Accord Housing Association Limited

Accord Housing Association Limited - 1a West Avenue

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

We carried out this inspection on 19 April 2016.

1a West Avenue provides residential care and support for up to three people with learning disabilities. At the time of our inspection there were three people who lived at the home.

The service has 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. A registered manager had been in post since September 2015.

Relatives and staff told us people who lived at the home were safe. Staff had a good understanding of what constituted abuse and knew what actions to take if they had any concerns. Staff worked together as a team. They were proactive in identifying risks to people's safety and in reducing them.

There were enough staff to care for the people they supported. Checks were carried out prior to staff starting work to ensure their suitability to work with people who used the service. Staff received a thorough induction into the organisation, and a programme of training to support them in meeting people's individual needs effectively.

Care plans contained information for staff to help them provide 'person centred' care. Care was reviewed regularly with the involvement of people and their relatives.

People received care from staff they were familiar with. People and relatives told us staff were caring and had the right skills and experience to provide the care required. Staff were aware they were visitors supporting people in their own home, and people were supported with dignity and respect. People were given a choice in relation to how they spent their time and staff encouraged them to be independent.

People received medicines from trained, competent staff, and medicines were administered, stored and disposed of safely.

Staff understood the principles of the Mental Capacity Act (2005) and how to support people with decision making, which included arranging for further support when this was required.

People had enough to eat and drink during the day, and could make their own meals with staff support. People were offered choices and enjoyed the meals provided. People were assisted to manage their health needs, with referrals to other health professionals and staff supported them to attend appointments.

People knew how to complain and could share their views and opinions about the service they received.

Staff were confident they could raise any concerns or issues with the managers, who were approachable, and that they would be listened to and acted upon.

Staff felt supported with opportunities to meet with managers and to further develop their own skills and expertise.

There were processes to monitor the quality of the service provided. This was through regular communication with people and staff. There were other checks which ensured staff worked in line with policies and procedures. Checks of the environment were undertaken and staff knew the correct procedures to take in an emergency.
The management team worked to improve the service to meet people's changing needs and improve the quality of care.

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 received their medicines from trained and competent staff. Staff had a good understanding of what constituted abuse and knew what to do if they had any concerns. There was a thorough staff recruitment process and enough experienced staff to provide the support people required. People received support from staff who understood the risks relating to their care and how to minimise these.

Is the service effective?

Good

The service was effective.

Staff were trained to ensure they had the right skills and knowledge to support people effectively. Staff understood the principles of the Mental Capacity Act (2005) and how to support people with decision making. People were supported with their nutritional needs and could make some of their own meals. Staff supported people to see health and social care professionals when required.

Is the service caring?

Good

The service was caring.

People were supported by staff who they considered kind and caring. People were encouraged by staff to be as independent as possible and given choices about how they spent their time. Staff ensured they respected people's privacy and dignity. People received care and support from consistent staff who understood their individual needs.

Is the service responsive?

Good

The service was responsive.

People received a service that was based on their personal preferences. Care records contained detailed information about people's likes, dislikes and routines. People and their relatives were encouraged to be involved in reviews of their care. People

were given opportunities to share their views about the service and the management team responded to any concerns raised.

Is the service well-led?

Good

The service was well-led.

People and relatives were happy with the service and felt able to speak with the management team if they needed to. Staff were supported to carry out their roles, and considered managers to be approachable and responsive. There were effective systems to review the quality and safety of service provided. The management team continued to adapt and develop the service to meet people's changing needs.

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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.

The inspection took place on 19 April 2016 and was announced. We told the provider we were coming 48 hours before the visit, so they could arrange for staff and relatives to be available to talk with us about the service. The inspection was conducted by one inspector.

The home is required to send us a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We received this information and it reflected the service we saw.

Prior to the visit we reviewed information received about the service, for example the statutory notifications the service had sent us. A statutory notification is information about important events which the provider is required to send to us by law. We looked at information received from relatives and visitors.

