

Accord Housing Association Limited

# Accord Housing Association Limited - 53a Ipstones Avenue

## 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

The inspection took place on 14 July 2016 and was unannounced. At our last inspection on the 16 June 2014, the provider was found to be meeting all of the essential standards relating to the quality and safety of care.

53a Ipstones Avenue (Ipstones Ave) is a care home for up to five people with learning disabilities and autistic spectrum disorders. At the time of inspection there were five people living at the home.

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 were kept safe by staff who were knowledgeable about people's needs and because the provider had systems in place to manage the potential risks to peoples' wellbeing. People were cared for by staff that understood different types of abuse, and knew what action they would take if they thought a person was at risk of harm.

We found that the provider had systems in place to ensure enough staff were available to meet people's needs in a timely way.

People were supported to receive their medication as prescribed.

People received care from suitably qualified staff. People's health care needs were effectively met by the systems the provider had in place. Staff were aware of people's support needs at meal times.

Staff interactions with people were relaxed and friendly. The staff were knowledgeable about people's likes and dislikes. Staff ensured that people's privacy and dignity was maintained.

People had access to a variety of activities including sensory spaces and chose what they wanted to do. Peoples' care needs and plans for what they wanted to do were discussed in review meetings.

The registered manager carried out audits to evaluate the quality of the service provided to people.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

People were protected from the risk of harm and abuse by the systems that the provider had in place.

People were supported by a sufficient number of staff to meet their needs.

People received their medications safely.

### Is the service effective?

Good ●

The service was effective.

People's human rights were protected.

People's needs were met by staff with the appropriate training and skills.

People's physical, emotional, dietary and health care needs were met.

### Is the service caring?

Good ●

The service was caring.

People were cared for by staff with a caring, warm and relaxed manner.

People were supported by staff that knew them well.

People were cared for by staff that had a good understanding of how to maintain their privacy and dignity.

### Is the service responsive?

Good ●

The service was responsive.

People were involved in planning their care.

People took part in a variety of activities that they liked to do.

The provider had a complaints procedure in place to address people's complaints.

**Is the service well-led?**

**Good** ●

- The service was well led.
- The views of people were sought when looking at how to improve the service.
- The registered manager carried out audits to evaluate the performance of the service provided to people.
- People were cared for by staff that were motivated and aware of their responsibilities.

# Accord Housing Association Limited - 53a Ipstones Avenue

## **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 if 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 14 July 2016 and was unannounced. The inspection was undertaken by one inspector. Before the inspection visit, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed information held by us on the provider. This included details of statutory notifications, which are details of incidents that the provider is required to send to us by law. We also spoke with the commissioners and reviewed information available by the local Healthwatch organisation.

During our inspection, we met with three of the people that lived at 53a Ipstones Avenue (Ipstones Ave). All the people living at the home had a learning disability and additional complex needs. All people had limited verbal communication. We observed how people were cared for and how staff interacted with them to get a view of the care, they experienced. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with three relatives, the service coordinator and four care staff.

We looked at the care records of three people, as well as the medicine management processes and records that were maintained by the home about recruitment and staff training. We also looked at records relating

to the management of the service and a selection of the service's policies and procedures to check people received a quality service.

# Is the service safe?

## Our findings

One relative told us that, "[Family member] is absolutely kept safe". Other relatives told us they were confident that their family member was protected and kept safe by the staff at Ipstones Ave. Our observations were that people were kept safe by the staff because staff were knowledgeable about the needs of people and the potential risks to their wellbeing.

Individual risk assessments for people as well as a system to review them were in place. These included the action staff needed to take in order to minimise any risks to people when staff provided support and care either in the community or in the home. From the records we reviewed, we saw people had personalised risk assessments covering all aspects of their care including mobility support needs, supporting people with behaviours that challenge an eating and drinking. A member of staff told us a good example about how a risk assessment undertaken by the team had enabled staff to minimise the risk to a person so that they could go horse riding safely. Relatives spoken with were confident in the staff members' ability to deal with risk issues associated with looking after people.

One relative told us, "We are aware that staff carry out risk assessments on [family member] and they [staff] monitor these very carefully". Another relative said, "We are confident that risk assessments are devised for staff to be able to meet [family member's needs]". We saw that the risk to people were reduced because staff had the information they needed so that they were aware of the risk to people. Records we hold showed us that the registered manager appropriately reported concerns about people's safety to the relevant authority. Information in the PIR showed that there had only been one notifiable incident at the home in the 12-month period prior to this inspection. The provider had appropriately told us of this incident.

