

Accord Housing Association Limited

Bournville House

Inspection report

Bournville House
Furnace Lane
Lightmoor Village
Telford

TF4 3BY

Tel: 0121 667 1022

Website: [www. accordgroup.org.uk](http://www.accordgroup.org.uk)

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Ratings

Overall rating for this service

Good



Is the service safe?

Requires improvement



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Good



Overall summary

The inspection was announced and took place on 8 December 2015. The provider had short notice that an inspection would take place. This was because the organisation provides a domiciliary care service to people living within an Extra Care housing scheme and we needed to ensure that the registered manager would be available to assist with the inspection. The service enables people to be cared for in their own property living within a housing complex with support from staff where required. There were 59 self-contained apartments with 67 people living there with people having access to

communal facilities available on site. At the time of this inspection 14 people were receiving a personal care service from the provider. At the last inspection in January 2014, we found the provider was meeting all of the requirements of the regulations we reviewed.

There was a registered manager in post who also managed two other registered services. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

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.

Staff sickness over the last couple of months had impacted on the delivery of care and support people received. This meant people did not always receive their calls at a time they preferred. Most people told us they received their care from a consistent group of staff although this was dependent on staff attendance. People told us they felt safe living at Bournville House. Staff had received training and knew what to do if they suspected a person they supported was being abused or was at risk of harm. Risks to people were identified, assessed and reviewed to ensure their on-going safety. Staff went through a thorough recruitment procedure before they commenced supporting people in their own homes.

People were supported by staff that had the skills and knowledge to meet their individual needs. Staff were knowledgeable about the people they cared for and knew how to recognise if people's needs changed. People

were supported to make choices and decisions and gave their consent to any care provided. People received assistance with meal preparation where required and were supported to access health services if needed.

Most people considered they were supported by staff that were kind and compassionate. People told us they were treated with dignity and respect. Staff knew how to promote people's rights, choices and independence. People's needs were assessed and their care and support was planned and reviewed in partnership with them and other key people involved in their care. Staff knew what action to take should a person's needs change. People had access to information about how to complain about the service although not everyone considered staff responded well to any complaints or concerns they raised.

Most people considered the service was managed well. The provider had systems in place to enable people to share their views of the service provided and to monitor the quality of service.

Summary of findings

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 consistently safe.

Staff sickness had impacted on the delivery of care and support people received. Staff had received training and knew how to identify and report abuse and poor practice. Risks to people were identified and assessed to ensure their safety. People were assisted to manage their medicines by staff that were trained and assessed to carry out their role.

Requires improvement



Is the service effective?

The service was effective.

People were supported by staff that were trained in their work to undertake their roles and responsibilities. People received assistance with meal preparation where required and were supported to access health services if needed. People were supported to make choices and decisions and gave their consent to any care provided.

Good



Is the service caring?

The service was caring.

Most people felt they were supported by staff that were caring. People were involved in making decisions about their care and support and their privacy and dignity was respected.

Good



Is the service responsive?

The service was responsive.

People had their care and support needs assessed and regularly reviewed. Care plans were individualised so they reflected each person's needs and preferences. People were provided with information should they needed to complain about the service they received.

Good



Is the service well-led?

The service was well-led.

Most people considered the service was managed well. People found the management team approachable. There were systems in place to gain people's views and to regularly review the quality of the service provided.

Good



Bournville House

Detailed findings

Background to this inspection

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

This inspection took place on 8 December 2015 and was announced. The inspection was carried out by two inspectors.

Before the inspection we looked at the information we held about the service. This included statutory notifications, which are notifications the provider must send us to inform us of certain events. The provider had sent us a Provider

Information Return (PIR) before the inspection. A PIR is a form that asks the provider to give key information about the service, what the service does well and improvements they plan to make. We also contacted the local authority and commissioners for information they held about the service. This helped us with planning the inspection.

Prior to the inspection we sent questionnaires to people, their relatives and health and social care professionals to seek their views on the service provided. Of the 30 surveys we sent, we received 10 responses. We visited the agency's office on 8 December 2015 and spoke with the registered manager, the service co-ordinator, five people who used the service, two relatives and three care workers. We looked at a range of records that included two records relating to people's care, complaints, staff training, minutes of meetings held and systems used for monitoring the quality of the service.

