We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

## Handsworth Wood Road

133 Handsworth Wood Road, Handsworth Wood, Birmingham, B20 2PJ

Date of Inspection: 15 January 2013  
Date of Publication: February 2013

We inspected the following standards as part of a routine inspection. This is what we found:

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<th>Standard</th>
<th>Met this standard</th>
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<tbody>
<tr>
<td>Respecting and involving people who use services</td>
<td>✓</td>
</tr>
<tr>
<td>Care and welfare of people who use services</td>
<td>✓</td>
</tr>
<tr>
<td>Safeguarding people who use services from abuse</td>
<td>✓</td>
</tr>
<tr>
<td>Requirements relating to workers</td>
<td>✓</td>
</tr>
<tr>
<td>Assessing and monitoring the quality of service provision</td>
<td>✓</td>
</tr>
</tbody>
</table>
### Details about this location

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<tr>
<th>Registered Provider</th>
<th>Birmingham Community Healthcare NHS Trust</th>
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</thead>
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<td>Overview of the service</td>
<td>The home provides care, treatment and accommodation for up to six men who have a learning disability and may also have mental ill health.</td>
</tr>
<tr>
<td>Type of services</td>
<td>Care home service without nursing Hospital services for people with mental health needs, learning disabilities and problems with substance misuse</td>
</tr>
<tr>
<td>Regulated activities</td>
<td>Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury</td>
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When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 15 January 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service and talked with staff.

What people told us and what we found

There were five people living there on the day of our inspection. We spoke with all the people living there, four members of staff and the manager. We looked at the records of two people living there.

We observed that people were encouraged to do things for themselves, so promoting their independence skills. One person told us, "I clean my bedroom and the staff help me." Another person told us they often helped to cook the evening meal with support from staff.

Records sampled stated and staff spoken with knew how to support people to meet their needs. People were supported to meet their health needs to ensure their well being.

Systems were in place to ensure that people were safeguarded from harm. We saw that people were comfortable in the company of staff. One person said, "I'm happy living here and get on with the staff."

Staff received the training they needed so they knew how to support the people living there. We saw that the required checks were completed before staff started working there to ensure people's safety and well being.

The people living there and the staff were asked for their views about the home and these were listened to.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone
number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.
Our judgements for each standard inspected

<table>
<thead>
<tr>
<th>Respecting and involving people who use services</th>
<th>Met this standard</th>
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<tr>
<td>People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run</td>
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</table>

Our judgement

The provider was meeting this standard.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

People expressed their views and were involved in making decisions about their care and treatment. Records sampled showed that staff had discussed the person's care plans with them and their view was recorded. Records showed and people spoken with said that they were involved in any reviews of their care with the team of health professionals and staff that worked with them.

People were supported in promoting their independence and community involvement. People showed us a board which had a photograph of each person on it with the household chores they were responsible for that day. This meant that people knew what they needed to do. We saw that staff supported people where needed to complete their tasks. Records sampled showed that people were encouraged to be as independent as possible in their personal hygiene and in household tasks. One person told us they had helped to cook the evening meal the day before.

Records sampled showed and staff and the people living there told us that people often went out in the community. During the day we saw that all the people living there were supported to access the community. People told us that they had a bus pass and often used public transport.

People's diversity, values and human rights were respected. We saw that staff supported people to follow the religion of their choice. Staff supported people to attend their chosen church when they chose to and recognised that this was important to them. Records sampled showed and people and staff told us that they have regular meetings to talk about what activities they do and what food they eat.
Care and welfare of people who use services

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

People's needs were assessed and their care and treatment was planned and delivered in line with their individual care plan. Records sampled showed that people's needs had been assessed to ensure they could be met at the home and staff knew how to support the person. Records included an individual care plan that detailed how staff were to support the person to meet their needs and achieve their goals. Staff spoken with told us how they needed to support each person to ensure their health, safety and welfare. Care plans sampled stated what the person liked and disliked. When talking with two people they confirmed that this was their preferences. This showed that the person had been involved and it reflected their individual preferences.

We observed that staff interacted well with the people living there and spent time talking with and listening to them. Records sampled showed that people were offered daily chats with staff where they had a chance to talk about their concerns so helping to reduce their anxieties and improve their well being.

All the people living there were registered with a local GP. People told us and records sampled showed that when a person was unwell staff had supported them to see their doctor and get the health treatment they needed. Records sampled showed and people told us that staff had supported them to attend regular health checks to ensure any health needs could be identified and met.