During our visit we spoke with two relatives by telephone. This was because the people who lived at the home were unable to tell us about their experiences of the care received. We also spoke with five staff including the registered manager, the service co-ordinator, a senior specialist personal assistant and two specialist personal assistants.

We reviewed three people's care records to see how their care and support was planned and delivered. We checked two staff files to see whether staff had been recruited safely and were trained to deliver the care and support people required. We looked at other records related to people's care and how the service operated, including the service's quality assurance audits.

Good

Is the service safe?

Our findings

Relatives told us people who lived at the home were safe. One relative told us, "Yes [Person] is safe there. If I had any worries, I would be up there sorting it out." Another relative told us, "It's great, they would never let anything happen, they are protective of the people."

Staff told us why they thought people were safe, "We have alarms at night, we do security checks, make sure people are safe," and, "The established staff team know people well, people feel secure in their own home, with their own routines."

Prior to staff starting work at the home, the provider checked their suitability to work with people who lived there. One new staff member told us, "I had to give three references, have my DBS check (disclosure barring service) and it took from January to get this." The Disclosure Barring Service is a national agency that keeps records of criminal convictions.

The registered manager told us how important the prospective staff member's values and behaviours were when they recruited staff, "We look at the person's outlook and their 'heart', the attitude of the person is the main thing, as we can provide all the training here." Two staff had recently started work. We checked two staff files and found that references and background checks had been sought, before people were able to begin work at the service.

There were enough staff available to support people when people needed and wanted support. One relative told us, "Yes there are enough staff there." One staff member told us, "There are enough staff here, there is often three staff and three service users, also [Service co-ordinator] is in the office and helps on the 'floor'."

There were two staff vacancies at the service. The vacancies were covered by 'bank staff' (temporary staff, who work as and when required) who were familiar with the people who lived at the home. The registered manager did not use staff from an external agency. They told us, "The people who live here will not tolerate agency staff, as they do not know them." They explained that unfamiliar staff could upset people living at the home.

Staff undertook assessments of people's care needs to identify any potential risks when providing their support. One staff member told us, "We make sure all the risks are covered, we try to 'pre-empt' them." For example, one person liked to eat certain inedible objects and staff ensured these were not available for the person to access. Another had tried to leave the home alone, and door sensors were fitted to alert staff to anyone going outside the building. The registered manager told us risk assessments were updated if any incident or accident occurred.

We looked at how medicines were managed and found they were administered, stored and disposed of safely. One relative told us, "[Person] is on some medications, the staff always let me know about this and I have no concerns." Photographs of the person, were on their medicine record and this reduced the risks of medicines being given to the wrong person. Any allergies people had with medicines were recorded, to stop

staff from potentially administering harmful medicines.

One staff member told us about administering medicine, "If a person refused to take their medicines we know what to do, we would leave if for a while, there is a one hour 'window', they we would try again, maybe with another staff member. If they still refused, we would document this, tell the GP and make sure there would be no side effects for the person. Then we would hand this information over to the next shift." They told us people rarely refused however.

All staff were trained to administer medicines. The registered manager told us training was 'very robust'. Staff completed training at induction and a further day of training after the induction period. Their understanding of medicine administration was then tested by their line manager, they 'shadowed' (worked alongside) other staff and were observed administering medicines several times before being 'verified' as competent to do this independently. Staff competency was then checked each year to ensure staff remained safe to continue to administer medicines. An external pharmacy had audited the service recently and found there were no concerns with the systems used.

Medicine audits were carried out every two weeks by the management team. One staff member told us, "We rarely have medicine errors." There had been no medicine errors documented in the last 12 months. Staff used a 'flow chart' which showed them the correct action to take should there be an error, to ensure they followed the correct procedures and prevent the likelihood of a reoccurrence.

Some people took medicine 'as required', for example if they were in pain. One staff member told us how they knew a person was in pain, "We know they get very quiet, very withdrawn. They will get into bed, they may hold their head and do a circular movement on their stomach." We saw medicine plans which explained when a person might require their medicine and the signs to look out for, as people were unable to verbally tell staff. Staff told us a new tool called a 'pain assessment' was being used to help them assess this further and they found this useful. This was displayed in the medicine room.

