

Accord Housing Association Limited

Millennium Forge

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	Requires Improvement 
Is the service effective?	Good 
Is the service caring?	Good 
Is the service responsive?	Good 
Is the service well-led?	Requires Improvement 

Summary of findings

Overall summary

Our inspection was announced. It took place on 13 March 2017.

The provider is registered to provide personal care to adults. People received their care and support within their own flats within three extra care facilities within the community. Supported living enables people who need personal or social support to live in their own home supported by care staff instead of living in a care home or with family. On the day 55 people received a service.

At previous inspection of 13 and 14 July 2014. We judged that four of the five questions we ask, Is the service safe? Is the service effective? Is the service caring? and Is the service responsive as being good, the remaining questions, is the service well-led? we judged to be 'requires improvement'. This was because the provider the audit systems were not sufficiently robust. During this, our most recent inspection, we found that some improvement had been made regarding the quality monitoring of the service.

Since our previous inspection of July 2014 we received a number of notifications from the provider to inform us of medicine errors. Because of this our pharmacist undertook a focussed inspection on 19 February 2016. The pharmacist found the provider had implemented actions to improve the medicine systems and that these had started to decrease the number of medicine errors.

The previous registered manager had left the service in September 2015. Following this another manager had been employed who had not been registered with us. It is a breach of the law not to have a registered manager. A new manager had been employed shortly before our inspection and the senior manager told us that this new manager was going to apply to us for registration as is required by law. The new manager was not available on the day. 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.

Sufficient staff were not always available to meet people's needs. Medicines were not always given to people at the correct times. Risk assessments to maintain the safety of the people who used the service had been undertaken. The provider had policies in place and staff had received training on the procedure they should follow to ensure that any risk of harm and/or abuse was prevented. Staff were recruited safely to prevent unsuitable staff being employed.

Staff had received the training they required to give them the knowledge they needed to support people safely. The staff knew that people must receive care in line with their best interests. People were encouraged to make decisions about their care. The staff supported people appropriately with their nutritional needs. Meal options were offered to ensure that people's food and drink preferences were catered for. Input from external healthcare professionals was secured to meet people's healthcare needs.

People and their relatives told us that staff were kind and caring. People's privacy, dignity and independence was promoted and maintained.

People's needs were assessed and reviewed. Provider feedback forms were used to enable people and their relatives to give their views on the service provided. Complaints systems were in place for people and their relatives to raise their concerns or complaints if they had the need to.

A lack of consistent management had resulted in a lack of confidence of people and staff in the leadership of the service. A new manager had been employed in order to promote better leadership. Audits and checks were undertaken to ensure that the service was operated in the best interests of the people who used it.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

Staff time and input was not always sufficient to meet people's needs.

People were not always supported to take their medicines at the required time.

Checks had been undertaken on staff before they started work to ensure that they were suitable and safe to deliver care and support.

Is the service effective?

Good ●

The service was effective.

Staff were supported and given the training that they required.

People were provided with the food and drink that they preferred.

A range of external professionals were secured when required to meet people's healthcare needs.

Is the service caring?

Good ●

The service was caring.

People were supported by kind and caring staff.

People's dignity, privacy and independence were promoted and maintained.

People were happy that there were no visiting restrictions and that their relatives could visit when they wanted to.

Is the service responsive?

Good ●

The service was responsive.

People's needs were assessed and reviewed.

People and their relatives were given the opportunity to give their views on the service provided.

A complaints system was in place if people or their relatives had the need to raise a concern.

Is the service well-led?

The service was not well-led.

There had not been a registered manager in post for 18 months. It is a requirement in law that a manager is registered with us.

The lack of a registered manager and changes in managers had resulted in an inconsistent leadership structure and the confidence of people had decreased.

Where incidents had occurred the provider had notified us of these as is required by law.

Requires Improvement 

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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.