Is the service safe?

Our findings

No-one at the service required 24 hour care; instead they received set calls at times which had been agreed with them. However in the event of an emergency, for example someone becoming ill or falling then staff would provide support. The service was staffed with personal assistants (carers) 24 hours a day. The provider told us in their PIR that, "Following contractual changes, we will ensure our staffing complement and deployment continues to meet the assessed needs of the customers and advise and guide the customers with the changes within the Local Authority that will affect them directly in relation to the care and welfare needs". We saw people had been advised of these changes as a result of cut backs initiated from the Government.

Prior to and during the inspection people told us that there were not always enough staff available and that calls were not always provided on time. 50% of people that completed surveys said their carers arrived on time. One person told us during the inspection, "There's hardly ever the same carer. Over the course of the week you can see seven or eight different carers". All but one person we spoke with during the inspection raised concerns about staffing. They told us that although their care was provided predominantly from the same team of carers, due to staff sickness they did not always receive consistent care at their agreed times. We saw examples of where this had directly impacted on the care three people had experienced. For example, we saw on one occasion a person was unable to have their personal care needs attended to in a way and at the time they preferred, as the number of staff required to ensure their safety were not available.

They told us staff not turning up at their allocated time was a regular occurrence. The lateness of staff attending to another person's calls had caused them anxiety. Another person was unable to have their personal care needs attended to on one occasion because the preferred gender of staff to support them was not available. In a CQC survey one person told us that their family member found staff changes as a result of the shortage of staff and the use of agency staff "very unsettling". They said, "Times can alter and not all new staff are introduced or aware of [name of person]'s needs". One person told us in a survey, "In my opinion staffing is a major issue. There is often insufficient staff and the staff on duty are at times pushed to the limit

which often means missed calls or calls changed at little notice to the person". Another person contacted us and told us, "I would not allow my relatives to live at Bournville House if they needed a high level of care". Staff told us that some shifts were moved around without their knowledge and if they failed to check their telephones they were unaware of the changes made to their allocated calls the following day. One member of staff said, "There's been a lot of staff sickness recently but we pull together as a team". Another member of staff said, "I think it's the same everywhere. All the calls get covered but we have to move things around. The paperwork suffers but our customers come first".

The registered manager told us that people's individual needs were assessed and staffing was allocated based on their needs and the allocated hours funded by the local authority. For example low, medium or high needs. They shared the current staffing arrangements with us and showed us how staffing was monitored. They fully acknowledged the concerns people had shared with us and confirmed there had been no missed calls. They accepted people had experienced changes in their agreed call times and regular staff due to staff calling in sick at short notice. They also told us staff had to attend to the urgent needs of other people living on site, for example if they had fallen. One person told us, "They've never missed a visit but they don't come at the right time". The registered manager told us the action the provider had taken to address staff sickness and what they were doing to put things right. We were told the provider was actively recruiting to vacant posts and that current voids were being covered by a regular agency worker and the provider's existing community staff. We saw people were advised at a recent meeting that staff have to respond to emergency situations across the whole site which can impact on people who require assistance with personal care.

Feedback gained from the people who completed surveys before the inspection showed people felt safe from abuse and harm from their care staff and that care staff knew what to do if they suspected a person they supported was being abused or was at risk of harm. During the inspection one person told us, "Nobody has ever hurt or injured me". Staff had received training in protecting people from harm. They demonstrated a clear knowledge of the different types and signs of abuse and were clear of the action to take should safeguarding concerns be raised. One member

Is the service safe?

of staff said, “I’d report any allegation of abuse straight away”. Staff were confident in reporting poor practice and had access to policies and procedures to support them in their work although one member of staff spoken with said they had not seen the safeguarding policy. The management team were aware of the local authority’s safeguarding adult’s procedures. Where an allegation of abuse had been made this had been appropriately referred and the provider had worked with the local authority that lead on such matters.

We saw risks to people who received personal care had been identified, assessed and reviewed to reflect any changes in people’s needs. People with higher needs had emergency call pendants so that they were able to gain assistance if required. Pull cords were fitted in people’s homes to alert staff to any emergency needs and linked to a call centre which was manned 24 hours. Staff we spoke with were knowledgeable about the potential risks to people and how these were minimised. One member of staff shared an example of how they helped minimise the risk of a person who had a history of falls. They told us they ensured they had their equipment to assist with their mobility readily available to help minimise risks.

