Accomplish Group Limited

Glebe Rd

Inspection report

13 Glebe Road
Nuneaton
Warwickshire
CV11 4BJ

Tel: 02476346128

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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

This inspection took place on 11 January 2017 and was unannounced.

Glebe Road is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Glebe Road is registered to provide accommodation to a maximum of six younger adults with mental health conditions. Each person at the home has their own bedroom, kitchen, bathroom and living space. The home also has a communal area for people to sit together and socialise.

The service had a registered manager. 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 told us they felt safe with the staff who supported them, and we saw people were comfortable with staff. Staff received training in how to safeguard people from abuse and were supported by the provider who ensured staff followed safeguarding policies and procedures. Staff understood what action they should take in order to protect people from abuse. Risks to people's safety were identified, minimised and flexed towards individual needs so people could be supported in the least restrictive way possible and build their independence.

People were supported with their medicines by staff who were trained and assessed as competent to give medicines safely. People were encouraged to take their own medicines where they were able to do so. Staff recorded medicines administration according to the provider's policy and procedure, and checks were in place to ensure medicines were managed safely.

There were enough staff to meet people's needs effectively. The provider conducted pre-employment checks prior to staff starting work, to ensure their suitability to support people. Staff told us they had not been able to work until these checks had been completed.

People told us staff asked for consent before providing them with support. People were able to make their own decisions and staff respected their right to do so. Staff and the registered manager had a good understanding of the Mental Capacity Act 2005.

People and a relative told us staff were respectful and treated people with dignity. We observed this during interactions between people, and records confirmed how people's privacy and dignity was maintained. People were supported to make choices about their day to day lives. For example, they were supported to maintain any activities, interests and relationships that were important to them.

People had access to health care professionals when needed and care records showed support provided was in line with what had been recommended. People's care records were written in a way which helped staff to deliver personalised care and gave staff information about people's communication, their likes, dislikes and preferences. People were involved in how their care and support was delivered.

People and a relative told us they felt able to raise any concerns with the registered manager. They felt these would be listened to and responded to effectively and in a timely way. People and staff told us the management team were approachable and responsive to their ideas and suggestions. There were systems in place to monitor the quality of the support provided, and the provider ensured people were at the centre of developing the service. The provider ensured that recommended actions from quality assurance checks were clearly documented and acted upon by the registered manager during their regular unannounced visits to the home.

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's needs had been assessed and risks to their safety were identified. Staff were safely recruited, and were aware of safeguarding procedures and knew what action to take if they suspected abuse. People received their medicines safely and as prescribed from trained and competent staff. There were enough staff to meet people's needs. The provider ensured people were protected from the risk of infection.

Is the service effective?

Good

The service was effective.

People were supported by staff who were competent and trained to meet their needs effectively. People had capacity to make their own decisions, and staff understood and respected this. Staff understood the need to get consent from people on how their needs should be met. People received timely support from appropriate health care professionals, and communication between staff and professionals ensured health care needs were met.

Is the service caring?

Good

The service was caring.

People were treated as individuals and were supported with kindness, dignity and respect. Staff were kind, patient and attentive to people's individual needs and staff had a good knowledge and understanding of people's preferences and how they wanted to develop. Staff showed respect for people's privacy, and supported people to be as independent as possible.

Is the service responsive?

Good

The service was responsive.

People received personalised care and support which had been planned with their involvement and which was regularly reviewed. Care was goal orientated and sought to build on

people's strengths and help them to achieve what was important to them. People were supported to maintain work, education, hobbies and interests. People knew how to raise complaints and were supported to do so.

Is the service well-led?

Good

The service was well led.

People and staff felt able to approach the management team and felt they were listened to when they did so. Staff felt well supported in their roles and there was a culture of openness. There were systems in place for the provider to assure themselves of the quality of service being provided, and the provider ensured people were at the centre of helping the service to improve.

Glebe Rd

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection visit took place on 11 January 2018 and was unannounced. The inspection was conducted by one inspector.

At the time of the inspection, we were aware that a formal complaint had been made about the provider, and that this was being investigated by the Ombudsman. The investigation is ongoing and we are not aware of the timescale for its completion. We considered the broad concerns raised as part of the complaint, to ensure the home was safe, effective, caring, responsive and well led, but we did not investigate the complaint as part of this inspection.

We reviewed the information we held about the service. We looked at information received from local authority commissioners and statutory notifications sent to us by the service. A statutory notification is information about important events which the provider is required to send to us by law. Commissioners are people who work to find appropriate care and support services which are paid for by the local authority.