Our inspection was announced and took place on 13 March 2017. The inspection was carried out by one inspector. Notice of 48 hours' of the inspection was given. This was because we needed to ensure that the provider would be available to answer any questions we had and provide the information that we needed. We also wanted to ensure that we inspected at a time when we would be able to, with their consent, meet some people who used the service. We used an Expert by Experience to make telephone calls to people and their relatives to gain their experiences of the service provided. 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 reviewed the information we held about the service. Providers are required by law to notify us about events and incidents that occur; we refer to these as 'notifications'. We also asked the local authority to give us their view on the service provided. We used the information that we had gathered to plan what areas we were going to focus on during our inspection.

We spoke with seven people who used the service, four relatives, six staff including a cleaner and a senior manager. We looked at the care files for two people, medicine records for two people, staff training, complaints and safeguarding records and quality monitoring processes.

Is the service safe?

Our findings

A person told us, "I have the same small group of staff which is good". Another person said, "There are not enough staff. Agency staff are used. The problem is they don't know me well and they do not seem to know how to look after me". Comments from other people included, "My morning call should be at seven o'clock but they [staff] are never here then and that affects my medication and, "There are not enough staff. We have a lot of agency staff which is not good. They are not as familiar with me as they should be. Many times they are late for my call. There is little flexibility when I go to bed as there is only one staff after a certain time". Other people and relatives told us that although no calls had been missed there had been a number of late calls that had an impact on people. The impacts included medicines being given late and worry in case their care call may be missed completely. All staff we spoke with told us that there were not enough staff. One staff member said, "The staff are all stressed and calls are late. Even if agency come sometimes it is of no help as they don't know the people". We spoke with a senior manager who told us that that people's support was funded by direct payments from the local authority. [Direct payments are paid by the local authority to each individual person based on their needs for them to purchase their own support]. If a person's needs change then they would need to be reassessed by the local authority for a decision to be made whether their funding needs to be increased for them to purchase more care]. The senior manager told us that they some people's needs had increased in terms of complexity and dependency. They told us that they had requested that the local authority reassess people's needs and dates had been made for that to happen. The provider Information Return [PIR] completed by the provider highlighted that more staff were to be recruited. The senior manager told us that some staff had left and others were on maternity leave. They told us and provided evidence to confirm that they were interviewing for more staff and that wherever possible where agency staff were needed they requested the same staff. This showed that the needs of people were not all being met in a consistent way but the provider had taken some action to improve the situation.

Since our previous inspection the provider had notified us of some medicine errors. In response to being notified of these errors, our pharmacist carried out a focussed inspection in February 2016? to look at medicine systems and found little concern. We found that most Medicine Administration Records [MAR] were completed for people who required support to take their medicines to confirm that they had taken their medicine correctly. However, we found that staff were supporting a person to apply a prescribed cream that was not detailed on their MAR. This meant that there was no instruction for staff on how the prescribed cream should be applied or evidence to confirm that the person had their prescribed cream. Most people told us that they were supported to take their medicines as they had been prescribed. There were issues however, because of late calls meaning that people would be supported to take their medicines later than they should. A person told us, "My medicines are often given to me late". The senior manager told us that they were working with the local authority to increase some people's funding to provide more staff and prevent late care calls. Staff told us that they had received training to enable them to manage and administer medicines and records that we looked at confirmed this. However, records highlighted that seven staff were due refresher medicine training. The senior manager told us that this would be dealt with.

A person shared with us, "Overall, I feel safe". Another person told us, "I have my pendant alarm [to summon

staff if needed]. I am safer here than when I was at home. At home I kept falling. My last fall was so bad I nearly died. I have not fallen since I came here and if I did the staff would find me and help me". The PIR completed by the provider read, "Screening tools are reviewed as needs change, personal plans risk management are updated to reflect changes". We saw that assessments had been undertaken to determine people's individual risks including, falls, moving and handling and attending to personal hygiene and that these were updated when needed. Staff told us what they would do in emergency situations for example a person falling or being ill. This included the need to assess a situation if a person was unwell. Staff told us that they would dial 999/ or call the GP if that was needed, inform the relatives and make a written account of the incident. This would give people assurance that staff were aware of the processes they should follow if a person had an accident or became unwell. However, we saw two issues that could have placed people at risk of injury. These were clearly visible and should have been addressed. The threshold of the carpet by the patio doors in one unit was badly frayed and the garden bench in the same unit garden looked unsteady. We told the senior manager about those issues who told us they would be addressed.

