Midland Heart Limited

Flint Green House

Inspection report

4 Sherbourne Road
Acocks Green
Birmingham B27 6AE
Tel: 0121 708 2131
Website: www.midlandheart.org.uk

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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

Overall summary

The inspection visit took place on 12 March 2015 and was unannounced. At the last inspection on 9 November 2013, we found that the provider was meeting the requirements of the Regulations we inspected.

Flint Green House provides residential accommodation and support for up to 15 adults with mental health needs. At the time of our inspection visit, 14 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 told us they felt secure and safe in the knowledge that staff was available to support them, when they needed to be supported. The provider had systems in place to keep people safe and protected them from the risk of harm and ensured people received their medication as prescribed.

Summary of findings

We found that there were enough 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.

The provider acted in accordance with the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The provisions of the MCA are used to protect the rights of people who may lack mental capacity to make decisions.

We saw that people were supported to make choices and were free to prepare their own food and drink at times to suit them. People told us they made their own choices about what food to eat. We saw that staff supported people to go shopping and encouraged them to consider healthy options.

People were supported to access other health care professionals to ensure their health care needs were met.

All the people and relatives told us they thought the staff were supportive and caring. We saw that staff was respectful and encouraged people to be as independent as possible.

We found that people's health care and support needs were assessed and regularly reviewed. People and relatives told us they had no complaints about the service; but if they did, they were confident that they would be listened to and their concerns would addressed quickly.

The provider had established management systems to assess and monitor the quality of the service provided. This included gathering feedback from people who used the service.

Summary of findings

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

People told us they felt the service was safe and secure.

There were sufficient numbers of staff that provided care and support to people.

People received their prescribed medicines safely.

Good

Is the service effective?
The service was effective

People were cared for by staff that was experienced and suitably trained.

Staff supported people to prepare their own meals and encouraged healthy eating alternatives.

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

Good

Is the service caring?
The service was caring

People told us the staff were caring and kind.

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

Staff was respectful of people's choices.

Good

Is the service responsive?
The service was responsive

People's support plans were regularly reviewed.

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

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

Good

Is the service well-led?
The service was well led

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

People, their relatives and staff told us the manager was accessible and approachable.

Quality assurance processes were in place to monitor the service to ensure people received a quality service.

Good

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 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 12 March 2015 and was carried out by one inspector.

Before 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.

During our inspection visit, we spoke with five people who lived at the home, three support workers, two relatives, three health and social care professionals, the deputy manager and the registered manager.

We looked at records in relation to three people's care and medication. We also looked at records relating to the management of the service, staff training records and a selection of the service's policies and procedures.

Good

Is the service safe?

Our findings

People living at the home told us they felt secure and safe. People told us they would not hesitate in speaking with their key worker, if they felt threatened in any way. One person said, "The staff are really good, if I have any worries or concerns, they are there to support me, they help to make me feel safe living here." 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 to the main entrance door. People were free to come and go as they wish. A staff member told us, "We actively encourage people to think about how to keep safe. We use different scenarios and ask them what they would do if they were in a similar situation." Another person told us, "They do like you back by 11pm but as long as you tell them where you're going and what time you'll be back, that's alright, they make sure everyone is ok."

Relatives and health and social care professionals told us they felt people were well supported and it was a safe environment for them to live in. A relative said, "I believe [person's name] is safe at this home, it's the best they've been in, always staff there to support them." We saw that there was a lively atmosphere; we saw that people and staff had positive connections, 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." 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 up to date safeguarding training. The provider kept people safe because there were appropriate systems and processes in place for recording and reporting safeguarding concerns.

People told us they were 'encouraged' by staff to complete and review risk assessments. One person said, "I like to spend a lot of time in the kitchen so I had assessments completed to make sure I know how to use the cooker properly." 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 the people's individual needs. One staff member told us, "We review assessments every month with the person and if their support needs change in any way, we amend the plan." We saw from people's support plans they too were reviewed regularly and identified risks were managed appropriately. For example, information was available to staff about the triggers that could lead to poor mental health; how people could present when they were in a state of relapse and the action to be taken by staff to respond safely.

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 new what action to take because procedures had been put in place by the provider, which safeguarded people in the event of an emergency.

