

Birmingham Association For Mental Health(The) Flint Green House

Inspection report

4 Sherbourne Road
Acocks Green
Birmingham
West Midlands
B27 6AE

Tel: 01217082131

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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 inspection visit took place on 13 July 2017 and was unannounced. At the last inspection on 12 March 2015, the service was rated 'Good'. At this inspection we found the service remained 'Good'.

Flint Green House provides residential accommodation and support for up to 15 adults with mental health needs. At the time of our inspection visit, nine people were living there.

People were kept safe because staff had a good knowledge of current, safeguarding practices and how to apply this when supporting people. People received safe care and support because risks had been identified and were managed effectively. People were supported by sufficient numbers of staff and people were supported to receive their medicine safely.

People were assisted by suitably trained staff that had the knowledge and skills they needed to do their job effectively. People felt staff had a good knowledge of their support needs.

People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice.

People were supported in their meal preparation and encouraged to eat more healthily. Clinical professionals were involved in supporting people to maintain peoples' mental health, care and wellbeing.

People were supported by caring and kind staff who demonstrated a positive regard for the people they were supporting. People had been encouraged to be independent. Support was reviewed with the person and, where appropriate, their relatives to ensure the support provided continued to meet people's needs.

People and their relatives were aware of how to raise concerns or make complaints and were happy with how the service was managed. There were systems in place to monitor the quality of the service to ensure people received a good quality service.

Further information is in the detailed findings below.

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 remains good.

Is the service effective?

Good ●

The service remains effective.

Is the service caring?

Good ●

The service remains caring.

Is the service responsive?

Good ●

The service remains responsive.

Is the service well-led?

Good ●

The service remains well-led.

Flint Green House

Detailed findings

Background to this inspection

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

This unannounced inspection visit was on 13 July 2017. The membership of the inspection team comprised of one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone in this type of service.

As part of the inspection process we looked at information we already had 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 which put people at risk of harm. We refer to these as notifications. We reviewed the notifications that the provider had sent us, to plan the areas we wanted to focus on during our inspection. 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 has concerns about the service they purchase on behalf of people.

We spoke with seven people, two relatives, four health care professionals, the registered manager, a team leader and four staff members.

We looked at records in relation to three people's care and four medication records to see how people's care and treatment was planned and delivered. We looked at three staff recruitment files to check that suitable staff were safely recruited. We also checked staff had received appropriate training and were supported to deliver care to meet people's individual needs. We also looked at records relating to the management of the service and a selection of the provider's policies and procedures, to ensure people received a quality service.

Is the service safe?

Our findings

People who used the service confirmed they felt safe with the staff that supported them. One person told us, "This place is totally safe and secure to be in." Another person said "I feel comfortable here." Relatives we spoke with felt their family members were safe and secure and were satisfied with the level of support being provided. One relative told us, "The staff are really quick to call [person's name] if he hasn't arrived back at the home at the time agreed, which is good." Staff knew about the different types of abuse and the signs to look for which would indicate that a person was at risk of abuse. Staff that we spoke with knew the provider's procedures for reporting concerns and were clear about what action they would take if they were concerned about people's safety.

We found people had assessments in place that related to risks associated with their support. For example, a number of people were responsible for administering their own medicine. We saw risk assessments were in place with regular checks made on people's medicine to ensure it was been taken regularly. One person told us, "I do self medicate and the medicine is checked every week to see if I am up to date and safe." Another person said, "My meds are checked daily and I am comfortable with that." All staff spoken with and records we looked at showed that up to date risk assessments were in place to support staff to manage risks to people's support. A staff member told us, "Everyone has a risk assessment review at three months, and we have weekly team briefings to make us aware of any changes to people's support needs."

Everyone spoken with felt there was sufficient staff on duty. One person said, "There is always enough staff around and we can chat to them about anything." A relative told us, "When I've visited there always seems to be enough staff on duty." We noted there was a number of agency staff working at the home, however, we found they had regular shifts, had worked at the home for a long period of time and were known to the people that lived there. This ensured there was continuity of service for people. Our observations on the day showed there were sufficient numbers of staff on duty to support people safely.

