

# Accord Housing Association Limited

## Camden Street

### 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

The inspection took place on 30 October 2018 and was announced. The provider was given short notice of our visit because the location provides a domiciliary care service and we needed to be sure that someone would be available to spend time with us. This was the first inspection of the service since its registration with us in 2017.

Camden Street is registered to provide personal care to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. Camden Street provides accommodation that is rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection only looked at people's personal care service.

At Camden Street there are 30 one-bedroom flats. There is a communal lounge and a communal kitchen on ground floor that people can use if they wish. Other communal facilities include a lift to each floor, laundry and garden.

At the time of this inspection, there were 10 people living at Camden Street who were supported with personal care.

At the time of our inspection the service did not have a registered manager. A new manager was in post however their application to become a registered manager was still being processed by CQC. 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 were protected from the risk of abuse because staff received training in safeguarding people and understood their responsibility to report any concerns. The provider checked staff were suitable to carry out their role before they started working for the service.

People's care plans explained the risks to their individual health and wellbeing and the actions staff needed to take to support them safely. Processes were in place to review care plans to update information when people's needs changed so they received the right support.

We found that there were appropriate arrangements in place for the safe management, administration and storage of medicines. Records showed that managers carried out checks to make sure people had taken their medicines. Staff who administered medicines had received training in this.

Staff regularly attended supervision meetings with the manager to discuss their practice and personal development. We found that there were sufficient numbers of trained staff to support people and staff.

People told us they were supported by staff who cared for them as individuals, treating them with dignity and respect. Staff understood people's needs and interests and encouraged them to maintain their independence according to their wishes and abilities.

Most staff members were positive about working for the service and felt supported by the management team. They had built positive relationships with people and supported people to access healthcare professionals and community services.

People knew how to complain if they were unhappy and they were confident that their concerns would be responded to efficiently and effectively.

## 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.

Staff understood their responsibility to keep people safe and there were procedures in place to protect people from risk of avoidable harm. Care staff understood the risks relating to people's care and supported people safely. There were enough experienced staff to provide the support people required. People received their medicines as prescribed and there was a robust staff recruitment process.

### Is the service effective?

Good ●

The service was effective.

Staff completed induction and training and were supervised to ensure they had the right skills and knowledge to support people effectively. The managers understood the principles of the Mental Capacity Act 2005 and staff respected decisions people made about their care.

People received support to purchase food and drink items, and people had access to healthcare services.

### Is the service caring?

Good ●

The service was caring.

We received positive comments about the care being provided.

People were supported by care staff who respected people's privacy and promoted their independence. People received care and support from care staff that understood their individual needs.

People felt treated with dignity and respect.

### Is the service responsive?

Good ●

The service was responsive.

People were involved in decisions about their care and how they

wanted to be supported. People's care needs were assessed and people received a service that was based on their personal preferences. Staff understood people's individual needs and were kept up to date about changes in people's care.

People knew how to make a complaint if they were unhappy and were confident that these would be dealt with in a timely manner.

**Is the service well-led?**

**Good** ●

The service was well-led.

The management team were committed to providing a person-centred service that focused on the needs of the individual. The managers provided good leadership and regularly reviewed the quality of service provided and how this could be improved.

The provider had systems and processes in place to monitor the quality and safety of the service.

Most staff members felt supported, valued and enjoyed working for the service.

# Camden Street

## **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 checked 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.

We inspected Camden street on 30 October 2018. We gave 24 hours' notice so the visit was announced. We gave notice because the service provides a domiciliary care service and we needed to be sure staff and the registered manager would be available to speak with us about the service. This was a comprehensive inspection and was undertaken by one inspector.

Before our visit we reviewed the information, we held about the service. This included information the provider sent us in the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give us some key information about the service, what the service does well and improvements they plan to make. During our visit we found the PIR was an accurate assessment of how the service operated.

During our visit we spoke with the manager, area manager, a senior carer, four care staff, three relatives', and five people to obtain their views of the service.

We looked at four people's care records in detail and other records related to people's care including medicine records and records completed by staff at people's home's. This was to see how people were supported and to assess whether people's care delivery matched what they had agreed.

