

Accord Housing Association Limited

Hillfield House

Inspection report

Hillfield Lane
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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 

Overall summary

This inspection took place on 1 October 2015 and was unannounced. The home had been purchased and registered with a new provider in May 2015. This was the first inspection since registration.

The service provides accommodation and personal care for up to 34 older people living with dementia. Twenty eight people were living at the home on the day of our inspection.

The service had 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.

People told us they felt safe at the home and staff understood how to protect people from abuse and were

Summary of findings

responsive to their needs. People were protected against the risk of abuse, as checks were made to confirm staff were of good character to work with people. Sufficient staff were available to meet people's needs.

Risks to people's health and welfare were assessed and care plans were in place that minimised the identified risks which ensured people were supported in a safe way. People had equipment in place when needed, so that staff could assist them safely.

Staff were provided with training to support them to meet the needs of people they cared for. People were supported to maintain good health and accessed the services of health professionals when needed.

The manager understood their responsibility to comply with the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Staff knew about people's individual capacity to make decisions and supported people to make their own decisions.

Risks to people's nutrition were minimised because staff understood the importance of offering appetising meals that were suitable for people's individual dietary requirements and preferences.

People told us staff were caring. Staff understood people's needs and abilities and reassured and encouraged them in a way that respected their dignity and promoted their independence.

The provider had systems in place to assess and monitor the quality of the service, so that actions could be put in place to make improvements where needed. There were systems in place to supervise and manage all staff, to ensure their practice was monitored and to identify when additional support or training was required. Positive communication was encouraged and people's feedback was sought by the registered manager to further develop the service and drive improvement. The management of the service was open and transparent.

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 safe.

People felt safe and staff understood their responsibilities to keep people safe and protect them from harm. Risks to people's health and welfare were assessed and actions to minimise risks were detailed in people's care plans. People were supported to take their medicines as prescribed. There were sufficient staff to support people and recruitment procedures were thorough to ensure the staff employed were suitable to support people.

Good



Is the service effective?

The service was effective.

People's needs were met by staff that were suitably skilled. Staff felt confident and equipped to fulfil their role because they received the right training and support. Staff understood the principles of the Mental Capacity Act 2005 so that people's best interests could be met. People were supported to eat and drink enough to maintain their health, and staff monitored people's health to ensure any changing health needs were met.

Good



Is the service caring?

The service was caring.

Staff were kind and caring and treated people respectfully. Staff supported people to maintain their dignity and privacy. People's personal preferences were met and they were supported to maintain their independence. People were involved in discussions about how they were cared for and supported.

Good



Is the service responsive?

The service was responsive.

The support people received met their needs and preferences and was updated when changes were identified. People were supported to maintain their interests and hobbies. The complaints policy was accessible to people. People received a satisfactory outcome when they complained or expressed their concerns.

Good



Is the service well-led?

The service was well led.

People were encouraged to share their opinion about the quality of the service to enable the provider to identify where improvements were needed. Staff understood their roles and responsibilities and were given guidance and support by the management team. Systems were in place to monitor the quality of the service provided.

Good



Hillfield 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 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.

This inspection took place on the 1 October 2015 and was unannounced. The inspection team consisted of one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We did not send the provider a Provider Information Return (PIR) request prior to this inspection. 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 asked the registered manager if there was information they wished to provide to us in relation to this.

We reviewed the information we held about the service. We looked at information received from the public, from the

local authority commissioners and the statutory notifications the manager had sent us. A statutory notification is information about important events which the provider is required to send to us by law. Commissioners are people who work to find appropriate care and support services which are paid for by the local authority.

We spoke with eight people who lived at the home and four people's visitors. We also spoke with four care staff, the cook, the deputy manager and registered manager. We observed the care and support being delivered in communal areas and we observed how people were supported to eat their meal at lunch time.

We reviewed two people's care plans and daily records to see how their care and treatment was planned and delivered. We looked at two people's medicine's and administration records to check that people received their medicines in a safe way and as prescribed. We reviewed two staff files to check staff were recruited safely and looked at the training and support staff received to deliver care appropriate to each person's needs. We reviewed management records of the checks the manager made to assure themselves people received a quality service.

Is the service safe?

Our findings

People told us they felt safe at the home. One person told us, “I think because the doors are locked and there’s someone on the corridor, I never feel frightened. Never.” Another person said, “I feel safe because there are plenty of people around, especially at night.” People’s visitors told us that their relatives were safe at the home. One visitor said, “I know that [person who used the service] is safe here. They are always happy and the staff are very caring and understanding.” Another relative told us, “I think [person who used the service] is safe here. I think they are well looked after here.”

