

Accord Housing Association Limited

23 Trittiford Road

Inspection report

Yardley Wood
Birmingham
West Midlands
B13 0ES

Tel: 01214442629

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10 February 2020

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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

About the service

Trittiford Road is a residential care home providing accommodation and personal care for up to six people. The home specialises in the care of people with a learning disability and physical disability. At the time of our inspection five people were living there.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them. The building deliberately had no identifying signs, intercom, cameras, industrial bins or anything else outside to indicate it was a care home. Staff were also encouraged to wear their own clothes that didn't suggest they were care staff when coming and going with people.

Because people who lived at the home were unable to tell us about their experiences, we spoke with their relatives, health professionals who support the service and observed staff working practices.

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

People's needs were assessed and care plans to support their needs were in place. Staff worked with external health and social care professionals and ensured people were supported to access these services when they needed them to maintain their health and wellbeing. Staff were aware of people's dietary needs and the risks associated with this.

We found people were safe at the home. Accidents and incidents are monitored and actioned appropriately. Staff knew service users well and had received training on how to protect them from the risk of abuse. There were robust medication systems in place to reduce the risk of errors.

We saw staff interacting well with service users, showing care, compassion and kindness. People were offered choices and given the opportunity to respond. Appropriate forms of communication to meet people's individual needs were available.

People's needs were reviewed when their needs changed and care plans updated accordingly. The service seeks feedback from people using the service and families about the service.

Staff told us they felt supported and valued by the management team. There are robust audits in place and improvement plans to continue to develop and improve the service. The registered manager and deputy manager know people's needs.

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.

Staff had received training and were able to tell us about the mental capacity act and how this impacts on how they provide care and support.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes, including having control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the right Support by promoting choice and control, independence and inclusion.

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

Why we inspected

This was a planned inspection based on the previous rating.

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 responsive.

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.

23 Trittiford Road

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 carried out by one inspector on 10 February 2020.

Service and service type

Trittiford 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.

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

This inspection was unannounced.

Inspection activity started on 10 February 2020 and ended on 11 February 2020.

What we did before the inspection

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

Because people who lived at the home were unable to tell us about their experiences, we spoke with their relatives and observed staff working practices. We spoke with four members of staff, the registered manager,

deputy manager and two personal assistants.

We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included two people's care records and medication records. We looked at staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including audits and training.

After the inspection

We spoke with two health professionals who are involved with the service and three family members to gain their feedback on the service.

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 remained the same.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff had received safeguarding training and the staff members we spoke to could explain what abuse was and actions they would take should they suspect abuse.
- Information was available around the home for staff and visitors explaining what action to take should they suspect that someone was being abused.
- Family members we spoke to all said they felt their loved ones were safe at the home and had no concerns.

Assessing risk, safety monitoring and management

- Staff knew people well and could tell us how they would support people.
- Risks to people were identified, such as the risk associated with specific health conditions, mobility and medication administration. This ensured staff had the information they needed to reduce the risk to people using the service and staff members.

Staffing and recruitment

- We saw evidence of safe recruitment and induction practices. A staff member told us about her recruitment and induction process to verify this.
- The staff team is an established team with few changes and this is important to the stability of those who live in the service.
- When asked if there were enough staff to meet people's needs, one family member told us, "Yes, there always seems to be someone popping in and out when we are there."

Using medicines safely

- There were robust medication systems in place. We saw the provider had systems and processes in place to ensure medicines were ordered, stored, administered and disposed of safely.
- Staff who were authorised to give medication had received training and have their abilities to do this safely, assessed regularly by the management team.

Preventing and controlling infection

- Staff had completed infection control training and there was evidence of protective equipment such as gloves and soap being available.
- The home, furnishings and equipment were in good condition and clean.

Learning lessons when things go wrong

- Records evidenced there were lessons learnt from incidents or accidents which had occurred. This included care plans and risk assessments being updated following an accident and changes to the environment, to reduce the risk of recurrence.

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 and Staff working with other agencies to provide consistent, effective, timely care

- We saw there were regular visits from community learning disability health professionals, and people were supported by staff, to have health checks by using the community services such as Doctors, Dentists and Opticians.
- We spoke with two health professionals who are involved with people who live at the home. One told us, "Implementing changes to people's plans of care was not always done. Since [name] deputy manager has been in the home she has turned it around. She is pro-active, will call with concerns and for advice if needed."
- Staff members were able to demonstrate to us they knew about the needs of people they were supporting.

