concerns were identified staff took action to address them. For example, if repairs had been identified. Staff had completed a fire risk assessment. The risk assessment identified key risks. We saw that a fire drill had taken place four times within the previous 12 months prior to inspection and all staff, clients and visitors had been evacuated safely. Staff also had grab bags that contained personal emergency egress plans for all clients, blankets and a torch.

Staff had easy access to alarms. There was adequate staffing on the day shift and a concierge service operated at night. Staffing levels were adequate to appropriately respond to alarms and manage risks to clients, staff and visitors. Clients also had a telephone line, linked directly to the office and could ring staff if needed, including out of hours. Clients also had alarms in their bathrooms

The service used closed circuit television (CCTV) in all communal areas and outside the property. There were television screen monitors in the office that staff could view who was at the door and in the foyer. The manager used the CCTV for reviewing incidents that occurred as part of their investigations. Clients were aware of the use of CCTV and consented to its use.

In the communal kitchen, cupboards and fridges were locked, but clients could phone staff and ask them to open them.

The service did not have emergency equipment on the premises. The service used the GP service for out-of-hours medical cover and phoned 111 for medical advice. In an emergency staff and/or client called 999.

### Maintenance, cleanliness and infection control

The premises were well maintained and visibly clean and staff were mindful of the need for appropriate infection prevention and control measures.

Clients had access to communal kitchen, television, dining tables, lounge area and a piano. There was a conservatory next to this room with access to the garden. Clients could use these facilities between 08:00 and 21:00. This area was visibly clean and tidy. Furniture was of good quality and well maintained. The communal areas and offices were cleaned five days each week and cleaning schedules were easily accessible to all staff.

Staff adhered to infection control principles, with hand washing facilities available throughout communal areas and posters displayed advising how people should wash their hands.

Clients had the responsibility of keeping their own flat clean and tidy, but staff regularly assisted them to do this, if they requested help. The flats were spacious with bathroom, kitchen, dining area and storage spaces.

The service provided a communal fridge for clients. This was clean, but items were not labelled with the days on which they were opened. Clients cooked their own meals in their property and also had the option to participate in communal meals on weekends.

### Clinic room and equipment

Staff had access to first aid kits in communal areas and the office. Staff checked the contents on a monthly basis. However, when we checked the first aid kit noted that four dressing packs were past their expiry date. This meant that the efficacy could not be guaranteed if these dressings were used. We discussed this with staff who removed these from the first aid kit. The check list for the first aid box did not include prompts such as checking the expiry date on items in the first aid box.

### Safe staffing

The service had enough staff with appropriate skills and experience to support clients and provide safe care and treatment.

The team consisted of a service manager, a deputy team manager, registered nurse, deputy team leader, team leader, a support worker and eight recovery workers.

The service had no staff vacancies at the time of the inspection. To cover sickness, the service used regular agency staff who worked at the service and were familiar with clients, which promoted continuity of care.

Staff sickness and absence rates were low. The sickness rate for this service was 0.35% between 1 January 2019 and 31 December 2019. This service had no staff leavers between 1 January 2019 and 31 December 2019.

The service ensured robust recruitment processes were followed. The provider had carried out the appropriate checks to ensure the fitness of staff to work with clients including conducting interviews, obtaining criminal disclosure and barring checks and a minimum of two references from previous employers. We reviewed one record of a staff member who worked for the service. Records showed that the service had undertaken the necessary checks and that the person had suitable experience to meet the needs of the client group.

The service always had a minimum of three staff on duty covering varying shifts from the hours of 8am to 8pm. Night shifts were covered by a third-party provider that provided a concierge service. Clients could contact staff in the office directly on the internal telephone system if needed. Staff on day shifts and night concierge service had additional support from the care service manager, deputy manager and a team leader providing on-call support at night and at weekends between 5pm – 9am. In an emergency staff called dialled 999. Staff could contact local community mental health teams for additional support.

When agency staff were used, those staff received an induction. Induction included a review of the operating procedures and orientation to the service.

### Mandatory training

All staff had received and were up to date with their mandatory training. Training was arranged in house for all staff on one day annually. There were 12 mandatory training courses. Mandatory training included, information governance, fire safety, infection control, basic life support, the Mental Capacity Act, equality, diversity and inclusion, fire safety, complaints handling and conflict management.

