

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

## 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

Charles Davies House provides accommodation and support for up to 13 adults with mental health needs. At the time of our inspection visit 11 people were living there. The home provides support to people from a range of ages, gender and ethnicity.

At our last inspection in December 2015, we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

This unannounced, comprehensive inspection took place on the 31 July 2018. Charles Davies House is registered as a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided and both were looked at during this inspection.

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 and associated Regulations about how the service is run.

People were kept safe. Staff understood how to protect people from risk of harm. People's risks were assessed, monitored and managed to ensure they remained safe. Processes were in place to keep people safe in the event of an emergency such as a fire. People were protected by safe recruitment procedures and sufficient numbers of staff were available to meet people's support needs. People received their medicines as required. Staff understood their responsibilities in relation to hygiene and infection control.

People continued to receive effective support. People received support from staff that had the skills required to support them safely. People were supported to have maximum 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 encouraged to eat more healthily. People had access to healthcare professionals when needed, in order to maintain their health and wellbeing.

Staff encouraged people's independence. People continued to receive a service that was caring and respected their privacy. People were supported by staff who knew them well.

People continued to receive a service that was responsive to their individual needs. Support plans were personalised and contained details about people's preferences and their routines. People were supported to pursue hobbies and activities that interested them and processes were in place to respond to any issues or complaints.

The service continued to be well led, the registered manager understood their role and responsibilities and staff felt supported and listened to. People and staff were encouraged to give feedback and their views were acted on to enhance the quality of service provided to people. The provider worked in conjunction with other agencies to provide people with effective care.

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 Good

### Is the service caring?

Good ●

The service remains Good

### Is the service responsive?

Good ●

The service remains Good

### Is the service well-led?

Good ●

The service remains Good

# 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 inspection took place on the 31 July 2018 and was unannounced. The team consisted of one inspector, an assistant 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.

As part of the inspection process we looked at information we already held 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 that put people at risk of harm. We refer to these as notifications. We checked if the provider had sent us notifications in order to plan the areas we wanted to focus on during our inspection. We also reviewed the Provider Information Return (PIR) the provider had submitted to us. A PIR is a form that asks the provider to give key information about the home, what the service does well and improvements they plan to make. 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 commissioners have concerns about the service they purchase on behalf of people. There were no concerns raised. This helped us to plan the inspection.

We spoke with seven people, four staff members and the deputy and registered managers. We sampled four people's care records to see how their support was planned and delivered and six medication records to see how their medicine was managed. The provider's training records were looked at to check staff were appropriately trained and supported to deliver care that met people's individual needs. We also looked at records relating to the management of the service along with a selection of the provider's policies and procedures, to ensure people received a good quality service.

# Is the service safe?

## Our findings

At our last inspection in December 2015, we rated the service under the question is the service safe as 'Good'. At this inspection we found the service had remained 'Good'. The service continued to provide a safe environment for people to live in. One person told us, "I feel safe here, it's a very relaxing environment". Staff confirmed they had received appropriate safeguarding training and understood their responsibilities to safeguard people from the risk of abuse. People felt confident to approach staff if they had any concerns. The provider had effective safeguarding processes in place to protect people and staff knew what action they would need to take when reporting any suspicions of abuse.

People spoken with confirmed they were involved in assessing risks to their safety. One person said, "I have a monthly review of all my needs and staff listen to my points of view." We saw there were risk management plans in place for people that had been reviewed and were up to date. Staff were aware of risks to people and how to support people effectively. For example, one staff member told us, "People living here are free to come and go as they wish, we can't stop or force them to stay. So it's important we remind them about staying safe like not taking valuables out, or wearing lots of jewellery."

Everyone we spoke with told us there was enough staff available to support people. One person told us, "There is always plenty of staff on duty." The registered manager and some staff members had shared with us, there had been some staff shortages. However, these had been managed through the use of the provider's bank staff and agency staff that were familiar with the service and the people living at the service. People we spoke with confirmed there had been no impact on the service delivered to them. The registered manager told us they had recently recruited a new member of staff and were in the process of recruiting more.

The provider's recruitment processes ensured relevant checks had been completed before staff started to work with people. These checks included two references and a Disclosure and Barring Service (DBS) check. The DBS check helps providers reduce the risk of employing unsuitable staff.

