Accord Housing Association Limited

Mill Rise

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

This inspection took place on 4 January 2017and was announced. Mill Rise is a care service for people who have a variety of support needs, such as older people and people with dementia and people who have a learning, physical or sensory disability. The service is split between people who live in their own homes in the community and also people that live in apartments within a complex where the service has an office. There were 23 people being supported by the service at the time of the inspection.

There was a Registered Manager in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us they felt safe and we saw risk assessments and plans had been put in place to keep people safe.

Medicines were managed safely. There was clear guidance available for staff to follow and checks were made to ensure people were receiving their medicine as prescribed. PRN protocols were also in place for people that needed their medicine 'as and when required'.

There were appropriate amounts of staff to deliver care to people and people did not have to wait for support. Staff were aware of their responsibilities to safeguard people from abuse and referrals had been made if there had been an incident.

Safe recruitment practices were in place and staff had appropriate checks prior to starting work to ensure they were suitable to work with people who use the service.

The principles of the Mental Capacity Act 2005 were being followed. Mental capacity assessments were being carried out where needed and people were encouraged to make their own decisions.

Staff had sufficient training to support people effectively and staff were able to refresh this training when required. Staff were also supported in their role and had regular supervisions to discuss their needs.

People were supported to have food and drinks if they needed support however most people were independent.

People had access to other health professionals in order to maintain their health and wellbeing.

People felt staff were caring and that they were treated with dignity and respect, and people were encouraged to maintain as much independence as possible.

Care plans contained good personal detail so that staff could get to know the people they supported and people had their preferences documented and catered for where possible. People and family were involved in reviews and when people's needs had changed plans had been updated.

People were encouraged to partake in activities that interested them and staff were able to support people with this.

People and relatives were encouraged to provide feedback or complain if they needed to and it was recorded that this feedback was acted upon. We saw that complaints were recorded, investigated and responded to.

Effective quality monitoring systems were in place. Care files and associated documentation was audited and action was taken when omissions had been identified.

Spot checks were in place to ensure staff were fulfilling their role sufficiently.

Staff all felt they could approach the registered manager and the other staff in the team. There was an open door policy and staff all said they could raise things if necessary.

The registered manager felt supported by the provider and shared information from the provider with the staff. They had also submitted notifications about the service, which they are required to do by law.

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.

Risk assessments and plans were in place to reduce the risk to people and support staff to care for people safely.

Medicines were managed safely and there were PRN protocols in place.

People were protected by staff who understood the different types of abuse and that knew how to report abuse.

Safe recruitment practices were followed to ensure appropriate staff were working with people who used the service.

Is the service effective?

Good

The service was effective.

The principles of the Mental Capacity Act 2005 were being followed. Capacity assessments were carried out where needed and plans put in place to help people make decisions.

Staff had been trained and supported to care for people effectively.

Most people were independent with their nutritional needs however people did receive support when necessary.

People accessed health care services and advice from professionals was sought and followed.

Is the service caring?

Good

The service was caring.

Privacy and dignity was respected and people were encouraged

to be independent.

People and relatives found the staff kind and caring.

End of life care had been considered for people who wanted to put a plan in place.

Is the service responsive?

Good

The service was responsive.

People had personalised care plans which included life histories and their preferences were catered for.

People were encouraged and supported to partake in activities of their choice.

The service recorded and responded to complaints.

Is the service well-led?

Good

The service was well-led.

Quality monitoring systems were in place and action taken when issues identified.

People and relatives knew who the registered manager was and staff felt supported by the registered manager.

The registered manager was supported in their role by the provider.

Mill Rise

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 was 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 4 January 2017. We gave the provider one days' notice. This was to ensure that someone would be available in the office as it is a domiciliary care service. It was carried out by one inspector. The service had not been previously inspected under our new way of inspecting services and did not have a previous rating.

We looked at information we held about the service including statutory notifications that we had received from the provider. Statutory notifications include information about important events, which the provider is required to send us by law. We also asked commissioners and Healthwatch if they had any information they wanted to share with us about the service. Healthwatch is an organisation that gathers information from people and relatives who use services and provides feedback to commissioners and regulators (like the CQC) about those services.