Some staff had additional safety training for example, fire marshal training.

### Assessing and managing risk to clients and staff

### Assessment of client/service user risk

Staff assessed and managed risks to patients. However, they did not update risk assessments when incidents occurred consistently. Staff did not always contact police when a resident was deemed missing or identify those at high risk or particularly vulnerable.

During the inspection, we reviewed the risk assessments in 10 client records.

Staff did not always update risk assessments for each client. We looked at whether risk assessments were reviewed when there were incidents. We found three examples where risk assessments had been reviewed in light of an incident and four client records where this did

not occur following an incident. For one client there were no risk assessment reviews in the months of March, May, June or September 2019 although they had 29 recorded risk incidents between January 2019 and January 2020.

There were also no risk assessments for self-medication and no rationale for continuing to allow the client to self-medicate after an overdose. This meant that the service did not put a risk management plan in place to mitigate the risk or put in safeguards. We discussed this with the service manager who stated that some clients had far too many risk incidents that could make risk assessments too lengthy so not all incidents were highlighted in the risk assessment. However, the service manager agreed to consider making changes to how often staff reviewed the risk assessments in future.

Staff did not always contact police when a resident was deemed missing. The service had a draft missing person policy in place, but the policy did not have a start date or review date. The policy included a missing person form for staff to use but this did not include a time frame in which staff needed to contact police if a vulnerable person did not return to the service. We discussed this with the deputy manager who stated they would revise their policy to identify those clients most at risk and provide guidance to staff on when to report to the police.

Staff did not complete a hoarding risk assessment for one client who was identified as high risk of hoarding to consider whether a safeguarding concern needed to be raised. We discussed this with the service manager who stated that the service used a clutter scale as part of a hoarding risk assessment to determine whether a safeguarding needed to be raised. There was no evidence in the client records that this had been completed by staff or that there had been liaison with secondary services regarding this issue.

Staff undertook informal client observations were required. There were no restraints used by staff.

### Safeguarding

Staff understood how to protect clients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

Staff worked effectively with other agencies to promote safety, including systems and practices for information sharing. Staff liaised with clients' social workers as required. Staff discussed safeguarding concerns with the service manager who was the safeguarding lead for this location in the organisation.

The service had made safeguarding referrals in the past 12 months prior to inspection. Staff we spoke to were aware of how to identify adults and children at risk of suffering harm and how to refer to the local authority safeguarding team.

The overall staff training compliance rate for safeguarding and protection of adults and children training was at 100%

### Staff access to essential information

Staff had easy access to clinical information and it was easy for them to maintain high quality clinical records, whether paper-based or electronic.

Staff maintained all care records electronically and they could be accessed by all staff. This included risk assessments, care plans and crisis plans.

### Medicines management

Whilst the service had systems and processes in place to safely administer, record and store medicines, further work was needed to ensure staff always followed these.

The local GP surgery prescribed all medicines for clients. Staff administered medicines and monitored clients who were self-administering their own medicines. Clinicians from the local community mental health team regularly reviewed clients and discussed client's mental health needs with the staff.

Staff carried out a medicines audit on a monthly basis. These were stored in the shared drive for all staff to access. We reviewed three medicine audits and found they had a month and year recorded but no day on which they were completed.

The service did not always manage medicines safely. We reviewed team meeting minutes that highlighted that 20 benzodiazepine tablets had gone missing from a locked, untampered with medicine cabinet that could only be accessed by staff. These tablets had been brought into the service by staff and recorded in the service's medicine incoming folder and signed by two staff. An investigation by the deputy manager concluded that the service could not decide if the medicine was missing or not, despite evidence showing that the tablets had been brought into the service. There was little value given to the factual evidence

provided in the investigation, which meant that the investigation of this incident was not robust. Following the investigation, the manager made recommendations on incoming medicine management such as, staff must count and record the remaining medication in client medicine cupboard after each medicine administration. The medicine audit for the period when this incident occurred did not reflect this incident. It was unclear whether the audit was completed before or after the incident as there was no specific date added to the audit. The audit included prompts for staff to check that medicines that were not included in blister packs were accounted for and that daily counts were being carried out.

The service stored additional medicines delivered to the service in a locked cabinet in the office. Staff kept a log of all incoming medicine to the service.