We spoke with the local authority commissioning officer who had no new information to share at the time of our visit. Commissioners are people who work to find appropriate care and support services which are paid for by the local authority.

We reviewed three staff files to check staff were recruited safely and were trained to deliver the care and support people required. We looked at training records, staff allocation sheets, policies and procedures and accident and incident records. We also viewed quality monitoring checks the registered manager completed

to assure themselves people received a good quality service.

# Is the service safe?

## Our findings

People told us they felt safe with the staff that supported them. One person told us, "I feel safe here, staff are always there when I need them". Another person said, "The best thing here is the support they give me, I couldn't possibly wish for better people, they make sure I'm safe."

A relative told us, "They are doing a good job, they (staff) keep an eye on (name) to make sure they are safe. (name) sometimes does not understand the true motives of individuals and as a result they can be vulnerable when accessing the community. On one occasion (name) was giving someone in the community money, the gentleman was taking advantage. Staff members noticed and stopped this right away. It is really reassuring for us as a family to know (name) is staff and secure due to the great work staff members are doing."

Staff had completed training in safeguarding adults and were able to describe types of abuse people were at risk from. They knew the actions they should take if they had any concerns. Staff were confident that any concerns they reported to the registered manager or senior member of staff would be responded to in a timely and appropriate manner.

Discussions with staff confirmed they knew about risks associated with people's care and the actions required to manage them. For example, one person was a diabetic and had a history of having low moods. The person's care plan stated staff should monitor and encourage the person to follow their eating plan. The care plan also stated staff should monitor the person's moods. Staff were aware of these risks and we observed staff discussing with the person their eating plan.

Another person had a history of a particular mental health concern, staff were knowledgeable about the person's history and how to minimise the risk. The person's care plan gave clear instructions for staff to follow so that the person's moods were monitored and what actions to take if they had any concerns. Staff were aware of the importance of ensuring the person's medication cabinet was securely locked.

People told us they were prompted to take their medication. For example, one person told us "They (staff) come in and give me my medication, they then lock my medicine cabinet. If I need some more like paracetamol they give it me." Discussions with staff confirmed that had completed medicine training prior to supporting people with their medication. Staff members told us they were observed by a manager or senior member of staff to ensure they followed the correct safe procedures when supporting people with their medicines.

There were sufficient numbers of staff on duty to keep people safe. One person told us, "There are enough people on duty, never been any missed calls". One staff member said, "There is always enough staff on duty, we use a rota system. We also have back-up agency staff if, we had high level of sickness". The manager showed us a staffing rota and told us that staffing levels were arranged according to the needs of the people using the service. The registered manager told us, "If extra support is needed we can use staff members from our other services that are linked to the provider"



We found robust recruitment procedures were in place. Staff told us they had completed references and checks before they started working. We looked at the recruitment records of two members of staff. We found each file contained evidence that a DBS (a criminal record and barring list check) had been carried out, two employment references, health declarations and proof of identification.

Records of accidents and incidents had been maintained and showed actions taken to support people when they had occurred. The records were reviewed by management however no trends were identified.

## Is the service effective?

### Our findings

People had been assessed prior to moving to Camden Street to make sure their needs could be met effectively and safely. The manager told us, "People are assessed before coming here, some come from our sister location Lonsdale, because they have become more independent we assess can they be supported at our location. The assessing process is always ongoing. If someone has become more independent we will explore the possibility of them moving back into the community. If someone needs more support, we explore the possibility of them moving to another location."

Staff told us how they sought information about people's needs, choices and any reasonable adjustments that may be needed due to any personal characteristics protected by law, for example age, gender, race, sexuality and disability. For example, asking people how they wished to be addressed and whether they needed any equipment to support them and also their needs in relation to religion and sexuality.

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. People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met. We found the Provider working within the principles of the MCA and adhering to conditions on authorisations to deprive a person of their liberty. The manager had a good understanding of their responsibilities with regard to the MCA and Dols. Staff told us they had received training in MCA and DoLS and demonstrated adequate knowledge. At the time of our inspection no-one at the service had a Dols authorisation in place. Consent to care and treatment was documented in people's care records.

