

Independence-Development Ltd

# Mandela House Therapeutic Unit

## Inspection report

52 (52a & 52b) Birmingham Road  
Water Orton  
Birmingham  
B46 1TH

Tel: 07903170104

Website: [www.independence-development.co.uk](http://www.independence-development.co.uk)

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Insufficient evidence to rate**

Is the service caring?

**Insufficient evidence to rate**

Is the service responsive?

**Insufficient evidence to rate**

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

Mandela House Therapeutic Unit provides accommodation and personal care to six people with a learning disability or autistic spectrum disorder. At the time of our inspection, only one person lived at Mandela House Therapeutic unit.

### People's experience of using this service and what we found

Although systems and processes were in place to check the quality of the home, some environmental risks had not always been identified, assessed or managed.

Behavioural risks had been identified but care records contained limited information to instruct staff what action to take should these risks be presented.

People were protected from the risk of abuse. Staff understood their safeguarding responsibilities and what action to take to protect people from abuse.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service this practice. However, consent was not always recorded where potential restrictions were in place.

The home was clean and there were good infection control procedures in place. We were assured people were protected from the risk of infection.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

### Right support:

- The model of care and setting maximises people's choice, control and independence.

### Right care:

- Care is person-centred and promotes people's dignity, privacy and human rights

### Right culture:

- Ethos, values, attitudes and behaviours of leaders and care staff ensure people using services lead confident, inclusive and empowered lives

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

#### Rating at last inspection

This service was registered with us on 23 January 2020 and this is the first inspection.

#### Why we inspected

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We have found evidence that the provider needs to make improvements. Please see the safe and well led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

#### Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified a breach in relation to regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 at this inspection.

Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

There was not sufficient evidence to rate this key question as the service had only started supporting people recently.

**Insufficient evidence to rate**

### Is the service caring?

There was not sufficient evidence to rate this key question as the service had only started supporting people recently.

**Insufficient evidence to rate**

### Is the service responsive?

There was not sufficient evidence to rate this key question as the service had only started supporting people recently.

**Insufficient evidence to rate**

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Mandela House Therapeutic Unit

## Detailed findings

### Background to this inspection

#### The inspection

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

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

One inspector completed this inspection.

#### Service and service type

Mandela House Therapeutic Unit is a 'care home'. 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.

#### Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us.

#### What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority and professionals who work with the service. We sought feedback from Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and

social care services in England. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We used all of this information to plan our inspection.

During the inspection

We spoke with the person who lived at Mandela House Therapeutic Unit about their experience of the care provided. We spoke with two members of staff including the registered manager and a trainee assistant psychologist. We reviewed a range of records. This included a care record and two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and information related to the safety of the service. We also spoke with another member of staff via the telephone.



# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Assessing risk, safety monitoring and management

- Environmental risks had not always been identified, assessed or managed. The provider's own risk assessment had identified window restrictors were required on all first-floor windows, but these had not been fitted. This posed a potential risk as the provider aimed to support people with a range of complex needs.
- We found two fire doors had been propped open with a wedge. One of these doors was the kitchen which posed a fire risk as these fire safety doors would not have closed in an emergency.
- A hot water and surfaces risk assessment had not been carried out. We found water temperatures had regularly been recorded above 44°C and no action had been taken to address this. High water temperatures, particularly those temperatures over 44°C, can create a scalding risk to vulnerable people who use care services.
- Behavioural risk's related to one person's emotional health needs had been identified. However, there was limited information recorded in the care plan to instruct staff what action to take should these risks be presented.
- During our inspection, the registered manager took some immediate actions such as removing the door wedges. Following our inspection, the nominated individual confirmed the window restrictors had been fitted and the fire doors had been repaired with effective door closures. The registered manager also provided assurance a hot water and surfaces risk assessment had been completed and safety measures put in place to reduce the scalding risk.

### Staffing and recruitment

- There were enough staff to keep people safe. Staff confirmed the required staffing levels were consistently maintained.
- Records showed pre-employment checks had been completed prior to staff commencing their role. This included an enhanced Disclosure and Barring Service [DBS] check.

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

- Although there had not been any safeguarding incidents, the registered manager had systems and processes in place to identify, investigate and report any potential safeguarding concerns.
- Staff understood their responsibility to protect people from harm. One staff member told us. "It is important we care about [person]. Their safety is the most important thing. I have not witnessed anything but if I did, I would talk to my manager. I can also report this to safeguarding."

### Learning lessons when things go wrong

- The provider had a procedure to record accidents and incidents. Staff were required to complete a written record and contact the registered manager for advice if they saw a person had sustained an injury or had an incident.
- The registered manager told us they would complete an audit of any accidents or incidents to prevent the risk of similar events happening again. As there had been no accidents or incidents, we could not assess the effectiveness of these systems.

#### Using medicines safely

- At the time of our visit, nobody was being supported to take their medicines. The provider had policies in place for safe medicines management if anyone needed support in the future.
- The registered manager understood any training to support people with their medicines would need to be thorough and updated regularly. They told us they would assess the competency of staff to give medicines safely.

#### Preventing and controlling infection

- The home was clean, tidy and free from odours. Mandela House Therapeutic had recently achieved 98% on an external infection prevention and control audit.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.



# Is the service effective?

## Our findings

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

This is the first inspection for this newly registered service. We did not have sufficient evidence to rate this key question.