Staff went through a thorough recruitment procedure before they commenced employment. This ensured that they were suitable for their roles and supporting people in their own homes. Staff told us that they went through a thorough recruitment process and confirmed that all of the

required checks had been obtained by the provider before they began work. These checks help employers make safer decisions and prevent unsuitable people from working with vulnerable people. One member of staff told us that in addition to all of the necessary checks they had also been required to complete written tasks, scenario questions and partake in a group discussion, in addition to a formal interview.

People were encouraged to manage their own medicines and these were stored in their own homes. People who had assistance with their medicines told us they were happy with the support they received. Where people needed assistance to take their medicines we saw care plans provided staff with guidance that ensured people took their medicines safely and as prescribed. Staff confirmed they had been trained to carry out this role and their competency to safely support people with their medicines was regularly assessed. One member of staff told us, “There’s spot and peer checks in place to check that people’s medicines have been administered”. Where people had not received their medicines as prescribed we saw the registered manager had taken appropriate action to address these shortfalls and carried out an investigation to determine if there was any impact of harm on the person concerned. We saw medicines were regularly audited to ensure people received them as prescribed. The registered manager told us, “Staff are accountable for giving medicines, so it’s important we get it right”.

Is the service effective?

Our findings

Most people who completed surveys for us told us they received care and support from familiar and consistent staff. People we spoke with considered the staff had the necessary skills and knowledge to support them. All of the staff that completed surveys for us said they received the training they needed to meet people's needs, choices and preferences. New staff received a structured induction and essential training at the beginning of their employment, followed by refresher training to update their knowledge and skills. They were also allocated a mentor to work alongside to support their learning of people's needs and how the service worked. The provider had implemented the new care certificate. The care certificate looks to improve the consistency and portability of the essential skills, knowledge, values and behaviours of staff, and helps raise the status and profile of staff working in care settings. One member of staff described their induction as "really good". They told us they were provided with opportunities to shadow experienced carers until they were confident and competent to deliver care. Another person told us in a survey, "I feel that accord (the provider) are excellent with their training and feel that when we have new starters they have good knowledge of how the building is run and have all fire training and evacuation training on a regular basis. They also have full knowledge of each individual regarding their needs and preferences as they read their care plans on their induction days". We saw the provider had a learning and development department that supported the learning and development of staff training needs. The provider supported their staff to obtain professional qualifications in accordance with their role. We saw there was a team training record in place which identified training needs for each member of staff and flagged up when refresher training was due and completed. This record showed that training was provided on a number of essential topics and specific training was also provided. One member of staff told us they would benefit from receiving training in catheter care. Most members of staff spoke positively about their work and the support they received. They told us they received regular opportunities to discuss their work through one-to-one and team meetings held. One member of staff said, "I feel like I can approach and talk to them [the managers]."

People told us their carer's gained their consent before assisting them with their personal care. One person told us, "Carer's ask me if I would like them to do that". Staff were clear

about the importance of asking people to give their consent and told us that this was always considered. They shared examples of how they gained people's consent before they assisted them with their care. One member of staff said, "I always check that the person is happy before I help with anything". Another member of staff said, "I find it easy; I just ask people". We saw people had signed their care plans to indicate they were happy with their planned care. The provider had trained and prepared their staff in understanding the requirements of the Mental Capacity Act 2005 (MCA). Staff were able to tell us about this legislation and how it ensured people's rights were protected. The MCA provides a legal framework for making 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 registered manager told us that people currently receiving personal care had capacity to make decisions themselves. We saw there were no restrictions on people's freedom. They were free to come and go as they wished and had choices on how they wanted to spend their day.

Some people required support from staff with making meals of their choice. Where people required support with their meals this was recorded within their care plan. Personal preferences were also documented in relation to food and drink so that staff were familiar with people's specific dietary needs and requirements. A member of staff told us, "I offer people choices of food from their fridge when supporting people in their flats". We saw staff received training in nutrition and hydration to raise their awareness. The registered manager told us they would implement a screening tool to monitor a person's intake if they had concerns in relation to someone not eating or drinking.

People who received personal care arranged and attended their own health appointments.