A person shared with us, "There was a safeguarding issue [not with staff] but this is sorted now". Another person said, "There is no abuse as far as I know". Relatives told us that they did not have any concerns regarding abuse. Staff assured us that they had received training in how to safeguard people from abuse and records that we looked at confirmed this. A staff member said, "I would report to the manager if I was aware of any bad treatment or I felt that a person was upset". The senior manager had informed us and the local authority safeguarding team of any concerns. This showed that processes were in place to keep people safe.

A staff member shared with us, "All my checks were carried out before I started work". An agency staff member said, "On my first day I had to provide evidence that all of my screening had been completed". Other staff we spoke with told us that checks were always carried out before any staff were allowed to start work. This was confirmed by the senior manager. We checked three staff recruitment records and saw that pre-employment checks had been carried out. These included a full work history from each staff member, the obtaining of references and a check with the Disclosure and Barring Service (DBS). The DBS check would show if a prospective staff member had a criminal record or had been barred from working with adults. These actions decreased the risk of unsuitable staff being employed.

Is the service effective?

Our findings

A person shared with us, "I think it is good for me here. I am watched over but still have my own flat". Another person said, "It is OK here." A relative said, "Things are getting better. There were times when things did not go right". A staff member told us, "It is more settled. Things have improved apart from staffing levels. I think generally people get a good service".

A staff member told us, "I had induction training. I did some of the training that I needed to and worked alongside experienced staff". An agency staff member told us, "I was given some induction about fire procedures and things like that. I have worked with permanent staff not on my own so that I know what to do". The senior manager told us that new staff completed the Care Certificate and records that we saw confirmed this. The Care Certificate is a set of nationally recognised induction standards that new staff should work through to equip them with knowledge to provide safe and compassionate care.

A staff member said, "I feel supported. There is always someone I can ask for advice". Other staff told us that on a day to day basis they also felt supported. We found that on-call arrangements were in place for staff to contact managers out of business hours. The Provider Information Return [PIR] completed by the provider read, "Supervision, appraisal, and knowledge verification sheets are undertaken according to policy and procedure and/or at additional times when necessary". Staff told us that they had received supervision sessions and an annual appraisal with a manager. One staff member said, "We go through how I have worked and my training needs". Records that we saw confirmed that staff had supervision and an annual appraisal.

A staff member shared with us, "We [staff] have received training and we have refresher training when needed". Another staff member said, "I have had training, abuse awareness, infection prevention and other". The manager told us that staff had received the majority of training that they required and further training had been secured on an on-going basis. Areas of training included, protecting adults at risk, medication awareness and health and safety in care. The manager showed us documentation to confirm this.

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 when this is in their best interests and legally authorised under the MCA. The application procedures for personal care are called the Deprivation of Liberty Safeguards (DoLS).

A person told us, "Oh I am free to come and go as I want to". Another person said, "This is my home I can do what I wish". A relative said, "They [person's name] are not unreasonably restricted, they have to be supervised and escorted when they go out for their safety". We checked whether the staff were working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. We found that they were. The senior manager told us that where required advice was

sought from the local authority regarding MCA and DoLS and an application would be made for a DoLS assessment if it was thought that this was needed. Staff we spoke with were aware of MCA and DoLS and staff were aware that people should not be unlawfully restricted.

A person shared with us, "The staff ask me before they do anything for me". Another person told us, "The staff ask me if I need anything done and it is alright for them to help me". A staff member confirmed, "I always ask people for their consent before I start to support them". Other staff also knew that they must ask people's permission before they undertook support tasks.