We reviewed nine medicine administration records. These were all completed legibly and included relevant client details, including allergies.

The service recorded room temperatures for the room where medicines were stored and monitored fridge temperatures. Records showed these were within the recommended guidelines.

### Track record on safety

Between 1 January 2019 and January 2020, the service had reported one incident of missing medicines. There were no other serious incidents.

Reporting incidents and learning from when things go wrong

Staff knew what incidents to report and how to report them.

Minutes of team meetings showed that the service manager shared learning from incidents from within this service only with staff. We also observed that, where appropriate, incidents were discussed at staff supervision and team meetings. However, learning from the incidents was not always comprehensive when investigations were no robust.

### Duty of candour

Staff we spoke to, understood the duty of candour. They were open and transparent and gave people using the service and families, if appropriate a full explanation if and when something went wrong. Duty of candour is a legal requirement, which means providers must be open and transparent with clients about their care and treatment. This includes a duty to be honest with clients when something goes wrong.

## Are community-based mental health services for adults of working age effective?

(for example, treatment is effective)

Requires improvement

### Assessment of needs and planning of care

Staff assessed the mental health needs of all patients. They worked with patients and families and carers to develop individual care plans and updated them as needed. Some care plans reflected the assessed needs, were personalised, holistic and recovery-oriented.

We reviewed 10 care and treatment records during our inspection. Staff completed comprehensive assessments with most clients on accessing the service. Assessments covered their mental health, social needs, physical health and substance misuse history, and family needs. Staff worked with clients to develop individual care plans and updated them as needed.

Staff developed care plans and recovery plans with clients. However, one care plan out of the 10we reviewed; for a registered partially blind client had no evidence their accessible information needs had been assessed or a care plan put in place to make sure they were given information in a way they could understand, and receive the communication support they needed. There was no information for care staff or others on his communication needs or how they should be met.

Each client had an assigned member of staff and their name was recorded on the client record system. Clients we interviewed knew who their allocated project worker was.

Staff arranged induction sessions with new clients to discuss aims and objectives, expectations of staff and clients, management of their finances and an orientation guide was available. This included house rules and the appropriate use of the shared communal areas.

### Best practice in treatment and care

Requires improvement

# Community-based mental health services for adults of working age

Staff provided a range of treatment and care for patients based on national guidance and best practice. They ensured that patients had good access to physical healthcare and supported them to live healthier lives

Staff provided a range of care and treatment interventions suitable for the client group including support for self-care, the development of everyday living skills and meaningful occupation.

The service used the recovery star model to capture the needs and the goals of each person using the service in their care plan. The recovery star is a tool that measures change and supports someone's recovery by mapping their recovery through focussing on ten areas essential to recovery, including managing mental health, self-care and living skills. Using this tool staff recorded how people progressed in their recovery and rehabilitation.

Annual physical health checks were managed by the local GP surgery and staff supported clients to attend appointments.

Staff discussed and referred clients to local therapeutic activities at the service. For example, art therapy and mindfulness.

Staff supported clients to live healthier lives. For example, through referring clients to smoking cessation clinics at the GP surgery and encouraging healthy eating options.

The service had systems in place to continuously audit and monitor its quality of service and outcomes for clients. Staff completed care plan audits and reviews of risk assessments which were reviewed by the service manager, although these were not always effective.

### Skilled staff to deliver care

The service ensured staff were competent to carry out their role supporting clients. Staff completed specialist training for their roles. Additional training provided to staff included conflict resolution and cognitive behaviour therapy.

The service provided new staff with a local induction. The local induction included familiarising them with systems, the values of the organisation and human resources. Topics covered included policies and procedures, fire safety, incidents, and emergency systems.

Staff did not always receive regular supervision. There was also no evidence of regular clinical supervision for the registered nurse in the service from another registered nurse in the past 12 months prior to inspection. The providers policy stated that staff must have supervision every eight weeks. We saw that two staff did not have supervision every eight weeks. The service capacity to provide regular supervision was affected by the service not having a deputy service manager in place. The service manager had to manage more than one location and cover the additional role of a deputy manager. Other explanations for incomplete supervision included long term sickness. However, these explanations were not highlighted in staff supervision records that we saw during the inspection. The addition of a deputy team leader to the service had resulted in an increase of regular monthly supervision for staff. Staff also had completed an annual appraisal.

