

# Birmingham Association For Mental Health(The) Charles Davies House Residential Care

## Inspection report

388 Lodge Road  
Hockley  
Birmingham  
West Midlands  
B18 5PW

Tel: 01215238880  
Website: [www.birminghammind.org](http://www.birminghammind.org)

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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

The inspection visit took place on 30 December 2015 and was unannounced. At the last inspection on 11 December 2013, we found that the provider was meeting the Regulations we inspected.

Charles Davies House provides accommodation and support for up to 13 adults with mental health needs. At the time of our inspection visit 12 people were living there.

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 2008 and associated Regulations about how the service is run.

People who lived at the home felt secure and safe in the knowledge that staff were 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 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.

Staff sought people's consent before providing support. Staff understood the circumstances when the legal requirements of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards (DoLS) should be followed.

People were supported to make choices and were free to prepare their own food and drink at times to suit them. People were encouraged to consider healthy food and drink options.

People had good access to health care professionals to ensure their health care needs were met.

People were supported by caring and respectful staff that encouraged people to be as independent as much as possible.

People's health care and support needs were assessed and regularly reviewed. There were no complaints about the service.

The provider had established management systems in place to assess and monitor the quality of the service was consistent and to a high standard.

## 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 supported people to prepare their own meals and encouraged 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?

Good ●

The service was caring

People were supported by staff that were caring and kind.

Staff spent time with people, supporting them in their day to day activities.

Staff were respectful of people's choices.

### 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

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

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

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

# Charles Davies House Residential Care

## **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 unannounced inspection took place on 30 December 2015 and was conducted by one inspector.

When planning our inspection, we 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 nine people who lived at the home, four support workers, two health care professionals and the registered manager.

We looked at records in relation to three people's care and medication. We looked at the support plans of three people, the medicine management processes and records maintained by the home about recruitment, staffing levels and training. 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 quality service.

# Is the service safe?

## Our findings

On entering Charles Davies House, we felt the atmosphere was warm and welcoming. 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, "I feel very safe and supported here." Another person told us, "If I was concerned about anything I could talk to any of the staff." A key worker is a member of staff, specifically assigned to work with an individual, to provide one to one support for that person. People had their own keys to their rooms, which they could lock and keys to the main entrance door. People told us they were free to come and go as they wished. Another person told us, "We have to tell staff where we are going and roughly what time we'll be back so they know where we are." A staff member told us, "It's important we safeguard people so we actively encourage them to think about how to keep safe when they are out." Another staff member said, "We ask people to report anything they are worried about to a member of their team." A health care professional told us, "I have no doubts about the staff at Charles Davies House working to keep the people living here safe." People and staff were engaged in spirited, 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 every six months and confirmed they also had monthly 'evaluations'. One person said, "We review our support needs every month with our key worker so if anything does change, it's picked up." 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 regularly 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. Any changes in their support is picked up quickly and reflected in their assessments." We saw from people's support plans were also reviewed 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 were able to tell us what they would do and how they would maintain people's safety in the event of fire and medical emergencies. 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.

People and staff told us they felt there was enough staff on duty to support people. One person said, "There is always a staff member around when you need them." Another person told us, "I think there is enough staff." Staff told us that they would cover shifts for each other in the event of sickness or annual leave so people had continuity of support. The registered 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 throughout the day.

The provider had a recruitment process to ensure staff were recruited with the right skills and knowledge to support people. One health care professional told us, "They [provider] think carefully about who they employ, they seem to select just the right people for the job." We found staff had completed appropriate pre-employment and security checks. The checks can help employers to make safer 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 were given to them as they had been prescribed by the doctor. One person told us, "I make up my own pack of prescribed medicines with my key worker each week so I know exactly when and what I have to take. If I don't take my medicine I can become unwell." Another person said, "I'm working towards keeping my own medicine, the staff check with me every day that I am taking it." People and staff told us there were lockable cupboards for medicine to be stored safely. We saw there were a small number of people who were being supported to take responsibility for administering their own medicine. The records we looked at showed a full risk assessment had been completed and that people had been involved in the assessment. We saw that people were supported by staff to self-medicate and arrangements were in place to ensure that people received the support to do this safely.

There were people who required medicine 'as and when required', we saw there procedures in place to ensure this was recorded when administered, although there was a small recording error on one record. When this was checked against daily records and with the person, it was confirmed they had received the medicine and there was no impact to the person. 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 and health care professionals were all complimentary about the staff. We were told they thought staff were skilled, knowledgeable and trained to support people. One person said, "The staff are very good, they show me how to do lots of things." Another person told us, "Staff are very good, I've learnt a lot from them." A health care professional said, "The staff have a very good mix of skills, they are very effective at helping people develop their individual life skills, preparing them for when they are ready to move on." We saw that staff were engaged in different pursuits with people, encouraging and supporting them to, for example, prepare supper.