People did their own shopping or their family did that for them. People had their breakfast and evening meals in their flats using the food that either they or their family had purchased for them. A main meal was available for people to purchase in the communal dining room if they wanted to access that. A person told us, "I choose what I want to eat every day. I get my shopping done for me so only have in what I like anyway". Another person told us, "I always have what I want to eat and drink. The staff ask me what I want". Records that we looked at detailed people's food and drink likes and dislikes.

A person shared with us, "I see the doctor and dentist I make my own appointments". Another person said, "I go to my hospital appointments". A relative told us, "The staff take them [person's name] to appointments and let me know what is said". Staff we spoke with and records confirmed that people were supported to access a range of healthcare services where this was required to meet their healthcare needs.

Is the service caring?

Our findings

A person shared with us, "The staff are fairly nice". Another person said, "The staff are kind". A staff member said, "I think all of the staff here care a lot about the people". A relative told us, "The staff are friendly and polite". We observed that staff showed compassion to the people who used the service. We saw that staff spent time with people at lunch time and gave them their attention and listened to them.

A person told us, "I am always given choices. I decide myself and the staff do what I want them to". Staff we spoke with confirmed that they supported people to make day to day decisions. These included what they wanted to do for the day and what they wanted to eat. A staff member shared with us, "People here can decide what they want and don't want each day and we [staff] respect their desires".

A person told us, "I can choose my own clothes and dress myself. Another person shared with us, "I put the clothes on that I want and buy my own clothes". A third person said, "I have my hair done here. The hairdresser comes. I am glad about that. I do not like messy hair". We saw that people wore clothes that were appropriate for the weather and reflected their individuality. These actions ensured that people dressed in the way they wished and to enhance their self-esteem.

People and their relatives told us that staff were polite and that privacy was respected. A person confirmed, "Staff knock my door and wait for me to say come in". A relative said, "The staff are polite and friendly". A person shared with us, "The staff shower me in a good way. They don't come in". Staff told us that they promoted people's dignity by ensuring that doors were closed when personal care was being provided and letting people attend to their personal care needs as much as possible. A person shared with us, "I do a lot myself", and, "I do my own cleaning and washing". A staff member said, "People want to do for themselves wherever possible and it is important that we support them to retain their skills for independence". This showed that the staff took action to promote people's privacy, dignity and independence.

A person told us, "My family can come here to see me whenever they want to. This is my flat". Another person said, "My family visit me often. There are no restrictions". The Provider Information Return [PIR] stated, "Family and friends are welcomed at any time". This showed that people could remain in contact with their families.

The provider had written contact details for accessing advocacy services. An advocate can be used when people may have difficulty making decisions and require this support to voice their views and wishes. The senior manager confirmed that people had used advocacy services in the past when and as they required that support.

Is the service responsive?

Our findings

A person shared with us, "I came here to look at first to see if I would like it". Another person told us, "My daughter found this place. She liked it and told me about it". The senior manager told us that people could be offered an introduction to the service before they stayed for a longer time. This could include a visit to look around and view the flat that they could have.

A person confirmed, "Someone asked me questions before I lived here. I think it was so that staff would know what I needed". A relative said, "Staff asked me questions about them [person's name], about falls and their tablets". Other people and their relatives also told us that there had been an assessment of need undertaken by a person from the service and also social services. The senior manager told us that assessments of people's needs were undertaken before they offered them a service. Records we viewed highlighted that an assessment of need had been carried out for each person areas assessed included, food and drink likes and dislikes, risks, individual preferences such as their preferred call times and their leisure time interests. Gathering this information would determine if staff could meet people's individual needs in the way that they preferred and keep them safe. A person shared with us, "I have a plan so that staff look after me and I am happy with what the plan says". Other people and their relatives told us that reviews and meetings were undertaken regarding needs and they were invited and attended these.

A person said, "I like to go out shopping with my family". Another person shared with us, "I went out with my family yesterday and had a lovely time". Other people told us that they had joined in craft activities and enjoyed a game of bingo. The senior manager told us that the provider was to consider offering a wider range of activities in the coming months. Staff told us that people would be supported to attend religious services if they wished to.