Staff told us that they had received training in protecting people from abuse and harm. All staff were clearly able to tell us the different forms of abuse people could be at risk from. Staff recognised that changes in people's behaviour or mood could be a sign that people could have experienced, or be experiencing some form of harm. One staff member noted that if they saw bruising, which was unexplained, they would become suspicious and would raise their concerns with the service coordinator or registered manager. All staff spoken with knew how to raise concerns about people's safety to the appropriate agencies if required. We observed that people were happy to approach staff which indicated that they were comfortable and trusting of the staff.

The provider had systems in place to ensure sufficient staff were on duty to meet the needs of people. A relative told us that, "There are always enough staff on duty when we visit". Another relative told us, "We often just drop in and when we do there are always enough staff". A member of staff told us, "We always have enough staff and more if people are going out to do activities, for example the boat trip". We saw sufficient staff were available to meet peoples' needs.

We looked at files of two new staff, which confirmed that the provider's processes to ensure suitable staff were employed to support people who used the service had been followed. Staff we spoke with confirmed that they had been asked to provide references and complete a Disclosure and Barring Service check (DBS)

before they started work. The service coordinator said that the DBS clearance checks and references were processed at their head office. They said that the head office colleagues informed them if there were any issues with an applicant's DBS.

The provider had systems in place that ensured people's medicines were managed appropriately. This included how people's medicines were received, stored, administered, recorded and unwanted medicines returned to the pharmacist. Staff showed us how they recorded information about people's medicine compliance by completing Medicine Administration Record (MAR) sheets. To ensure people got their prescribed medication only staff who had received training administered medication to people. One member of staff told us that, "The training we received for administering medication was really thorough." They also told us that they liked the fact that they were regularly tested to make sure their skills were up to date. We saw that staff appropriately administered medication to people who used the service.

Staff explained to us how they recognised when people were in pain, discomfort and or agitated and what action they took including when they used medicines that were given on an 'as required' basis (PRN). This was particularly important for people who lived at Ipstones Avenue because all the people who used the service could not verbally express if they were in pain or recognise when they were starting to feel agitated. We saw that individual PRN protocols were in place. Staff told us they referred to these when people required medicines on a PRN basis.



# Is the service effective?

## Our findings

A relative told us that, "Staff are more than capable and know what they are doing". Another relative told us that they trusted staff to provide effective care and support for their family member. Our observations showed that staff had the skills and knowledge to meet people's needs.

Staff told us that they had received an induction, role specific training and shadowing opportunities. Staff confirmed that the training helped them in learning their job role and to meet people's needs. Staff also told us they had a 'six months' probation period where they had to show that they had the skills and values to do the job before they were confirmed in post.

The service coordinator showed us the systems the provider had in place to monitor and review staff learning and development to ensure that all staff were suitably skilled and knowledgeable. Staff told us that they had access to training and that it was provided on an on-going basis. All staff said the training helped them do a better job in caring for people and reflected the complex nature of the people they looked after.

One staff told us about specialist Dementia care training that had been organised by the provider because a person who used the service needed support in a particular way due to how their health condition affected their wellbeing. The staff told us, "The training really helped us understand how best to help [person who used the service]". For example, staff explained how, when they changed the colour of their crockery the person was able to eat more easily.

We saw the registered manager had systems in place to monitor and review staff learning and development to ensure that all staff were suitably skilled and knowledgeable. Records showed that training and their performance was discussed with staff in their regular supervision meetings. One member of staff said that supervision included, "A member of staff said, "The supervision sessions are quite useful because I learn about ways to improve in my job".

Staff told us that one member of staff was responsible for leading the shift handover at the start of every shift. This meant that handover happened three times a day. A handover was when staff discussed all the support tasks that needed to be completed as well as housekeeping activities that supported the safe and effective running of the home. For example, making sure fridge and freezer temperatures and fire alarm had been checked. Staff were allocated their care duties for the shift during the handover meetings so that they were clear about what their responsibilities were.

In addition, healthcare appointments for people who used the service were discussed and planned. Staff also discussed the activities people had done, or were going to do, during the day. This ensured staff were always up to date on what people were doing. This was one way they made sure that staff delivered care that was effective in meeting people's needs. One relative told us, "We don't need to worry about [family member]", because they were confident that the staff effectively looked after their family member.

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 people lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and DOLS. The registered manager had applied for DoLS for people whose liberty they thought was being deprived and were waiting for the DoLS assessments to take place. The provider had a system to ensure that all authorisations were reviewed and that new applications were made in a timely way.

All of the people who used the service needed support to make decisions concerning their care and support. We saw that the provider kept a record of such decisions. A relative told us that the staff, "Know the best time to approach [family member]" to ask them about things concerning their care. they also said, "They [staff] respect [family member] answers and wishes". We saw staff provided MCA complaint care for example supporting people to choose what they wanted to wear, and what time they wanted to get up.