Staff confirmed they attended safeguarding training and learnt about the whistleblowing policy. This is a policy to protect staff if they have information of concern. Records showed staff had undertaken training to support their knowledge and understanding of how to keep people safe. Staff we spoke with knew and understood their responsibilities to keep people safe and protect them from harm. They were aware of the signs to look out for that might mean a person was at risk. Staff knew the procedure to follow if they identified any concerns or if any information of concern was disclosed to them. One member of staff said, “I would report any concerns to the manager and I know she would follow the right procedure but I know we can go to the local authority who investigate safeguarding concerns if we need to.”

Information in the care records showed that people’s needs were assessed and identified risks were monitored and managed to maintain people’s safety. For example one person cared for in bed had detailed information regarding the equipment and the number of staff that were needed to support them with their personal care needs and repositioning, to reduce the risk of pressure sores to their skin. This minimised their risk of injury and demonstrated that staff had guidance to follow to ensure people were provided with safe care. Staff told us about the support this person needed and this matched the information recorded. One member of staff told us, “We all read the risk assessments and care plans and we are involved in reviewing and updating them. It’s essential really to providing the care people need.”

We saw that plans were in place to respond to emergencies, such as personal emergency evacuation

plans. The plans provided information on the level of support a person would need in the event of fire or any other incident that required the home to be evacuated. We saw that the information recorded was specific to each person’s individual needs.

Staff told us they had all the equipment they needed to assist people and were able to explain the actions they took and the equipment used to support people safely. The premises were maintained to a good standard and records were in place to demonstrate that the maintenance and servicing of equipment was undertaken as planned.

We saw that the registered manager had checked staff’s suitability to deliver personal care before they started work. Staff told us they were unable to start work until all of the required checks had been completed. We looked at the recruitment checks in place for two staff. We saw that they had Disclosure and Barring Service (DBS) checks in place. The registered manager told us that new DBS checks had been undertaken for all staff by the new provider since registration. The DBS is a national agency that keeps records of criminal convictions. The two staff files seen had all the required documentation in place which meant that staff were suitable to work in a caring role.

People confirmed that there were enough staff available to meet their needs. We saw staff were attentive to people’s needs and were available to support people as needed. One person told us, “There are plenty of staff. I see a lot every day.” Another person said, “If you had any more you wouldn’t know who to talk to.” The staff we spoke with told us that there were enough staff to meet people’s needs.

Medicines were managed in a safe way. People told us they received support to take their medicines as prescribed. One person told us, “The staff always bring them on time.” Another person said, “The staff do it. No problems.” We observed people being supported to take their medicine at lunch time and saw that people were supported by the staff to take their medicines in a safe way. Medicines were stored appropriately. Records of medicine administration and stock were kept, to show medicines were administered in accordance with people’s prescriptions and available when people needed them. Staff kept a record of the temperature checks they made to make sure medicines were stored in accordance with good medicines management. Staff confirmed that only staff that had been trained administered people’s medicines.

Is the service effective?

Our findings

People told us that they were happy with the care they received and that staff were helpful and supportive. One person told us, “You couldn’t ask for better people to look after us here. The staff here are wonderful.” Another person said, “They’re looking after us as soon as we get up.”

We saw that staff had the skills and knowledge to meet people’s needs and promote their wellbeing. Throughout the day staff demonstrated that they understood people’s needs and the support they needed. For example one person was supported to stand by staff using verbal prompts. We heard the staff member saying, “Try and use the chair to push up, one two, three, that’s lovely.” This support enabled the person to retain their independence and met their mobility needs. Staff told us that they received the training they needed to care for people effectively. Staff told us that there was an induction process in place to help new staff understand their role and told us this included reading care plans and training sessions. One member of staff told us, “When we have new starters they work alongside us during their induction. We all work well together and most of us have known each other a long time, so we all look out for new staff and support them.” This showed us that staff were supported to meet people’s needs.

Staff confirmed they received regular supervision and an annual appraisal and we saw a plan was in place to ensure supervision was provided on a regular basis. Staff told us they were supported well by the management team and by each other. One member of staff said, “We all support each other and the manager and deputy are part of the team, it’s a nice place to work.”

The Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) set out the requirements that ensure decisions are made in people’s best interests when they are unable to do this for themselves. Staff had an understanding the requirements of the MCA. The information in people’s assessments and care plans reflected people’s capacity when they needed support to make decisions.

Some people who used the service were assessed as being deprived of their liberty and we saw the registered manager made appropriate applications for people who were affected. These applications were to ensure the legal issues

were appropriately assessed. The MCA and DoLS require providers to submit applications to a Supervisory Body for authority to deprive a person of their liberty. At the time of the inspection five people had a DoLS authorisation that had been approved.

