

Accord Housing Association Limited

West End Village

Inspection report

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Stoke-on-trent
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Ratings

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

Summary of findings

Overall summary

About the service

West End Village is a domiciliary care service and extra care housing service providing personal care to 30 people aged 55 and over at the time of the inspection.

People using the service lived both in a large gated community in Stoke-on-Trent and also lived in ordinary houses and flats across Stoke-on-Trent. 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

People were not always supported to transfer by the number of staff required to meet their needs, placing people and staff at risk of harm. Staff did not always complete Medicine Administration Records (MARs) correctly which meant we could not be assured that medicines were administered safely and as prescribed.

Systems in place to allocate staff failed to ensure sufficient staff were assigned to meet people's needs safely. Audit systems in place were not always effective in checking the quality of the service. The culture of the service was not positive and did not promote good outcomes for people.

Staff did not consistently deliver effective care in line with people's care plans. People were not always supported by staff who were caring and empathetic towards them.

Accidents and incidents were recorded and action was taken when needed to reduce the risk of reoccurrence. Staff knew how to prevent and control infection and regular competency checks were undertaken.

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 were supported by staff who were sufficiently trained to meet people's needs and their competencies were checked regularly. People were supported to access healthcare professionals when needed.

People were supported to express their views and were encouraged to make decisions about their care. People were supported by staff who respected their dignity and promoted their independence.

People's preferences were documented in care plans and staff knew people well. People's communication and sensory needs were considered when planning and providing care. A complaints policy was in place and this was followed.

Staff feedback was obtained via social media groups and through questionnaires so the service could be

improved. The management team were proactive in improving care where needed and changes were implemented where needed.

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 the service under the previous provider was Good, published on 10 February 2017.

Why we inspected

The inspection was prompted in part due to concerns received about infection control. A decision was made for us to inspect and examine those risks.

We have found evidence that the provider needs to make improvements. Please see the Safe, Effective, Caring, Responsive and Well-Led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

The provider has taken immediate action to mitigate the risks but these new systems have not been embedded for long enough for us to determine if they are effective.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service.

We have identified breaches in relation to Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Safe care and treatment and Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Good governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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 not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was not always caring.

Details are in our caring findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

West End Village

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 team consisted of one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

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 the quality and safety of the care provided. The registered manager no longer worked at the location and was not present during the inspection. The new manager told us the registered manager had applied to deregister and the new manager had applied to register with the CQC.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 13 April 2021 and ended on 15 April 2021. We visited the office location on 14 April 2021.

What we did before the inspection

We reviewed information we had received about the service since it was registered. We sought feedback from the local authority. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with nine people who used the service and four relatives about their experience of the care provided. We spoke with the area manager and the new manager.

We reviewed a range of records. This included five people's care records and multiple medicines records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We spoke with six members of staff including senior care assistants and care assistants. We continued to seek clarification from the provider to validate evidence found. We looked at further staff rotas and care records.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Staff told us and records confirmed staff had supported people to transfer on their own when they had been assessed as requiring two carers to maintain their safety. This placed people at risk of falls and could have caused injury to both people and the staff supporting them.
- Guidance was in place to direct staff how to manage the risk but staff did not always follow this. The new manager told us that all staff had been notified of protocols in place to ensure care was provided by the necessary number of staff to maintain their safety.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to ensure people were supported to transfer safely in line with their assessed needs. This placed people at risk of harm. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Safe care and treatment.

The provider responded immediately after the inspection putting extra steps in place to enable systems to ensure people were transferred safely.

- People's risks were assessed and reviewed. Whilst staff failed to follow risk assessments in place for moving and handling, we saw other risk assessments in place such as for people's allergies and skin integrity were complied with. For example, pressure areas were checked and district nurses were contacted if there were concerns regarding people's skin integrity.

Using medicines safely

- Medicine Administration Records (MARs) were not always completed to show when medicines had been administered. This meant that we could not be assured that medicines were administered as prescribed.
- One person's MAR was signed to show a medicine had been administered but care notes confirmed that the medicine had not been observed being taken and had been left with the person to take independently. This placed the person at risk as we could not be assured that medicines were administered as prescribed.
- Some people also raised concerns with how they received their medicines. One person told us, "They (staff) help with my medication too. Sometimes I have to prompt them and I worry that when I get worse they won't give me all the ones I should have."

We found no evidence that people had been harmed however, systems were either not in place or robust enough to ensure people were administered medicines safely. This placed people at risk of harm. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Safe

care and treatment.

The provider responded immediately during and after the inspection. They confirmed additional steps had been put in place to ensure medicines were administered safely.

- Body maps were used to guide staff where to administer topical creams.