Staff understood the importance of safeguarding people and their responsibilities to report any concerns. One staff member told us, "If I was concerned I could speak to [Service co-ordinator], also to [Registered manager]. There is a whistleblowing team, there is a phone number." Another staff member told us they had reported a safeguarding concern before in another service, as they felt a person was being neglected, and knew what to do if they had any concerns. Another staff member told us, "If I had any concerns about the service users I would definitely make a complaint to the managers." A whistleblowing policy was available for staff, which supported them to raise any concerns.

Staff were aware of the procedures to take in an emergency, such as a fire. One staff member told us, "We meet in the front or back gardens, we would sound the alarm. There is a fire 'Marshall' here, we would call 999." The registered manager told us another home nearby would be used by staff if people were unable to return to the home. Staff had received fire training and people's care records contained individualised plans, so they could be assisted effectively in an emergency. Fire drills took place every six months. These enabled staff to practice what to do in this situation and we saw drills were up to date.

Accidents and incidents were recorded and analysed to identify any patterns which meant further incidents or accidents could occur. This information was then used to look at how risks could be reduced to prevent any further incidents. For example, one person could sometimes become upset with other people and staff. We saw these incidents were recorded and staff were able to tell us the signs indicating the person was getting upset, and what they would do in response. One staff member told us, "We get the other people somewhere safe, and try to diffuse the situation."

A maintenance service was available if any repairs were required. One staff member told us, "Everything is repaired quickly, we contact the repairs department straight away, it is pretty good." Window restrictors were fitted and checks were carried out, including water temperature checks, gas and electrical safety and legionella testing to ensure people remained safe from potential risks.

Good

Is the service effective?

Our findings

Relatives told us staff had the skills and knowledge to meet their family member's needs. One relative told us, "The staff I have met seem very knowledgeable." Another relative told us, "I am quite happy what they are doing for [person]. All in all it's going well."

Staff received an induction when they started working at the home. One new staff member told us, "I have just completed my induction. I knew a lot of it already, but it was a good reminder of things you do, and don't do." Another staff member told us, "I did two weeks 'shadow' shifts. [Staff name] 'buddied' me, they monitored and watched, there was always someone there to guide me."

The registered manager told us they felt the induction support provided was 'robust'. It consisted of staff completing an assessed workbook and some essential training, such as fire safety. Staff also worked alongside an experienced staff member for two weeks and had a staff member 'buddy' them. Staff then had a probationary period, before their employment became permanent. This meant the provider made sure staff were suitable to work with people living at the home.

Staff received training suitable to support people with their health and social care needs. One staff member told us, "The training packages are amazing." Another staff member told us, "The training is invaluable, I can tell my manager what I want." They explained they had just completed training about management of behaviour, and learned about distraction and prevention techniques. Some staff had completed training called 'Fairness' and the service co-coordinator told us this was around equality and diversity. Another staff member told us they had recently completed diabetes awareness training as this was relevant to both people at the service and staff.

A senior staff member told us they had completed leadership training and now supported staff with one to one meetings. They told us, "I had the training before I started doing the supervisions with staff," They found this had been helpful and increased their confidence. A new staff member was completing the Care Certificate. The Care Certificate sets the standard for the skills, knowledge, values and behaviours expected from staff within a care environment. Management used a training schedule to inform them when staff training was next due, to ensure staff remained skilled and knowledgeable in working with people.

Staff told us they felt supported with one to one meetings and team meetings. One new staff member told us, "I have had one supervision meeting and a 'one to one' to work on the Care Certificate." Another staff member told us, "Supervision is a very good support for me." The senior specialist personal assistant told us, "I tell staff, don't ever feel you have to wait for your supervision in eight weeks," as they could talk with them anytime.

One to one meetings were held every three months, or every two weeks for new staff. Appraisals were held annually where staff could discuss their roles, training and development needs, with reviews of these every six months. Senior staff members observed staff they supervised at 'spot checks' and fed back any suggestions about staff practice.