Staff support: induction, training, skills and experience

- We saw staff had received training to ensure they had the skills and knowledge to support people effectively. One health professional we spoke to told us, "They [the home] access training from us [specialist nurse] now which is good, and they always get new staff trained with us."
- There is a comprehensive induction programme for new staff joining the service and their training is in line with the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.
- Staff are encouraged and supported to develop their skills and knowledge. There is a training plan in place to ensure staff receive refresher training when needed.

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

- The provider information return stated there were people living at the home who received their nutrition and fluids through a PEG (percutaneous endoscopic gastrostomy) tube, (foodstuff, nutrients, medicine) and two people who had difficulty with swallowing. We saw staff had received the relevant training to support people.

One health professional told us, "They [staff] are pro-active with care planning for dietetic (dietary) needs." A staff member described the procedure they follow to keep one person safe from the risk of choking.

- We saw there was regular involvement from the dietician and the Speech and Language Therapist (SALT) for people living at the home, to support people to maintain a healthy diet. A SALT is a health care professional that supports people who have difficulty with swallowing.
- There were picture menu's displayed for people who were unable to communicate their food choices

verbally.

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

- In line with registering the right service the home was homely and domestic in size and its refurbishment.
- People's rooms contained things which were important to them. A family member told us, "When we first took [name] there [the home] I thought how comfortable it was, home from home and that is important."

Supporting people to live healthier lives, access healthcare services and support

- Health checks and details of professionals visiting people in the home or in the community were documented in the individuals plan of care. There was evidence of visits from the GP when people needed. Health action plans are documents which state what is needed for the person to remain healthy, including the support they may require.
- We saw one person was on a weight reducing programme. This had been implemented with the dietician who is supporting and advising with this.

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.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff had received training in and had a good understanding of people's rights under the MCA and when to act in their best interests to ensure people's safety and welfare is maintained. When we asked a staff member about what MCA was put into practice when supporting people, they told us, "We show them [people] pictures and look at their reactions for their choices. It's the best interests for the client, what is the best for them. Family are involved and asked what they [person] likes and what they don't like. We try different things to see how that works, look at their face."
- Where people required applications to be made under the Deprivation of Liberty Safeguards, the management team had completed these.
- There was evidence of best interests meetings taking place and families confirmed their loved ones needs we discussed with them.

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

- One staff member told us what they liked most about their job was, "Interacting and giving them [People using the service] the chance to be like everyone else such as painting nails, things they can't do. You can see the joy on their face."
- Staff recognised people's individuality and the importance of treating everyone as an individual.
- A family member told us, "They [staff] could not be any better too [name], they love [name], you can see that. They are caring and kind, they [staff] always have a laugh when we are there, as much as they can with [name]."

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

- During the inspection we saw staff members involving people in making decisions. Staff communicated with people in their preferred styles which supported people to express their views and feelings.
- We observed people being given the choice of where they wanted to go, what they would like to watch on TV, eat and drink.
- The service operates a keyworker system, a keyworker is an allocated member of staff whose job it is to take a special interest in the service user, developing opportunities for them to take part in their support plan development. The person's keyworker rings or meets family members each month, to discuss any changes and to give families the opportunity to be involved in care planning. We saw evidence of this and were told by staff and families this happened.

Respecting and promoting people's privacy, dignity and independence

- Staff treated people with dignity and respect. Staff spoke with people with a relaxed tone of voice. People were clearly relaxed and comfortable around the staff members.
- Records showed and we were told by staff and families, that some people at the service are supported to visit their family in their own homes. The provider has their own minibus to take people on trips out and to support them to maintain important, family links.
- People were being supported to maintain as much independence as possible.
- People were supported to make their rooms individual to them with personal belongings and decoration.
- People's records were stored securely so their personal information was kept safe.

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 were involved in making decisions about where they would like to go and things they want, within their individual abilities. We saw that staff spoke to people and we saw that people's preferences were recorded in their plans of care.
- We were told by relatives, they had been invited to attend formal care reviews so that they felt involved in their relatives care. One relative told us they were invited to care reviews, "Yes, there was one but I couldn't go due to work commitments." They told us the home keeps them up to date with any changes.
- Care plans we looked at showed people's histories, likes and dislikes had been explored. This helped staff to communicate in a meaningful way with people they supported.
- We asked staff how they support individuals religious or cultural beliefs, a member of staff told us, "Read their care plan, know what they can and can't eat, for example Halal food, if they want to go to church we take them, we have to respect their beliefs."

