

Accord Housing Association Limited

Accord Housing Association Limited - 1a West 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

What life is like for people using this service:

- People and their families enjoyed living at 1a West Avenue and felt safe and comfortable around staff who understood how to recognise and report abuse.
- Staff knew the risks to people's health, safety and well-being and how to support them safely.
- People had access to support from staff when needed.
- Staff recruitment processes included a check of their background to review their suitability to work at the home.
- People received support with the medicines. Regular checks were undertaken to ensure people received the correct support by staff who were competent to support them.
- Staff understood and practised infection control techniques.
- The manager ensured people's care was based on best practice and that people's entitlement to care free of discrimination was maintained.
- Staff training was reviewed and updated so that people could have the correct support needed in relation to their care needs.
- People were offered choices in the food and drinks and healthy options were promoted.
- People were supported to attend healthcare appointments and advice from healthcare professionals was incorporated into people's care.
- People's consent was always sought before staff supported them.
- Relatives told us their family members independence was promoted and people were treated with dignity and respect.
- People were involved in planning their care with support from staff. Staff used people's preferred ways of communicating, to facilitate this.
- Staff supported people to enjoy a range of activities which reflected people's individual interests.
- People were given assistance to they could keep in touch with relatives and friends who were important to them.
- People and their families understood how to complain if they wanted to.
- Staff felt supported by the manager and felt assured they could get the advice and guidance needed to support people.
- Staff worked together with the manager and families to ensure people's care was continually monitored, reviewed and reflected people's needs.
- The manager and staff worked together with other stakeholders to improve people's experience of care.
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- We found the service met the characteristics of a "Good" rating in all areas; More information is available in the full report

Rating at last inspection: Good (19 April 2016)

About the service: 1a West Avenue is a residential care home, providing personal care and accommodation. There were three people living with either learning disabilities or autistic spectrum disorders, or with physical disability, or sensor impairments at the time of the inspection. The service

provides accommodation and personal care to younger and older adults.

Why we inspected: This was a planned inspection based on the rating at the last inspection. The service remained rated Good overall.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our inspection programme. If any concerning information is received 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?

Good ●

The service was safe

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was effective

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below.

Accord Housing Association Limited - 1a West Avenue

Detailed findings

Background to this inspection

The 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 checked 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.

Inspection team: There was one inspector in the inspection team.

Service and service type 1a West Avenue is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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. The manager was currently away from the home on planned leave and another manager was in charge.

Notice of inspection: This inspection was unannounced.

What we did: We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as abuse; and we sought feedback from the local authority and other professionals who work with the service. We assessed the information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection, we spoke with one person who used the service and one relative to ask about their experience of the care provided. We also observed how people interacted with staff.

We spoke with one member of staff as well as the manager.

We reviewed a range of records. This included two people's care records and multiple medication records. We also looked at records relating to the management of the home. These included systems for managing any complaints, checks undertaken on the health and safety of the home, surveys completed by people and compliments received.

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm

Good: ☐ People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes

- A relative told us their family member was safe at the home and felt assured staff had regular training which helped to keep people safe from harm.
- Staff and the manager understood how to record and share concerns with the local authority and CQC if needed.

Assessing risk, safety monitoring and management

- People had risk assessments in place that detailed how staff needed to support people to keep them safe and healthy. Risk assessments were reviewed and updated frequently.
- Staff understood the risks to people's safety and could describe to us how they needed to support people.

Staffing levels

- People had support from staff when this was required. A relative told us they were happy with the staffing levels at the service and felt their family member and others at the service received the support they needed.
- Recruitment process included background checks of potential staff to assure the provider of the suitability of staff to work at the service.

Using medicines safely

- People were supported to have their medicines as prescribed. The manager undertook regular checks to ensure people receive their medicines correctly. Staff training was completed every year to ensure it was safe for staff to support people.

Preventing and controlling infection

- People at the service liked things neat and tidy and things put back where they ought to go. People were supported by staff to maintain this, so the chance of people gaining an infection was reduced.
- Staff had access to and used gloves, aprons and hand gels to prevent the spread of infection. We saw the service was clean and odour free.

Learning lessons when things go wrong

- Staff understood when it was necessary to record accidents and incidents. These were shared by the manager to analyse and action. Any learning was then shared with staff through supervision and staff meetings, so staff understood how to reduce the chance of the incident reoccurring.
- Staff showed us how they were reviewing a person's sleeping pattern so staff could help reduce the disturbance the person was experiencing.

Is the service effective?

Our findings

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

Good: ☐ 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

- The manager ensured people's care needs were understood by staff who received the guidance and training needed to support people.
- A relative felt their family member's care needs were well understood by staff and that they were involved in the assessment process. They shared with staff their thoughts and ideas for their family member's care.

Staff skills, knowledge and experience

- Staff induction and training was reviewed and monitored to ensure staff received the training required to support people correctly and safely.
- Regular team and supervision meetings gave the manager and staff an opportunity to clarify people's care needs.

Supporting people to eat and drink enough with choice in a balanced diet

- People were offered choices at mealtimes and throughout the day to support them to have a healthy balanced diet. Where people required a special or culturally specific meal, this was provided. People had access to snacks and drinks throughout the day.

