

Birmingham Association For Mental Health(The) Flint Green House

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?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service Flint Green House had a registration to provide personal care and accommodation to a maximum of 15 people. People who lived there had a primary diagnosis of schizophrenia. At the time of the inspection 11 people lived at the home. Placements at the home were generally time limited to 18 months.

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

People felt safe and were supported by staff who knew how to protect them from avoidable harm. Overall, risks to people's health and well-being had been assessed and monitored to ensure they were kept safe. People received their medication as prescribed. Staff were recruited safely and there were enough staff to meet people's needs. The home was visibly clean.

People made their own decisions about their care and were continually supported to have maximum choice and control of their lives. Staff understood the principles of the Mental Capacity Act 2005 and supported people in a non-restrictive way that accorded with their best interests. People enjoyed the ethos of the service which focussed on independence and inclusion. Training had been received by staff and refresher training was within set timeframes. People were supported by staff who knew them well. People's physical healthcare and mental health needs were monitored by external healthcare professionals to promote their well-being.

People told us staff were caring, kind and treated them with dignity and respect. People were encouraged to develop and maintain their independence skills. Visitors were made to feel welcome.

Assessment and reviews of people's care and support needs were undertaken regularly or more frequently when it was required. People were included in these processes to ensure all needs were determined and addressed. People told us they would feel comfortable to raise any complaints they had with the staff or registered manager.

People told us the service was well-led. They told us the management team and staff were very good. Provider feedback processes had been used to gather information about the views of people and stakeholders about the service provision. The registered manager understood their regulatory responsibilities and their requirement to provide us (CQC) with notifications about important events and incidents that occurred whilst the service was delivering care. A current issue and some improvements were needed relating to quality assurance systems.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 04 August 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we 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 safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Flint Green House

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.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Flint Green House is a 'care home'. People in care homes receive accommodation and nursing or personal care. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager who was registered with the CQC. The registered manager and the provider were legally responsible for how the service was run and for the quality and safety of the care provided.

Notice of inspection

The inspection was unannounced.

Before our inspection

The provider had not been asked to complete a new Provider Information Return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We reviewed information we had received about the service since the last inspection. We attempted to secure feedback from the local authority and professionals who work with the service. This information helps support our inspections. We used this information to plan our inspection.

During the inspection

We spoke with seven people who used the service, and one person who had previously used the service

about their experience of the care and support provided. We spoke with four staff, the registered manager and three external healthcare professionals. We reviewed a range of records. This included, assessment of need documents, health action plans, risk assessments and medication records. We looked at two staff files in relation to recruitment and staff supervision, and a variety of records, policies and procedures about the management. We looked at the premises which included two people's bedrooms, two kitchens, bath and shower rooms, the main lounge, dining room and an activities room.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they had not experienced abuse. One person said, "No abuse from staff and surprisingly, the other people here are nice." A second person told us, "I have not been treated badly by staff. I get on well with other people there is no abuse or bullying. If I was concerned I would speak with staff or the manager."
- Staff told us they had received safeguarding training. One staff member said, "We [staff] have received safeguarding training and we have policies and procedures in place to follow. I would not hesitate to follow these if there was an issue."
- The registered manager had notified us of incidents where there were safeguarding concerns as is required by law.

Assessing risk, safety monitoring and management

- Assessments had been completed regarding people's individual risks to protect them from harm. These included, using kitchen equipment, bathing, showering and going out into the community independently.
- People told us they felt safe in the home and with the staff.
- Staff knew of and told us of people's individual risks and how these were minimised. For example, where people were at risk of not returning to the home as planned, a 'missing person' form had been completed with a recent photo to give to the police. Staff and records confirmed that the providers missing person procedure had been followed when required.
- Action had been taken to reduce risks within the home. For example, window restrictors were in place on first floor windows, radiators had been guarded and the fire alarm and other equipment had been serviced as required to ensure it was safe and in good working order. A staff member told us, "We [staff] have to make sure we don't put people at risk of trips. When we mop the floors, we use wet floor signs."
- Staff told us they were concerned when people had not responded during a recent fire drill. The lack of response of people was raised at the next person meeting and recorded in meeting minutes. It was highlighted to people the risks of what could happen if there had been a real fire and they had not followed procedures.

Staffing and recruitment

- A person said, "I think there are enough staff, people here are self-caring." A staff member told us staffing levels were safe.
- The registered manager told us they had appointed three new staff. When these staff started work the service would be to the full complement of staff. Contingency plans were in place to cover staff sickness and leave. This included staff working overtime.
- A new staff member told us, "My checks were all completed before I could start work." The registered

manager and records confirmed an enhanced Disclosure and Barring Service check [DBS] had been carried out for all staff. Application forms included a full employment history with any gaps investigated. Completed recruitment checks on staff prior to them commencing in post ensured staff were safe to work with people.