We spoke with five people who used the service, one relative, five members of staff that supported people, a member of staff who worked in the office and the registered manager. We reviewed the care plans and other care records for three people who used the service and the medicine records of five people. We also looked at management records such as quality audits. We looked at recruitment files and training records for six members of staff.

Good

Is the service safe?

Our findings

People told us they felt safe. One person we spoke with said, "For me it's perfect. At night there is someone there." Another person we spoke with said, "I feel safe. The staff get me into bed and see that I am comfortable." A relative with spoke with told us, "I think it is safe, the carers are based in the building." One professional told us, "I feel the people I work with are supported well and feel that they are kept safe."

Plans and risk assessments were in place. Some people had specific health needs and staff would need to monitor people and take action if a particular symptom was apparent in order to keep them safe. Plans were in place detailing the different types of symptoms people might experience and also what to do next if they had a symptom. One person was at risk of developing skin integrity issues. There was a plan in place for staff to follow in order to try and prevent skin damage and they did not have any pressure sores. The service also checked how likely people were to fall and whether they needed extra support to prevent them from falling. If people were at risk of falling, plans had been put in place. There were also plans in place in the event of an emergency such as a fire, and people had personal plans to help them evacuate the building if it was necessary. This meant people were being protected from risk and being supported to maintain their safety.

Medicines were managed safely. There was clear guidance for staff to follow on the Medication Administration Records (MARs) alerting staff to whether people had an allergy or if medicine had to be given in a certain way. The recording of the administering of medicines was clear and if an error had been made, appropriate action had been taken to protect the person and prevent a reoccurrence. Some people had medicine that was administered 'when required', this is called PRN medicine. There were personalised PRN protocols in place to help staff determine when people did or did not need their medicine. This meant people were kept safe as they were receiving their medicine as prescribed.

People and staff told us there was enough staff. One person we spoke with said, "My calls are on time." Another person told us, "The staff are very good at turning up on time." One member of staff we spoke with said, "There's enough staff at the moment" and went on to say, "They don't make you feel like you have to pick up extra calls." Another member of staff said, "Yes we have got enough staff." The registered manager told us they checked how many staff were required by looking at how many visits were needed, the times and lengths of the calls and the needs of each person. We saw from records that visits most often took place at the time they were planned for. This meant people were having their health, safety and well-being maintained by appropriate amounts of staff.

People were protected against the risks of potential abuse. Staff we spoke with were able to tell us about the different types of abuse and the action they would take if they suspected someone was being abused. Staff told us they had received training to extend their knowledge about safeguarding and we saw records to confirm this. If an allegation had been made or an incident had occurred it had been referred to the local safeguarding authority. Staff also told us they knew about the whistleblowing policy and knew they could report concerns if they felt something was wrong. This meant people were protected as people were

supported by staff who knew and understood their responsibilities regarding safeguarding people.

The service followed safe recruitment practices. Staff files we viewed included application forms, records of interview and appropriate references. Records showed that checks had been made with the Disclosure and Barring Service (criminal records check) to make sure people were suitable to work with people who used the service.

Good

Is the service effective?

Our findings

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. A person who has Lasting Power Of Attorney (LPOA) for health and welfare has the legal right to make decisions and sign agreement on behalf of someone who has lost their capacity to make their own decisions.

We checked whether the service was working within the principles of the MCA. Staff were able to tell us about the MCA. People told us they could make their own choices and staff explained to us how they helped people. One member of staff said, "You have to assume people have the capacity, if they lack capacity it may only be temporary. Decisions regardless of capacity should have the person at the centre and they should be involved." Another member of staff told us, "I assume people can make decisions for themselves, until assessed as otherwise." All of the people in the service had capacity, although some people had capacity at certain times of day and it was recorded that staff should discuss decisions with them at these times. Individualised plans were in place which clearly recorded when and how each person should be asked to make a decision. We saw people were signing consent for their own care. This meant people were being protected and the principles of the MCA were being followed.