People and relatives felt staff had the knowledge and skills to meet people's needs. One person told us, "They (staff) know what they are doing, I have no concerns". A relative told us, "The staff know the people they are supporting and this ensures they understand each person's needs".

Discussions with staff confirmed they had completed an induction, they felt the induction training was sufficient for their needs and helped them to feel confident to support people unsupervised. One staff member told us, "You work alongside an experienced member of until you feel comfortable supporting people on your own"

Staff spoke positively about the training they had received such as safeguarding and GDPR (General Data Protection Regulation). A training record for all staff showed us the completion of training was monitored to make sure it was kept up-to-date.

Staff told us they received supervision every three months and had yearly appraisals. Staff records we looked at confirmed that all staff members were receiving regular and annual appraisal. One staff member

told us, "Supervision gives me an opportunity to discuss how I'm doing and any develop opportunities such as further training"

People were supported and to maintain a balance diet. All people who use the service receive a pre-admission food preparation assessment. This ensures that people are able to prepare their own meals with supervision from a staff member if required. Staff assist people with purchasing food and drink items. One staff member told us "We support people with their shopping, it is their choice what they buy however we encourage them to pick healthy options". One person told us, "They (staff) are very helpful, they come with me once a week to do my food shop. They give me useful information about healthy options but it's my choice what a buy. I like having them with me".

The manager and staff worked in partnership with other health and social care professionals such as Community Psychiatric Nurse, social workers and GP's. This included for example, support with diabetes management.

## Is the service caring?

### Our findings

People who used the service were happy with the standard of care they received. One person told us, "I don't see them as staff, they are just good people. They don't look down at me because of I've had mental health problems, they treat me with respect". Another person told us, "A part of my condition means that I don't like going outside on my own, sometimes I get really nervous. The staff are always patient with me and reassure me, they are very understanding. I can't thank them enough for the support they have given me."

A relative told us, "The staff treat people very well, very caring and compassionate". Another relative said, "I have confidence in the staff and this is important. They are very caring and kind with (name)".

People told us staff treated them with dignity and respect. One person said, "Absolutely they treat me with dignity and respect. They are just like friends". We observed staff engaging with people in meaningful conversations. People approached staff with issues they wanted to discuss and looked comfortable in the presence of staff. Staff were kind, caring and respected the privacy and dignity of people. One person told us "They (staff) never talk about people in front of others. They will come into my apartment to discuss personal things or we use the staff room if it is free. I have full confidence they will maintain my confidentiality".

Staff we spoke with said they enjoyed supporting people and they showed a passion for maintaining people's wellbeing. One staff member told us, "We are here to support people, they all had a history before arriving here and understanding them as people is key to the service we deliver". One person told us, "I had a good job before I became unwell. For a time, I thought there was something wrong me with. I now know mental health issues are very common and nothing to be ashamed of. The staff here have helped me to see that, they treat everyone with compassion and are always there if you need to have a chat."

People told us they had been consulted about their care, support needs. We saw people's care plan records which evidenced that regular reviews of people's care had taken place. One person told us, "I have been involved in reviews of my care, they listen to what I have to say, I feel fully involved in the service I receive".

The manager told us some of the people who used the service had independent advocates. Advocacy information was made available to people who used the service and people were directed to advocacy services if required. Advocacy services help people to access information and services, be involved in decisions about their lives, explore choices and options and promote their rights and responsibilities.

People's care records were kept securely ensuring only care and management staff had access to them. This ensured the confidentiality of people's personal information.

Staff supported people to visit culturally inspired events locally and were involved in the local community as much as possible. One person told us, "I currently don't practice my religious belief however if I wanted to attend an event I know the staff here would support me as they have done in the past". During our visit a person was getting ready to access the community with their key worker, they told us "I'm off to the cinema

today, really looking forward to it. (key worker) is coming with me. It was my choice I picked the film and location."