Using medicines safely

- A person told us, "The staff give me my tablets when they should."
- Several people required their medicine to be given as an injection at various durations. A person told us, "The nurse comes and gives me the injection." This was confirmed by staff we spoke with.
- Staff told us, and records confirmed, they had received medicine training and their competence had been assessed to ensure they were safe to administer medicines.
- Medicine Administration Records [MARs] for two people confirmed their prescribed medicine was available. We counted some tablets against totals on records and found they balanced correctly.
- Where people managed their own medicine, processes were in place to ensure they did this safely. A risk assessment had been undertaken and a lockable cupboard had been provided in people's bedrooms. One person said, "The staff check every week or so to make sure I have taken my medicines properly." Records we saw confirmed this.
- Protocol forms were available to be used to direct staff in what circumstances 'when required' medicines should be administered. However, for one person there were no instructions to detail what actions should be taken before medicine was offered or administered. For example, talking to the person and distraction to calm them. No protocol had been completed for a second person who had been prescribed when required medicines. The registered manager told us procedures had not been followed as they should have been and they would rectify this the following day.

Preventing and controlling infection

- The provider employed a permanent cleaner and utilised two other cleaning staff from an agency to ensure the premises were clean.
- We observed the premises were clean and tidy. We were provided with documentary evidence to confirm cleaning routines were followed to maintain the premises.
- Staff had access to equipment they needed to reduce the likelihood of the spread of infection that included gloves and aprons. Antibacterial hand wash was available within the premises.

Learning lessons when things go wrong

- Staff were aware of the action they must take to report accidents and incidents. A staff member said, "I ensure anything of concern is reported."
- Systems were in place to analyse and determine any patterns or trends regarding accidents and/or incidents to prevent future occurrences. Minimal incidents had occurred.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good.

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

- A person told us, "I came here to look at the place. Then the staff assessed me, and I told them of my issues and what I needed. It is a good place for me here." Another person told us, "The staff know my needs and I am supported well." Staff told us the assessment of need process was lengthy so that all parties would be sure that people would benefit from the service provided. An external healthcare professional confirmed this saying in their view people's needs were well met by the service provided. They said, "It is a good 'step down' service from secure hospitals to a community setting." Another external healthcare professional commented, "People are treated as individuals and their current and future goals are identified and worked towards."

- Need assessments included; areas of risk, physical and mental health and social needs, activity preferences, religious and cultural needs.

- A person commented, "I have Freedom to choose what I like. It is a Progressive place to live which is good."

Staff support: induction, training, skills and experience

- People told us the staff were adequately trained to be able to meet their needs.

- A staff member said, "My induction training was satisfactory. It covered everything I needed to know, where everything was and written procedures. It was a gradual progression, so I could get to know the people who lived here, and they could get to know me."

- One staff member presently was working through the care certificate induction standards. The care certificate is a nationally recognised set of standards that define the knowledge, skills and behaviours of specific job roles in the health and care sectors.

- A staff member told us, "Staff have training opportunities. I have completed all the mandatory training. I start a higher-level care qualification soon. The company [provider] is paying for me to do the course which is good."

- Staff told us, and records confirmed they had access to some specialist training that included working with mental health, working with mental health law and working positively with risk. A staff member said, "The training is really helpful. It gives us [staff] prompts and directions to work with."

- Staff told us they had regular opportunities to discuss their training needs, welfare and professional development during supervision. Records confirmed staff received regular supervision and an annual appraisal.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff confirmed they had received training and understood the principles of the MCA and DoLS. One staff member said, "We [staff] assess to see if people have capacity. Where people can make decisions, they are encouraged to do so here."
- A person confirmed, "I am able and independent I do what I want to when I want to. I go out on my own all the time. There are no restrictions."
- The registered manager and staff all confirmed that all people had full capacity and no DoLS were required at the present time.

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

- External healthcare professionals confirmed collaborative working between staff and themselves to ensure people's needs were met and enable positive outcomes for people. One external healthcare professional commented, "Staff know if there are problems with people and contact our team in a timely manner. We all work as a team." A staff member told us, "The staff here work alongside doctors, community psychiatric nurses and social workers to the good of people here."
- Most people told us they could attend their healthcare appointments independently and did so regularly. Some people told us they preferred a relative or staff to go with them for appointments and this was arranged.
- Records highlighted, and staff confirmed people had been seen by their GP as required and had accessed dental services and were often seen by their consultant and nurse specialising in mental health needs.
 - We saw that health action plans were available. Those documents were used for people's health monitoring and to inform hospital staff about people's needs and risks".