Staffing and recruitment

- People and staff told us there were sufficient staff available but they were not always deployed appropriately to meet people's needs. For example, where two carers were required to support with specific care tasks, they did not always arrive at the same time.
- People were not always allocated staff with the appropriate skill set to meet all of their care needs. One person told us, "The agency staff can't give medication now and sometimes it's missed off and I have to buzz for it to be done." The new manager confirmed that agency staff were not permitted to administer medicines and so a permanent member of staff would be allocated to administer medicines only.
- Staff told us they were safely recruited. We viewed recruitment files which showed staff were required to complete a thorough induction before they were able to support people.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One person told us, "They are generally on time and I feel safe."
- Accidents and incidents were recorded and action taken where needed to reduce reoccurrence.
- Staff were aware of the types of abuse and understood how to keep people safe. One staff member told us, "I have done safeguarding training. Abuse could be neglect, physical, emotional, financial. If I had concerns, I would follow the safeguarding procedure and report it straight away."

Preventing and controlling infection

- Staff wore Personal Protective Equipment (PPE) in line with current guidance. One person told us, "The carers do wear PPE, I've been pleased."
- People were supported by staff who were trained in infection prevention and control (IPC). One staff member told us "Training for Personal Protective Equipment (PPE) and IPC has been adequate. We wear the masks, aprons and gloves. I always wear them. I don't know any staff who aren't wearing PPE."
- Regular IPC questionnaires and competency checks were undertaken with staff to ensure they understood current guidance.

Learning lessons when things go wrong

- The new manager and area manager learnt when things went wrong. Where concerns were identified around a staff member not wearing PPE, this was fully investigated, competency checks were undertaken and spot checks were implemented immediately to reduce the risk of reoccurrence.

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.

This is the first inspection for this newly registered service. This key question has been rated Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- Care plans were personalised and guided staff as to how people would like their care delivered. However, staff did not consistently deliver effective care in line with care plans. One person told us, "It's not good having all different people. You don't know who they are and what they're supposed to be doing."
- Assessments considered people's diverse needs such as their religion and sexuality.

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.

- Mental capacity assessment documentation was available where needed if people lacked capacity to make a decision.
- People were supported to make decisions for themselves. One staff member told us, "[Person's name] can make some decisions themselves but we support them with finances."
- Although staff were not always knowledgeable regarding the principles of the MCA, we saw they had received training and the manager told us they would revisit this with staff.

Staff support: induction, training, skills and experience

- People were supported by regular staff who were sufficiently trained to provide effective care. One relative told us, "They are very flexible and seem well trained." One staff member told us, "The training is good and enables me to do my job."
- Staff had regular competency checks regarding medicines administration and IPC to ensure their knowledge and skills were up to date. The medicine competency checks were used to follow up on errors

that were identified with MARs recordings but this did not always lead to a reduction in recording errors. We will discuss this in the Well Led section of this report.

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

- People were supported to eat and drink where needed in line with their care plans. For example, one person liked their fruit cut up and staff did this for them.
- People were supported to prepare their own meals. Where people ate meals in the onsite restaurant prior to the pandemic and did not previously require support with eating, relatives told us the staff now supported them by bringing their meals to them to ensure they maintained a balanced diet.

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

- People were supported by staff who worked closely with other agencies including commissioners and healthcare professionals to provide effective care. One relative told us, "They've arranged for them to see a podiatrist."
- People had oral health care plans in place which guided staff how to ensure people's oral health standards were maintained.

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.

This is the first inspection for this newly registered service. This key question has been rated Requires Improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

- People were not always supported by caring staff and mixed feedback was given. One person told us, "They're kind and do respect my dignity. I never feel embarrassed." One relative told us, "They're good over all. Some are better than others but that's down to individual demeanour and personality."
- People did not always feel that staff empathised with them. One person told us, "There needs to be more conscientious and empathetic staff."
- People were supported to by staff who promoted their independence. One staff member told us, "They really push the independence."
- One person had a visual impairment so their care plan was adapted specifically to provide additional support to enable them to familiarise themselves with their home environment and maintain their independence.

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

- People were supported to express their views. One staff member told us, "[Person's name] knows what they want and we always ask them."
- People were involved in making decisions about their care. One staff member told us, "People do get choice and we do meet their preferences."

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Requires Improvement. This meant people's needs were not always met.

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

- Staff did not always deliver care in line with people's needs despite clear guidance being in place. For example, medicines were not always administered as prescribed and people were not always supported with moving and handling in line with their care plans.
- People's likes, dislikes, needs and preferences were clearly documented in care plans and staff knew people well. One staff member told us, "[Person's name] likes to have a bath on Fridays and it is documented in their care plan." Whilst staff knew people well, they did not always provide care in a way that met their needs.