The registered manager told us staff would call the doctor if someone was unwell or required attention and staff were able to accompany people on health visits for an additional

Is the service effective?

fee if it was not in their care plan. One member of staff told us, "It's all according to the level of care and support people need. The dentist and chiropodist visit and people are registered with a GP". People's care plans we looked at detailed their health needs, conditions and any medicines

prescribed. The registered manager advised us that specialist nurses had provided staff with awareness training in relation to specific health conditions. For example, epilepsy.

Is the service caring?

Our findings

Half of the people who completed surveys for us before the inspection told us they were happy with the care and support they received. Most people indicated their care workers were caring and kind towards them. During the inspection visit people spoke positively about the care and support they received. One person told us, “The carers are marvellous. I couldn’t fault them in any way”. Another person said, “The carers are brilliant, I can’t complain about them at all”. A member of staff told us, “I feel the staff at Bournville house strive to provide the best care to the customers. We are here to promote independence and tailor the care to the individual’s requirements to meet their needs”. Another member of staff said, I feel very passionate about the role I carry out. I am very caring and like to make a difference in someone’s life if I can”.

Most people told us their allocated timeslots were not always kept to. The registered manager acknowledged these comments and the need to improve the communication for people in receipt of personal care. Staff shared examples of how they provided people with choice when supporting them with their care. One member of staff said, “I offer and ask a person what they would like to wear each day”.

People’s preferences regarding their care and support and how they made decisions were recorded in their care plan. They provided guidance for staff regarding the way in which they were to provide care and support to people. One person told us, “I like my bed turned down and my carers do this for me”. The care plans we saw demonstrated that people were involved in making decisions about the care and support they received.

We saw people had access to information and booklets to support them with issues regarding their housing or care and these were available in the communal areas.

All of the people that completed surveys for us said the care and support they received helped them be as independent as they could be. During the inspection a member of staff was able to share an example of how their working practice had promoted a person’s independence. This was through encouraging the person to wash as much of their body for themselves as possible. Staff told us they received training in equality and diversity so that they could support people in respect of age, disability, gender, race, religion or belief.

Everyone we spoke with and people who had completed surveys for us told us they were treated with dignity and respect. One member of staff told us, “I make sure doors are shut and people are covered when supporting them with their personal care”.

Is the service responsive?

Our findings

Most people who completed surveys for us told us they were involved in discussions about their care and support needs. During the inspection visit one person told us, “The carers always ask if there’s anything else they can do for me”.

The registered manager told us that people’s needs were assessed prior to being allocated an apartment. All referrals to the service were made through a choice based letting service and allocations were made through a joint working protocol with the local authority and Bournville Trust, the registered social landlord. We saw people in receipt of personal care contributed to the planning and reviewing of their care and had a personal outcome plan. These were centred around people’s needs and reflected the views of the person being supported. They recorded how their care should be delivered. We saw that people signed their agreement to their care plans. Staff told us that people’s care needs was regularly reviewed with them so that any changes could be recorded. The provider told us in their PIR that people were reviewed based on the amount of care hours they were allocated and triggered reviews were undertaken following significant events or changes within a person’s care needs. Each person had an allocated keyworker that reviewed their care plans and any associated risks. We saw staff were issued with a handset phone which detailed the required tasks to be completed during each call.

A number of social activities were provided which people could access if they wanted. People were able to access a gym on the site, a restaurant and other shared areas. Links with the local community had also been developed. For example, the local community centre and children from the local school were due to visit the service to sing Christmas carols. People lived independently in their own accommodation and their friends and relatives could visit at any time.

People were encouraged to share their views and opinions of the service. We saw that a suggestion box was available and the registered manager held surgeries so people were able to see them without making an appointment to discuss anything of concern. Meetings were regularly held for care and support issues in addition to lifestyle meetings to discuss activities and events. Such meetings provided an

opportunity to share information about the service provided. All of the people who had completed surveys for us said the information they received from the service was clear and easy to understand.

Most people felt the service was responsive to their needs but this could be improved with staff availability. One member of staff told us, “If people indicate to us that their needs have changed, we’d talk to them, document it and refer to a senior and request a review of their care”. They were able to share an example of their practice and how they had responded to the changing needs of a person they supported with a specific medical condition. For example, by putting in extra calls when needed and being responsive to their changing needs. Another member of staff said, “I would flag up any changes in people’s medicines, health needs to a senior for review”.