Staff told us that people were involved in choosing the menu's on a weekly basis. Staff said they also talked with relatives for advice on meeting cultural and religious needs. One relative told us the staff made sure their family member's cultural and religious dietary needs were met. They said, "We have never had cause for concern about [family member's] diet being culturally appropriate".

Staff were aware of people's support needs when it came to eating and drinking. For example, staff were able to explain how they supported people who had difficulty swallowing food of certain textures to make sure they ate their food safely. This information provided by staff was consistent with what was recorded in people's care plans and based on advice by a health care professional.

We saw that people were supported to maintain good health. We saw care records that provided information about regular appointments to doctors including psychiatrists, opticians and dentists. Staff were aware of how to contact health care professionals such as the Speech and Language Therapists if they needed to. A relative told us, "Staff tell me about changes in [family member's] health...it's reassuring to know the staff are looking after [family member]". Another relative told us, "If [family member] is not well we are notified by the staff straightaway".

People received regular reviews of their physical and psychological health from the community Psychiatrist and the GP. Records of these visits were kept in people's Health Action Plans. A Health Action Plan is a personal plan about what people need to do to stay healthy. It lists any help that people might need in order to stay healthy and makes clear what support they might need.

# Is the service caring?

## Our findings

We observed the interactions between people who lived at the home and the staff on duty. We saw that staff were caring, calm and compassionate with people. We saw people smiling and engaging with staff freely. Throughout the day, we saw staff made time to sit and interact with people either in conversation or in an activity. For example, we saw one member of staff did a colouring activity with a person and at the same time talked with them about plans for the rest of the day. The member of staff did this in a kind and caring way and we saw that the member of staff was patient with the person.

Our conversations with staff and our observations provided evidence that staff knew people well. Staff described people's routines, likes, dislikes and knew the people that were important to them. Relatives we spoke with confirmed that staff knew their family members' routines likes and dislikes. One relative told us, "Staff work with [family member] day to day so they understand what [family member] likes and dislikes". Another relative told us that, "We ask staff for advice when we want to buy things for [family member] because staff members know what [family member] likes".

Relatives told us that staff regularly spoke with them to ask their views on how the service could continue to meet their family members care needs. A relative said, "We are invited to [family members'] review and if we can't make it then staff will phone up and ask for our views". Relatives told us that staff were timely in updating them on how their family member was progressing. We saw that people's individual communication needs were taken into account by staff for when staff gained people's views on life issues. Staff engaged with people using pictures and symbols as well as easy to understand and clear language so that they were supported to make decisions about what they wanted to do. Staff and relatives told us people chose the decor of their bedrooms and the bedroom furniture. People were also involved in choosing the decorations for the rest of the house as well as the furniture.

People were supported to be as independent as possible and develop their self-help skills. For example, people were helped to make drinks, assisted in cooking meals, completed personal grooming tasks and getting dressed.

We could see that each person's room was individually decorated and personalised taking into account their likes and interests. For instance, one person's room was decorated with a cat and fishing theme. We were told that, "[Person] loves animals especially cats and really likes fishing". This person's relative confirmed that the staff had chosen an appropriate theme for their family members' bedroom.

We observed staff treated people with dignity and respect. Staff spoke with people in an informal and friendly way. We saw that staff were available at all times and responded attentively to people's requests. All staff we spoke with told us how they delivered care in a sensitive way to maintain people's dignity. For instance, one staff member talked about the way in which they ensured people's privacy when they supported them with personal care. Another member of staff told us, "One element of dignity was, making sure people are dressed with nice clothes just as we would want to look".

## Is the service responsive?

### Our findings

During the inspection, our observations showed that people were supported to choose what they wanted to do in terms of activities and how they wanted their care delivered. For example, a member of staff played football with a person who used the service because that is what the person wanted to do. Another person was having a "lazy day". Staff explained that this meant the person was spending time in their room listening to music and relaxing. Other people went out into the community, or chose to watch television.

A relative told us that, "[Family member] had a real passion for cooking" and that staff had supported them to take this up again. Another relative told us, "[Family member] has a busy schedule of activities which [family member] likes doing". Some people liked doing art and craft activities and we saw that people's art work was displayed in communal areas of the home.

People had access to a sensory garden. They also had a more traditional garden. Therefore, people had the choice to access a large open calm space or a sensory space depending on their mood. In addition, people had access to a sensory room within the building. We saw that some people used this during planned times with staff support.