The provider had used feedback forms for people and their relatives to give their views on the service provided. We saw that comments made were mostly positive. We found that some requests had been made in the past and action had been taken to address these. For example people wanted some garden resources and washing lines and these had been provided.

A person shared with us, "I tell the staff if I am not happy and they generally sort things". Another person told us that if they had a complaint they would tell someone in the office. Some relatives and people told us that they did not know how to make a complaint. However, we saw that the process was displayed in the units to explain the process. Some people had made formal complaints and we found that these had been dealt with appropriately. We saw that a receipt for the complaint had been sent to the complainant, that each complaint had been looked into and feedback to the complaint by letter. Where the provider had determined shortfalls they had apologised. Complaint records were maintained to enable the provider to determine patterns and trends in order to prevent similar incidents occurring.

Is the service well-led?

Our findings

A person shared with us, "There are different managers all of the time". Another person said, "The managers do not stay here". Other people and staff told us that they had felt that there was a lack consistency of the management structure of the service due to their being changes of managers. People did not know of a current manager. Staff told us that because of the changes of managers that there had not been an effective leadership and that at times there had been factions and unrest within the staff team. This was confirmed by staff supervision records that we looked at. There had been no registered manager in post since the summer of 2015. Therefore the provider had not been meeting the requirements of the law. As it is a legal requirement that a manager is registered with us. Other managers had been employed shortly after the registered manager left but had not registered with the Care Quality Commission. Another new manager had started work the week before our inspection. The senior manager told us that this new manager would start the process to apply for registration with us. That would promote consistency of leadership.

Staff told us that they had team meetings and we saw records to confirm this. During meetings staff were updated on manager changes and other changes that needed to be implemented. A staff member said, "We do have meetings. However, we are not always listened to. We have been saying for a long time that we need more staff. We did raise the issue though that staff rotas were not displayed and after time this was addressed. Staff like to know in advance how many staff will be working and if shifts need covering". Where changes were to be implemented such as funding and direct payment issues open meetings had been held for people and their relatives to discuss the implications.

The provider had undertaken checks and audits to improve medicine safety. Following receipt of notifications from the provider about medicine errors our pharmacist undertook a focussed inspection of the medicine systems in 2016. Our pharmacist found that systems had been implemented by the provider in relation to how medicines were managed and how staff supported people to take their medicines aimed to prevent further medicine errors. During this, our most recent inspection, the senior manager told us, "We have not had many recent medicine errors. This is due to our on-going monitoring. We have feedback to staff and supported them to decrease medicine errors and this has mostly worked well". We found that audits of care plans, records and health and safety had also been undertaken. However, we observed two visible risks that should have been identified and actioned as part of the quality monitoring processes. These included a frayed carpet and a garden bench that looked unsteady.

Providers are required legally to inform us of incidents that affect a person's care and welfare. The provider had informed us of any safeguarding incidents and other issues that they were required to. This showed that the provider was meeting that legal requirement. It is also a legal requirement that the current inspection report and rating is made available. We saw that there was a link on the provider's web site to our last report and rating and the report was within the service. This showed that the provider was meeting those legal requirements.

Duty of Candour is a requirement of the Health and Social Care Act 2008 (regulated activities) Regulations 2014 that requires registered persons to act in an open and transparent way with people in relation to the

care and treatment they received. We found that the provider was working in accordance with this regulation within their practice. The senior manager was open and honest in their approach to our inspection by telling us where improvements were needed. Where issues had arisen such as medicine errors people's families had been informed.

We require providers to complete a Provider Information Return [PIR]. This is a form that requests data and other information for us to determine what is happening in the service. The provider completed the PIR and returned it within the timescale we gave.

The PIR completed by the provider read, "People are protected by whistleblowing there is a robust procedure in place". Staff we spoke with gave us a good account of what they would do if they were worried by anything or witnessed bad practice. One staff member said, "I had training about whistle blowing. I think I would be protected if I reported any concerns that I may have". We saw that a whistle blowing procedure was in place for staff to follow. Whistle blowing encourages staff to report occurrences of bad practice or concern without fear of repercussions on themselves.