

New Servol

1 Strensham Hill

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

The inspection took place on 9 and 10 May 2016. The first day of the inspection visit was unannounced, the second day was announced. At the last inspection on 15 August 2014, we found that the provider was meeting the Regulations we inspected.

Strensham Hill is registered to provide accommodation and support for a maximum of nine adults with mental health needs. There were seven people living at the home on the day of our visit.

There was no registered manager in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. However, the provider did have a new manager in post and was in the process of completing an application to register the manager pending its submission to the Care Quality Commission.

People knew the staff that supported them and staff knew people well and was aware of each person's individual care needs. However, people gave mixed views on how they were spoken to by staff and we found that, on occasion, staff did not always speak to people respectfully. People felt staff maintained their dignity when being supported with personal care.

People who lived at the home felt secure and safe in the knowledge that staff was available to support them, when they needed to be supported. The provider had systems in place to keep people safe that protected them from the risk of harm and ensured people received their medicines as prescribed.

There was sufficient numbers of staff to meet people's identified needs. The provider ensured staff were safely recruited and they received the necessary training to meet the support needs of people.

People were involved in decisions about their care and support. The provider had followed the correct procedures when determining if any person was being deprived of their liberty. Staff had good knowledge of what could constitute a restriction on a person's freedom of choice.

People planned their meals and where appropriate, were supported with meal preparation if they wished. People accessed health and social care professionals with regular appointments when needed. Staff knew when people had appointments or meetings and supported people to attend these.

People's relationships with their family and friends were encouraged and had been supported by the provider.

People's health care and support needs were assessed and reviewed. People were encouraged to participate in activities and interests outside the home. People knew how to complain and felt their

concerns would be addressed. There were processes in place for recording and managing complaints and easy read guidance was available to people. There had been no complaints about the service and staff would support people to raise concerns if and when required.

The provider had established management systems in place to assess and monitor the quality of the service.

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 were protected from the risk of harm and abuse because the provider had effective safeguarding systems in place and staff were aware of the processes they needed to follow.

Risks to people were appropriately assessed.

People were supported by adequate numbers of staff so that their needs would be met.

People received their prescribed medicines as required.

Is the service effective?

Good ●

The service was effective

People were supported by staff that were experienced and suitably trained.

Staff encouraged people to consider healthy eating alternatives.

People's rights were protected because staff understood the legal principles to ensure that people were not unlawfully restricted.

People were supported to meet their healthcare needs and had access to health and social care professionals.

Is the service caring?

Requires Improvement ●

The service was not always caring

People were not always spoken to respectfully by staff.

Peoples' privacy and dignity was maintained.

Staff knew people well and understood their individual care and support needs.

Is the service responsive?

Good ●

The service was responsive

People's support needs and preferences were assessed to ensure that their needs would be met in their preferred way.

People were supported to take part in group or individual hobbies and activities.

The provider ensured feedback was sought through meetings and satisfaction surveys.

Is the service well-led?

Good ●

The service was well-led

There was no registered manager in place but an application to register the current manager was in the process of being submitted to Care Quality Commission.

The provider had quality assurance processes in place to monitor the service to ensure people received a quality service.

People told us they were happy with the quality of the service they received.

People said the manager was approachable and responsive to their requests.

1 Strensham Hill

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 9 and 10 May 2016 and was conducted by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asked the provider to give some key information about the service, what the services does well and improvements they plan to make. When planning our inspection, we also looked at the information we held about the service. This included information received from the provider about deaths, accidents/incidents and safeguarding alerts which they are required to send us by law. We contacted local authorities who purchased the support on behalf of people to ask them for information about the service.

During our inspection, we spoke with six people who lived at the home, three support workers, the home manager and operations manager.

We looked at records in relation to three people's care and four medication records to see how their care and treatment was planned and delivered. Other records included three staff recruitment and training files. This was to check staff was recruited safely, trained and supported to deliver care to meet each person's individual needs. We also looked at records relating to the management of the service and a selection of the service's policies and procedures, to check people received a good quality service.

Is the service safe?