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.

- In plans of care, menu's and notices around the home, we saw some pictorial communication methods were used, to support people to make their wishes and feelings known.
- During the inspection we spoke to the registered manager and deputy manager about the Accessible Information Standard. Both had a good understanding of the importance of suitable communication methods to meet individual needs being available.

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 visit family member in their own homes. One person visits their relative in a care home and this is important in maintaining their bond and relationship.
- When we asked staff if they felt they had enough time spend with people and to do activities, they said on the whole they did. However, a staff member told us, "When we have four staff in the morning it is better than three, we could do more activities and go out more often, when we have someone eight am till twelve, it makes a big difference we get more time for one to one." The staff member told us, this had been discussed with the deputy manager. We were told and saw, the home has additional staff available at times

to support people undertake pre planned activities.

Improving care quality in response to complaints or concerns

- The service had not received any complaints and this was confirmed by family members we spoke to, who said they had not had the need to complain.
- The complaints procedure was displayed around the home so people visiting the home knew how to make a complaint. When asked how they would make a complaint, one family member told us, "I would phone the management and know I would be listened to. "

End of life care and support

- The registered manager has had conversations with family about advanced care planning and end of life care (EOL). Some have been happy to discuss this and provide information and this has been recorded, but others do not wish to discuss this at this time.
- The home does not currently support anyone with EOL care needs, we saw staff had received training. A member of staff we spoke to about EOL care told us, "It was important they [person receiving EOL] is comfortable, make sure you are there observing them, they have good pressure relief, oral care make sure mouth is clean. Make sure their life is comfortable to the end, not in pain."

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

- The culture was open, and everyone's input was listened to and valued by gathering information from surveys, service user and staff meetings. We found the atmosphere was friendly and relaxed.
- Staff and families we spoke to told us they felt listened to and included in making decisions about the service. A member of staff told us about the staff meetings, "They are good, everyone has a different view and we discuss to come to the best conclusion. The meetings are not rushed and we get chance to say what we think."
- Staff said they felt valued, one said, "Yes, you always get a thank you and appreciation from the management. If you do something they will give you a call and say they appreciate it. We have a voucher at Christmas to say thank you, recognition of our work."

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 registered manager and deputy manager understood their responsibility about the duty of candour and the need to be open and honest when dealing with any complaints or concerns.
- There is a complaints procedure and family members of people using the service, knew how to raise a complaint of concern.

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

- The quality audits around key aspects of the service were completed by the management team and they were robust. The audits reduced the potential for risks or harm to people using the service or staff. There provider has a senior management team who review the audits completed and ensure appropriate actions have been taken.
- The registered manager works across three services and is present in the home two days a week, the home has a full time deputy manager. They were both at the home on the day of the inspection.

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

- There are links with the local community with people going into town, cafes and other places of interest. One member of staff told us place they like to take people to the cinema, theatre and the local park.

- We were told and saw evidence of people from the local community such as schools, other local care homes and families are invited to attend events at the home. They had local school visits at Christmas for choir service. A local Church group visited the home during the summer as part of the community programme that they run. During their visit they painted the benches, to brighten up the garden, for people at the home.

Continuous learning and improving care

- The registered manager and deputy manager demonstrated that they keep themselves up to date with current regulatory requirements, good practice and guidance. They are supported in this by the providers senior management team. They acknowledge they were responsible and accountable for their own and staff continued learning.
- We saw training had been provided for staff and completed.
- There is an on-going training plan to continue to refresh and improve staff knowledge and skills.

Working in partnership with others

- The registered manager and deputy manager worked with other health and social care organisations to achieve better outcomes for people. This included healthcare professionals who worked closely with staff, to meet people's health needs.
- We saw where accidents and injuries had occurred appropriate treatment had been sought and actions had been put in place to ensure the person's on-going safety. Investigations into any safeguarding's had been conducted in partnership with the local authorities to reach a satisfactory outcome.
- A health professional told us they had provided training to ensure staff have the skills, knowledge and confidence to support people using the service