New Servol

Summerfield Crescent

Inspection report

121 Summerfield Crescent
Edgbaston
Birmingham
West Midlands
B16 0EN

Tel: 01214507986

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This unannounced, comprehensive, inspection took place on the 19 July 2018 and was Summerfield Crescent's first inspection since their registration on 14 February 2017.

Summerfield Crescent is registered as a 'care home' that provides short term, respite support for people with mental health difficulties. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided and both were looked at during this inspection. At the time of our inspection three people lived at the home.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

People felt safe living at Summerfield Crescent. The provider had processes in place to protect people from risk of abuse and staff knew what action to take to report any suspicion of abuse. Risks to people were appropriately assessed and staff knew how to keep safe from risk of avoidable harm. People were supported to take their medicines safely. The home environment was clean and people were protected from risk of infection. The provider had processes in place to share information with staff in the event of when things had gone wrong so learning could take place to reduce the risk of reoccurrence.

People were supported by staff that received training. People's needs were assessed and staff knew people well. People were responsible for cooking their own food, but staff were available to offer support and guidance if required. People had prompt access to healthcare professionals if their health needs changed. All people living at Summerfield Crescent had mental capacity to consent to their support and no-one was being unlawfully restricted.

People were supported by staff that were kind and caring and they treated people with respect. People were involved in the planning and review of their support. Staff encouraged people to maintain their independence.

When people's needs changed, they were referred quickly and appropriately to healthcare professionals. People were encouraged to access the local community amenities. People had no complaints but knew how and who to complain to if they needed to. The provider's governance systems effectively monitored the quality of the service being delivered to people.

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 and were safeguarded from the risk of harm because staff was able to recognise abuse and knew the appropriate action to take. People were supported by staff that knew how to manage risks to ensure their safety.

People were supported by sufficient numbers of staff that were safely recruited.

People received their medications safely. The provider had effective infection prevention systems in place and we found the provider learnt from incidents, events and feedback from others to improve the service.

Is the service effective?

Good

The service was effective.

Staff sought people's consent before they provided any support. People were supported by suitably trained staff.

People had access to snacks and drinks at regular intervals, or when requested. People's nutritional needs were assessed and monitored to identify any risks associated with nutrition and hydration.

People received support from healthcare professionals to maintain their health and wellbeing when it was required.

Is the service caring?

Good

The service was caring.

People were supported by staff that were kind and respectful.

People's independence was promoted and they were supported to maintain relationships with their friends and relatives.

People's privacy was maintained.

Is the service responsive?

Good

The service was responsive.

People received support that was individualised to their needs, because staff were aware of people's individual needs.

People were engaged in community activities to prevent isolation.

People knew how to raise concerns and were confident the provider would address the concerns in a timely way.

Is the service well-led?

Good

The service was well-led.

There were systems in place to assess and monitor the quality and safety of the service.

People and staff felt the registered manager was approachable.

People were happy with the support they received.

Summerfield Crescent

Detailed findings

Background to this inspection

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

This inspection took place on the 19 July 2018 and was unannounced. The team consisted of one inspector.

As part of the inspection process we looked at information we already held about the provider. Providers are required to notify the Care Quality Commission about specific events and incidents that occur including serious injuries to people receiving care and any incidences that put people at risk of harm. We refer to these as notifications. We checked if the provider had sent us notifications in order to plan the areas we wanted to focus on during our inspection. We also reviewed the Provider Information Return (PIR) the provider had submitted to us. A PIR is a form that asks the provider to give key information about the home, what the service does well and improvements they plan to make. We reviewed regular quality reports sent to us by the local authority to see what information they held about the service. These are reports that tell us if the local authority commissioners have concerns about the service they purchase on behalf of people. We also contacted the Clinical Commissioning Group for information they held about the service and reviewed the Healthwatch website, which provides information on health and social care providers. This helped us to plan the inspection.

We spoke with three people, two staff members, the registered manager and the provider.

We sampled two people's support plans to see how their support was planned and delivered and three medication records to see how their medicine was managed. Other records looked at included the provider's training records were looked at to check staff were appropriately trained and supported to deliver the support that met people's individual needs. We also looked at records relating to the management of the service along with a selection of the provider's policies and procedures, to ensure people received a good quality service.

