

Accord Housing Association Limited

Showell Court

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Requires Improvement ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Showell Court is an extra care service providing personal care to people aged 55 and over. At the time of the inspection there were 41 people receiving a regulated activity. People using the service lived in one of 64 self-contained apartments. Communal facilities included a restaurant, garden and large lounge.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

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

We found people did not always receive their medicines as prescribed. Errors in the administration of medicines had not always been identified in a timely way. However, the registered manager had introduced additional checks and safeguards relating to specific medicines to reduce the risk of medicines errors. Checks were also being carried out more frequently to ensure any mistakes were quickly identified.

People told us they felt safe. Staff knew how to identify and report concerns relating to people's safety and well-being. Risks were assessed and managed to reduce the risk of avoidable harm. People received timely support from a consistent staff team.

People's needs were assessed and reviewed to ensure their care needs were met. Staff received training relevant to their role and felt supported by the management team. People received sufficient amounts to eat and drink to maintain their health. People were supported to access healthcare agencies when required.

Staff sought people's consent before providing care and decisions about people's care and treatment were made in line with law and guidance. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People described the staff who supported them as kind and helpful. People were supported to make their own decisions about daily living. Staff encouraged and supported people to maintain their independence and their dignity was valued and privacy respected.

People's care was responsive to their changing needs. People and, where appropriate, their relatives were involved in the assessment, planning and review of their care. People were supported to follow their interests and encouraged to participate in events and activities to reduce the risk of social isolation. People knew how to raise a concern if they were unhappy about the service they received.

People and staff felt the service was well managed and were given opportunities to share their views about

the service. The registered manager was aware of their responsibilities as a registered person. Staff described the management team as helpful, welcoming and responsive. The registered and deputy managers carried out auditing to ensure the quality of care provided and were keen to further improve people's experiences of care and support.

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

Rating at last inspection

The last rating for this service was good (published 5 September 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Showell Court

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was conducted by one inspector.

Service and service type

This service provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is bought or rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the registered manager would be in the office to support the inspection.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and healthcare agencies. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with three people and one relative of people who received a service. We also spoke with four staff members, the registered manager and the head of service. We looked at four people's care records, records of accidents, incidents, compliments and complaints and quality assurance records. We also looked at two staff recruitment records.

After the inspection

We reviewed further information sent to us by the registered manager. This included minutes from customer meetings, training data, and feedback from people and relatives collated by the provider.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant some aspects of the service were not always safe. There was a risk that people could be harmed.

Using medicines safely

- We found records relating to the administration of people's medicines were not always completed accurately. Where people required the use of pain-relieving patches applied to their skin, records had not always been completed to reflect their safe use. This may mean patches were not being applied and removed in line with the manufacturer's guidelines. This could result in unnecessary side effects and place people at risk of harm.
- The registered manager told us and records confirmed, that following medicine recording errors they had implemented additional checks to be carried out by senior staff, to ensure medicines were administered safely. We identified some errors had occurred following the introduction of these additional checks, however the overall quality of recording had improved. The registered manager told us they were in discussion with the provider about whether to increase the frequency of medicines audits, which currently took place every three months. Where people were supported with a high number of medicines, the registered manager planned to audit their records monthly.
- Where people needed to take their medicines at a specific time, for example, half an hour before food, they received them on time. Systems used for the safe ordering and administration of other medicines were safe.

Systems and processes to safeguard people from the risk of abuse

- The service had experienced a number safeguarding concerns in relation to money and property being stolen. The registered manager had reported these incidents to the police and local authority, as well as informing us, as required by law. People had been regularly reminded to keep their front doors locked and offered the use of a key safe. Monthly newsletters also included information on how people could keep themselves safe.
- People told us they felt safe. One person said, "I am happy here, staff help me feel safe."
- People were supported by staff who had been trained to recognise signs of potential harm. One staff member told us, "If I saw anything that concerned me, I would address it straight away. I'd speak with the deputy or registered manager and if necessary, call the police. The local authority would need to be told and we also have a whistleblowing line which we can use to report anything."

Assessing risk, safety monitoring and management

- Risks to people's health, safety and well-being were assessed and recorded to protect people from the risk of avoidable harm.
- Staff we spoke with demonstrated a good knowledge of people's risks and understood how to keep them safe. One staff member said, "Staff are very attentive, if they see something, they report it. One person is at

risk of sore skin, staff noticed some inflammation and contacted the GP who came out the same day."