There were processes in place for managers to deal with poor performance promptly and effectively. There were no concerns about poor staff performance at the time of the inspection.

### Multidisciplinary and interagency teamwork

Staff ensured multidisciplinary input into clients' assessments. For example, input was obtained from community mental health teams, GPs and carers. Input clients' social workers was also sought, where appropriate. For example, staff were able to give examples of contacting the local community health team consultant psychiatrist when concerns were raised. This was evident in clients' records.

Staff shared information about clients at effective handover meetings, which took place when shifts changed over. The number of staff and identified activities of the day were documented on a shift handover sheet that staff could access. Staff also completed handovers for the third-party organisation that provided a night concierge service for clients.

The service had regular team meetings. We looked at the minutes of six team meeting for the previous three months. Staff shared pertinent information at these meetings including incidents, safeguarding, client requests and complaints.

### Good practice in applying the Mental Capacity Act

Staff received and kept up-to-date with training in the Mental Capacity Act and had a good understanding of the five key principles.

Requires improvement

# Community-based mental health services for adults of working age

The overall staff training compliance rate for the Mental Capacity Act and Deprivation of Liberty Safeguards was at 100%. Training on the MCA covered capacity and consent and deprivation of liberty safeguards.

The service had a policy on the Mental Capacity Act. This meant that if staff required guidance on the MCA they had an internal document to refer to which was relevant to their service. There were no clients who were deprived of their liberty at the time of the inspection.

Staff understood mental capacity and worked under the principle that capacity was always assumed. Where they queried a patient's capacity this was discussed in team meetings and with community mental health teams. Staff supported clients to make informed decisions about their care and treatment. They knew how to support clients who lacked capacity to make their own decisions or were experiencing mental ill health.

The service accepted clients on a community treatment order; they also did not have clients detained on the Mental Health Act.

## Are community-based mental health services for adults of working age caring?

Good

### Kindness, privacy, dignity, respect, compassion and support

Staff treated clients with compassion and kindness. They respected patients' privacy and dignity. They understood the individual needs of clients and supported patients to understand and manage their care, treatment or condition.

Clients were respected and valued as individuals and empowered as partners in their care.

Client feedback about their care, treatment and support from staff was positive. They told us that staff were caring, respectful and supportive. All the staff we met showed commitment to exploring ways to meet client needs within the service.

Staff said they could raise concerns about disrespectful, discriminatory or abusive behaviour or attitudes towards patients without fear of negative consequences.

During the inspection we observed that staff treated patients with compassion and kindness and respected their privacy and dignity. Staff had a clear and understanding of the individual needs of each client. Visits by staff were made in pairs and explained to clients why they were there. We saw staff knocking on clients' doors and waiting for response before opening flat doors with their keys.

Clients' needs were also discussed in detail in team meetings and handovers.

### Involvement in care

Staff involved patients in care planning and risk assessment and actively sought their feedback on the quality of care provided. They ensured that patients had easy access to independent advocates.

### Involvement of clients

Staff reported that they involved patients in care planning and risk assessment.

Staff provided information about the service before clients arrived. This was to inform clients and their carers about what to expect from the service and what to expect from staff.

Staff were fully committed to working in partnership with clients and carers. Clients were at the centre of their care. Staff involved clients fully in decisions about their care and treatment.

Staff encouraged clients to identify activities that they wanted to do. Staff also encouraged clients meet on a monthly basis to evaluate activities that they had participated in and decide whether they wanted to continue them. Meetings to evaluate group activities were always attended by a minimum of three clients and staff. Activities included relaxation, exercise group, gardening group and a colouring group.

Staff recognised that clients needed to have access to, and links with their advocacy and support networks in the community and they supported people to do this. Information about local advocacy services in the community was given to clients.

Staff held group meetings on a quarterly basis with clients to review activities in the community that they had participated in. Outcomes of these discussions were shared with other residents in community meetings, newsletter

and were easily accessible on the shared drive. Community activities included art therapy, aroma therapy and music groups. This ensured that staff sought feedback from client's about which groups were meaningful to them and encouraged others engage in activities.