Good

Is the service safe?

Our findings

Everyone we spoke with said they felt safe living at the home. One person said, "I feel very safe, it's good, this is a very safe environment for people." There were exchanges of jokes between people and staff that showed people were relaxed in the company of staff. A staff member told us, "We spend a lot of time with people explaining to them what abuse means because they can't always recognise when someone is treating them badly." The provider's processes ensured people were kept safe and staff knew what action to take if they suspected anyone was being abused.

People were protected from risk of harm because staff were aware of the potential risks to people. For example, a number of people were at risk of harming themselves, we saw risk assessments were in place that included regular checks were made, without compromising the person's privacy. One person told us, "I used to want to hurt myself all the time but since I've been here, that feeling has got less, it's been really good for me." All staff spoken with and records showed that up to date risk assessments were in place to assist staff in managing risks to people.

Everyone we spoke with told us there were sufficient numbers of staff to support people but shared with us concern that only one staff member was present at nights and the weekends. One person told us, "Because there is only one staff member on at night, the kitchen closes at 11pm, it doesn't really bother me but I do like to get up early and the kitchen doesn't reopen until about 08am." We spoke with the registered manager and provider about staffing numbers because we shared some of the concerns what one staff member on duty might mean for people. The provider explained an application had been submitted for additional funding to increase staffing numbers. This would ensure the service could accommodate people with more complex mental health needs, which they were currently unable to do so due to their staffing levels. The PIR stated the service balanced individual risk and needs against people who were receiving respite support and ensured that each referral was appropriately placed and safely maintained. We saw the provider's admission process was detailed and thorough. This meant that current staffing levels were considered by the registered manager, who applied a robust approach to all new referrals to ensure the service would meet the person's individual needs, whilst keeping people already living at the service safe.

We spoke with one staff member who explained their induction to the service and the interview process they went through that included waiting for appropriate references and a police check to be completed. The recruitment process was managed by the Human Resources (HR) department based at the main head office and records were unavailable for us to review at the time of the inspection. However, most of the staff working at the service had been in place for a number years and had transferred from the provider's other homes, therefore, the pre-employment checks had already been completed.

People we spoke with had no concerns about their medicines. Everyone had capacity to consent to taking their medication. The provider used a Monitored Dosage System (MDS) to administer medicine. This system meant that peoples' medicines were prepacked into individual containers that indicated the days of the week and times of day medicines should be administered. We reviewed three medicine records and completed audits of medicines in stock and found there were no issues. The provider's processes ensured

people's medicines were stored and disposed of safely.

People told us and we saw, the provider took steps to protect people from the risk of infection because the home environment was clean with no unpleasant odours. One person told us, "We clean our own rooms and help out with the rest of house."

Although no-one living at the home had been involved in any accidents or incidents, we saw there were processes in place for staff to report such incidents to the management team. This included a review of incidents where appropriate action would be taken and any lessons would be learned with measures introduced to mitigate the risk of reoccurrence.

Good

Is the service effective?

Our findings

People we spoke with told us their needs and choices were assessed to ensure staff delivered effective support and encouraged people's independence. One person explained since arriving at Summerfield Crescent they did their own laundry, cooking and cleaning that they had never done for themselves before. Everyone we spoke with felt the provider's assessment process took into account their views. People told us they had regular face to face discussions with staff to ensure the support plan put into place remained up to date and reflected their support needs.

People told us they were happy with the support from staff and felt staff had the skills and knowledge to support them. One person said, "They're [staff] doing a great job, 100% they have the skills and knowledge, they know how to help you, they know how to calm you down and help you in the correct way. If I think I'm going to hurt myself, I talk to the staff." The staff we spoke with told us the were supported by the management team and received the necessary training to help them carry out their roles. One staff member told us, "The training is ok, a lot of it is on line." Staff also told us they think they would benefit from more face to face training. One staff member said, "On-line training is ok but it's easier when it's face to face because you can ask questions as you go along." Records we looked at showed staff received training that was regularly reviewed. All the staff we spoke with and records we looked at showed they also received supervision from the management team.