Improving care quality in response to complaints or concerns

- Where concerns were raised, care quality was not always improved. For example, where people had raised concerns regarding medicine administration, errors continued to occur despite being addressed by the new manager.
- A complaints policy was in place and this was followed.
- Where people or relatives had complained, the registered manager had investigated their concerns, spoken with those involved and taken action where necessary. One relative told us, "My relative complained about the carers. The new manager dealt with it."
- People told us they would complain if they needed to. One person told us, "I've never had to complain but I would if I had to."

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.

- People's care plans clearly documented their communication needs and staff understood how to meet these.
- A staff member told us, "[Person's name]'s speech isn't very good but I've worked with them for 18 months now so I know them and know how to communicate with them. They will show you, all they need is time."
- People's sensory needs were considered. One person had a visual impairment and they were supported by staff to use braille around their home.

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 supported to engage in their interests where possible in line with current guidance regarding COVID-19. One relative told us, "Before COVID-19, they were really good on community activities."
- People were encouraged to access community activities of their choice. A staff member told us, "We take [Person's name] out for meals and the pub when we can."

End of life care and support

- People's end of life wishes and preferences were discussed with them and documented in care plans.

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.

This is the first inspection for this newly registered service. This key question has been rated Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Audit systems in place were not always effective in checking the quality of the service.
- Systems in place to allocate staff to call rotas failed to ensure that adequate staff were assigned to meet people's needs safely. For example, we found evidence of multiple instances where only one staff member was allocated to the rota for people who required two staff members to meet their needs safely.
- Systems in place to check that staff had been allocated correctly to the staffing rota were not sufficiently robust to identify where errors had been made. This meant that people continued to be allocated insufficient staff to meet their needs which placed them at continued risk of harm.
- Call log audit checks were not robust enough to identify where staff had failed to comply with risk assessments. For example, where staff had failed to comply with a person's moving and handling risk assessment, this was not picked up and so was not addressed.
- Systems in place to check that medicine errors were identified and addressed in a timely manner were not sufficiently robust. Audit checks identified where recording errors had taken place but these checks failed to prevent further reoccurrences. This meant we could not be assured that systems in place would ensure medicines were administered as prescribed.

We found no evidence that people had been harmed however, systems were not robust enough to ensure effective quality checks were in place. This placed people at risk of harm. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Good governance.

The provider responded immediately after the inspection and implemented more robust staffing rota systems and medicine administration audits to reduce the risk of reoccurrence. We will check all this as part of our next inspection.

- The new manager was not yet registered with CQC but confirmed that they had applied to be registered.

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

- Staff and management told us that the culture at the service was not always positive and there was some resistance among staff to change.
- Staff told us that the morale at the service was poor. The new manager told us they were aware that improvements were required to staff morale and had been proactive in trying to implement changes to the

service.

- Staff provided mixed feedback regarding changes that were being made to improve the culture of the service. One staff member told us, "We feel it is negative with the new management as it's all about what we've done wrong." Another staff member told us, "One or two people are a bit apprehensive about the new manager coming in but they are not keen on change."

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

- The manager understood and acted on the duty of candour.
- The manager and area manager were open about where they perceived there to be concerns prior to the inspection and acknowledged concerns when they were raised throughout inspection. For example, where some concerns regarding the staffing rota were identified and further evidence was sought, the manager checked the rotas and pointed out where further errors in staffing allocation had been made prior to them being identified by CQC.

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

- The manager had issued staff questionnaires to obtain staff views of the service. This enabled staff to identify what was working well and what was not working well. Where feedback was received, this was considered so changes could be put in place.
- Staff told us they found social media groups implemented by the manager to communicate with staff to be positive. A staff member told us, "The manager is especially good and has involved us all. She has set up a little [social media] group and she really involves us."
- A customer satisfaction survey had been issued and the results were collated in pictorial format to illustrate people's thoughts on the service.

Continuous learning and improving care

- The provider and manager were proactive in improving care after listening to feedback. A relative told us, "In the last three weeks, they've started to produce a chart listing which carers they'll get which is good."
- A quality file index was in place that included a monthly learning log. This was used to identify trends, implement remedial action and identify any wider learning that would help to improve the care provided by the service.

Working in partnership with others

- The service worked closely and proactively with other agencies such as commissioners and healthcare professionals to meet people's needs.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>People were not always supported by a sufficient number of staff to meet their needs safely.</p> <p>Medication was not always administered in a way that maintained people's safety.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Systems in place were not always effective in allocating sufficient staffing numbers to provide safe care.</p> <p>Systems in place were not always effective in checking the quality of the service.</p>