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

- The provider had processes in place to ensure people were assessed prior to using the service. This ensured the service was able to meet people's individual needs. However, individual pre-assessment information was not available for us to review during our inspection.

Staff support: induction, training, skills and experience

- The provider had policies and procedures to ensure staff had the appropriate skills and knowledge to support people using the service effectively.
- Records showed staff had received training and staff felt supported in their roles. One member of staff told us, "I think the training is good enough. I feel very supported."
- The registered manager confirmed no formal supervisions had taken place, but we saw records of informal meetings. The registered manager explained they wanted to develop the supervision process and planned to complete formal supervision following our inspection.

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

- Staff were only providing basic support with meal preparation or eating and drinking at the time of our inspection. Staff received training in food hygiene and encouraged healthy lifestyle choices.

Staff working with other agencies to provide consistent, effective, timely care, Supporting people to live healthier lives, access healthcare services and support

- We saw limited evidence where staff had worked with other healthcare professionals to improve health outcomes. Where appointments had been declined, we saw no evidence of how the staff were trying to improve attendance of healthcare appointments.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service

was working within the principles of the MCA.

- The registered manager understood their responsibilities around the MCA, but records did not always support this. Whilst we were assured verbal consent had been sought, we found some restrictions where consent had not been recorded. For example, the kitchen was being locked between 11pm and 9am with no evidence to suggest why. We were however assured the person living at the home had access to food and drink in their bedroom.
- Staff received training and understood the importance of working within the principles of the Act. One staff member told us, "[Person] always makes decisions for themselves. I can't tell [person] they can't go for a walk. [Person] needs their freedom and own space. I respect that."

# Is the service caring?

## Our findings

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

This is the first inspection for this newly registered service. We did not have sufficient evidence to rate this key question.

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

- We were assured staff treated people with kindness and respect. Staff told us, "I tell [person] I am here for anything they need. I always ask if they would like to do something, but I don't put pressure on them to do things."
- There was a relaxed atmosphere in the home and the person living at the home appeared comfortable in the company of staff.
- An 'Equality and Diversity' policy was in place and staff received diversity and equality training.

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

- There was a commitment to empowering people to make their own choices about how they lived their life. Where people made a decision, those decisions were respected.

Respecting and promoting people's privacy, dignity and independence

- The registered manager explained, "Our philosophy is to treat people like you like to be treated." They went on to give the example of respecting a person's right to privacy.
- Independence was promoted and people's personal limitations were considered and supported.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. We did not have sufficient evidence to rate this key question.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- We looked at one care plan and found more information was required to guide staff on how and when the person needed to be supported. Despite this, the person living at the service was able to self-direct their care needs verbally.
- We were assured the person living at the home had control over how they wanted to spend their time.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The registered manager understood their responsibility to present information in a way people could understand. We were unable to see examples as this was not required at the time of our inspection.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The home encouraged people to make and maintain meaningful relationships and had built links with a local college to encourage people to pursue a variety of vocations .

Improving care quality in response to complaints or concerns

- The provider had a complaints policy to ensure complaints were dealt with appropriately. People were provided with information about who to contact if they had any concerns and this was displayed in the home. However, as no complaints had been received, we were not able to judge the effectiveness of the policy.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements: Continuous learning and improving care

- Systems and processes were in place to monitor and improve the quality of care provided. However, these had not always been effective in identifying the areas of improvement we found during our visit. For example, risks within the environment had not always been sufficiently assessed. Window restrictors on the first floor were not in place, fire doors had been propped open, hot water temperatures had been frequently recorded above safe temperatures and the gas safety certificate had expired.
- In addition, where behavioural risks related to emotional health needs had been identified, there was little information to instruct staff how to respond. Where restrictions were in place, such as a curfew and the locking of the kitchen door between 11pm and 9am, records did not evidence rationale or consent.

We found no evidence people had been harmed however, systems and processes were not either established or operated effectively to identify and mitigate risks to the health, safety and welfare of people. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Once these concerns had been brought to the attention of the registered manager, appropriate action was taken to manage these potential risks.
- The registered manager understood their regulatory responsibilities and knew which statutory notifications they needed to submit to us, CQC and had completed a provider information return (PIR) as required by the legislation.
- The provider had appointed an external social care consultant to support the registered manager as this was their first post registered with us, CQC. This consultant provided guidance and supervision. Due to the COVID-19 pandemic they had been unable to complete their quarterly external audits, but these were due to start following our inspection.
- The registered manager took responsibility for their own learning and sought support from external organisations such as the social care information & learning services.
- There were policies and procedures in place which covered all aspects relevant to operating a personal care service which included management of medicines, safeguarding and the management of accidents and incidents. At the time of our inspection we were unable to assess fully the effectiveness of all of the policies and procedures due to the limited service being provided.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good

outcomes for people

- Staff spoke positively about working at the home. They told us they had regular handover and informal supervision. As only one person was living at the home, structured home meetings were yet to be complete.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their responsibilities under duty of candour and told us they would take responsibility if things went wrong.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics: Working in partnership with others

- Staff felt valued and supported. They told us the registered manager was approachable and they felt able to raise any concerns and felt they would be addressed.

This section is primarily information for the provider

## Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Systems and processes were not either established or operated effectively to identify and mitigate risks to the health, safety and welfare of service users. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>