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.

The provider had trained their staff to understand the requirements of the Mental Capacity Act. One staff member told us, "[Person] has the capacity to make some day¬¬ to day decisions; we use pictures and prompts to help. With a lot of things, they will show you. With more complex decisions we assess their capacity and look at the risks." Another staff member told us, "I have had MCA training, it was fantastic. I learned about people's rights, the process of how to arrange a best interest meeting and I have since had to put this into practice." They told us they had arranged a meeting and invited one person's family along.

All of the people at 1a West Avenue were able to make some of their own day to day decisions. Where they were not able to, support was offered with 'best interest' meetings. One person had some concerns about visiting a health professional and a best interest meeting had been held to discuss this. Another best interest meeting had been arranged to discuss finances. An IMCA (Independent Mental Capacity Advocate) had been involved in this meeting to assist with making the decision. An IMCA is an independent person who supports a person who lacks capacity to make a decision, so that their views are heard and their rights are upheld.

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. 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 (DoLS) were being met. We found three people's liberty was being restricted. Decisions had been correctly taken to submit applications to a 'Supervisory Body'. At the time of our visit none of the applications had been authorised.

Staff supported people to meet their nutritional needs and people had a choice of meals. One staff member told us one person was a 'fussy' eater and would not always eat. They told us, "People have choices of meals, [Person] can show us, we understand them and what they want." Staff supported people to choose what they would like to eat, and used the internet with them to select new recipes they might enjoy. Sometimes staff used pictures of food to help people choose meals. People were involved in cooking and preparing their own meals with staff support, and could make drinks with supervision.

People were supported to manage their health conditions and had access to health professionals when required. One relative told us, "They always inform me and they get the doctor out pretty quickly." One staff member told us, "We call the GP if there is a concern." People went to the GP surgery with staff support and accessed dentists and opticians. Staff supported people and followed advice of professionals. This included advice from the speech and language therapy and the hospital.

Good

Is the service caring?

Our findings

Relatives told us staff were caring and kind when supporting their family members. One relative told us, "[Person] is my main concern, I know they are happy, we are always in touch." Another relative told us, "I am always offered a cup of tea or coffee, it's like a 'normal' home, very good."

One staff member told us what caring meant to them, "It's 'day to day' and involves everyone here, we are visitors in their home, so we listen to what they want." They went on to say, "We focus on treating everyone individually, look at what works for them. Another staff member told us, "Everyone looks out for each other here, everything works well." They gave an example of when there had been a problem one evening at the home and some staff had returned to work to support other staff to manage the situation.

During the visit, we observed one person with their keyworker, and saw they had a good relationship. The staff member involved the person in everything they did. The staff member told us they had known the person for a long time and they had a strong relationship, where the person knew and trusted them. They told us, "[Person] has always had a bond with me. I find they will listen to me more, we have a rapport." We saw the person was comfortable with the staff member and content in their company.

Staff gave examples of how they were caring when supporting people. One person used to have a takeaway meal from a certain place as a child and loved this, so staff took them across to the same place, which was a distance away, so they could still do this now. One staff member told us they had 'slumber' days at the home, where people enjoyed a lazy day in their pyjamas.

Most of the people who lived at the home had lived there a long time and had good relationships with each other. One relative told us, "They have all grown up together, it's really good, [Person] calls me 'aunty' (even though they were unrelated) and is so glad to see me, as part of their family, it is a happy atmosphere." The registered manager told us, "They all know each other really well." Staff told us one person's relative bought a special homemade meal into the service sometimes and everyone enjoyed sharing this together.

People were encouraged to keep in touch with their families and there were no restrictions on visiting times. One staff member told us, "We keep in touch with families over the phone, and update them." Coffee mornings were held every two weeks with another nearby home, and relatives visited the home to take part in this. Many of the families had been involved with the home for a long time. Some families chose to visit and sit with everyone, and others preferred to meet privately with their family members, and had the choice to do this. A quiet room enabled people and visitors to sit away from the group if they preferred to.