People, relatives and staff told us they felt there was enough staff on duty to support people. One person said, "I think there is enough staff, they always seem to be around." A relative said, "Every time I come here, I always see plenty of 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 provider told us in an emergency they used the same agency and agency 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 robust recruitment process to ensure staff were recruited with the right skills and knowledge to support people. One person told us, "I think the staff have the skills to support me." A relative told us, "I would say the staff are outstanding, they certainly have what it takes to do their job properly." Staff told us they had completed the appropriate pre-employment checks before starting to work at the home. We looked at three staff files and found the Disclosure and Barring Service (DBS) security checks had been reviewed and completed. The DBS check 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

Good

Is the service safe?

given as prescribed by the doctor. One person told us, "I keep my medicine in my room and staff check with me every day that I am taking it." People and staff told us there were lockable wall cupboards in each room 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' (PRN), we saw there were PRN procedures in place to ensure this was recorded when administered. All medicines received into the home were safely stored, administered, recorded and disposed of when no longer in use. We looked at two Medication Administration Records (MAR) charts and saw that these had been completed accurately. People generally received their medicine in their room, although we saw one person go to the office to request their medicine. We found the provider's processes for managing people's medicines ensured staff administered medicines in a safe way.

Good

Is the service effective?

Our findings

People, relatives and health and social care professionals were all complimentary about the staff. We were told they thought staff were knowledgeable and trained to support people. One person said, “Staff are very good, I’ve learnt a lot from them.” We saw that staff were engaged in different pursuits with people, encouraging and supporting them to, for example, prepare lunch. A relative told us, “The staff do have the skills and knowledge to help people; they are all excellent and very professional.” A health and social care professional told us they felt staff were ‘definitely’ experienced and had the skills and training to support people effectively. Although the home was very busy, with lots of activity in and outside, there was a calm atmosphere. People were engaged in good-humoured conversations with staff.

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 really good, there is always something going on.” Another staff member said, “I’ve just completed (name of training course) which has really helped me a lot in promoting good practice and sharing that knowledge with other homes.” Records confirmed staff received monthly supervision and their training requirements for the year were planned and tracked.

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, 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 on a community treatment order (CTO) 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.

All staff were able to demonstrate an understanding of the Mental Capacity Act 2005 (MCA) and limited knowledge of the Deprivation of Liberty Safeguards (DoLS). The Mental Capacity Act 2005 (MCA) sets out what must be done to protect the human rights of people who may lack mental capacity to make decisions to consent or refuse care. DoLS requires providers to submit applications to a ‘Supervisory Body’ for permission to deprive someone of their liberty in order to keep them safe. Because people had 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, “When I first came to live here, my key worker helped me to plan a menu. This has helped me to lose a lot of weight.” 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 shopping, we do make suggestions.” Support plans had identified people’s specific dietary requirements. For example, a staff member explained to us how they supported a person to find a local shop to supply food that was suitable for their cultural and faith beliefs.

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 so nice.” Another person told us, “I’ve recently had my eyes tested; my key worker came with me for support.” Throughout the day we saw a number of health and social care professionals came to visit people in order to re-assess their needs. Each person had a weekly meeting with their key worker. A person told us, “Every week I sit down with my key worker and go through things and every month [staff name] reviews my support plan with me.” Support plans showed people were seen by health and social care professionals when required.

Good

Is the service effective?

People had access to a 'resource room' that provided a range of different information about other health and social care services, available in the surrounding areas, to support people's mental health and wellbeing. One person told us, "We have a whole lot of different health information and we bring leaflets back that might be interesting to someone." The manager confirmed to us, people were encouraged to bring leaflets and posters back to the home and share the information with others. We also saw that people were encouraged to access information and guidance on preventative health, for example, flu injections, reducing or stopping smoking, which supported people to maintain their health and wellbeing.

Good

Is the service caring?

Our findings

People told us that the staff were helpful and respectful. One person said, "All the staff here are great, they are all approachable and they listen to me." A relative told us, "I can't sing their [staff] praises enough, they are all genuine, and they care about the people who live here." We saw that staff called people by their preferred names and listened to what people had to say about events and other matters. Another relative said, "It's like one big family [person's name] is so happy here." One staff member explained to us how they supported one person to find a local place of worship as they were new to the area and did not know where they could go. 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 them. 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."

People told us 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 full 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 relative told us, "The staff listen to everything [person's name] says." A health and social 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 name] is very nice, they are polite to me." Another person told us, "Staff always knock on my door and ask if they can come in." People 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, "My key worker is helping me to find a flat, we can use the computer, this helps me to bid on different properties." A relative told us, "Since coming to this home, [person's name] has learnt so much." Relatives also told us they could meet their family member at any time and felt welcomed by the staff. One relative said, "We just turn up, there's no restrictions" which ensured that the provider supported people to maintain family and friend relationships.

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 pleased' how their support needs were being met. One person said, "The staff are great, I've no complaints." People told us they discussed their care and treatment with their key workers on a regular basis. A health & social 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 accompanied a person to the local supermarket to complete their weekly shop.