Discussions we had with the staff demonstrated to us, they had a good understanding of people's needs. One person told us, "[Staff name] knows me really well; they know exactly what I like to do and the best way to support me." We saw that there was a number of staff who had worked at the home for many years. This sustained consistent and stable relationships between people and their key worker. Staff also told us they had received ongoing training, supervision and appraisals to support them to do their job. A staff member told us, "The training is very good; you can request supplementary training if you think it would help you." Another staff member said, "The training is excellent, it's tense but I am glad of that, it really is that good." We saw staff received monthly supervision and their training requirements were planned and tracked by the provider.

All the people living in the home had the ability to make decisions about their care and support needs. We saw that people had signed their agreements for their information to be shared with health and social care professionals. 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, some of the people using the service were subjected to some restrictions under the Mental Health Act. For example, some people could be recalled to hospital by the Home Office, if their mental health deteriorated. Therefore, people had to abide to some limitations set for them.

All staff were able to demonstrate an understanding of the Mental Capacity Act 2005 (MCA) and of the Deprivation of Liberty Safeguards (DoLS). 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. 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, within their limitations, free to come and go as they wished; the manager was not required, by law, to submit any DoLS applications.



People told us they prepared and made their own meals. One person told us, "I have to put some weight on and with the help of my key worker planning my menu with me I've managed to put some on." Another person said, "We plan our menus every week and go shopping ourselves to buy our food. We are encouraged to buy more healthy foods. When I first came here I never ate vegetables, now I do which is good for me." Staff told us they would encourage people to consider buying healthy eating alternatives. We saw that people were supported to buy their own food and do their own cooking. Another person told us, "I do try to be healthy, my key worker reminds me regularly what I should be eating, but I'm free to choose what I want." A staff member said, "We do try to encourage people to eat a more healthy diet, when we support them with their menus, we do make suggestions."

People told us they were happy with the care and support they received from staff. One person told us, "I really like it here, everyone is nice." Another person told us, "I have regular meetings with my team for support, it's good." Throughout the day we saw health care professionals came to visit people in order to review their needs. Support plans showed people were seen regularly by health and social care professionals. We also saw that people were encouraged to access information and guidance on preventative health, for example, flu injections and reducing or stopping smoking, which supported people to maintain their health and wellbeing.

## Is the service caring?

### Our findings

People told us that the staff were helpful and respectful. One person said, "All the staff are very friendly and helpful, I am really happy here." Another person told us, "I feel listened to and the staff don't crowd you, they give you space to be yourself." We saw that staff called people by their preferred names and listened to what people had to say about events and other matters. Staff were also able to tell us about people's individual support needs, their likes and dislikes. This contributed to the staff been able to care for people in a way that was individual to the person. A staff member told us, "Everything we do is centred on the person, we all work to provide them with an individual and personalised service." A health care professional told us, "I can't sing their [Charles Davies House] praises enough, the atmosphere is brilliant and the service is fantastic." Although the home was busy, with lots of activity, there was a calm atmosphere. People were engaged in good-humoured conversations with staff.

People explained how they were involved in planning their care and support needs. One person said, "The staff always check with me before doing anything," and "Every month we have a review." We saw from the support plans that the care and support planning process was centred on the people, taking into account the person's views and their preferences. 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. One person told us, "The staff listen to you here, I feel really supported." A health care professional told us when they were assessing people's care and support needs; they found the staff were very knowledgeable about people's preferences and medical history. We saw staff had a good understanding of people's needs and showed empathy towards people. There were good humoured interactions between staff and people living in the home. We saw relationships between staff and people were good and people felt they could go to staff and ask for help when needed.

We saw that people were treated with respect and dignity. One person told us, "Staff are always polite and never say anything that is disrespectful." Another person told us, "Staff always knock on my door and ask if they can come in." Staff knew the people who lived in the home well and spoke about their health challenges in a sympathetic way. They were able to explain how they ensured people's privacy and dignity. One staff member said, "It's important not to crowd people, they need their space." A health care professional explained when they visited the staff would make sure they could meet with people in private. This safeguarded the person's privacy and ensured there was no breach of confidentiality.

People were supported to be as independent as much as possible. People were encouraged to be involved in shopping, cooking and completing household tasks. For example, cleaning their rooms, maintaining a tidy garden area and keeping the smoking area free of litter. One person told us, "I don't like doing the chores but I know it's about supporting me for the future, they have to be done." Another person explained how they completed their 'chores' at the weekend. A third person explained how they had been out all day with a family member and showed us the shopping they had purchased.

All of the people living in the home resided in individual bedrooms or flats with en-suite shower facilities. People told us they chose when they got up and went to bed. People told us staff supported them to

develop their 'life skills' so when they left Charles Davies House, they would be able to maintain their independence and look after themselves. One person said, "I hope to leave next year and have my own flat, my key worker is helping me achieve this."

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. We were invited into some flats and saw they were individually decorated to the person's own taste. One person told us, "We can personalise our flats, they're good."