- Individualised risk assessments offered guidance to staff about how to safely support people. These included risks related to eating and drinking, mobility and the use of medicines.

Staffing and recruitment

- People told us there were enough staff to meet their care and support needs. One person said, "Staff are sometimes busy, but if I press my buzzer they come. I have no complaints."
- Staff we spoke with described having time to care for people as well as the opportunity to chat with them. One staff member said, "We have planned downtime to give us space between calls." The registered manager told us they covered sickness absence with a group of bank staff and had not used agency staff for several months. This ensured people received support from a consistent group of staff who knew them well.
- Staff had been safely recruited. The provider had carried out appropriate checks to ensure staff were safe to work with vulnerable people.

Preventing and controlling infection

- People were prevented from the risk of cross infection by staff who used safe infection control practices. Staff had access to appropriate equipment, such as gloves and aprons.
- Where people returned from hospital with infections; staff had worn additional personal protective equipment (PPE), including masks, to reduce the risk of harm to others and themselves.

Learning lessons when things go wrong

- Staff were aware of their responsibility to report accidents and incidents relating to people's safety. The registered manager completed a monthly learning log which identified any adverse incidents. This contained details of any safeguarding concerns, medicines errors, complaints or accidents. Actions taken to reduce the likelihood of reoccurrence of events were also recorded.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

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

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

- People's needs had been assessed prior to them moving in to Showell Court. Assessments gathered information about people's individual needs and preferences, which was then used to develop care plans and assessments of risks.
- The provider had recently reviewed the assessment paperwork and people were no longer being asked about their sexuality prior to admission. The head of service told us this had been an oversight when the new assessment was introduced, and they would ensure the assessment was amended without delay. We saw information about other diverse needs were captured as part of the assessment, including information about people's gender, cultural or religious needs.

Staff support: induction, training, skills and experience

- People were supported by staff who had the skills and knowledge required to meet their needs. One person told us, "The staff are good. They help me with everything, they do it all."
- Staff had received training relevant to their role and told us this equipped them to do their job well. One staff member said, "I get regular training and updates. It's important as we can become complacent. I recently did some medicines training and I learned something new, which I can now use."
- Staff received support and regular supervision to ensure their knowledge and practice was up to date. Staff we spoke with felt their one to one meetings were helpful and offered them support to undertake their role.

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

- Some people received support from staff with food and drink. Any specialist dietary needs were detailed in people's care plans. These reflected advice given by healthcare professionals, such as speech and language therapists (SALT).
- Staff we spoke with knew people's needs and preferences well. They shared with us how they supported people to make meal choices, as well as prepare food for people safely.

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

- People received support from staff to manage their health care needs. This included staff making referrals to healthcare services, such as GP's, dieticians and hospital specialists.
- Staff shared with us how they worked in partnership with community nursing teams to ensure people received timely, effective support. For example, one person received support from specialist mental health services following a bereavement.

- Information about support people required to maintain their oral health, was documented in their care plans. This included guidance for staff about how to support people and whether people required prompting or assistance in this area.

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

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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- People told us staff asked them to consent to their care before providing support.
- Information about people's capacity to make certain decisions was recorded in their care plans. Staff were aware of people who lacked capacity to make specific decisions and who else might be involved to support decision making, such as relatives. Where relatives had legal authorisation to make decisions on a person's behalf this was clearly recorded.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

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

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

- People told us they felt well looked after by the staff team. One person said, "I am generally happy, the staff are kind."
- Staff shared examples with us of how they tried to ensure people felt care for and well treated. One staff member told us, "It's about helping people to feel comfortable. I always explain what support I'm there to offer and ask about their day. For example, I'm not just there to do medicines, I'm there to help with anything else too."
- Staff were aware of people's diverse needs, including religious and cultural preferences and these were reflected in care plans and records.

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

- People were supported to make decisions about their daily living. Staff were able to describe how they supported people. One staff member shared, "With [person], you have to be confident in their care. They need to know you know what you are doing. Then you can support them to make choices, like what to wear, what to eat."
- Staff used guidance in people's care plans to ensure they were giving people opportunities to share their views. One staff member told us, "The most important thing to do is listen. You have to be patient but always remember the person is in charge."