Everyone we spoke with told us they received their medicine when they needed it. One person told us, "We prepare our own medicines for the following week." Another person said, "I dispense my own medication and sign for it." Daily audits on medicines were completed and staff confirmed they had received training to give people their medicines and had their competencies checked by the registered manager. We found medicines were securely stored and disposed of safely. Where people required medicines to be given to them 'as required' there was guidance in place which instructed staff on when these medicines might be needed.

We saw the home was clean and well maintained. Staff had access to personal protection equipment (PPE) as required. Systems were in place to manage emergency situations such as fire, for example an alert system was in place for people with hearing difficulties. A system to monitor accidents and incidents that happened in the home was in place, when any issues occurred it was recorded in the daily notes and an incident sheet completed. This allowed the provider to identify any patterns or trends.

# Is the service effective?

## Our findings

At our last inspection in December 2015, we rated the service under the question is the service effective as 'Good'. At this inspection we found the service had remained 'Good'. Most of the people who lived at Charles Davies House had lived there for a number of years. We found regular reviews of people's needs had taken place to ensure they received the support they required. Support plans we looked at showed people had been involved in reviews about their support and health requirements. We found information in the support plans were detailed and up to date.

People were supported by staff that had the skills and knowledge to meet their needs. One person we spoke with said, "Staff are professional and are good at everything." A staff member told us, "There is regular refresher training." Another staff member said, "I've not completed much training yet but I am doing the Care Certificate at the moment." The Care Certificate is an identified set of standards for health and social care staff. We saw there was a detailed induction programme for new staff that included fire procedures, safeguarding, infection control, moving and handling, equality and diversity, medicines and record keeping. Staff we spoke with told us they received regular supervision which provided them with the opportunity to discuss any concerns or work practices. We also saw that staff attended a 'handover' when they started their shift. One staff member said, "The handovers are really useful and if you've been off for a while, they [management] will go back to when you were last on duty so you don't miss anything."

People living at Charles Davies House were independent and responsible for their food shopping and preparation. Staff supported people to plan their weekly menu and encouraged them as much as possible to consider balanced, healthy meals to maintain their health. One person told us, "Staff help me with my cooking and I do my own shopping." People told us they received sufficient amounts of food and drink to remain healthy.

People we spoke with confirmed they received effective care and support from healthcare professionals to maintain their health and well-being. One person said, "The staff make my appointments for me to see the doctor or dentist." We saw people's support plans had documented visits from professionals such as doctors, social workers, psychiatrists and other healthcare professionals to ensure people's needs were continually met.

We checked whether the provider was working within the principles of the Mental Capacity Act 2005 (MCA), and whether any conditions on authorisations to deprive a person of their liberty were being met. 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 saw the registered manager had taken action to involve other agencies with regard to one person where questions had been raised about their

mental capacity to consent to their support. At the time of our inspection there were no authorised DoLS in place.



# Is the service caring?

## Our findings

At our last inspection in December 2015, we rated the service under the question is the service caring as 'Good'. At this inspection we found the service had remained 'Good'.

Everyone we spoke with, without exception, told us that staff were kind and caring to them. One person told us ""Staff treat me with respect, they observe my dignity and know me pretty well. They will recognise when I'm having a difficult day and listen very well to me." We saw that interactions between staff and people were respectful. We saw people were supported by staff they had got to know them and this had enabled people to build positive relationships with them. Staff told us they enjoyed working at the home and spending time with the people who lived there. One staff member said, "I like it, (Charles Davies House) I'm settled and quite happy to come to work. This is one of the best set of residents I've supported, they're (people living at the home) very kind to you."

People told us they were involved in day to day decisions about how and where they spent their time. There were areas within the home where people could choose to relax for example, in one of the lounges watching television, in the garden area or quiet time on their own in their rooms or flats. All of the people living in the home resided in individual bedrooms or flats with en-suite shower facilities. 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. A staff member explained, "Our purpose is to prepare people to live independently in their own flats so we help them with the daily life skills they will need before they leave here (Charles Davies House)." Everyone we spoke with told us they were able to contact friends and family if and when they wished. People we spoke with confirmed they were supported to be independent. For example, people went out shopping, visiting friends, attending local community centres and colleges to enhance their education.

We saw staff respected people's privacy and ensured they asked people's permission before supporting them. Staff were respectful of people's cultural and spiritual needs. Information regarding people was kept securely locked away so that people were assured their personal information was not viewed by others.