We reviewed the information in the provider's information return (PIR). This is a form we asked the provider to send to us before we visited. The PIR asked the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information as part of our evidence when conducting our inspection, and found the PIR reflected what we found.

During our visit we spoke with three people who used the service. We spoke with two relatives via the telephone. We also spoke with the registered manager, the area manager, three care staff and one commissioner.

We reviewed three people's care records to see how their care and support was planned and delivered. We looked at other records related to people's care and how the service operated, including medicine records,

staff recruitment records, the provider's quality assurance audits and records of complaints.

Good

Is the service safe?

Our findings

Everyone we spoke with told us they felt safe being supported at the home. A relative also told us people were safe. They explained, "Oh yes, I have had peace of mind since [Name] has been here. They protect her but they don't enforce anything. They respect her wishes."

Risk assessments and care plans identified where people were at risk, the likelihood of the risk occurring, the severity of the risk if it did occur, and what actions should be taken to minimise the risk. Records showed people were involved in assessing and managing their own risks, with involvement from mental health professionals and the provider's own clinical team where required. Staff understood the risks associated with the type of care and support provided. Specialist risk reduction measures were in place in the home, for example where people were at risk of harming themselves due to mental health difficulties. Staff spoke knowledgably about these risks and how they were managed. Records showed that people were encouraged to talk about how they were feeling in a structured and supportive way, so that risk could be understood and managed.

Other risks, such as those linked to the premises, or activities that took place at the home were assessed and actions agreed to minimise those risks were in place. Routine safety checks were completed for the premises, these included gas checks and checks on electrical items. The provider ensured equipment was safe for people to use.

There was a plan for emergencies so the provider could continue to support people in the event of a fire or other emergency situation. Staff knew what the arrangements were in the event of a fire and told us about the emergency procedures they would follow. People had Personal Emergency Evacuation Plans (PEEP's) so staff were clear what individual support people would require in the event of a fire or other emergency.

Staff told us how they ensured people were safe and protected. Policies and procedures were in place for staff to follow should they be concerned that abuse had happened, and staff knew about these. Staff told us they had received training to help them understand their responsibilities, and were aware of the signs to look out for which could indicate people were experiencing any harm or abuse. Staff described the actions they would take, and who they would contact if they felt people were not being safeguarded appropriately.

The provider's recruitment process ensured risks to people's safety were minimised. The registered manager obtained references for potential new staff members from their previous employers and checked whether the Disclosure and Barring Service (DBS) had any information about them. The DBS is a national agency that keeps records of criminal convictions. Staff told us they had to wait for these checks and references to be completed before they started starting working at the home, and records confirmed this.

People and staff told us there were enough staff to support people safely and to respond to their needs. One staff member commented, "Yes, there are plenty of staff, we don't use agency staff really. We have just recruited two male members of staff." This helped to ensure people were supported by their preferred gender of care staff. During our inspection visit, we observed staff were available as required to keep people

safe, and to support them to go out if they wanted to.

People's care records included information about the medicines they were taking, what the medicines were for and possible side effects. They also included information about how people preferred to take their medicines. The level of support people needed with their medicines was assessed before they moved to the home, and was reviewed as time went on. The registered manager explained the goal was for people to be able to take their medicines independently as preparation for living in the community without support. One person commented, "I take my own tablets. I get one days' worth at the moment. I would like to have all my medicines in my room but it is small steps at the moment." Where people administered their own medicines, these were stored in locked cabinets in their rooms, and risk assessments had been completed to ensure people could self-administer some or all of their own medicines safely.

Medication Administration Record (MAR) sheets included relevant information about the medicines people were prescribed, the dosage and when they should be taken. Staff completed MAR sheets in accordance with the provider's policies and procedures. Medicines were checked by staff on a weekly basis to ensure stock levels were as expected. Medicines were also checked by the registered manager on a monthly basis, to ensure they were being administered safely and as prescribed. Staff told us they had training to ensure they understood how to administer medicines safely. One staff member explained, "We have to do online training, which is followed up by face to face training, then we are observed five times before being signed off as competent to give medicines independently."

Guidelines were in place where people were prescribed medicines on an 'as required' (PRN) basis. This ensured people received medicines consistently and when they needed them. However, one person's PRN guidance required updating so it accurately reflected the actions staff were expected to take. We raised this with the registered manager, who began to update these guidelines during our inspection visit.

Incidents and accidents that occurred at the home were recorded and analysed by the registered manager so any trends or need for action in respect of an individual or the home could be identified. Incidents and accident records were stored electronically and were automatically shared with the provider so they could check actions intended and taken, and to ensure lessons were learnt where things went wrong.