Clients were able to give feedback about the service at monthly community meetings. Minutes for the meetings were accessible on the shared drive and highlighted outcomes of requests made by clients were included in the newsletter. For example, clients discussed plans such as making birthday cakes to celebrate with staff support. Minutes of the community meetings where available in communal area for those that could not attend.

Staff also co-produced a monthly newsletter with clients. The newsletter included poems written by clients, information about activities in the community like gardening, profiles of new staff starting in the service and feedback from the community meetings.

Clients told us they were fully involved in the process of planning their treatment and recovery.

### Involvement of families and carers

Staff informed and involved families and carers appropriately and provided them with support when needed. For example, where consent was given by patients, staff were in contact with carers to discuss concerns and treatment plans.

A carer told us they were satisfied with the way staff treated them. This was also reflected in the feedback and compliments that the service received in the form of cards and letters.

A carer said that their views were taken into consideration by staff when they fed back to them directly. The carer we spoke with felt they were able to give feedback, make a complaint and approach the deputy manager if they had any concerns about the service.

Staff actively involved clients, their families and carers in care and treatment decisions and decisions about the client's future.

## Are community-based mental health services for adults of working age responsive to people's needs?

(for example, to feedback?)

Requires improvement

### Access and discharge

### Bed management

Staff managed beds well. A bed was available for clients when they returned from hospital admissions.

At the time of the inspection Kirkwood Road was using all 12 flats.

Referrals to the service came from clinical commissioning groups. Before someone came to the service staff visited them to assess their needs and circumstances to determine whether the service was appropriate for them. This included assessing a person's mobility needs, as many of the flats were located on the first floor of the service. To be eligible for the service staff also needed to identify that a person was willing to engage in rehabilitation and had a mental health diagnosis. The service did not accept clients whose primary concern was substance misuse.

The average length of stay for the service was three years. The goal was that admission to the service would last two years. Staff said they continuously monitored whether the service was meeting the needs of people who used it and would look to find them placement at another service if it was not suitable.

There was always a bed available when clients returned from a hospital admission. At the time of the inspection there were three clients admitted to a hospital for physical or mental health needs.

### Discharge and transfers of care

In the previous inspection of the service, we found little evidence of how staff were planning for clients' discharges. In this inspection, this remained the same. Staff we spoke with explained that discharge planning began with clients six months into their stay. Four clients who had been with the service for over two years, said they had monthly key working sessions with staff but did not have any discussions about discharge planning.

Requires improvement

# Community-based mental health services for adults of working age

The service discharged people when supported accommodation was no longer necessary. Clients were discharged to live independently with the support of a community mental health team.

Staff made contact with local community mental health teams if concerns arose. We saw evidence that these concerns were raised without delay. Transfers to mental health hospitals were arranged by community mental health teams. Staff attended discharge meetings with hospitals as required. Discharge arrangements were communicated through weekly team meetings and handovers.

### Facilities that promote comfort, dignity and privacy

The design of the building supported clients' comfort, privacy and dignity. Each patient had their own flat and could keep their personal belongings safe.

The service provided each person with an individual, self-contained, furnished flat to support independent living. Each flat contained a bedroom, living room, kitchen and bathroom, with storage space, including secure storage for valuables. Each person had a key to their own flat. The furnishings and facilities in each flat were in good condition. Clients reported that they were aware that they could personalise their flats.

The service comprised a range of facilities to support the needs of people, including a communal dining area, garden, communal kitchen and laundry area.

Clients had access to outside space when they needed it. The service also ran a gardening group that clients could participate in.

Information was available to inform people about local community service such as community centres, cultural centres, lifestyle groups and religious groups.

Staff displayed information throughout the service advising clients and visitors on how to make a complaint.

### Clients' engagement with the wider community

Staff supported patients with activities outside the service, such as work, education and family relationships.

Clients had access to a range of activities and some organised outings with staff.

Staff encouraged clients to maintain contact with their families and carers. Staff encouraged clients to access the local community and social activities. Clients were able to have visitors to their flats until 9pm to maintain social relationships.

Staff supported clients to attend local education colleges and consult careers advisors or life coaches if they wished.

### Meeting the needs of all people who use the service

The service tried to meet the needs of all clients, including those with a protected characteristic. Staff helped patients with advocacy and cultural and spiritual support. Although, communication needs of a client who was registered partially blind had not been highlighted in their care plan.