People we spoke with said they enjoyed the food and were happy with the quality and quantity of food provided. We observed the lunch time meal and saw that people’s dietary needs and preferences were met. We saw people that needed help to eat were supported by staff in a respectful and unhurried way. Staff were attentive to people’s needs and checked throughout the meal that people were satisfied and enjoying their meal. We saw that people were encouraged to eat their meal but their wishes were respected when they didn’t want any more. For example we heard one person telling a member of staff, “I’ve really enjoyed it. I’ve had a lovely dinner. I don’t want anymore.” Another person couldn’t finish their lunch and we heard staff saying to the person, “You had a good breakfast though, that’s the problem when you eat so much at breakfast.”

The care records we looked at demonstrated that people were supported to maintain their nutritional health. Nutritional risk assessments were in place and people’s weight had been monitored regularly. Referrals had been made to health professionals when risks were identified. For example one person had been identified as being at risk of malnutrition and dehydration. We saw that the relevant health care professional had been involved and staff were monitoring this person’s food and fluid intake.

People told us they were supported to maintain their health care needs. One person said their doctor visited them if they were unwell and told us, “They call the doctor and before you know it he’s here to see me He’s very nice” Another person confirmed they saw a doctor when needed and told us, “The doctor has been once or twice since I’ve been here. It’s reasonably quick, I haven’t been waiting days or weeks. Usually it’s the same day staff call them.”

People confirmed that they had access to other health care services. One person said, “They all come here. The chiropodist comes. They (the optician) come and check your eyes. If they come for one, they’ll check everyone.”

Records showed that people had access to health care services and received ongoing healthcare support. Visitors confirmed that their relative’s health care needs were met

Is the service effective?

and that doctors and other health care professionals were contacted as needed. They told us they were kept informed of any changes in their relation's health or other matters.

One relative told us, "I have been in dialogue with the mental health team regarding a change in [person who used the service] medication. I am always involved, I wouldn't have it any other way."

Is the service caring?

Our findings

We observed a positive and caring relationship between people who used the service and staff. We saw staff treated people with respect and in a kind and caring way. One person told us, “The staff are lovely, they’re very good. They’re nice and friendly and respectful.” Another person said, “The staff don’t say ‘you can’t do this and you can’t do that’. They oblige if they can.”

We saw that staff encouraged people to make choices as part of their daily lives, for example we heard staff asking people about where they would like to sit and what they would like to do. People told us staff supported them to maintain as much independence as possible. One person told us, “If there’s something I can do for myself, I try and do it” Another person said, “If it’s within reason, they say ‘carry on.’ Another person told us, “I brush my hair, all that sort of business.”

We saw that staff were attentive and observant when people showed signs of discomfort, checking with them if they were in pain and ensuring people received pain relief when needed. We saw that staff engaged positively with people whilst providing them with support and throughout the day. For example people were approached by staff in a sensitive and caring way. People were asked if they had everything they needed and staff checked on their wellbeing. One person told us, “Very good staff. They come and ask if there’s anything you want.”

We saw a poster regarding independent advocates was on display at the entrance to the home. Advocacy is about enabling people who have difficulty speaking out to speak up and make their own, informed, independent choices about decisions that affect their lives. Although nobody was using the services of an advocate at the time of our visit, the registered manager ensured people had this information available to them.

We observed people’s privacy and dignity was respected by staff when receiving care and support. For example when asking people if they needed to use the toilet, staff got close to the person and asked them quietly and discreetly, to ensure other people could not overhear. One person said, “The staff don’t belittle you.”

People told us that staff respected their rights to privacy when they wanted it. One person told us, “Yes I can have privacy if I want, but I don’t go in my room because I get lonely there sometimes.” Another person said, “Oh yes I can but I don’t always want privacy.”

Visitors we spoke with told us they could visit at any time and were always made to feel welcome by the staff team. One person’s visitor said, “It’s always nice when you come in. You’re always welcome.” Another visitor told us, “We visit quite a lot and are always greeted with a smile by the staff. It’s a lovely place.”

Is the service responsive?

Our findings

People confirmed that the support they received from staff met their individual needs. One person said, “Well, the support I get does suit me. I feel I could approach the staff with anything.” Another person said, “I don’t ask for a lot of support but anything they can do, they’ll do it.” Visitors confirmed their relatives received support in their preferred way and that staff were responsive to their needs. One person’s visitors told us, “The staff try and work with them. They will come and do [person who used the service] nails. The staff have managed to get them to wash their hair which has been difficult to do in the past.”

People and their visitors confirmed they were involved in their care plan and consulted regarding any changes. One visitor told us, “I am very involved and the staff go out of their way to make sure of that, which is how it should be but I am very grateful that they do that, it’s very important to me.” Another visitor said, “The staff involve us and we are invited to attend reviews, which we attend and we are always asked for our opinion.”