Celebrations were held for people at the home. One relative told us, "We are always there for birthday parties and barbecues, or they come and see us." Staff took people to visit relatives on special days and had recently helped one person make a card for their relative. One relative was not able to visit their relation as much now as they had previously done, so staff took the person to visit them instead, to ensure the person's continued to have good contact with their family member.

Staff supported people with privacy and dignity when assisting them with care. One staff member told us, "When people have assistance with personal care, we make sure their doors are locked, so they have privacy." One person particularly enjoyed private time away from other people in the house and spent time in their own lounge area. One staff member told us, "When they want their private time, they tell you, they know they can take time out if needed."

People's rooms were individualised and contained their own personal items and they were encouraged to make their rooms comfortable to suit their needs and preferences. People were involved in deciding how their rooms should be decorated.

People were offered choices at the home, and decisions about how they wanted to spend their time were respected. One staff member told us, "It's all about choice, we are visitors in their home, we show respect to them and they have freedom to do what they want as long as they are safe." People chose what they wanted to eat, drink and wear. Staff supported some people in buying clothes by first looking at the internet together, then trying these on in the shops.

People were supported to increase their independence where possible. One staff member told us, "People can make their own hot drinks with supervision. We don't want to de-skill them. We try to prompt them as much as possible." People were encouraged to be independent in the home and sorted their own laundry to take to staff. They also cleaned the home alongside staff and helped with changing their beds. One person enjoyed baths and was able to run this and wash themselves with a small amount of staff support. Another person had gained confidence since going out for walks with a staff member, and they were now able to use a taxi to go out, as their independence had increased.

Good

Is the service responsive?

Our findings

People and their relatives were positive about how they were supported by staff. One relative told us, "[Person] is happy. I know, because when they visit me, they are quite happy to go back."

People received care from staff they were familiar with, and many of the staff had worked at the home for a long time. One staff member told us, "The team here are great, they know people well. People can do what they want." Another staff member told us, "I think it is really good, the freedom people have here."

A 'keyworker' system meant people had named workers who knew them well. They were involved in tasks such as supporting people at health appointments and making choices with them, such as arranging holidays. Care records were reviewed at monthly key worker meetings, so they remained up to date.

Care records contained information about personal care needs, backgrounds, routines and preferences. Families contributed to the care plan information and were involved in any changes made. One relative told us, "Yes, they keep me updated about any changes." People were involved in formal reviews of the care provided every six months and families were invited to attend this.

People had a variety of communication needs and staff were aware of these and how to support people effectively. For example, one person used a form of sign language and a staff member showed us the sign they used for wanting something sweet to eat, such as some cake.

There were enough social activities to keep people occupied. One relative told us, "[Person] goes out shopping, they've been to quite a lot of parties, they have gone on holidays, they have enough to do." People chose what they wanted to do based on their individual preferences, and staff were flexible if people changed their minds. One staff member told us, "There are no limits to the activities," and this did not stop people trying new ideas out.

On the day of our visit, only one of the three people was in the home when we arrived. This was because two people had gone out for a buffet breakfast. Staff has previously arranged for people to see a Shetland pony and a 'wildlife' person at the home. One person particularly enjoyed physical activities, so they enjoyed walks and played football. Another person was quiet and liked pub lunches and social interaction with people more. The garden contained a room known as a 'Snoozalum' which was a quiet multi-sensory room, where people could go to relax.

The registered manager told us people and staff had attended a Christmas party together dressed in tuxedos. A theatre production company had visited, followed by a fish and chip supper and people had enjoyed this. People attended a weekly disco and as one person liked to go to this on their own, staff arranged transport to take them there separately.

An activities co-ordinator was employed by the service. They were developing a feedback sheet so staff could assess how a person reacted to a new activity. The registered manager told us their goal was to do

whatever people wanted to do, and for people to live as normal lives as possible.