People were supported to set their goals and monitor them on a regular basis so that they knew if their goals were being achieved. One person told us, "I write up my own information with the support of my key worker." Staff were able to tell us about people's individual support needs and interests. For example, one staff member told us, "[Person's name] spends a lot of time in their room. They love music, I've bought my own musical instrument into the home and we have music sessions, they really enjoy it." Another staff member said, "We are very person centred, all that we do is about the person." Staff told us that support plans were reviewed. We saw staff involved the person in any 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.

Relatives confirmed to us they were invited to participate in assessment reviews and if they could not attend, their family member would update them. One relative said, "Yes, I've been asked, everyone is very open and friendly." Relatives told us communication was good and they were kept informed of any changes in their relative's needs.

We could see people were engaged in a range of different interests throughout the day. Some people were cooking lunch for themselves and baking cakes in the kitchen. Others were completing their housekeeping routines, for example, laundry. One person told us, "I'm meeting a friend later then we're coming back here to watch a dvd." Staff told us they always tried to encourage people to go out to different places and experience different things. One staff member said, "We have some people interested in photography so we will be supporting them to go to college and complete a photography course."

There were a variety of activities available at the home to encourage people to keep fit. For example, there was a gym and table tennis. People told us they enjoyed the snooker and pool tournaments, where they could compete for prizes. One person said, "I really enjoy the snooker, it's a full size table, it's great." The manager told us they had just started a new group for gardening. People were being encouraged to plant bulbs and seeds and grow them in the greenhouse constructed from recycled plastic bottles; completed by people living in the home. One person said, "I helped to make the frame from old bits of wood." We saw that people were being encouraged to take responsibility for themselves, their environment and develop their skills.

People and relatives told us they had no complaints, although they knew how and who to complain to if they had any concerns. One person told us, "I would just go straight to my key worker, they are very good." Another person said, "I would go to any of the senior staff." Staff explained how they would handle complaints and confirmed they would follow the complaints process and were confident the manager would resolve them quickly. We saw there was a system in place to record and investigate any complaints. The manager explained to us how they would follow the process to reach a satisfactory outcome.

Good

Is the service well-led?

Our findings

People, relatives, staff and health and social care professionals told us they felt 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 is a nice person, very approachable." We saw that staff would speak to the manager for direction and guidance. A relative told us, "The manager is fantastic; they get so involved with people and make such an effort." Another relative said, "This is a well led home, it couldn't be better, places are like gold dust." A staff member said, "Everyone is supportive of each other," another staff member said, "Best thing about here is the atmosphere, people feel comfortable, I really enjoy working here," and "We work well as a team, the manager is very approachable and supportive." A health and social care professional commented that the atmosphere was 'warm and friendly' with a manager that was 'accessible'.

Staff told us they had regular supervision and team 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 weekly team meetings which gives us an opportunity to share any worries or concerns you may have about anything." We saw from records the provider conducted monthly supervisions with staff and regular team meetings were held.

People and relatives told us, they were asked by the provider for feedback. The provider held 'customer meetings' every two weeks. People were encouraged to attend and participate, one person told us, "There are house meetings every couple of weeks, I go to most of them, we can have our say." Another person told us, "They [staff] try really hard to get everyone to attend but sometimes I find them a bit boring." The provider had compiled a 'you said we did' list as a result of the meetings and this was displayed on the notice board. For example, people told the provider they wanted to visit London. This has been arranged. People had requested they wanted to complete more exercise. The provider had introduced 'boot camp' where two sessions had already taken place.

We saw that satisfaction surveys had been sent to people. One person told us, "I have completed a couple of these since moving in, but there's nothing to improve, it's really good." Not all the relatives we spoke with could recall being sent a questionnaire, although one relative said, "I'm sure I've been asked I remember ticking the boxes." However, relatives also told us if they needed to discuss anything with the manager, they would not hesitate to contact them by telephone or email. The manager told us that the quality of feedback received from the questionnaires was limited. They were in the process of re-designing the survey with the intention of replacing a number of tick boxes. The manager told us they wanted to try and encourage people to write more, as this would give quality information that they can build on, to improve the service further.

There was a registered manager in post. We saw that accidents and incidents were logged so that learning could take place from incidents. The provider had a history of meeting legal requirements and had notified us about events that they were required to by law.

Staff told us they would have no concerns about whistleblowing and felt confident to approach the manager, and if it became necessary, to contact Care Quality Commission (CQC) or the police. The provider had a whistleblowing policy that provided the contact details for the relevant external organisations for example, the local authority and CQC.

We saw copies of audits completed by the provider in October and November 2014. In addition, the manager also completed regular audits, for example of health and safety, care records and staff training. This ensured the provider had procedures to monitor the service to ensure the safety and wellbeing of people living at the home.