Clients made their own meals to meet their dietary requirements, including religious requirements. The service held communal meals once a week with clients and the agreed menu for each meal reflected clients' cultural and ethnic backgrounds. These meals were made by clients with the support of staff if needed.

Clients with limited mobility were placed in a ground floor apartment and had alterations and adjustments to their bathroom and other parts of their living space according to their needs. The staff offices at the service were located upstairs and there was no lift, so where visitors to the service had limited mobility, they were met by staff downstairs.

If someone using the service required linguistic support staff had access to interpreting services.

Staff undertook equality and diversity training to enable them to respond effectively to clients' diverse cultural and religious needs. Although staff did not give specific examples about their support for LGBTQ+ clients, they felt would refer to their training if the need arose.

### Listening to and learning from concerns and complaints

The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with the team. The service received compliments from services users and carers, in the form of letters, cards and verbally. Staff also had compliments shared with them in team meetings.

Requires improvement

# Community-based mental health services for adults of working age

Staff knew how to handle complaints, they reported any concerns to the deputy manager.

Staff provided carers and clients with complaints leaflets and posters. The information displayed in communal areas included information about the parliamentary and health ombudsman and local advocacy services. All the carers and clients we spoke with told us they knew how to make a complaint if needed and would approach the deputy manager and team leaders if they had concerns.

This service received one complaint between 1 January 2019 to 31 December 2019. This was upheld by the provider. The complaint was from a neighbour who complained about noise from one of the resident's flats.

## Are community-based mental health services for adults of working age well-led?

Requires improvement

### Leadership

The service lacked effective governance systems to enable it to operate safely and ensure compliance with the regulations.

The service did not have a registered manager at the time of the inspection. The service had not had a registered manager since October 2018. An application was made for a registered manager in December 2018, but this was withdrawn in May 2019. The service had planned to make another registered manager application once a deputy manager was recruited into post. A deputy manager was recruited in October 2019 and the service manager reported during the inspection that a postal application had been made for registered manager. During this period staff completed any of the required statutory notifications related to the service. Following the inspection, we have written to the provider separately about this matter.

The deputy manager had recently been recruited into role at Kirkwood Road, and could clearly explain their role and demonstrated an understanding of the service. The deputy manager had the skills, knowledge and experience to perform their role.

The deputy manager and service manager were visible in the service and approachable for clients and staff. The service manager oversaw the governance processes and deputy manager was involved in the day to day management of the service.

Although the deputy manager had been in the role for two months, they displayed good understanding of the service they managed. The deputy manager was able to give a review of the service's strengths such as staff fostering client participation in their care and identified improvements such as the service needing more robust clinical audits. New auditing arrangements had been devised but these were not in use at the time of the inspection. The service manager provided supervision to the deputy manager.

### Vision and strategy

Staff knew and understood the provider's vision and values and how they were applied in the work of their team.

Staff had opportunities to contribute to discussions about the vision of the service and how to achieve this. The service vision included developing and maintaining effective rehabilitation by building strong community links with local organisations and personalised support for people who used the service. Staff made contributions through team meetings and away days.

### Culture

Staff felt respected, supported and valued. The staff we interviewed expressed satisfaction in their job roles and felt supported by the service manager and the deputy manager.

Staff felt able to raise concerns without fear of retribution. Staff could speak openly to the deputy manager and the service manager about their concerns.

Managers felt they could deal with poor performance when needed. There were no issues with staff performance at the time of the inspection.

Staff worked well together as a team. Staff came together each day to discuss clients at handover meetings.

### Good governance

Requires improvement

# Community-based mental health services for adults of working age

The governance overall was not robust enough to provide sufficient oversight of service performance, quality and safety. The service lacked effective governance systems to enable it to operate safely and ensure compliance with the regulations.

The service had governance policies, which included the complaints policy, risk management policy, incident reporting and health, safety and wellbeing. However, the service lacked a robust policy for missing persons.

The service conducted investigations in a timely manner when issues were raised but these were not always robust. For example, the deputy manager investigated an incident of missing medicine, but the conclusion did not align with the facts found during the investigation. This meant that important learning from the investigation may have been lost.