We looked at how complaints were managed by the provider. One relative told us, "We have no cause to complain, we have always been happy. I would be confident to make a complaint." There had not been any complaints made and we were not aware of any. The registered manager told us, "We don't really get complaints, we get 'grumbles'." They told us these were usually addressed straight away, but they were aware it was good practice to record these to show they were addressed, and they intended to do this. A complaints policy was available for people should they wish to complain.

Good

Is the service well-led?

Our findings

People and relatives were very happy with how the home was managed and the service they received. One relative told us, "I think it's very well run, nice, pleasant and clean." One staff member told us, "We are a well-run scheme, there is a low turnover of staff, we are like a little family." Another staff member told us, "I love my job, it is rewarding, and no two days are the same. You get real job satisfaction here," They told us they felt the provider was good to work for.

Staff told us the management team were approachable. They consisted of the registered manager, the service co-ordinator and a senior specialist personal assistant. The registered manager was responsible for another two of the provider's services locally, and spent one day a week at the home. The service co-ordinator was responsible for the day to day running of the home and was supported by the senior specialist personal assistant.

Staff meetings were held monthly, the last meeting was in April 2016. We asked staff if they were able to raise issues at the meetings. One staff member told us, "I am outspoken and I get the opportunity to do that at the meeting and on peoples' behalf." The provider also held a monthly 'Staff voices' meeting where a representative from each service in the group could attend, to raise staff queries or concerns to senior managers.

People and relatives were given opportunities to feed back their views about the service. One relative told us, "They ask my opinion, tell me what is happening, they involve me, I think they do a good job." At the coffee mornings, visitors were given feedback forms to make any comments or raise any concerns. In 2015, surveys had been given out to people and relatives and were going to be given out again soon. Feedback received was good, one comment said, 'I think the service is doing a very good job and I hope it will continue'.

We asked the registered manager about plans for the service. They explained that some staff were being trained in an accreditation scheme to work in a more 'person centred' way with each person at the home, to fully meet their individual needs. They told us, "This is about making the home fit around the life of the person." The scheme meant that trained staff could develop an action plan for each individual, which would identify ways to better support them. They were also involved in an initiative, "The driving up quality code" which encouraged the service to go from being 'good' to being 'outstanding'. This code aimed for 'support to be focussed on the person' and for 'the person to be supported to have an ordinary and meaningful life'.

The provider encouraged staff to be 'aspiring managers' and the registered manager put staff forward to do this training. They told us, "The idea is to up-skill people from the inside, encourage them to develop professionally and be motivated."

Plans were being developed to maximise the use of the large garden area with a possible greenhouse for people to grow their own produce. Plans were also to develop the 'Snoozalum' area further, so other people outside the home could access this. A fun day was being organised to invite people from the local

community to visit the home and one staff member told us about links they had with a local community centre.

We asked staff if they would change anything about the service. One staff member told us, "Not a great deal, it is good; maybe it would be nice to access another vehicle for people." They explained the current vehicle was shared, so this limited the time people could use this.

Comprehensive audits and checks of the service were carried out by the management team. These included medicines audits, checks of care records, staff records and safety checks. We saw a night audit documented from October 2015, when managers visited the service in the early hours of the morning to check the care, to ensure it was consistent at all times of the day.

The clinical commissioning group had visit the service and identified that medicines records could be improved by adding information about allergies people had on the medicine record. We saw this had now been done.

Managers told us they felt supported in their roles. A locality manager's meeting was held monthly, where other manager's from the provider's services met to discuss information and share ideas. The senior specialist personal assistant told us, "I feel absolutely supported, me and [service co-ordinator] work well together. I have one day a week in the office in my management role, any concerns I had I could get on the phone (to other managers), even if it was 'out of hours'."

The registered manager told us about what they were most proud of at the home, "Staff 'muck in' together, they keep on top of recording, they genuinely care and know people well. They are not just clocking in and doing a shift here."

The registered manager understood their responsibilities and the requirements of the provider's registration. They were able to tell us what notifications they were required to send us, such as changes in management and safeguarding. During our visit we did not see any information which we had not been made aware of in a notification.