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

- People told us they did their own food shopping and prepared their meals. One person told us they preferred staff to support them to go food shopping and this happened.
- More than one person told us they were being supported by staff to have a healthier diet as they had been diagnosed as having a pre-health condition due to excess weight. One person said, "My diet needs to change, or I will be ill. The staff advise me. We [people] use the gym here and staff do exercise classes with us which is helpful."
- Records highlighted some people were being weighed regularly others were not. The registered manager told us a new risk assessment was being implemented to determine how often each person should be weighed.
- The registered manager said, "People generally are able to meet their cultural or religious needs concerning food or drink. The staff enable people to be able to do so." A person said, "I do have cultural needs but as I shop for my food and prepare my own meals there is never a problem."

Adapting service, design, decoration to meet people's needs,

- The premises were a large, domestic style house located in a residential area. Within a short distance there was access to bus and train transport networks, shops and other local amenities. One person told us, "It is good as I can just walk up the road and there are a number of shops." Another person said, "I use the buses to go into town and visit relatives".
- Several bath and wet shower rooms gave people the choice of how they wished their personal hygiene needs to be met.
- Two people gave permission for us to look at their bedrooms. These were personalised with their belongings. Both people told us their bedrooms met their needs.
- There was a choice of communal areas, a main lounge, a smaller lounge come meeting room, a dining room. A training kitchen for people to gain catering skills and main kitchen, a small gym area and a conservatory
- Garden space was available. Access to this could be gained from the front and rear of the home.

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.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People we spoke with told us staff were kind. A person said, "The staff are very kind." An external healthcare professional told us, "The staff are helpful and caring to people. I am always welcomed."
- Staff gave people their full attention and spoke with them as adults. The staff gave people choices and listened to their views and what they said.
- People told us they attended church and other religious establishments very occasionally when they wanted to. A staff member told us, "One person who stayed here used to pray regularly. They used a private room and used a mat to kneel on. They told us which way pointed to East as that was the direction they prayed in."

Respecting and promoting people's privacy, dignity and independence

- People had been asked their preferred names. People told us their preferred name was used by staff. People told us that staff were always polite and respectful."
- A staff member showed us work they had carried out with people to embed the providers values. People had made a poster expressing the importance of respecting staff and each other in relation to their for example, gender, culture and individual circumstances. A person told us, "The other people here are polite to each other. We show each other respect."
- People's privacy and dignity were promoted. People we spoke with told us they all had a key to their bedroom door. One person said, "The staff don't come in my bedroom without knocking the door and asking my permission first".
- People had their own bedroom which enabled private personal space. Staff told us all people attended to their own personal hygiene to enhance their privacy and dignity. A person told us, "I do my personal hygiene for myself. I don't need any help that way I have my privacy."
- All people were supported to maintain their independence. Staff encouraged people to be as independent as possible. People told us they cleaned their bedrooms, shopped and cooked. A training kitchen was available to encourage people to prepare and cook independently. Laundry equipment was available for people to launder their clothes. A person said, "I do everything for myself."

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

- Staff and external healthcare professionals confirmed people were always involved in their care planning and to make decisions. A person said, "I make my own decisions about my care, what I want to do and everything".
- Information was on display within the home giving contact details for external, independent advocacy

services. The staff were aware how to access advocacy services to support people when making decisions around their care. A staff member said, "I have supported one person recently to gather all the information they need to access and advocate." An advocate is an independent person who can support people to make decisions and express choices.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people's needs were met through good organisation and delivery.

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

- The registered manager, Staff and external healthcare professionals all confirmed each person's care records were reviewed and updated regularly. A person told us, "My records are updated nearly every month. I am involved in the updates."
- Records highlighted people's likes and dislikes and other important information. Staff we spoke with were able to tell us what was important to each person including what they liked and did not like and how they wanted to live.

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 told us in general all people were able to understand and communicate effectively. This was confirmed by staff, our conversation with people and observations during the day. Some people's care records however, specified the best way to communicate with them. For example, 'Sometimes I need time to reply because I need to think about my answer. You can help me by repeating back.' Staff were aware of this directive.
- Some policy documents available to people confirmed they could be provided in braille or other languages to enhance effective communication.
- The registered manager told us if in future people had communication difficulties these would be determined at the assessment of need stage to see if they could be addressed.

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 was situated in an area that had a range of community facilities including, shops and a park.
- A main element of the service was to promote or maintain people's independence. People told us their time was taken by cleaning, shopping, cooking, attending appointments and having contact with relatives. This was confirmed by staff we spoke with.
- Some exercise activities took place within the home to promote well-being these included; gym time, skipping and pool. Several push bikes were available for people to use if they wished to. A person said, "The gym is very good. I don't think I have the confidence at the present time to join a gym in the community, but I am working towards this."
- People told us, and meeting minutes confirmed that in-house leisure time sessions were enjoyed these

included; bingo, pool competitions, pumpkin carving and a recent Christmas meal out.