Staff had training to ensure they were effective within their role. People and relatives told us they felt the staff were well trained. One person we spoke with said, "The staff are well trained." Staff told us and we saw records to confirm that they undertook an induction and a period of shadowing when they first started working in the service. One member of staff said, "I'd never done care before and the induction prepared me." Another member of staff told us, "There was an induction pack and I have felt really supported so it's been good." Staff were also supported to refresh their training, one member of staff said, "The amount of training I've had is second to none." Another staff member told us, "The training is very good." Staff told us they received regular supervisions and support. For staff that had recently started they were asked if they felt they had done enough shadowing and discussed training needs before starting to support people unaccompanied. We also observed a new member of staff shadowing more experienced staff, they told us, "They've been supportive, I've settled quite well."

Most people were independent with eating and drinking however some people who did need support told us they were helped by staff. One person said, "They warm my food up for me." Another person told us, "They prepare meals if I ask them but it's not all the time." This meant people were supported to maintain their nutritional and fluid intake if required.

People had access to health professionals. One person we spoke with said, "They call the Doctor for me." One professional told us, "I am continually contacted in the event of any changes" and went on to say, "I have a good partnership relationship with the staff at Mill Rise, I have never had to worry about how the care

is delivered." Another professional we told us, "I feel that the staff at Mill Rise refer to us when appropriate." We saw examples of 'Health Action Plans' which detailed input from other health professionals, such as an optician, dentist and podiatrist. This meant people were able to maintain their health as they were able to consult with other health professionals and guidance was being followed.

Good

Is the service caring?

Our findings

People and relatives told us they felt the service was caring. One person we spoke with said, "I can have a laugh with staff." Another person told us, "I can have banter with staff" and they went on to say, "I can go to the staff if I've got problems." Another person told us, "I couldn't ask for a better team." One relative we spoke with said, "The staff are very caring. If my relative hasn't answered the phone when I ring, I can call the office and they go and check on my relative and call me back to give me piece of mind." One member of staff said, "I make sure I explain things to people" and they went on to say, "I always treat people how I would want to be treated." One professional we spoke with said, "Mill Rise has a 'family feel' and the staff go above and beyond."

People were treated with dignity and respect and were able to have privacy. One person told us, "The staff check my permission first [before supporting me]." Staff were able to tell us about how they supported people to retain their dignity, such as ensuring people were covered whilst supporting them with personal care and knocking on doors prior to entering a room. This meant people were supported by staff who were caring and catered for their needs.

People were offered choices and encouraged to maintain their independence. One member of staff told us, "I try to get them to do as much as they can for themselves." Another member of staff said, "I take the lead from the person." We saw that people were enabled to manage their own medicines if they chose to and staff would help where appropriate. For example, one person could take their own medicine but needed staff to pass it to them as they were unable to reach them in the place they chose for them to be stored. Staff told us they offered people choices such as the clothes they would like to wear and the food they would like to eat.

End of life care had also been considered for people who wanted to. We saw plans in place that detailed people's last wishes and that these had been reviewed to check their choices were still relevant.

Good

Is the service responsive?

Our findings

Staff knew people well and staff were able to tell us how they supported people, which was reflected in people's care plans. One person we spoke with told us, "The staff know me, oh yes, they know me." Another person we spoke with said, "Whatever I want I can ask the staff and they do it." One professional we spoke with said, "Care that is offered is personalised and extremely focused on the individual." Another professional we spoke with told us, "I feel that the care plans and the attitude is very person centred and the staff know the service users very well." Plans were personalised and contained good detail on how people liked to be supported, the level of prompting or support needed and also details of their life history. We saw that people were involved in reviewing their care plans regularly and people signed their consent to care.

Care plans were reviewed regularly and had been updated when required, and we saw that people were involved in these reviews. If people had particular communication needs, plans were in place to ensure staff could communicate effectively with these people. We saw action had been taken to include people with different communication needs in their reviews and developing their care plans. This meant there were personalised plans available for staff and staff were following these plans to support people's safety, health and well-being.

People were supported to partake in hobbies and interests. We saw plans in place to support people to partake in activities and encouraging hobbies and interests was included in care plans to support people's mental health. Staff told us they supported people to access the community and we saw people did this and it was recorded in records about their care. One person told us, "I choose not to partake in activities." This meant people were able to choose how they spent their time.