Records sampled showed and staff spoken with told us that a range of health professionals were involved in people's care to ensure all the person's needs could be met. We saw that referrals had been made for individuals when needed to health professionals and that staff had followed their advice to ensure the person's well being. Records included a health action plan that detailed how the person was to be supported to meet their health needs.

One person had a physical health condition which was stated in their care plan. There was information for staff to read about the health condition and how it specifically affected the person. The person told us how staff supported them to manage their condition so ensuring their well being.

Care and treatment was planned and delivered in a way that ensured people's safety and
welfare. Records sampled included risk assessments. These detailed the risks to the person's safety and welfare and that of others and how staff were to support the person to reduce these risks. Where appropriate other health professionals had been involved in these to ensure that risks were well managed and people were as safe as possible. Risk assessments were regularly reviewed and updated where needed to ensure that people's current risks had been assessed. Staff spoken with were aware of the risks and knew how to manage these to ensure individual's safety and well being.

People showed us a board that included their photographs and what activities they were doing that day. This meant that people knew what their plan was for that day so helping to reduce any anxiety about what was happening. People spoken with told us that they went out to places that they chose to go to and staff supported them with this. One person told us they were being supported to try out a different activity which they had enjoyed in the past but had not done since living at the home. We saw that staff supported the person later in the day to go and assess whether or not this could be a regular activity for them now. Staff spoken with told us that they often supported people to go out and although a minibus was provided, people also often used public transport or walked to places nearby. People told us and records sampled showed that they went on holiday to places of their choice with support from staff.
Safeguarding people who use services from abuse  
Met this standard

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

The people living there were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

We looked at the policy on safeguarding vulnerable adults that was available in the home. This showed staff how to report any allegation or suspicion of abuse and who to. It made clear that the local authority were the lead agency for making decisions as to how any allegations or reports of abuse would be investigated and what action would be taken. Staff spoken with were aware of who to report abuse to and how to safeguard the people living there from harm. They told us that they received regular updated training in safeguarding so they knew how to identify and report abuse.

The people living there were protected against the risk of unlawful or excessive control or restraint because the provider had made suitable arrangements. Records sampled included a plan as to how staff were to support the person when they displayed behaviour that could be challenging. These identified the triggers for this behaviour and how staff should support the person so that their behaviour does not escalate and affect their safety and that of others. Records sampled of incidents showed that staff had followed the plan and tried to divert the person's attention so they behaved in a more positive way.

The manager discussed with us how for one person it was not always possible to divert their attention to more positive behaviours. Although this had not happened frequently, there had been incidents where the safety of staff and the other people living there had been put at risk. We saw that a meeting had been held with all the health professionals following the most recent incident. Measures had been put in place to ensure the safety and well being of all the people living there and staff.

Records sampled showed that assessments had been completed to ensure that the person was not at risk of financial abuse. Where needed plans had been put in place to reduce these risks and discussions about this had involved the person. During our inspection there was an unannounced audit by the Trust's finance officers. They looked at the petty cash and the monies held in the home for the people living there. Therefore, we did not look at these during this inspection.

The provider responded appropriately to any allegation of abuse. Records sampled showed that when a person had made an allegation of abuse this was reported to the local safeguarding team. Staff spoken with told us they had received training in safeguarding
vulnerable adults from abuse. This had been regularly updated to ensure they had the skills and knowledge to respond appropriately to any allegation or suspicion of abuse. They told us they would report these immediately to the appropriate local authority who had the responsibility to lead any investigation and ensure people were safeguarded from harm.

We saw in records sampled that the risks of suicide for the person had been assessed. Staff had regularly monitored and reviewed these risks to ensure people were safeguarded from harm. We saw and staff spoken with told us that some work had been done in the premises to reduce ligature risks. However, due to the layout and age of the premises not all these risks had been removed. The provider may find it useful to note that works had not been completed to remove all ligature risks. There was no evidence of any risk to the people living there currently. However, they must ensure that this does not pose a high risk to people admitted in the future or if the current people's needs change.
Requirements relating to workers  
Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

People were cared for by suitably qualified, skilled and experienced staff.

Reasons for our judgement

There were effective recruitment and selection processes in place. We looked at the records for three members of staff that worked there. These included evidence that the required checks had been completed before staff started working there. A satisfactory Criminal Records Bureau (CRB) check had been undertaken for each member of staff. This meant that staff were ‘suitable’ to work with the people living there. Records showed that before staff started working there they attended an interview and satisfactory references were received. Staff spoken with told us that they had another CRB check every three years to ensure that they continued to be ‘suitable’ to work with the people living there.