We saw that activities people undertook were age appropriate, at times that others of the same age and gender would enjoy. We could see that people were supported to live busy and meaningful lives. We saw that staff knew people well. Staff were able to tell us people's likes, preferences and important people in their life. One relative told us that, "Staff know [family member] well". Another relative told us that, "Staff know [family member] better than we do because they are with them all the time".

Staff told us that they undertook regular meetings with people and their relatives to discuss peoples' care needs and plan what people wanted to do. One relative said, "We regularly attend review meetings with the keyworker for [family member]". Another relative told us that when they had not been able to attend the review meetings in person the keyworker had always phoned them up and asked their views. A key worker is a member of staff that works in agreement with, and acts on behalf of, the person they are assigned to. The key worker has a responsibility to ensure that the person they work with has maximum control over aspects of their life.

The service coordinator or the key worker shared any changes that were agreed at any review meeting with relatives. One relative told us, "Whenever they [Ipstones Ave] do things or change things they tell us". Another relative told us, "Communication between staff is good because when we ring, whoever we speak with knows current information about [family member]".

There was a handover system to ensure that, staff coming on duty, were knowledgeable about the events that had occurred and also, to be made aware of any considerations such as health appointments that people needed to attend. Staff said they had the handover meetings three times a day and found them useful. They used these as a way of gaining knowledge about people to ensure the care they delivered was

personalised and responsive to people's needs. For example if a person as feeling particularly distressed then staff knew to offer the person more one to one support.

We saw that the complaints form and procedure was available in an easy read and pictorial format to make it accessible for people. Relatives of people we spoke with did not have any complaints about the service their family member received. One relative told us they had not needed to make any complaints yet. Another relative told us, "We can talk to anyone from the care staff to the manager about our grumbles and they will deal with the issues". A relative told us that, "They [the staff] do listen and act on any concerns that we have".

One relative also said that they attended the bi-monthly coffee mornings arranged by the service coordinator. This was for relatives, people who used the service and staff. They said this was good way of socialising with other relatives, and talk with the staff and management in a relaxed way.

We reviewed complaints logs with the service coordinator. We saw that there had not been any recent complaints reported. This was consistent with the satisfaction survey data that the service coordinator shared with us during the inspection visit and with the information in the PIR.

# Is the service well-led?

## Our findings

We saw that the service coordinator was visible in the home. They worked alongside care staff providing care and support to people. We saw throughout our inspection that the service coordinator led by example guiding and supporting staff and modelling a positive response to people's needs. Staff responded well to the service coordinators' guidance. One member of staff said, "Our service coordinator is great, she's hardworking and she inspires me". Another member of staff said, "Both the registered manager and the service coordinator are very supportive and approachable". A relative told us that they thought the service coordinator was good at their job and this ensured staff worked well as a team.

People's views were sought on the quality of the service by staff using pictorial communication cards. This was done every year. In addition, staff observed and recorded people's reactions over time to the care they received by staff. Relatives told us that they were also asked for their views on the service received by their family members' every year. Surveys have shown people and their relatives are satisfied with the service.

Staff we spoke with knew the whistleblowing procedure and were clear about their responsibilities to report any concerns about people's care or wellbeing. Staff confirmed that they had not raised any whistleblowing concerns to the registered manager because they had not witnessed any issues of concern that could be a whistleblowing. The PIR showed that in the 12 months prior to the inspection there had not been any reported incidents of whistleblowing at Ipstones Avenue.

The provider carried out internal audits, monitored staff performance, reviewed care records and completed a quality assurance checklist to assess the performance of the service provided. We saw that where audits had identified any shortfalls that action plans were developed. This was so that the registered manager and service coordinator could make sure that the identified improvements took place. These action plans were checked by the senior management team to make sure they were effectively completed.

The provider has a condition on their registration that they must have a registered manager in place. A registered manager has legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. There was a registered manager in place at time of inspection.

Organisations registered with CQC have a legal obligation to tell us about certain events at the home, so that we can take any follow up action that is needed. We saw from our records that the provider had systems in place to ensure we were notified so that their legal responsibility was fulfilled. The provider had completed our Provider Information Return (PIR). The information provided on the return gave a detailed account of the service, and told us about their planned improvements to the service given to people and how these would be implemented.

Staff told us about the support systems the provider had put in place for them. For example, a telephone helpline to discuss work related issues and the core brief magazine that gave staff information on what was going on in the organisation. Staff said they could share their views on the organisation via the core brief

magazine, the service co-ordinator or the registered manager. One member of staff said, "It's good that the senior management try to get staff views on what's happening in the organisation". We could see that staff were motivated and aware of their responsibilities. All staff said they enjoyed working for the provider and had chosen to work at Ipstones.