Staff undertook a range of monthly audits to monitor the service, including audits of medicines, health and safety and care planning. These were all up to date but were not robust enough to identify where the service could improve. For example, the medicines audit did not identify that medicines had gone missing and the first aid audit did not identify a number of expired dressings. Clinical audits were not sufficient to provide assurance and ensure staff acted on the results when needed. This meant that the service was not able to monitor and mitigate any risks, to ensure the safety and welfare of people using services and others.

The provider had a clear framework of what had to be discussed at team meetings to ensure essential information was shared amongst the staff. The service held monthly team meetings where pertinent information was discussed.

Staff did not always receive monthly clinical supervision sessions with management when the services did not have a deputy manager in place between January 2019 and October 2019. The only registered nurse in the service did not receive clinical supervision from a suitable qualified person.

The service had a whistle blowing policy in place. The policy advised staff who they should contact, both internally and externally, if they had concerns about poor practice.

### Management of risk, issues and performance

The service manager and deputy manager maintained a risk register for the service. A range of risks had been identified for example, staff sickness monitoring and recovery of the service in the event of a fire. Staff had the ability to suggest risks for inclusion on the register through staff meetings.

The service had a business continuity plan accessible to all staff on the shared drive. This included severe weather plans and outlined the service manager's responsibility in the event of staff being unable to attend work due to this.

### Information management

Staff had access to the equipment and information technology needed to do their work. The telephone systems worked well, and the carer we spoke with did not report problems contacting staff when they needed to. The service used an electronic client record system to record client information.

The service manager and deputy manager had access to information to support them in their management role. For example, supervision records, appraisals, fire audit, monthly health and safety checks and training data. However, they did not always use this to effectively monitor the performance of the service and take action to address any gaps or shortfalls.

Sickness and absence rates were monitored, and managers offered support to staff who returned to work after a period of absence. Staff also could access a free confidential help-line and face to face counselling if needed.

### Engagement

Staff and clients had access to information about the provider. Staff and clients could access the organisation's website for information about services provided. However, information about the registered manager on the website was incorrect. We spoke to the provider who promptly corrected this and cited it as an administrative error.

Clients had the opportunity to discuss any feedback with the service manager and deputy service manager if they wished to.

### Learning, continuous improvement and innovation

The service did not have quality improvement or research projects at the time of the inspection.

# Outstanding practice and areas for improvement

## Areas for improvement

### Action the provider MUST take to improve

- The provider must ensure effective governance systems or processes are in place to assess, monitor and improve the quality and safety of the service and all incident investigations are carried out to a high standard. Regulation 17 (1)(2)(a)(b).
- The provider must assess all client risks and do what is reasonably practicable to mitigate any such risks. This includes updating client risk assessments after incidents and providing guidance to staff on when to contact the police about vulnerable clients missing from the service. Regulation 12 (1)(2)(a)(b).
- The provider must ensure that nurses employed by the service receive clinical supervision from a registered nurse to support their professional development. Regulation 18 2 (a)
- The provider must ensure the proper and safe management of medicines. Regulation 12 (2) (g).
- The provider should ensure that staff plan appropriately for the discharge of all people who use the service. Regulation 9 (3)(f).

### Action the provider SHOULD take to improve

- The provider should ensure all first aid equipment is in date.
- The provider should ensure that clients' accessible information and communication needs are included in care planning for people with a disability or sensory loss.
- The provider should ensure that all staff receive regular managerial supervision.
- The provider should ensure comprehensive learning from incidents.

This section is primarily information for the provider

# Requirement notices

## Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

| Regulated activity | Regulation |
|---|---|
| Treatment of disease, disorder or injury | Regulation 17 HSCA (RA) Regulations 2014 Good governance<br>**Regulation 17 HSCA (RA) Regulations 2014 Good governance.** |

| Regulated activity | Regulation |
|---|---|
| Treatment of disease, disorder or injury | Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment<br>**Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment.** |

| Regulated activity | Regulation |
|---|---|
| Treatment of disease, disorder or injury | Regulation 9 HSCA (RA) Regulations 2014 Person-centred care<br>**Regulation 9 HSCA (RA) Regulations 2014 Person-centred care.** |

| Regulated activity | Regulation |
|---|---|
| Treatment of disease, disorder or injury | Regulation 18 HSCA (RA) Regulations 2014 Staffing<br>**Regulation 18 HSCA (RA) Regulations 2014 Staffing** |