The provider ensured people were protected from infection. At the time of our inspection visit, the home was clean and tidy. Staff used Personal Protective Equipment (PPE), for example when handling foods or supporting people with medicines, and ensured they used fresh PPE for each task undertaken. There was a cleaning schedule in place to ensure the home remained clean and tidy, and the registered manager completed a regular infection control audit so they could identify any concerns and take appropriate action as a result.

Good

Is the service effective?

Our findings

People told us that staff were knowledgeable and knew how best to support them. One person said, "The staff are lovely and I feel like they are doing a really good job." A relative told us, "They [staff] are excellent, that is all I can say."

Staff told us they had completed an induction when they first started working at the home, and felt well supported. Completion of the induction ensured they understood their role and responsibilities. The induction included training in all areas the provider considered essential and a period of working alongside more experienced staff. The provider's induction was also linked to the Care Certificate. The Care Certificate assesses staff against a specific set of standards. Staff have to demonstrate they have the skills, knowledge and behaviours to ensure they provide compassionate and high quality care and support.

The provider ensured staff had the training they needed to support them in providing effective care for people. Staff spoke very positively about the training they received. One staff member commented, "The training is brilliant really. Some is online and some is face to face." Another staff member said, "I learn something new every day here. [Registered manager] is very passionate about training. I did my mental health level two qualification recently. It really helped me." The registered manager kept a record of training staff had undertaken to ensure they had the right skills and knowledge to support people effectively. This record showed the home was 100% compliant with training the provider considered essential for staff.

Staff told us their skills and knowledge were regularly assessed to ensure they remained competent in their role. They explained this was done through 'spot checks' the registered manager and senior staff made on a regular basis.

Staff were supported by individual [supervision] meetings which took place on a regular basis. Staff explained they found these meetings useful as they were able to discuss any issues relating to people or their own practice to become more effective. One staff member said, "For supervision, we use feedback forms. I complete one, the people we support complete one, other staff complete one and the supervisor also completes one. We go through the feedback in supervision."

People's needs were comprehensively assessed and documented before they started using the service. Records showed staff collected a range of information about people so they could meet their needs from the start. Plans were in place to help people transition into the home, with short team goals initially being identified. Short term goals were built on and developed into longer term goals, as people became more familiar with the home, and staff became more familiar with people's needs and what they wanted to achieve.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

During our visit there was no-one living in the home who lacked capacity to make decisions about their care and support. No restrictions were in place which meant people were not deprived of their liberty. Where people's capacity changed and the provider felt restrictions might be necessary, steps were taken to assess this and to escalate concerns to the local authority as required. The registered manager explained how this process worked and demonstrated a sound knowledge of the legislative requirements.

People's care records demonstrated how the provider put people's consent at the forefront. For example, people had signed to say they agreed to their care plan. There was also information in care records on how, and in what circumstances, people's personal information might be shared.

Staff received training in the Mental Capacity Act 2005 (MCA) and understood the importance of seeking people's consent, as well as the principles of the Act. One staff member explained, "All the people living here have capacity and can make their own decisions. Even if we think they are making a bad choice, we can only advise."

People told us staff supported them to arrange and attend medical and other appointments where support was required. One person said, "Staff support me with my appointments." One relative told us they did not feel the home shared information as required with health professionals, and that this led to poor health outcomes for people. However, another relative told us they felt the home communicated well and shared information as necessary with other professionals and medics. Care records showed the home worked closely with people and medical professionals overseeing their care. Records included information from health professionals, and this had been used to develop and monitor people's care plans. Records also showed the provider contacted external health professionals where required, for example when someone was experiencing increased mental health difficulties. The provider employed their own clinical team who could offer support and guidance to people and staff.

We spoke with a commissioner, who said, "Staff know what they are doing and are ready to help with appointments. The staff are very responsive, and things that need doing are done."

People managed their own diets and were not at risk as a result of their food or fluid intake. Staff encouraged and supported people to prepare and talk about their own food and drink to promote independence. One person said to a member of staff, "I'm doing myself a jacket potato for lunch. I'm having cheese and tomato on it." The staff member replied, "I know, I can smell it – smells lovely." The person responded positively to this interaction.

Good

Is the service caring?

Our findings

People told us staff were caring and treated them with dignity and respect. One person said, "The staff are lovely and kind. They support me to do anything I need." People told us they made their own choices and decisions, and that these were respected by staff. One person explained, "Staff speak to me like an adult." A relative also told us they thought the staff were caring. They said, "Oh, I do think they [staff] are very caring." They told us they felt this was the best thing about the home.