## Is the service responsive?

### Our findings

People told us their care and support calls took place to the frequency agreed and staff provided care and support in accordance with their preferences. One person told us, "They come in and support me to take my medication. They always have a chat with me, I really like that".

Staff were knowledgeable about the people they supported. They were aware of people's histories, likes and dislikes, interests, and their health and support needs. People had all been assigned a key worker. A key worker is a member of staff that works with and in agreement with the person they are assigned to. The key worker has a responsibility to ensure that the person they work with has maximum control over aspects of their life. One person told us, "I like to go to the gym, my key worker supports me to attend the gym once a week. I have flexibility, I can change my mind and go to the cinema. One staff member said, "We support people to access the community, we support them to go bowling, shopping, cinema, it's their choice what they want to do".

People told us staff members were very attentive during calls time, even staying longer than the agreed call length. For example, one relative told us, "They are fantastic, (name) likes music and has a keyboard in their apartment. A staff member taught (name) how to play a song on their keyboard. The staff member must have used their own personal time to teach (name) such a complex song. (name) really enjoyed this, it just shows how much they care about the people here".

Care plans we reviewed were personalised and regularly reviewed and updated. They contained information about people's physical, nutritional and mental health needs. People we spoke with told us they did not have any religious needs although one person said if they wanted to attend a place of worship or celebrate a religious event, the staff at Camden Street would support them to do so.

There is a communal lounge on the ground floor, people can play darts, snooker and board games. Staff told us that Halloween and Christmas parties are held in the communal lounge. The service had arranged recent trips to Bournemouth and Weston Super Mare. People also suggested they collectively used some of their allocated social time support hours to enable staff to go with them on activities on trips, such as a trip to Blackpool. People also suggested that those who remain at the service on Christmas day have the option to collectively celebrate Christmas at Camden and pay towards the costs of a Christmas meal. People paid £10 and used some of their collective support time for staff to put on a 3 course Christmas meal.

People told us they were encouraged to give their views and raise concerns or complaints. The provider's complaints policy was on display. There were no open complaints at the time of our inspection. The manager confirmed any concerns or complaints were taken seriously, investigated and responded to. People and their relatives told us they knew who they could go to with any concern or complaint and all felt that they would be listened to and that the concern would be addressed in a timely manner.

# Is the service well-led?

## Our findings

At the time of our inspection there was a manager in place, their application was received by CQC October 2018 and being processed. 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 using the service told us they had positive relationships with the manager and staff members. We observed the manager and staff had good interactions with people, and examples of mutual respect and understanding. One person told us, "The staff and management here are very approachable. I've not had any issues or problems".

The manager told us they felt supported in their role and they had an open-door policy. People who used the service and their relatives spoke positively about the manager and the staff. They said that they were very approachable. They would have no concerns in speaking with them if they had any worries or concerns.

The manager had a good understanding of their role and responsibilities in relation to notifying the relevant bodies about serious injuries and safeguarding concerns. They were also able to explain what their responsibilities were in respect of their duty of candour, for example the requirement to send the Care Quality Commission statutory notifications.

The provider regularly sought the views of people who used the service and their relatives. The service had a culture that was person centred, inclusive and open. One person told us, "We decide what we want to do, it's about what we want to do. I've completed paperwork to give feedback". Another person told us, "Yes they are good at getting my view on things. I speak to staff at the time if I have any suggestions". Some suggestions people made included ideas for trips, activities, events. Visiting professionals told us people had shared with them positive feedback about the service.

Staff were regularly consulted and kept up to date with information about the provider. Staff meetings were held monthly. Most staff we spoke with felt supported in their role and felt they could report concerns. One member of staff told us, "We support each other very well, I can rely on my colleagues". Another staff member told us, "Sometimes information from management can take a while to trickle down to us. When it eventually come to us it's very good and informative, it can just take a while to reach us". We mentioned this point to the manager and area manager. Both acknowledged that improvements could be made in relation to communication with staff members.

The manager told us how they ensured the service was safe and effective. This included regular observations of staff practice. We saw records that identified areas for development for staff members. For example, where a staff member had not followed the provider's procedures, this resulted in them completing further training. Staff told us this had improved their practice.

