

Accord Housing Association Limited

St Brides

Inspection report

6 St Brides Close
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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

St Brides Close provides accommodation for eight people who have a learning disability, in two separate bungalows. At the time of our inspection there were eight people living in the home. At the last inspection, in July 2014, the service was rated Good. At this inspection we found that the service remained Good.

There was a registered manager in post. 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 continued to be supported in a safe way and where risks to people were identified they were managed effectively. Staff knew what abuse was and how to recognise and report it. Medicines were managed safely and people had their medicines at the prescribed times. There were enough staff available to offer individual support to people and recruitment process ensured they were suitable to work within the home. Staff had received training to help them support people.

When needed capacity assessments had been completed and decisions made in people's best interests. When people were being unlawfully restricted this had been considered and applications made for the legal approval.

People were treated in a kind and caring way. Their privacy and dignity was promoted by staff and they were encouraged to be independent. They were able to make choices around their day and were offered the opportunity to participate in activities they enjoyed. People were supported to access health care professionals and health care services when needed. They were offered a choice of foods they enjoyed.

Quality monitoring checks and feedback from people who used the service were obtained to bring about improvements in the service. Staff felt listened to and were provided with the opportunity to raise concerns. There was a complaints procedure in place and this was followed by the provider. The registered manager understood the requirements of registration with us and notified us about significant events that occurred in the home.

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 remains good.

Is the service effective?

Good ●

The service remains good.

Is the service caring?

Good ●

The service remains good.

Is the service responsive?

Good ●

The service remains good.

Is the service well-led?

Good ●

The service remains good.

St Brides

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 visit took place on the 10 May 2017 and was unannounced. The inspection visit was carried out by one inspector. We checked the information we held about the service and the provider. This included notifications the provider had sent to us about significant events at the service. We used this to formulate our inspection plan.

On this occasion we did not ask the provider 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. However we offered the provider the opportunity to share information they felt relevant with us.

We were unable to speak with people who used the service so we spent time observing care and support in the communal area. We observed how staff interacted with people who used the service. We spoke with two relatives, three members of care staff and the registered manager. We did this to gain people's views about the care and to check that standards of care were being met.

We looked at the care records for two people. We checked that the care they received matched the information in their records. We also looked at records relating to the management of the service, including quality checks and staff files.

Is the service safe?

Our findings

People living at St Brides remained safe. One relation told us, "Yes they are very safe. They have not come to any harm since they have been there. If the staff were concerned about anything they would follow the correct procedures and take action. They would also update us". We saw when people needed specialist equipment it was provided for them and used in the correct way. For example, we saw people needed specialist equipment to be transferred. We saw staff using this equipment safely and in line with people's care plans. Records showed the equipment had been maintained and tested to ensure it was safe to use. A member of staff told us, "We have training to use the equipment. We use it in pairs as this is what the risk assessment states for this person; that way we know it is the correct way". This showed us that people were supported in a way to keep them safe.

Staff knew what constituted abuse and what to do if they suspected someone was being abused. A member of staff said, "It is making sure people are safe from any harm". Another member of staff said, "We would report any concerns or abuse to the manager or senior carer". We saw procedures for reporting safeguarding were displayed around the home. Procedures were in place to ensure any concerns about people's safety were reported appropriately. We saw when needed these procedures were followed to ensure people's safety.

Staff we spoke with knew about people's individual risk and how to support people to keep them safe. For example, staff explained how a person was at risk due to a health condition and the action they would take when this occurred. We saw there was a risk assessment in place detailing the guidance that staff had told us. This demonstrated staff had the information needed to manage risks to people.

There were enough staff available to meet people's needs. One person said, "Staffing isn't an issue, there are staff at the home and then extra come in so people can go out and about". We saw staff were available in the communal areas and people did not have to wait. We saw when people needed one to one support this was provided for them. The registered manager confirmed there was a system in place to ensure there were enough staff to meet the assessed needs of people.

People's medicines were managed in a safe way. One member of staff explained that medicines were stored individually in people's bedrooms in a locked cupboard. The staff member said, "We have training initially. We then are observed in the home administering medicines before we are told we are okay to administer them independently". Records and our observations confirmed there were effective systems in place to store, administer and record medicines to ensure people were protected from the risks associated with them.

The provider had systems in place to ensure staff suitability to work within the home. We looked at records for two staff and saw that references and DBS clearance were obtained before they were able to start working within the home. The disclosure and barring service (DBS) is a national agency that holds information about criminal convictions.

Is the service effective?

Our findings

Staff received on going training that helped them support people. One staff member told us "The training is good, we have regular updates which is important as in this area things change all the time". A member of staff gave us examples of specialist training they had undertaken to support people living in the home. The registered manager told us how they had implemented the Care Certificate for all new starters as part of their induction. The Care Certificate has been introduced nationally to help new care workers develop and demonstrate key skills, knowledge, values and behaviours which should enable them to provide people with safe, effective, compassionate and high quality care.