We observed interactions between people and staff throughout our inspection visit. People were comfortable with staff, and were supported in a kind and caring way, which encouraged friendship. Staff communicated well with people, and people responded positively to staff.

Staff and the registered manager understood the importance of promoting equality and human rights as part of a caring approach. The registered manager told us the home was 'open to all.' They explained the provider had policies and procedures in place to ensure people were treated fairly and equitably, and that staff received equality and diversity training as a matter of course. The registered manager added that, if there were any equality issues, they would address this with the staff team and would 'educate' them.

People told us they felt there was a warm, homely environment which encouraged them to feel part of a community. One person said, "I know this is a residential place, but it feels like it's my own home." The registered manager told us that, prior to moving into the home, rooms were freshly painted and decorated so people felt welcomed. They added people could choose what colour they wanted to paint their room. People's rooms had been personalised with their own possessions, photographs, pictures and other personal items. People told us they enjoyed spending time in their rooms, one person said, "I really like my room, the best one in the home!"

Staff told us there was a shared philosophy of what it is to be caring, which focussed on being respectful, supportive and helping people to build their independence. One staff member told us, "I would happily live here and I would quite happily have any of my family live here. That means a lot. It is a home, not a care home." Another staff member explained, "I like to leave the building feeling I have done my best for these guys."

People told us staff respected their privacy and did not intrude unnecessarily. Everyone living in the home had their own rooms which included a kitchen/diner, living area and an en-suite bathroom. One staff member commented, "We always knock the door and ask if it is okay for us to come in. People have their own flats and if they don't want us in, we don't go in."

People's care records included information explaining how, and in what circumstances information about them would be shared. This helped ensure people understood how the provider would protect their privacy and keep personal information confidential. To help ensure people's privacy and dignity was maintained, people's care plans were kept securely and were only available to those who needed to access them.

People told us staff encouraged and supported them to be as independent as possible. One person said, "I've got more confident to go out by myself without the staff. The staff have definitely helped me with that." Another person told us they were cooking more and more for themselves, with support from staff.

Good

Is the service responsive?

Our findings

People told us the care and support they received was centred on their needs and staff responded in a timely way when they needed support. People told us they had every opportunity to be involved in making decisions about planning their care and support and how it should be provided. They also told us staff supported them to achieve their goals. One person said, "They [staff] ask me about my care plan. They help me."

People's care records included 'snapshot' information about the person in the form of a 'one page profile'. This profile could be taken by people if, for example they went into hospital, and would enable those involved in their care to have basic and important information about people, as well as basic information about their likes, dislikes and preferences.

Staff told us they found care plans gave them the information they needed to support people properly. One staff member explained, "Our care plans are in-depth and give a lot of information."

People's progress and the achievement of outcomes was monitored through a 'mental health recovery plan.' This recovery plan identified a range of goals people wanted to achieve, which was reviewed through a 'recovery star' system. This identified various points on which people assessed their own progress with support from staff, in areas such as self-care, social networks, work, relationships and self-esteem.

People told us they had the opportunity to review and update their care plans on a regular basis. One person told us, "If I wanted to see my notes or care plan I can easily read them." People had regular one to one meetings with their keyworker. A keyworker is a member of staff who has primary responsibility for ensuring a person's needs are understood and met. Records showed these meetings entailed detailed discussions about the level of support people felt they needed, their feelings, as well as any progress they felt they had made. The meetings agreed goals for the next review.

Records showed staff also checked care plans on a monthly basis to ensure they were up to date and accurately reflected people's needs. They were also checked by the registered manager to ensure keyworkers had checked them thoroughly. One staff member explained, "Care plans are very detailed. We check them monthly but we totally update them every six months, as well as updating them in-between should things change."

Some people who lived at the home could become anxious or agitated as a result of their health difficulties. Their care records contained detailed information [in the form of a 'positive behaviour support plan] for staff on what the triggers of this might be for each person, along with how they could help people manage their behaviours. This information was personalised and linked to information the home had gathered from any health professionals or others who were involved in the person's care or treatment.

People told us they were supported by staff to be involved in their local communities and to sustain any work, education, hobbies or interests they wanted to. One relative told us the home had not made sufficient

efforts to ensure people were engaged in social activities and had opportunities to interact. The registered manager acknowledged this was an area they needed to develop and so had taken some action. Care plans documented people's likes, dislikes, hobbies and interests, and we saw that people were working towards being more involved in their local communities, whether that be for work or leisure. The home celebrated people's achievements. For example, care records included certificates people had been awarded for completing training and educational activities such as photography. Staff spoke with us about how they supported people to achieve their outcomes. For example, one staff member commented, "We are looking into helping [person's name] get involved in some voluntary work as this is something they would like to do."