Our findings

Five of the six people living at the home told us they felt secure and safe and they would not hesitate in speaking with their key worker, if they felt upset or threatened in any way. One person said, "If I was worried about anything I would go to the office and talk to a member of staff." Another person told us, "I do feel safe living here." A third person explained, "I can lock my door if I want to, this makes me feel safe." A key worker is a member of staff, specifically assigned to work with an individual, to provide support for that person. One person explained to us how they did not always feel safe due to the lights not being bright enough. We discussed this with the manager, who had been in post for three weeks. They told us they were in the process of reviewing everybody's care and support needs and they would make this person's needs a priority. People had their own keys to their rooms which they could lock. People we spoke with told us they were free to come and go as they wished. One person told us, "I tell staff where I'm going so they know where I am." A staff member told us, "People tend to go out for walks and to the shops but if they want us to, we will go with them. We talk to them about the dangers of speaking to strangers and encourage them to think about how to keep safe when they are out." People and staff were engaged in light-hearted conversations, which demonstrated to us that people felt relaxed with the staff at the home.

Staff told us they had received safeguarding training. They were clear about their responsibilities for reducing the risk of abuse and told us about the different types of abuse. They explained what signs they would look for, that would indicate a person was at risk of abuse. A staff member told us, "If we suspected anything that could cause people any harm, we would report it to the manager." Another staff member said, "All the policies and processes are in the main office if we need them and all the agencies contact details are listed." The provider's safeguarding procedures provided staff with guidance on their role to ensure people were protected. We looked at records and these confirmed that staff had received safeguarding training. We saw the provider kept people safe because there were appropriate systems and processes in place for recording and reporting safeguarding concerns.

People told us they reviewed their support plans and risk assessments with their key worker 'usually' every month and confirmed they also had weekly discussions on a Sunday. One person said, "I talk to my key worker every week and look at my support plan." Staff were able to explain to us what risks had been identified in relation to the people they supported. We saw that people had risk assessments completed to ensure the provider continued to meet people's individual needs. One staff member told us, "Each person is supported by a team of professionals and we meet with the person regularly to make sure we support them as best we can. If there were any changes in their support we would pick this up and it would be in their daily notes." We saw from people's support plans they were also regularly and identified risks were managed appropriately. For example, information was available to staff about patterns of behaviour that could identify when people were becoming unwell. The information would assist staff to support people safely and clearly explained what action should be taken.

Staff told us that safety checks of the premises and equipment had been completed and we saw from records they were up to date. Staff was able to tell us what they would do and how they would maintain people's safety in the event of an emergency, for example, a fire. Staff knew what action to take because

procedures had been put in place by the provider, which safeguarded people in the event of an emergency.

Five of the six people and all the staff we spoke with told us they felt there was sufficient numbers of staff on duty to support people. One person said, "I don't think there is enough staff because sometimes I have to wait a long time." Another person told us, "There are enough staff to help me." A third person said, "There is always a staff member around when you need them." A fourth person told us, "I think there is enough staff." Staff told us that they would cover shifts for each other in the event of planned and unplanned absences so people had continuity of support. The manager explained how they used bank staff to keep that continuity for people. We saw there was sufficient staff on duty to assist people with their support needs being met in a timely manner throughout the day.

The provider had a recruitment process to ensure suitable staff was recruited. Staff spoken with explained they were interviewed and their references and police checks had been completed before they started to work for the provider. We checked the recruitment records of three staff and found the necessary pre-employment checks and relevant risk assessments had been completed. All staff records we looked at showed current Disclosure and Barring Services (DBS) checks had also been completed. The checks can help employers to make recruitment decisions and reduce the risk of employing unsuitable staff.

All people living at the home had mental capacity to make decisions about their medicine. People told us they had no concerns about their medicines and confirmed they received their medicines as prescribed by the doctor. One person told us, "I get my medicines on time." Another person said, "I know what my medicine is." We saw one person ask a member of staff to check if their medicine was the correct one because they did not recognise the colour and they wanted reassurance before taking it. The staff member checked the medicine again and showed the person it was the same. The person felt reassured and accepted their medicine.

There were people who required medicine 'as and when', we saw there procedures in place to ensure this was recorded when administered. All medicines received into the home were safely stored, administered and disposed of when no longer in use. We looked at four Medication Administration Records (MAR) and saw that these had been recorded accurately. We found the provider's processes for managing people's medicines ensured staff administered medicines in a safe way.

Is the service effective?