The service offered short-time respite for people for up to six or eight weeks at a time. This meant staff helped and supported people to develop their life skills so they could live in their own accommodation. People were encouraged to purchase, cook and prepare their own meals. One person told us, "I do all my own cooking but staff are there to help if needed." There was very little input from staff because all the people living at the home at the time of the inspection were able to cook their own meals.

People told us they were seen regularly by healthcare professionals to review their health and support needs. For example, their psychiatrist, the GP and social workers. Staff spoken with were knowledgeable about peoples' support needs and how people preferred to be assisted. We saw from the support plans we looked at that people were effectively supported to maintain their health and wellbeing with additional input from health and social care professionals when required.

People told us they were satisfied with the home environment and their bedrooms, describing them as 'basic but functional'. People accessed the kitchen area and laundry to maintain their independence. One person told us how being at the home had helped them to become more independent. We found the home would benefit from redecoration. The registered manager explained they had already had conversations with the provider concerning the home being redecorated.

The 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 people lack mental capacity to make particular decisions, any made on the person's behalf must be in their best interests and as least restrictive as

possible. 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). All the people living at Summerfield Crescent had the ability to make decisions about their support needs. People told us they discussed their support and treatment with their key workers on a regular basis therefore, they were able to agree and have some control over their treatment. Because people had full mental capacity to consent to their support and were free to come and go as they wished; the provider was not required, by law, to submit any DoLS applications.

Good

Is the service caring?

Our findings

People received support from staff who respected their privacy and people we spoke with felt the level of privacy was good. People told us they were free to spend time within the home watching television or quiet time on their own in their bedrooms or they could choose to spend their time outside within the community, shopping or visiting friends and relatives.

People told us they were supported by kind and caring staff. People felt listened to and involved in day to day decisions about how and where they spent their time. One person told us, "The staff here are very dedicated, I spend a lot of time with them, it's like counselling, I've had nothing but support from them [staff] they have been a great help and comfort to me." We saw when staff spoke with people they respected people's personal conversations and spoke respectfully about people when they were talking and having discussions with us about any support needs. The atmosphere in the home was quiet and calm and staff and people were seen to enjoy each other's company. People told us they were pleased to be at the home and how much it had benefitted their wellbeing and their plan to return to independent living.

People told us the staff involved them with the support they wanted. For example, one person told us how one staff member had viewed a number of properties with them to check they would be suitable for the person to move in to. People told us their preferences and routines were known and supported. For example, people's preferred daily routines were flexible and their choices listened to by staff. Records we looked at reflected people were encouraged to be independent and offered choice around how they wanted to spend their time. People told us about how much support they needed from staff to maintain their independence within the home. Everyone we spoke with told us staff offered encouragement, guidance and advice when needed. One person told us, "Any problem I have I can go straight to [staff name]." Staff we spoke with were aware that people's independence could vary each day and on how the person was feeling. People told us the importance of having their independence respected and encouraged during their time at the service. This was important for them as part of their plan to return to full independent living over the course of the next three to four weeks.

Staff we spoke with knew how to prevent discrimination and promoted equality and diversity at the service. Staff were aware of the individual wishes of people living at the home that related to their culture and faith. Support plans contained information about people's personal histories, people's preferences and interests so staff could consider people's individual needs when supporting them. Staff spoken with respected people's individuality and diversity. We found that people were encouraged to make choices. The registered manager told us the service created an inclusive environment and people were encouraged to be open and comfortable within a safe and supportive environment.

Good

Is the service responsive?

Our findings

Everyone we spoke with told us they had the support they needed. One person told us, "I know what's in my support plan, I have been involved in it." People's plans were structured around their health and support needs; personal preferences and lifestyle choices. The wishes of people, their personal history, the opinions of relatives, where appropriate, and other health professionals had also been recorded. People had told us they spoke with staff on a weekly basis and we saw their support plans had been reviewed with the person. We saw that people's views and conversations had been recorded and updated. One person told us, "They [staff] are helping me to find a flat so I can move out and live on my own." Another person explained how staff had been helping them to rebuild links with the family members who they had lost contact with.