People told us they had no cause to complain but knew how to do so. The complaints policy and procedure was available for people in their care records, and included information on how to complain to the provider, as well as how to raise a complaint or concern externally if they wanted to. This information was also on display in the home for people to refer to. Relatives had mixed views on how responsive the provider was where concerns were raised. One relative did not feel concerns were taken seriously. However, another relative said, "They [staff] showed me a thing on the wall which tells you how to make a complaint. It tells you everything you need to know." The registered manager told us how they would deal with a complaint, and this was consistent with what was set out in the provider's policy and procedure.

The registered manager also kept a record of compliments. One compliment, submitted in December 2017, praised the registered manager for their approach. It read, "Since [registered manager] has arrived we feel they have really listened to our concerns and took our point of view on board. [Registered manager] understands the way [person's name] operates and explains things in ways they understand."

Good

Is the service well-led?

Our findings

People told us the registered manager was effective in their role, and that the home was well managed. One person explained the manager was 'one of the best things' about living in the home. One person had sent a compliment to the provider saying, "[Registered manager], I shall never forget you." Relatives we spoke with had mixed views on how well run the home was. One relative told us they did not have confidence in the registered manager or the provider, and that they felt they had not received satisfactory responses when they had raised concerns. However, another relative told us, "I think it is managed very well."

We observed people responded well to the registered manager, and were happy to speak with them. For example, one person came to the office wanting a chat. The registered manager responded by speaking with them privately. The person was reassured by this.

Staff were overwhelmingly positive about the provider and told us they enjoyed working at the home. One staff member said, "It's a pleasure to come to work." Staff told us the home was well managed and that they felt supported in their role. One staff member commented, "I have felt really supported. We are on track now. [Registered Manager] is really supportive. They have made some tweaks and these have gone really well." Another staff member said, "[Registered Manager] is very easy to communicate with."

The registered manager spoke positively about the support they received from the provider, and told us their efforts to improve the service people received were recognised and rewarded. For example, they said, "I get a huge amount of support from the provider. I have been helping other managers get through their care certificate. I have been nominated 'manager of the quarter', which I won."

The registered manager monitored and audited the quality and safety of the service provided through a range of checks. In addition to the checks made by the registered manager, the provider visited the home regularly. We looked at records of one of their visits in August 2017. One of the areas they had identified for action was the recruitment of male staff so people could exercise choice about their preferred gender of care worker. Records of the subsequent provider visit in December 2017 noted this action had been completed as required. Provider visits focussed on speaking with staff and people living in the home, and commented on the information people had shared with them to inform their judgement on whether or not the home was meeting people's needs as expected.

The registered manager was familiar with the 'Accessible Information Standard' [AIS]. The AIS aims to make sure that people who have a disability, impairment or sensory loss get information that they can access and understand and any communication support they need. They told us no-one currently living in the home had any specific communication needs, but that should someone develop such needs or someone came to live at the home with those needs, they would work with people such as Speech and Language therapists to get the right equipment and support in place for people.

The registered manager said that, as part of their work to ensure people understood what was happening I the home; they had taken steps to encourage people to be involved in how the home was run. For example,

the registered manager told us people living in the home were involved in interviewing prospective staff during the recruitment process. People also met regularly at 'clients' meetings to discuss the running of the home. Records of these meeting showed people had nominated two of their peers to attend staff meetings. The registered manager explained this was intended to ensure people were more in the running of the home, and the decision-making process. They told us people would attend parts of the staff meeting, but left when confidential matters needed to be discussed.

The registered manager told us they were actively working towards achieving a rating of 'outstanding', and they had linked this with their systems to get feedback from people on the quality of the service provided. People's care records included a document entitled 'In Search of Outstanding.' This document explained to people that the provider was working towards an 'outstanding' rating, and asked people to tell them what could be done to improve and enhance the care and support they received.

The registered manager had a number of improvements planned, and showed us an action plan detailing these, along with timescales for completion and progress tracked. Included in the action plan were improvements to the range of activities people could engage in if they wanted to, and if they needed support.

Staff told us they attended staff meetings on a regular basis. Records showed the meetings happened regularly, and were repeated over a two day period to ensure as many staff could attend as possible. Records also showed the registered manager took the opportunity to listen to staff's views about the home, as well as share important information with them. Actions were agreed as part of these meetings and were tracked to ensure they were completed.

The provider had notified us of events that occurred at the home as required, and had also liaised with commissioners to ensure they shared important information in order to better support people. The provider had ensured the rating from our previous inspection was displayed on the premises, and also on the provider's website.