Care plans included information about people’s previous lives, their likes, dislikes and preferences. Discussions with staff demonstrated that they understood people’s likes and dislikes and the way they preferred to be cared for. One member of staff told us, “It’s important that we understand about people’s earlier lives so we know what’s important to them and what they liked to do.” People told us that they were supported by staff to remain active. One person told us, “I do jobs for the staff like fold washing. I’ve always worked. I love work. I love housework.” Another person said, “I do a lot of knitting. I had enough of books when I was at work! You can walk about as much as you want. We also get entertainers coming in which are good.”

We saw that staff spent time sitting chatting with people throughout the day and people were supported to build and maintain relationships. Two people were seen sitting chatting with each other and confirmed that their friendship meant a lot to them. One visitor told us they had

lunch at the home with their relative on a weekly basis and told us this had become an important routine for them both. This showed us that people were supported to maintain relationships that were important to them.

The staff we spoke with told us they were responsible for ensuring people’s individualised needs were met. We saw that staff supported people as required. One member of staff told us, “Some people are able to maintain a good level of independence and occupy themselves with things they like to do. Other people need more support and we spend time with them doing things they enjoy, like going out to the shops.” We saw staff accompanying one person to the local shopping precinct and another person was supported to go for a walk outside. The atmosphere was relaxing and music was played throughout the day which people sang along to. One person told us, “We like listening to the old songs as most of us can remember the words and sing along.”

The registered manager told us how they were developing the social support people received to improve people’s quality of life. The provider was using the programme called Ladder to the Moon. This is a recognised programme to enhance the quality of people’s lives by supporting the emotional and social needs of people living with dementia. An example given was the plans in place for a mobile fish and chip owner to visit the home on a regular basis. People would then be supported by staff to go out to the fish and chip van and choose what they would like to eat. We were told that one person had enjoyed paragliding and staff were looking into supporting this person to go and watch this activity. Another person had told us that they used to enjoy cooking. The registered manager told us there were plans in place to commence regular baking sessions for people who had an interest in cooking.

People we spoke with did not have any complaints about the service and their visitors told us that if they had any complaints they would report them to the manager. We saw there was a copy of the complaints policy on display in the home. Records were kept of complaints received and we saw that complaints had been responded to promptly and appropriately.

Is the service well-led?

Our findings

People and their visitors told us that there had been no changes to the care provided since the move to the new provider. One relative told us, “We haven’t noticed any changes in the care [person who used the service] gets, it was good before and is still the same.”

People’s visitors told us that they were confident that the home was managed well. One person told us, “It’s lovely. I just think it’s a nice place to be and they look after you well.” Another person said, “They’ve got a good staff for one thing. If you’ve got a worry, you go up and tell the manager and she’ll sort it out for you. They say ‘how do’ like they’ve been with you all the time.” Another person told us, “It’s quite a good home. I’m happy here. I’ve got no complaints. The staff are brilliant. I’m well looked after. You can do anything you want if there’s someone with you. I think it is because there’s quite a lot of people and they enjoy their job. They wouldn’t do it otherwise. I’ve got no problems with them.”

We saw that the registered manager and deputy manager worked in a supervisory role to support staff on a daily basis. Staff demonstrated that they understood their roles and responsibilities and told us they enjoyed working at Hillfield House. Staff told us that if they had any concerns they would speak to the manager. One member of staff said; “Both the manager and the deputy are always available.” People using the service and their relatives were clear who the registered manager was and confirmed that they could usually speak to them when they needed to. One person told us, “The manager is usually in the office. She’s a very nice person and is lovely to me.” One relative told us, “Normally the manager is available but you can see whoever’s on the shift. If you’ve got a problem you see who’s on the desk.” The registered manager confirmed that

people were able to speak to them at any time and said, “We have an open door policy.” The management team’s office was situated next to the entrance to the home making them visible and accessible to visitors.

The quality assurance systems in place included seeking and acting upon feedback from people and their relatives. We saw that people’s views were sought as part of the consultation process with the new provider. We saw that surveys had been completed in July 2015 regarding the meals and menus had been adjusted according to people’s suggestions.

We saw that the provider had measures in place to monitor the quality of the service. The registered manager told us that this system had just been implemented and reports would be sent on a monthly basis to the provider to monitor the service and implement actions as needed. The registered manager confirmed that a Health and Safety audit by the provider was being undertaken the day after our visit. This demonstrated that the service was monitored by the provider to ensure safe standards were in place.

The registered manager analysed accidents, incidents and falls to identify any patterns or trends. We saw that when a pattern was identified the manager had taken action to minimise the risks of a re-occurrence. For example one person who had been identified as falling frequently had equipment in place and one to one support to reduce the risk of further falls.

We saw that people’s care plans were reviewed on a regular basis to ensure that any changing needs were met. Records showed that people and their families were involved in developing and reviewing their plan of care. We saw that records were written in a way so that all staff could read and understand them and were stored securely which ensured only authorised persons had access to them.