Our findings

People we spoke with told us they thought staff were skilled, knowledgeable and felt the staff was adequately trained to support them. One person said, "Staff are very supportive." Another person told us, "Staff have been here a while and seem to know us quite well." A staff member said, "A lot of us have been here for a while and are well trained to support people living here." We saw staff was engaged in different pursuits with people. One person was being supported in the kitchen to make some cakes.

Discussions we had with the staff demonstrated to us, they had a good understanding of people's needs. We saw that there was a number of staff who had worked at the home for a number of years. This sustained consistent and stable relationships between people and their key worker. One staff member said, "The training hasn't always been very good but has improved a lot over the last couple of years, we have training regularly now." Another staff member told us, "The training I have had is good." A third staff member explained, "The training is good and interesting, I particularly like the on line training because you can keep going back to it as a refresher." We saw staff had received supervision and their training requirements were planned and recorded by the provider.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. All the people living in the home had the ability to make decisions about their care and support needs. People told us they discussed their needs with their key workers on a regular basis therefore, they were able to agree and have some control over their care and support.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. Because people had free access around the home, keys to their own rooms and were free to come and go as they wished; the manager was working within the requirements of the law.

People told us they enjoyed their meals and that staff would prepare food for them. One person told us, "There is a wide variety and it is to the culture of the residents, if someone doesn't like what is being served, they can choose something else." Another person said, "We have a good mixture of foods at certain times and access to hot drinks and snacks when we like." A third person explained how the food at the home was 'okay' but they chose to eat out a lot. We saw that menus were planned on a weekly basis, encouraging input from people living at the home. A staff member told us, "We plan our menus every Sunday and go shopping once or twice a week to buy the food. We do encourage people to try more healthy options particularly those with specific dietary needs."

People told us they felt they received the care and support they needed from staff and confirmed they saw

health and social care professionals. One person told us, "Staff are quick to call the GP if I am feeling unwell." Another person explained how they had received treatment for their teeth. A third person told us, "My social worker comes to visit me." One person required regular attendance to the hospital and they were supported to do this. We saw health care professionals came to visit people to administer prescribed medicine. Support plans showed people were seen and assessed regularly by health and social care professionals.

Is the service caring?

Our findings

People told us some staff members did not always speak to them respectfully. Comments included, "Sometimes I think the staff can be a bit rude." "Staff talk to us in a friendly manner." "Some staff can be bossy." "Staff are polite and respectful. One person explained how staff did not always address them how they liked to be addressed. We saw that generally staff were friendly and helpful and treated people with respect and dignity. Although we observed two separate occasions when staff had not referred to one person as they preferred. The person had become visibly upset. The manager was quick to respond and reassured the person staff would refer to them by their preferred name. The person became much happier. We also saw a staff member had interrupted discussions one person was having with the inspection team. We discussed what we had been told and observed with the manager. He told us that the team working at Strensham Hill were caring, kind and competent but acknowledged that some of the issues raised by people required further investigation. He gave us his assurances the issues we had been told about would be looked into in more detail.

Staff was able to tell us about people's individual support needs. A staff member told us, "Because we are a regular team of staff, we know everyone here." People we spoke with explained how they were involved in planning their care and support needs. One person said, "Every month we have a review and every week I speak with my key worker." We saw from the support plans that the care and support planning process was centred on the person and took into account their views. We saw people regularly went to the office and spoke with staff telling them how they felt, where they were going and when they would be back. We saw staff had a good understanding of people's needs. There were some good humoured interactions between staff and people living in the home.

We saw that staff took account of people's diversity. For example people were supported to attend different religious services when they wished. People were dressed in their own individual styles of clothing that reflected their age, gender and personality.

People were supported to be as independent as much as possible. One person told us, "Staff encourage me to do things for myself." People were encouraged to be involved in developing the weekly menus, shopping, cooking and completing household tasks. For example, cleaning their rooms, managing their own laundry and helping staff to maintain the cleanliness of the home. Another person told us, "I do what I can."

All of the people living in the home resided in individual bedrooms or flats. People told us they chose when they got up and went to bed. One person explained how staff had supported them to develop their 'life skills' so they could eventually leave Strensham Hill. They showed us their private residence and told us they felt proud of what they had achieved. Everyone we spoke with told us they were able to contact friends and family if and when they wished. People confirmed they were free to remain in their rooms and relax or choose to go out.

Is the service responsive?