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 or themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked to see if the provider was working within the principles of the MCA. Some of the people living in the home lacked capacity to make important decisions for themselves. We saw when needed people had mental capacity assessments in place. When people were unable to make decisions we saw decisions had been made in people's best interests. Staff we spoke with understood the importance of gaining consent from people before offering support. Staff explained how they would gain consent from people. One member of staff explained, "Some people don't have verbal communication so we follow their actions and take their lead on what they want to do". We saw staff gaining consent from people. This demonstrated that staff understood the importance of gaining consent.

The provider had considered when people were being restricted unlawfully. We saw applications for assessment had been made to the local authority and these were being considered. Staff we spoke with demonstrated an understanding of DoLS. One member of staff said, "It is when we are restricting someone so we have to consider the law". They went on to explain how they supported people. This demonstrated that the principles of the MCA were recognised and followed.

There was a choice of food available for people. We saw that people were offered a choice at breakfast and people had different meals. Records we looked at included an assessment of people's nutritional risks. We saw when these risks had been identified people had their food and fluid intake monitored, so concerns could be identified. Throughout the day people were offered a choice of hot and cold drinks and snacks were also available.

Records confirmed people attended health appointments and when referrals were needed to health professionals these were made by the provider. We saw referrals to speech and language therapists and physiotherapists This demonstrated when a person needed access to health professionals it was provided

for them.

Is the service caring?

Our findings

Relatives told us they were happy with the staff. One person said, "They are a good bunch, I can tell my relation gets on with them by the way they react". The atmosphere was relaxed and friendly. We saw staff laughing and joking with people. One person was unwell during the inspection and staff offered support to this person. This showed us that people were treated with kindness.

People's privacy and dignity was promoted. Staff gave examples of how they promoted people's privacy and dignity and treated people with respect. One staff member said, "When we are completing personal care we ensure we take the person to their bedroom or the bathroom. We make sure we are discreet and no one else is around". We saw staff knocking on people's door before entering their rooms. This demonstrated people's privacy and dignity was promoted.

People were encouraged to be independent. Staff gave examples of how they encouraged people to remain independent. One staff member said, "One person will take you to the television when they want it turned on, they guide us to do it but I always ensure that they do it themselves". We observed one person was making a hot drink independently, with the guidance from staff.

People were supported to make choices about their daily routine. One staff member said, "[Person] will take you to the door when they are ready to go out so we follow that lead". We saw people making choices about where they would like to go and what room they would like to be in.

Relatives and visitors told us they could visit anytime and felt welcomed. One relative said, "I visit anytime". This meant people were encouraged to maintain relationships that were important to them.

Is the service responsive?

Our findings

Staff knew about people's needs and preferences. One relative commented, "Some staff have been at the home a long time so they have got to know people over the years". Staff told us they were able to read people's care plans to find out information. One staff member said, "The care plans have information in, we also talk to people's relatives if we want to find out anything". They said they used the information to talk to people about their likes and dislikes. We saw staff talking to people about things they liked doing.

People had access to the community to participate in activities they enjoyed. We saw people had activity planners in place and staff confirmed they were in line with people's likes and dislikes. Relatives spoke enthusiastically about activities at the home. A relative told us, "Yes I think they do enough they are always out, shopping or pub lunches" This meant people had the opportunity to participate in activities they enjoyed.

Relatives told us if they had any concerns or complaints they would happily raise them. A relative told us, "I would raise any concerns with the staff or manager if needed". The provider had a policy and a system in place to manage complaints. We saw there was also a pictorial complaints policy displayed around the home. We saw when complaints had been made these had been responded to in line with the providers policy.

Is the service well-led?

Our findings

There was a registered manager in place. Relatives and staff knew who the registered manager was." A relative told us, "Yes I know who the manager is, and have no concerns". The registered manager understood their responsibility around registration with us and notified us of important events that occurred at the service. This meant we could check the provider had taken appropriate action. We saw that the rating from the last inspection was displayed within the home in line with our requirements.

Quality checks were completed by the registered manager and the provider. These included checks of medicines management and areas around health and safety. Where concerns with quality had been identified we saw that an action plan had been put in place. This information was used to bring about improvements. For example, the registered manager had identified that there were issues with the administration of medicines. The registered manager told us and we saw that action had been taken and new colour codes had been introduced to ensure when medicine should be administered was clearer. This showed us when improvements were needed action was taken to improve the quality of the service.

The provider sought the opinions of people who used the service. When people had provided feedback action had been taken. For example, one person had requested the support of only female care staff. We saw there were systems in place to ensure this happened.

Staff told us they had meetings where they had the opportunity to raise any concerns. Staff felt they were listened too and if changes were needed then the registered manager and provider would make them. One member of staff told us, "I think we are really good team. We all have different skills so some are good with paper work some are good with medicines". Staff we spoke with were happy to raise concerns and knew about the whistle blowing process. Whistle blowing is the process for raising concerns about poor practices. One member of staff said, "I would be happy to share my concerns if I needed to ". We saw there was a whistle blowing procedure in place. This showed us that staff were happy to raise concerns and were confident they would be dealt with.