Respecting and promoting people's privacy, dignity and independence

- People told us staff treated them with dignity and respect, particularly when supporting them with personal care.
- Staff shared examples with us of how they encouraged people to remain as independent, by prompting them to do as much as possible for themselves. This included encouraging people to use the communal areas of the home to play board games and pool, so they maintained social independence.

Is the service responsive?

Our findings

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

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

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

- People's care was planned according to their individual needs and preferences. Care plans reflected people's likes and dislikes and contained information about people's life histories and experiences. Details included preferences about personal care, for example whether the person preferred a bath or a shower.
- People's care was regularly reviewed, and care plans updated when changes occurred. People were formally invited to review their care every six months and where appropriate, relatives also attended this review. The review was also used as an opportunity to gain people's feedback about the care they received. Any issues raised were recorded and the registered manager acted to address concerns.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider met this standard and had a policy in place. Information about people's care, as well as activities and complaints were available in various formats. This included different languages as well as the use of pictorial information. Care plans also contained information about people's preferred methods of communication.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were encouraged to take part in activities that were offered twice daily in the communal areas of the home.
- On the day of inspection, we saw people taking part in organised games and others socialising in the restaurant.

Improving care quality in response to complaints or concerns

- People told us they knew how to raise a complaint if they were unhappy about their experiences. One person said, "If I was worried about anything I'd talk to my carer, [name]. We get on well."
- We reviewed complaints records and found complaints had been reviewed and investigated where necessary. Where concerns were substantiated the registered manager had offered people an apology and acted to reduce the likelihood of things happening again.
- The provider's complaints policy was available in an easy read format to support people with communication needs to raise issues of concern.

End of life care and support

- There was no-one receiving end of life care at the time of the inspection. However, care plans contained details of people's thoughts and wishes about the support they would like to receive at the end of their lives.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Feedback from people and relatives was positive. People told us they were happy with the care and support they received and felt staff treated them with kindness and respect.
- The registered manager told us with support from the deputy manager, they worked to promote a positive culture amongst the staff team and were keen to ensure people received a high standard of care. Staff reflected this in their feedback and told us they felt the service was inclusive and professionally managed.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Continuous learning and improving care

- The registered manager was aware of their responsibilities under duty of candour. The duty of candour is a regulation which all providers must adhere to. Under the duty of candour, providers must be open and transparent, and it sets out specific guidelines' providers must follow if things go wrong with care and treatment.
- Where things had gone wrong the registered manager communicated with people and their families and explained what action they had taken to address concerns.
- In their Provider Information Return (PIR) the registered manager told us they aimed to continually learn from events by utilising the provider's monthly learning log. The log required the registered manager to complete information about adverse incidents and events, including actions taken to reduce future risk. This was then reviewed by the head of service to ensure appropriate action had been taken.

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

- The registered manager was experienced and knowledgeable in their role. They understood their responsibilities as a registered person and conducted regular checks on the quality of care people received.
- The registered manager had been in post since September 2019 and had been supported by the deputy manager to make improvements to the service. This included increasing the frequency of audits and developing the role of senior carer to support quality improvement.
- The previous inspection rating was displayed in a communal area at the service, accessible to people and visitors, as required by law.

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

- People had been asked to give feedback about their experiences of care and support. We saw feedback had been gathered from people and a review and analysis of their responses had been used to develop an action plan. The registered manager planned to use this to make improvements at the service.
- Since the registered manager had been in post, they had held customer meetings on a monthly basis, with the aim of improving communication with people. Some of these meetings had very low attendance so the registered manager had considered changing the times to try and increase people's involvement.
- Staff told us they felt the registered and deputy managers were approachable. One staff member said, "The deputy manager is our go to person. Always helpful, always quick to respond, I find their conduct very professional." Other staff told us they felt listened to and were welcomed at the office whenever they had queries or suggestions.

Working in partnership with others

- The management team and staff worked in partnership with other agencies to ensure people's health and well-being needs were met. Strong working relationships had been developed with community health teams, including district nursing teams, social workers and professionals offering mental health support.
- In their PIR the registered manager told us they had invited local schools and community groups in to the service to help with events. During the inspection they told us they planned to further develop intergenerational programmes at the service to benefit people who may be at risk of social isolation.