Our findings

All the people living in the home told us they were able to make decisions about their support. People told us they were generally happy with how their support needs were being met. One person said, "The staff are very supportive of my needs." People told us they discussed their support and care needs with their key workers on a regular basis. We saw that staff responded to people that required support. For example, a staff member had supported one person to cook in the kitchen.

People were supported to structure their week which helped to establish a positive use of their time. For example, one person explained to us what they did each day of the week which involved going to different educational and recreational places. One person told us, "I have plenty to do, I'm out most days." Another person explained, "I play football with my friends most days and eat out a lot." We saw that people went for walks and to the local shops. One person explained how everyone was going out for lunch to celebrate another person's birthday. One person had told us they would spend most of their time in their room and did not feel the service offered enough for them to do and they could become bored. The manager explained they were working with the person to understand what additional support they needed.

Staff were able to tell us about people's individual support needs and interests. We saw staff offered people different options to promote choice. A staff member said, "We are person centred, all that we do is about the person." Each person had a named key worker that provided consistency and people were comfortable with the staff supporting them. One staff member said, "Everyone has an input, everything is discussed with the person." Support plans showed people's preferences and interests had been identified and were reviewed.

People were encouraged to maintain contact with the family members and friends, if the person wanted this. One person told us, "My relative comes to visit me." Another person said, "If I wanted to speak with my family I can."

People told us they knew how and who to complain to if they had any concerns. One person told us, "I have made complaints in the past and if I was unhappy with something I'd tell them [staff]." Another person said, "I have a complaints form in my room which I could use if I had a complaint." Staff explained how they would deal with complaints and confirmed they would follow the complaints process and were confident the manager would resolve them quickly. We saw the provider had a complaints recording system in place to investigate complaints that identified trends and monitored the completion of action plans.

Is the service well-led?

Our findings

People we spoke with told us they were happy at the home and pleased with appointment the new manager. One person told us, "I like the new manager, he's nice." Another person told us, "The new manager is very approachable." We saw that staff would speak to the manager for direction and guidance. A staff member said, "I love working here and I love the people," another staff member said, "It has been difficult with managers leaving but since [manager's name] has come in there has been some positive changes for the better." A third staff member told us, "The new manager has made a lot of difference in the short time he's been here, it's good."

Staff told us they had started to have regular supervision and staff meetings where they were kept informed on the development of the service and encouraged to put ideas forward. One staff member told us, "With the changeover of managers supervisions have not been as regular; it's not been easy with the change in managers." Another staff member said, "We have monthly staff meetings which give you an opportunity to raise any issues." We saw from records the manager had started to conduct supervisions with staff.

We saw the provider sought feedback from people living at the home. Easy read feedback surveys were given to people to complete on an annual basis. One person told us, "I have completed some of these." People also told us they had 'resident meetings' and were given opportunities to raise any issues. For example, people had asked for minor repairs to their rooms to be made. We saw the repairs had been completed.

Although there was no registered manager in place at Strensham Hill, the new manager was in the process of putting an application to the Care Quality Commission (CQC) to become the registered manager. Despite there being no registered manager in place, the new manager was being supported by senior management and staff felt comfortable contacting the management team with any issues. Staff told us the management team were approachable and felt if they had concerns regarding the service, they could speak with them. The provider had a whistleblowing policy that provided the contact details for the relevant external organisations for example, CQC. Staff told us they were aware of the provider's policy and would have no concerns about raising issues with the manager and if necessary, external agencies.

We had been notified that the registered manager had left the employment of the provider and the current manager explained to us their legal responsibilities to keep CQC informed. We had not received any notifications that related to significant events, incidents and accidents. We were told and records showed that there had been no significant events, accidents or incidents since our last inspection. Although we saw that there was a process in place for recording and reporting significant events, we were unable to review the system's effectiveness in checking how the provider would identify any trends and learn from incidents and occurrences.

The provider's quality assurance systems were established, though due to the changes in registered managers, audits of support plans, risk assessments and quality assurance records had not been consistently maintained. However, we saw the current manager, who had only be in post for three weeks,

had started to implement processes to address the issues we had identified. Staff meetings had recommenced, supervisions had started to take place with staff and people told us meetings were more regular. Staff spoken with told us since the new manager's arrival and the new processes had been introduced, staff felt the changes had been for the better and were confident in the new manager's ability to organise and run the home effectively.