Appropriate checks were undertaken before staff began work. Records sampled for one of the qualified nurses showed that they had current registration with the Nursing and Midwifery Council (NMC). This meant that the member of staff had the necessary qualifications and was a registered nurse so they knew how to safely support the people living there to meet their needs.

Staff spoken with told us and records sampled showed that they received the training they needed so they knew how to support the people living there. Staff told us that their training was regularly updated so as to refresh their skills and knowledge.

Staff spoken with told us that only agency nurses were used to cover any vacancies or sickness if bank staff cannot be found to cover the shift. They said that this did not happen often. To cover any support worker vacancies or sickness regular bank staff or permanent staff working extra hours were used. This meant that staff knew how to support the people living there.
Assessing and monitoring the quality of service provision

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of the people living there and others.

Reasons for our judgement

The people living there and staff were asked for their views about their care and treatment and they were acted on. We saw that the people living there were regularly asked for their views by using a questionnaire. This was in a picture format that included happy or sad faces. The manager told us that they did not ask people's relatives or other health professionals that worked with the people living there for their views. The provider may find it useful to note that relatives and other health professionals were not asked for their views about the home. This meant that their views were not taken into account in the way the service was provided.

We looked at the minutes of recent staff meetings held in the home. We saw and staff spoken with told us that regular staff meetings were held.

We saw that the home was well decorated and maintained. The oven had broken down two days before but was reported and repaired the day we visited. Staff told us that there were sometimes delays in getting repairs done by the housing provider. However, staff said and we observed that staff chased these up regularly to ensure the home and any equipment used was safe so ensuring the wellbeing of the people living there.

We looked at the complaints procedure that detailed how people would make a complaint and how it would be investigated so that action could be taken to resolve it. The manager told us that no complaints had been made since they had been in post from March 2012. Staff spoken wit told us that if they received a complaint from a person living there or a relative they would deal with this using the complaints procedure. They told us that action would be taken to resolve the complaint and make the necessary improvements.

We saw that audits had been completed that assessed how staff were supporting the people living there to ensure their safety and well being. The manager told us that these were done every three months; however from December 2012 they were now being done monthly. Once the audit is completed the manager completes an action plan that states how improvements are to be made. We looked at one of these and saw that it detailed the actions to be taken with timescales set. At the next audit these would be assessed to ensure that improvements were made to benefit the people living there.
One person spoken with told us how they were planning to move. Staff spoken with and records sampled showed that the person had been asked by a representative from the trust some months ago if they would like to move and had wanted to. Staff told us and we saw that the person had packed some of their belongings at that time and had been unsettled because of this. No plans had been put in place as to when and where the person was moving to. We saw that staff had tried to divert the person by offering activities that the person was looking forward to so helping to promote their wellbeing during this time. During feedback to senior managers at the end of our inspection we were told that an assessment was completed to decide whether or not the person's needs could still be met at the home as their health needs were changing. The person found out that there may be plans for him to move. A senior manager recognised that this was a stressful and frustrating time for the person and told us that staff were working with the person to try to reduce their anxieties. The provider may find it useful to note that the way this assessment was managed has had a negative impact on the person's well being and steps should be taken to promote the person's health and welfare.
About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service’s records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.
How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

<table>
<thead>
<tr>
<th>Met this standard</th>
<th>This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Action needed</td>
<td>This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.</td>
</tr>
<tr>
<td>Enforcement action taken</td>
<td>If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.</td>
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</tbody>
</table>
How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

**Minor impact** – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

**Moderate impact** – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

**Major impact** – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.
Essential standard

The essential standards of quality and safety are described in our Guidance about compliance: Essential standards of quality and safety. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the Guidance about compliance. The 16 essential standards are:

- Respecting and involving people who use services - Outcome 1 (Regulation 17)
- Consent to care and treatment - Outcome 2 (Regulation 18)
- Care and welfare of people who use services - Outcome 4 (Regulation 9)
- Meeting Nutritional Needs - Outcome 5 (Regulation 14)
- Cooperating with other providers - Outcome 6 (Regulation 24)
- Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
- Cleanliness and infection control - Outcome 8 (Regulation 12)
- Management of medicines - Outcome 9 (Regulation 13)
- Safety and suitability of premises - Outcome 10 (Regulation 15)
- Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
- Requirements relating to workers - Outcome 12 (Regulation 21)
- Staffing - Outcome 13 (Regulation 22)
- Supporting Staff - Outcome 14 (Regulation 23)
- Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
- Complaints - Outcome 17 (Regulation 19)
- Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.
Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term ‘provider’ means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a ‘service’.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.