The provider had an effective recruitment process and we saw appropriate employment checks had been completed to ensure people were supported by suitable staff.

The provider mainly used a Monitored Dosage System (MDS) to administer medicine. This system means that people's medicines are pre-packed into individual containers that indicate 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. People and relatives we spoke with all told us they had not encountered any difficulties with medicines and received them as prescribed by the GP. We found procedures were in place to ensure medicines were ordered, received, stored, administered and disposed of safely.

Is the service effective?

Our findings

People spoken with told us they were happy with the staff and felt staff had the skills and knowledge needed to support them. One person said, "All the staff are brilliant, they have helped me through a really bad time to get well enough to get back to work with their positive, motivational way of working." A relative said, "I've seen so much change in [person's name] since arriving at Flint Green, the staff are so supportive and encouraging it helps [person's name] because they [staff] are so positive." The staff we spoke with confirmed they received the necessary training to support them in their roles. One staff member told us, "I've had safeguarding training recently and I have done a lot of E-learning too." Clinical professionals explained how 'effective' and 'valuable' the service was and that they would like to see more homes like Flint Green. One professional told us, "The staff here are amazing, they listen to people and are very supportive."

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 in the home had the ability to make decisions about their care and support needs. People told us they discussed their care and treatment with their key workers on a regular basis therefore, they were able to agree and have some control over their treatment. However, because of people's mental health issues all the people using the service were subjected to some restrictions under the Mental Health Act. For example, some people were on a community treatment order (CTO) and could be recalled to hospital by their psychiatrist, if their mental health deteriorated. People had to abide to limitations set for them as to where they could go and how long they could be out of the home. Because people had full mental capacity to consent to their support and were, within their limitations, free to come and go as they wished; the provider was not required, by law, to submit any DoLS applications.

Because the role of Flint Green House is to develop people's skills so they can eventually relocate to their own accommodation, staff encouraged people to cook and prepare their own meals. One person told us, "I am always encouraged and staff help me to make healthy meals by myself; I've learned a lot here." Staff explained they would support people with their shopping lists and help them to plan meals. One staff member said, "I love teaching people how to cook and prepare meals from scratch and you can see how pleased they are with themselves when they have finished."

People were supported by clinical professionals to assess and review their health and support needs. Staff spoken with were knowledgeable about people's support needs and how people were to be supported. A visiting professional confirmed the staff would follow their instructions and were quick to contact them if there were any concerns. We saw from the support plans we looked at that people were effectively supported to maintain their mental health and wellbeing, with additional input from clinical professionals as required.

Is the service caring?

Our findings

People we spoke with told us staff were kind, caring and friendly towards them. One person said, "All the staff try to make time to talk and listen to me despite being very busy at time." Another person explained, "The staff are always happy to be here with us, we have formed a bond with each other." It was evident to us that staff were passionate about their job. There were lots of humorous conversations between people living at the home and staff. Another person said, "Everybody gets on well, we are like a big family." Staff were pleasant and spoke to people in a kind manner demonstrating that people were treated with kindness. Staff we spoke with demonstrated good knowledge of the people they were supporting and described in detail things that were important to people. One staff member told us, "I like to get to know people, simply by watching TV with them and listening to them when they talk to me, this helps them to feel comfortable and valued and helps to build up trust."

People told us they were involved in planning their health and support needs. One person said, "We have reviews every three months but sit down and speak with our key worker every week." Support plans were detailed and contained information about people's life histories. People were supported to maintain relationships with family members and friends that were important to them. One relative said, "They [staff] are very good at supporting [person's name] to visit me."

We were told by people living at the home that staff respected their privacy. One person told us, "I have my own key and can lock my door and the staff will always knock and ask if they can come in first." People we spoke with told us staff supported them to develop their 'life skills' so when they leave Flint Green, they will be able to maintain their independence and look after themselves. One person said, "I feel encouraged to be as independent as possible, we [people living at the home] are checked to see if our rooms are clean and tidy. We can ask for help with things like washing our clothes if needed." Another person told us, "We are all treated well here all of the time, we are encouraged to keep the place clean and tidy and treating everybody else with respect." A relative told us, "Since coming to this home, [person's name] has learnt so much." Staff we spoke with gave us examples of how they encouraged people's independence, one staff member said, "This is what this home is about and why I work here, to help them [people living at the home] eventually leave Flint Green and get their own place to live."