## Is the service responsive?

### Our findings

All the people living in the home were able to make decisions about their support. People told us they were 'very happy' how their support needs were being met. One person said, "The staff are great, I've no complaints." People told us they discussed their support and treatment with their key workers on a regular basis. A health care professional told us that any advice or guidance given to staff, they were happy to action. We saw that staff responded to people that required support. For example, one staff member had supported people to cook their evening meal 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. We saw that people had completed educational courses that had given them recognised qualifications. People told us they were supported well by their key worker to find different courses or recreational hobbies such as photography, flower arranging and swimming. One person told us, "There is always something to do, we also have day trips out and holidays and the staff are always there to support you." Staff were able to tell us about people's individual support needs and interests. For example, one staff member explained how they had supported one person to strengthen their confidence since coming to the home. A health care professional explained how well the person had improved since arriving at Charles Davies House. They continued to tell us how the staff had 'creatively supported' the person to plan their week to ensure they were not left 'sitting around' all day. This was confirmed by the person when we spoke with them, they told us they 'always' had something constructive to do with their time and was never left 'twiddling their thumbs'. Another staff member said, "We are very person centred, all that we do is about the person." We saw staff involved people in all decisions and because each person had a named key worker, that provided consistency, we could see people were comfortable working with them. One staff member said, "Everyone has an input, everything is discussed in an open and transparent way with the person." Support plans showed people's preferences and interests had been identified and were regularly reviewed.

People were encouraged to maintain contact with the family members and friends, if the person wanted this. One person told us, "My partner comes regularly to visit me and we go out most days." Another person said, "If I wanted to speak with my family I can." Staff explained how they supported some people to compile a diary of contacts. One staff member told us they had supported one person to see the person's family member, who had been taken into hospital.

People and health care professionals told us they had no complaints about the quality of the service being provided. People told us they knew how and who to complain to if they had any concerns. One person told us, "I would go to any of the staff if I was unhappy with something." Another person said, "I'd speak with the managers." Staff explained how they would deal with complaints and confirmed they would follow the complaints process and were confident the registered manager would resolve them quickly. We saw the provider had a complaints recording system in place to investigate and monitor any complaints. The registered manager explained to us how they would follow the process to reach a satisfactory outcome and we saw how the information would be used to improve the service.

## Is the service well-led?

### Our findings

People we spoke with, staff and health care professionals told us the home was 'well managed' and the quality of the service was 'excellent'. One person told us, "I get on with all the staff really well," another person told us, "The manager can be strict but fair, she's good, very approachable." We saw that staff would speak to the registered manager for direction and guidance. A health care professional told us, "The manager has a good hold on the service, leads by example and definitely wouldn't do anything she wouldn't ask the staff to do." Another health care professional said, "This is a well led home, good, clear communication between the management and staff." A staff member said, "I enjoy working here, we get on well and everyone is supportive of each other," another staff member said, "It's lovely here, you're busy all the time and sometimes you forget you're at work." A third member of staff told us, "Best thing about here is the open atmosphere, if there's a problem you can speak with the manager and she knows exactly what to do."

Staff told us they had 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, "We have monthly staff meetings which give you an opportunity to raise any issues either in a group for discussion or if you prefer, in your supervision privately." We saw from records the provider conducted monthly supervisions with staff and regular staff meetings were held.

We saw the provider gave feedback surveys to people to complete on an annual basis. One person told us, "I have completed a couple of these since moving in, but didn't complete one this year because nothing's changed, it's good." We asked if family members were given an opportunity to feedback on the quality of the service. The registered manager explained surveys were not sent to family members. Everyone who lived at the home was capable of raising any issues, directly with the staff themselves. However, we saw there was a comments book in the home that anyone could access to leave feedback. The registered manager clarified the provider's processes for analysing feedback and we saw how this was recorded and monitored.

People told us they had monthly meetings to discuss how the home was being managed and were given opportunities to raise any issues. One person told us, "We sometimes have complaints with each other, but staff will always resolve them." The meeting was chaired by an independent volunteer and staff did not attend for the whole part of the meeting. This encouraged people to hold group discussions amongst themselves about matters that were important to them and, if appropriate, any issues raised would be taken to the management team.

Charles Davies House had developed close links with local educational, recreational and community groups. People who lived at the home explained how they had been supported by their key worker to access them and the benefits they had brought. For example, one person described how they had developed and improved their cooking skills for when they leave Charles Davies House and live in their own accommodation.

There was a registered manager in place who had provided continuity and leadership in Charles Davies House. The management structure was clear and staff knew who to go to 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, the Care Quality Commission (CQC). Staff told us they were aware of the provider's policy and would have no concerns about raising issues with the registered manager and if necessary, external agencies.

We saw that accidents and incidents were logged so that learning could take place from incidents. There had been one significant event that had been reported to the appropriate agencies, although no notification had been submitted to CQC that they were required to do so by law. The registered manager explained this had been an oversight on their part and any future significant events would be notified to us. We saw there had not been any impact to the person and appropriate measures had been put in place to ensure their continued safety.

The provider's quality assurance systems were established. The registered manager monitored different aspects of the service provided through audit and analysis. Areas assessed included safeguarding concerns, accidents, incidents and complaints. The analysis identified the types of events occurring and helped to identify any further training needs or trends. Action plans, where required, were put in place and monitored to ensure that the service improved. This ensured the provider had procedures in place to monitor the service to ensure the safety and wellbeing of people who lived at the home.