Staff were aware of the individual wishes of people living at the home that related to their culture and faith and respected people's individuality and diversity. We found that people were given choices and were asked whether they had any special dietary requirements in association with their spiritual, religious or cultural beliefs and whether they joined in with any religious ceremonies or celebrations. The provider told us they created an inclusive environment and people encouraged to be open and comfortable within a safe and supportive environment.

## Is the service responsive?

### Our findings

At our last inspection in December 2015, we rated the service under the question is the service responsive as 'Good'. At this inspection we found the service had remained 'Good'.

People we spoke with all told us they had a support plan that was tailored to meet their individual needs and were able to make decisions about their support. We saw support plans were detailed about people's preferences and their routines. One person said, "I cannot speak highly enough about this place, it's absolutely brilliant, the staff are brilliant, I love it here, I wish I could stay here for ever." Another person told us, "I sit down with my key worker every week and go through my plan on what I want to do." A keyworker system was in place to ensure people were supported by a consistent member of staff. Staff we spoke with told us the communication within the home was good. For example, information about any changes in people's support were shared at handover meetings when staff arrived on shift.

People were supported to take part in hobbies and interests of their choice. People told us they enjoyed a range of different activities to meet their personal choices. For example, going out for a walk, shopping, visiting cafes and public houses for drinks and meals. People were supported to structure their week which helped to establish a positive use of their time. We saw that people had been supported to access educational courses. People told us they felt well supported by their key worker. One person told us, "We're going to Minehead in September and I'm really looking forward to it. We went there last year as well." Staff we spoke with were able to tell us about people's individual support needs and interests. Support plans showed people's preferences and interests and had been regularly reviewed.

People we spoke with told us that the registered and deputy managers and staff were approachable and they felt confident to speak with them if they had any concerns or issues. One person said, "Any problems at all and I'd speak to the staff." No complaints had been received about the home since our last inspection.

At the time of this inspection, the provider was not supporting people with end of life care. However the registered manager said if people required end of life care they would have conversations with people and professionals to discuss the person's wishes and preferences in relation to this.

## Is the service well-led?

### Our findings

At our last inspection in December 2015, we rated the service under the question is the service well-led as 'Good'. At this inspection we found the service had remained 'Good'. Systems were in place to monitor the quality of the service provided. This included monitoring incidents, accidents and complaints, in order to identify patterns and trends and develop any action plans to mitigate the risk of a reoccurrence. Checks were also completed on the environment and cleanliness of the home to ensure the home was a clean and safe place for people to live. We found effective systems were in place to monitor the quality and support people received.

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 provider was able to tell us their understanding of this regulation and we saw evidence of how they reflected this within their practice. Where queries had been found, the registered manager was receptive to feedback, had been open and transparent with their views and plans for developing and improving the service. The registered manager understood their regulatory responsibilities and the home's latest inspection ratings were displayed appropriately. We saw evidence to support the service had worked in partnership with other organisations, stakeholders and healthcare professionals and had reviewed incidences in order to identify how the service could be improved.

The provider encouraged and valued feedback from people living at the home. An initiative had been introduced to encourage a spokesperson from the home to join a 'Joint Advisory Group'. This gave people living at the home an opportunity to directly share information with the provider. People we spoke with also told us the provider held 'residents meetings' and they felt involved in these meetings in the day to day running of the home. Records we looked at showed the meetings were an opportunity to discuss a range of subjects. We found minutes of the meetings were available for people to access if they wished. We were told by people living at the home that the provider also sought feedback through surveys. People we spoke with told us they were happy living at Charles Davies House and they knew the management team and said they were confident to approach them if they had any concerns or worries.

Staff we spoke with all told us how approachable and helpful the management team were. One staff member said, "[Registered manager] is very approachable, you can talk to them and if you need any time off, they will try to accommodate you." Staff said the registered manager was always available to speak to should the need arise. They were confident any issues they might raise would be listened to and they were aware of the whistle-blowing policy. They said they would contact either CQC or the local authority if they had any concerns which they felt were not addressed appropriately by the provider. We found the management of the service provided staff with the support they needed.

The provider had been open in their approach to the inspection and co-operated throughout. At the end of our site visit we provided feedback on what we had found and where improvements could be made. The feedback we gave was received positively with clarification sought where necessary.