Most people told us they received their care from a consistent group of staff although this was dependent on staff attendance and availability. Some people said they were not always introduced to new carers at short notice. The management team acknowledged this was due to recent issues with staff sickness.

We saw people had access to information about how to complain about the service. This was available in the foyer and a copy provided in an information pack given to people on their admission to the service. Feedback gained from people we surveyed showed that everyone was aware of the procedure to complain about the service; although only half of the people surveyed said staff responded well to any complaints or concerns they raised. During the inspection visit one person told us, “You can complain to the managers but they do nothing”. Another person said, “[Name of carer] is good. She’s our keyworker. If you complain she’ll do something”. The registered manager told us they had received three complaints that were investigated under their formal complaints procedure and shared these with us. These were logged electronically and shared with the provider. The registered manager acknowledged the need to record informal concerns received so that they were able to monitor and address any emerging trends and assure people that any issues raised were addressed. Staff we spoke with were aware of the complaints procedure and knew how they would address any issues raised by people. One member of staff told us,

Is the service responsive?

“Customers are definitely listened to. We try to deal with complaints within a timely manner and ask for people’s preferences for how they want feedback about their complaint such as verbal or written”.

Is the service well-led?

Our findings

Most people we spoke with considered the agency was managed well. One person told us, “[Name of manager’s] are very good”. Another person said, “Sometimes they are good, sometimes not. Sometimes they dodge things if it’s difficult. There’s niggling things, there’s nothing serious”. One person said, “On the whole I haven’t had too bad a service”.

There was a registered manager in place who was also responsible for two of the provider’s other registered services. They told us they were based at the service two and a half days a week. A full-time service co-ordinator had recently been promoted from within the team to support the registered manager. Both managers were aware of their roles, responsibility and accountability. Staff we spoke with felt the management team adopted an open and inclusive culture and were confident to challenge practice. One member of staff told us, “[Name of registered manager] is very approachable. If you have a problem, you can go to them, the seniors or the service co-ordinator”. Another member of staff said, “[Name of registered manager] is an open manager that is approachable and always makes time to see me. I think the service is definitely well-managed”. They told us they felt valued and supported by the registered manager.

The registered manager told us in their PIR, “We have a culture of openness and sharing, we use action plans developed from audits and share with the teams at all levels”. Staff told us they received opportunities to share their views and offer suggestions for improvement. One member of staff said, “We can add anything to the staff agenda we want to raise”. The registered manager told us spot checks were undertaken on staff and findings were shared to ensure an open learning culture was developed and managed. People told us they attended their review meetings and had the opportunity to attend ‘customer meetings’. This provided people with an opportunity for discussion and for their views to be heard. We saw that

people in receipt of a care package had been advised of reductions in their care package. People’s views had been obtained through satisfaction surveys in January 2015. 97% of people who completed the survey indicated they were satisfied with the care and support they received. We were told that staff surveys were due to be distributed to the staff shortly to gain their views.

There were systems in place to monitor the quality of the service. We saw numerous audits were regularly undertaken by the management and senior management team. Any identified areas of improvement were recorded in an action plan and had a date for completion. The registered manager agreed to record when actions had been completed to provide a detailed audit trail. We saw monthly reports were completed on the performance of the service and these detailed the number of safeguarding referrals, care reviews held, staff supervision sessions held, staffing issues and any medication errors. These were measured by the provider and shared with the staff team. The registered manager told us that reports about the service were generated and regularly shared with the commissioners of the service. Learning logs were completed for adverse incidents across the provider’s services and any trends and reoccurring themes were monitored and learning from events shared. The registered manager shared the learning points and improvements made following a safeguarding incident and how this information had been cascaded to the staff team and the improvements made as a result. There was also a continuous improvement action plan in place that was monitored by the provider. In addition to one-to-one and group meetings, spot checks were undertaken to monitor staff practice and performance when directly working with the people they supported. The provider shared information with staff through newsletters, emails and briefings. This ensured they were kept up to date with information about the service and organisation. The local authority told us when they last carried out a contractual monitoring visit to the service in January 2014; no issues had been identified regarding people’s care and support.