- Some therapeutic group activities had taken place which people spoke positively about. One of these included a 'road to recovery' initiative. People had made a model to illustrate the journey they had been on from the onset of their condition, to where it had taken them to, and their future goals.

Improving care quality in response to complaints or concern

- A complaints procedure was available. This highlighted that copies could be requested in braille or other languages.

- No formal complaints had been received in the last year. The registered manager described the stages they would work through if a complaint should be received. This included documentation, investigation, feedback to the complainant, acting to address issues if applicable.

- A person told us, "I do not have any complaints. I would be comfortable to speak with the manager or any of the staff if I did."

End of life care and support

- The service did not support people who required end of life care.

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.

At the last inspection this key question was rated as good. At this inspection this key question remained good. This meant the service management and leadership were consistent. Leaders and the culture of the organisation supported the delivery of good, person centred care.

Continuous learning and improving care

- Staff told us of an issue that had received consideration from the provider and methods for improvement were being sought. This involved some people smoking substances that were not always solely tobacco. Although the smoking mostly took place off the premises staff felt at times the smoking could have been on the premises too. The staff were concerned of possible impacts on non-smokers such as; potential behaviour of others, the odour of the substance, and the vulnerability of people who wished to abstain.
- On occasions staff had alerted the police of their concern regarding this smoking as was their legal duty.
- The registered manager confirmed the problem as staff described. They told us they were monitoring the situation and the provider was considering ways of management for the situation.
- Meeting minutes for people clearly highlighted that the issue had been raised with people about the smoking of substance. The registered manager and staff confirmed the situation would be continued to be monitored as an on-going issue and would not be tolerated long term.

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

- All people we spoke with knew the name of the registered manager. A person said, "The manager is lovely. I would have no hesitation in going to her if I had a worry."
- The registered manager was visible within the service. People were relaxed in the presence of the registered manager and engaged with her.
- All people told us that staff enabled to take responsibly for their day to day routines and to reach their full potential. A person said, "The staff give me the power to say how things should be done."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements,

- The registered manager was clear about their responsibility and regulatory requirements. The registered manager had notified us of any accidents and incidents.
- A staff member told us, "It is my responsibility to report any concerns. I whistle blew in a previous job. I would do so again here if there was the need." Whistleblowing is a process whereby staff should feel confident to report any bad practice without fear of repercussions.
- Our last inspection rating was on display on the providers web-site and within the home as is required by law.
- Quality monitoring processes were in place to determine if the staff were working as they should be. Checks had been undertaken relating to for example, the health and safety of the premises and medicines. Staff told

us audits were undertaken regularly by management.

- We found that protocols for medicines prescribed on an 'as required' basis had not always been completed. We also found that some of the providers policies and procedures had not been reviewed by the date the provider had set. The registered manager told us they would act to address the issue relating to 'as required' medicines and would feedback to the provider the need to review their policies.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics,

- The provider's newsletter confirmed a number of staff had been given long service awards to recognise and thank them for their contribution.

- A person attended provider forums every three months to give their views on the service and to put forward ideas for the future. The registered manager told us they were working to get people at the home involved in interviewing new staff for the home.

- Staff were encouraged to give their views regularly during staff meetings. A staff member said, "I do feel listened to and valued." Another staff member said, "We [staff] told management that additional cleaning staff were needed, and this has been sorted."

- Feedback had been sought through reviews, feedback forms and a comments book. A person said, "I completed a form. I am satisfied. I don't think things need to change."

- Meeting minutes for people highlighted they had been asked their views on forthcoming activities and issues. Agreements had been made for a future walk to a near by park and for another pool competition.

How the provider understands and acts on the duty of candour,

Duty of Candour is a requirement of the Health and Social Care Act 2008 (regulated activities) Regulations 2014 that requires registered persons to act in an open and transparent way with people in relation to the care and treatment they received.

- The registered manager and staff were open in their approach with us during the inspection.

- People and staff told us about the pending purchase of the property from the ex-provider to the present provider. The provider had been open and transparent with them about this purchase. Staff felt this was a positive move as then the current provider would manage the service and the actual property. One staff member said, "Sometimes it takes ages for repairs to be undertaken. When our provider owns the building that should get things done quicker."

- The registered manager told us if there were issues meetings with people and/or relatives would be arranged to discuss these. Where required the provider told us people would be apologised to.

Working in partnership with others,

- The provider, registered manager and staff worked in partnership with external health care professionals.