Staff engaged with people's community health teams. Community health teams were involved with each person to promote their health and wellbeing. Staff explained how they recognised a change in a person's mental health needs and when they may need to make referrals to people's community health teams to seek appropriate support. Staff we spoke with felt people's support plans were accurate and reflected the person's support. Staff told us that information was shared in a variety of ways such as during shift changes and communication books so staff were aware of people's recent experiences and how they were feeling on a day to day basis. One person told us, "The staff make sure you're ok, they don't always have to ask because they know how I'm feeling by my body language."

Each person spent their time as they chose and had individual interests. Staff told us that people chose how they spent their time, and were happy to spend time socialising with people in the home talking or sharing ideas for people about things to do. One person told us, "They [staff] don't force you to do any activities, we do play cards occasionally or watch television together."

People we spoke with told us they had no complaints. The PIR stated that people were invited to express and share any concerns they had at the regular meetings with staff. This was confirmed when we spoke with people. One person said, "I can't speak highly enough of everyone, there aren't any complaints from me, it's great here." The provider had a complaints process in place which gave people the names and number of who to contact and the steps that would be taken to respond and address any concerns. However, there had been no complaints since the service had started. We were unable to check records for any identified trends and action taken to mitigate future risk. Therefore, we will review again at the next inspection.

Although the service did not have, nor were they likely to, people living at the home who were end of life (EOL), we discussed with the provider the need to ensure people had been involved in any decisions regarding how they would prefer their support to be delivered in the event of their health deteriorating. The registered manager explained this was a difficult subject to approach with some people because they could already be experiencing suicidal tendencies and talking about death might not be conducive to their mental health. However, the registered manager reassured us discussions with people about their support needs were reviewed on a regular basis and, when appropriate, EOL preferences and arrangements would be discussed.

Good

Is the service well-led?

Our findings

People were asked for their feedback following their stay and we saw positive comments had been recorded in relation to their stay at the home. People had shared their views via a weekly meeting with staff and although they had not had any formal 'house meetings' people felt involved in making decisions about their time at the home and the coming weeks ahead. We saw that guidance was available on the notice boards within the home to assist people with independent living such as health issues, advocacy and how to raise concerns. Staff told us the management team were approachable and listened to their views and experience. One staff member said, "I think this is a well-run home, [registered manager] is the best manager I've ever had, they have been supportive, they're amazing." Staff also told us they had the opportunity to share views at staff meetings or as needed. The registered manager and staff members, told us they worked well together as a team. Records were kept of the staff meetings and included discussions about service updates.

Staff told us they would have no concerns about whistleblowing and felt confident to approach the management team, and if it became necessary to contact Care Quality Commission (CQC) or the police. The provider had a whistleblowing policy that provided the contact details for the relevant external organisations. Whistleblowing is the term used when an employee passes on information concerning poor practice.

The registered manager had developed partnerships with external stakeholders to support people to move to independent living. The PIR stated they had good relationships with local housing providers but hoped to improve joint work with the local community and businesses with a view to creating opportunity for apprenticeship schemes. The registered manager understood their regulatory responsibilities. Records we looked at showed there had been no incidents or accidents that required a notification to us as required to do so by law. We saw that the registered manager had contact with other agencies on a regular basis. This included health professionals such as G.P's, hospital staff, consultants and stakeholders.

There was an audit programme in place to monitor the quality of the service and drive improvements where required. There were further audits that monitored the arrangements within the home and maintenance to protect people's safety and wellbeing. On checking the provider's audits to ensure support plans and risk assessments were reviewed, we found that there were some discrepancies between identified risks on the initial assessment and completed risk assessments. Because we spoke with people, we found these discrepancies had not impacted on them and staff were aware of the risks to people and how they should be managed. We spoke with the registered manager about the importance of ensuring the risks identified at the assessment stage mirrored completed risk assessments. The registered manager reassured us all appropriate risk assessments would be in place.

Duty of Candour is a requirement of the Health and Social Care Act 2008 (regulated activities) Regulations 2014 that requires registered persons to act in an open and transparent way with people in relation to the care and treatment they received. The registered manager was able to tell us their understanding of this regulation and we saw evidence of how they reflected this within their practice. The management team was

receptive to feedback, had been open and transparent with their views and plans for developing and improving the service.