We saw there was information available about independent advocacy services. Advocates are people who are independent and support people to make and communicate their views and wishes. The registered manager explained they had supported people to access advocacy, when required, to ensure people could fully express their views.

Is the service responsive?

Our findings

People we spoke with told us they were happy with the home and the support they received from staff and confirmed they were involved with planning their support needs. One person said, "I can talk to staff about my support plan at any time." We saw individual support plans were in place which reflected people's support needs. A visiting health care professional told us that any advice or guidance given to staff was actioned quickly and any changes in people's health needs was reported in a timely way. We saw that support plans had been regularly reviewed and updated, where appropriate, to reflect people's changing support needs.

People were supported to set their goals and monitor them on a regular basis so that they knew if their goals were being achieved. Staff we spoke with explained to us in detail how they provided support in line with people's wishes and how the support was adjusted to ensure the person's individual support needs and goals continued to be met. Staff confirmed and we saw, that they were given information about people's needs at the start of their shift so that they were made aware of any changes in people's needs. Staff continued to tell us about people's likes and dislikes and they were able to explain the risks and specific health needs of people and how these were managed.

We could see people were engaged in a range of different interests throughout the day. Some people were visiting relatives, at work or helping out at a local centre. Others were completing their housekeeping routines, for example, laundry. There were a variety of activities available at the home to encourage people to keep fit. For example, there was a gym, pool/snooker table and table tennis. We saw a number of people used the gym facilities. We saw that people were being encouraged to take responsibility for themselves, their environment and develop their skills.

We saw the provider had a complaints policy and process in place to respond to complaints. People we spoke with and their relatives had confidence in the provider that they would deal with any concerns or complaints promptly. We had been made aware of one complaint submitted to the provider to address. We saw the registered manager was in the process of dealing with the complaint and at the time of this site visit the outcome had not been finalised. However, overall people we spoke with told us they were 'very happy' at Flint Green.

Is the service well-led?

Our findings

People and their relatives we spoke with were all complimentary with how the service was managed by the registered manager. One person told us, "Everyone is always happy here, there is a positive atmosphere and it's a good place to be." Another person said, "There is always somebody around to ask for help or just to talk to." A relative we spoke with said, "I am really happy [person's name] is here, I don't worry and you can feel how positive the atmosphere is as soon as you walk through the door, it's an excellent service."

The service had recently undergone a change of ownership and we asked staff how they had been supported through this transition. One staff member told us, "It's been difficult but we've had to maintain our professionalism so as not to upset the people living here." Another staff member said, "[Registered manager] has been really supportive all the way through, she has been there for us." The registered manager explained that the transition had been completed and the service was in the process of transferring their administrative processes to the new provider's way of working. They continued to explain people living at the home had not been informed of the changes until it was finally agreed as they did not want to cause anxiety for people. One person we spoke with said, "The previous owners were good at listening, but the new owners are even more interested in our views; the senior managers have been attending our weekly meetings and things are being done." All the staff we spoke with told us they felt supported in their role by the registered manager. We found the home was well led by the registered manager and their team.

As there was a registered manager in place the conditions of the provider's registration were met. 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. The registered manager was aware of their responsibilities to inform the Care Quality Commission (CQC) of specific events that occurred at the service. We saw where accidents and injuries had occurred appropriate actions had been put in place to ensure the person's safety and no long term injuries had been sustained. We found that, where appropriate, investigations into any safeguardings had been conducted in partnership with the local authorities to reach a satisfactory outcome.

Staff told us they would have no concerns about whistleblowing and felt confident to approach the registered manager and if it became necessary to contact the local authority, CQC or the police. The provider had a whistleblowing policy in place that gave clear guidance on what procedure to follow. Whistleblowing is the term used when an employee passes on information concerning poor practice.

Quality audits were carried out around key aspects of the service and we saw evidence that action plans were put in place to remedy any concerns raised. 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. We found that the provider was working in accordance with this regulation within their practice. We also found that the registered manager had been open and honest in their approach to the inspection and co-operated throughout the

day.