There was a complaints policy in place and people confirmed they knew how to complain. One person we spoke with said, "I've complained before, the registered manager looked into it and sorted it." Another person told us, "I'd go to the office to speak to someone if I needed to." The registered manager told us that a welcome pack was given to people when they started receiving support and it contained guidance on how they could complain. A large print policy was available for people. Other members of staff, in addition to the manager, had also been trained to record complaints so there was no delay in responding to them. We saw that complaints were recorded and a written response was sent to the complainant which they were satisfied with. Compliments had also been submitted to the service and recorded. This meant the service dealt with complaints and would act upon feedback.

Good

Is the service well-led?

Our findings

There were effective quality assurance systems in place, with regular reviews. Care plan audits had been carried out. We saw that when a person's care file had been reviewed, an action plan had been put in place to rectify any omissions and we saw that the omissions had been remedied. Medicines were also audited, with MAR charts being checked and full audits being carried out for each person every three months. Senior staff were responsible for carrying out these audits and they had time allocated on their rota to ensure they had the availability to undertake this. The registered manager monitored the amount of time staff were spending with people and whether this matched what had been planned for. Any differences were investigated and action taken if a person's need had changed. One staff member told us, "We're getting the visit length increased for [person's name]" and the registered manager also told us, "We have increased the care for [person's name] as they have become unwell." The provider looked at accidents and incidents across all of their services. This meant that checks were being made to ensure systems in place were effective and that people were being appropriately supported.

Staff had spot checks carried out to ensure they were supporting people correctly. One member of staff told us, "They do spot checks and check we knocked on doors before entering, that we are doing the preferred routine of the person and that we fill in documents correctly and turn up on time." We saw that these spot checks had been documented and that staff were checked to ensure they were offering people choices. There were also audits on staff personnel files to ensure that staff had all of their training up to date and an action was identified and completed to ensure that evidence of training was available.

People, relatives and staff were asked for their opinion about the care. There had been both a recent people and relative survey, the results of which were still being analysed. The previous survey carried out had a 'you said, we did' poster following the feedback being analysed. We saw that there were regular meetings with people, for example during one meeting it was discussed how people could complain and what safeguarding meant. People had raised that they would like a copy of which staff member were going to visit them in the following weeks and this feedback was acted upon. This meant that feedback was encouraged and the service used this feedback to make improvements.

People and relatives told us they knew who the registered manager was and felt able to speak to them and other members of the staff team. When we asked one person if they knew who the manager was and if they felt they could speak to them if they needed to, they told us, "Of course I can go to [registered manager's name]." One person we spoke with said, "They're [the registered manager] great!" and went on to say that the senior member of staff that supports them was "really good at their job." Another person told us that the senior member of staff "is lovely." This meant people and relatives felt able to speak to the registered manager and the staff team if they needed to.

Staff also felt supported by the registered manager and the staff team. One member of staff said, "I feel supported and the senior carers are amazing, any problems I can go to them" and they went on to say, "The staff are all amazing, we all try and support each other." Another member of staff told us, "The staff are all

brill here, they're committed and it rubs off onto other staff" and they went on to say, "The registered manager is always open with me and they have been so supportive." Another member of staff said, "The registered manager takes that bit of extra time to text me and check I am ok." This meant staff felt able to ask for help and were supported in their role to care for people.

There were regular staff meetings in which a range of areas were discussed such as safeguarding, preventing pressure sores and training. We saw that if the registered manager had attended a meeting or event, the information was cascaded to all other members of staff. For example, the registered manager attended a day about supporting people with diabetes as some people they supported had diabetes. A folder with information from the day was put together and shared with staff and information was provided to people who used the service also. This meant that staff felt supported to effectively care for people and the registered manager shared information and best practice guidance with the team.

The registered manager felt supported by the provider. The registered manager told us, "The provider comes to help me whenever I need them." The registered manager attended network meetings with other services operated by the same provider and had a 'buddy' manager they could approach if they needed support. Information from the network meetings was also shared with all members of staff so they were kept up to date with the progress of the provider. They also had supervisions with the provider to discuss their well-being and any actions that needed to be completed to ensure the service was working effectively. The registered manager had notified CQC about significant events that they are required to notify us of by law.