Staff providing consistent, effective, timely care

- Relatives and staff felt communication in the home was good because a small well-knit team worked there. Before each shift a handover was given so staff could be kept to up to date about people's needs and support them as their needs changed.
- Care plans we reviewed also contained information about people's care for staff to refer to.
- Relatives felt assured their family member got the support to access help from healthcare professionals when needed. Care plans we reviewed illustrated how advice from professionals had been incorporated into guidance for staff to refer to.

Adapting service, design, decoration to meet people's needs

- People's bedrooms reflected their choices. Objects and ornaments that were personal to people were at the home to help the people feel at home.

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

- Consent was sought before care and support was provided. 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

- We found people's capacity to make decisions was assessed and best interest decisions were made with the involvement of appropriate people such as relatives and staff. The MCA and associated Deprivation of Liberty Safeguards were applied in the least restrictive way and correctly recorded.

Is the service caring?

Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect

Good: ☐ People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported

- We saw people were relaxed and at ease around the staff supporting them. Staff demonstrated warmth and affection towards people.
- Relatives felt assured that staff were caring and understood their family member's individual needs. They told us some staff knew their family member well because they had cared for them for many years and knew their needs well.

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

- When people became anxious staff understood how to reassure them. Staff understood people behaviours, facial expressions and gestures and how to respond to people.

Respecting and promoting people's privacy, dignity and independence

- A relative told us staff understood their family member's right to dignity, independence and respect. For example, staff understood what the person preferred to do themselves and how to support them when they required help from staff so they felt respected.
- Relatives felt able to visit and telephone whenever they wanted. People living at the service were also supported to maintain frequent contact with their families through regular visits home that supported by staff.
- Staff were careful to ensure people's privacy was maintained and described how they respected their right to privacy. Staff also spoke directly to people and ensured they were included in conversations about their care.

Is the service responsive?

Our findings

Responsive – this means that services met people's needs

Good: ☐ People's needs were met through good organisation and delivery.

How people's needs are met

Personalised care

- A relative told us their family member received care that was unique to their needs. They told us this was taken into account in relation to the person's dietary and cultural preferences. For example, the person's skincare regime reflected the person's individual needs.
- Care plans illustrated how people's care was reviewed regularly and updated where necessary. A relative described how their family member's care needs had changed with time and how staff had responded, to ensure their family member was well cared for.
- Staff were supported by the manager to explore new opportunities for people to experience. People's choices and decisions were listened to and their care planned accordingly. Where people expressed a dislike for an activity this was not offered again.
- The provider complied with the accessible information standard by sharing information with people in a way that made it easier for them to understand so that they could make decisions about their care.
- The home had been registered with CQC before Registering the Right Support and other best practice had been developed. However, we found the care provided included choice, promotion of independence and inclusion. People living with learning disabilities at 1a West Avenue were supported to live as ordinary a life as any citizen.

Improving care quality in response to complaints or concerns

- A relative told us they had no concerns or complaints, but felt if they had these would be investigated and responded to appropriately by staff. The manager explained the provider's process for recording and responding to complaints. Details of complaints were also shared with the provider for analysis, so any lessons would be learnt.

End of life care and support

- Where appropriate, people's end of life wishes had been considered and recorded for staff to refer to. The manager was working towards improving staff understanding of how to support a person with end of life care.

Is the service well-led?

Our findings

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

Good: ☐ The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Leadership and management

- People appeared relaxed and comfortable around the manager who knew people well and understood their care. The manager could describe people's current care needs, and action being taken to support people. People felt able to speak to the manager whenever they wanted. We saw the manager respond to people's individual personalities.
- A relative told us they had no hesitation contacting the manager if they needed, and were confident any issues raised would be dealt with comprehensively.
- Staff were content working at the home and felt supported by the manager. Staff told us communication between them, the manager and provider was good.

Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong

- Staff spoke confidently about people's individual care needs and understood how to support each person.
- Staff understood how to monitor people's care so any additional support could be provided when needed. For example, one person began to exhibit new behaviours, so staff were monitoring this, to ensure the person's care was in line with their needs.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements

- Staff described an open and supportive environment within which to work. Staff felt able to seek guidance from the manager as well as other staff so people would receive the care they needed. One staff member told us, "We're more like a family team. You can bring up anything in meeting."

Engaging and involving people using the service, the public and staff

- Relatives felt engaged with their family member's care. Relatives told us they received regular updates, as well as invitations to review meetings. Relatives felt they had a good understanding of their family member's care and felt their contributions were also valued.
- Staff understood the importance of the friendships which had developed within the home. Staff helped to nurture these, and where people had developed friendships with other people's family members this was also supported.

Continuous learning and improving care

- Regular checks were in place undertaken by the manager, to ensure people were receiving the most

appropriate care.

- The provider required the manager to supply of regular updates about people's care, so they could monitor the quality of the care people received. Updates included accidents and incidents, any complaints, as well as any change in people's needs.
- The provider also undertook their own checks of care at the service, to ensure people's experience of care was accurate accurately reflected. The manager received feedback on the provider's checks, so they understood if any improvements were necessarily, and knew what actions to take.

Working in partnership with others

- The manager worked in partnership with managers from the providers other homes, to share best practice. The manager also shared how they worked collaboratively with other stakeholders so people received the best care possible.