

Accord Housing Association Limited

Harborne House

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

About the service:

Harborne House is a residential care home providing personal care and support to four people who were aged under 65 at the time of the inspection.

The care service had not originally been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. The home had been registered before such guidance was produced. The guidance focussed on values include choice, promotion of independence and inclusion so that people with learning disabilities and autism using a service can live as ordinary a life as any citizen. However, it was clear that people living in Harborne House were given such choices in the home that was located in a residential suburb where their independence and participation within the local community had been and was continuing to be encouraged and enabled.

People's experience of using this service:

People who used the service continued to be supported to remain safe. Staff knew people well and supported them with kindness and consideration.

People received medications safely and risks to people had been assessed and managed to identify and reduce or address the impact of any known risks. Other aspects of safety, including fire safety and issues of personal safety, were well managed in the home.

People continued to be supported in a well maintained and comfortable home with access to all communal areas and private space as they wished.

People's rights were upheld and protected. People were protected from discrimination and supported to make full use of all community based facilities. People were supported to have choice and control over their day to day lives and received kind support and assistance from staff to exercise choice to make everyday decisions.

People continued to be supported by an established team of staff who provided kind and personalised care to people living in the home. Safe recruitment of staff ensured people were supported by staff of good character.

There was a range of monitoring systems in place that checked if the home was well managed and effective in supporting people to have a good quality of life. People were supported by staff who were well trained and focussed on supporting them with their plans.

The registered manager was keen to promote opportunities to support people to engage in community based activities and enjoy a range of experiences in line with their wishes or interests. People's preferences

and experiences were known to the registered manager and staff who provided personalised encouragement and enabled people to do as much as possible for themselves.

The home continued to meet the characteristics of a rating of good in all areas. More information about the inspection is in the full report.

Rating at last inspection:

The home was rated Good at the last inspection (report published in April 2016).

Why we inspected:

This was a planned inspection based on the previous rating.

Follow up:

We will continue to monitor the service through the information we receive.

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

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below.

Harborne House

Detailed findings

Background to this inspection

The 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.

Inspection team:

One inspector carried out this inspection.

Service and service type:

Harborne House is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this 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.

Notice of inspection

The inspection was unannounced.

What we did:

We reviewed information we had received about the service since the last inspection in March 2016. This included details about incidents the provider must notify us about, such as abuse. We assessed the information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

In addition to meeting and speaking with all the people living at Harborne House, we spent time observing

staff working with and supporting people in communal areas during the inspection. We also spoke with two relatives, two staff and the registered manager.

We reviewed a range of records. This included two people's care records and medication records. We also looked checks made during staff recruitment and the training records of all staff. We reviewed records relating to the management of the home and looked at a selection of policies and procedures developed and implemented by the provider.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

Good - People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People told us that they felt safe living in the home and were supported by staff. We saw that people were comfortable and at ease in the company of staff.
- Staff knew people well and were clear about some actions that they took to keep people safe from abuse or neglect. Staff were confident that any issues or concerns they raised would be acted on by the registered manager and provider. Staff were also very clear about other steps they would take should any issues of concern not be addressed.
- Records detailed how known risks were to be managed to help keep people safe at all times
- Staff had received training about safeguarding people. We saw that records were maintained detailing when this training had been provided and when refresher or updates were due.

Assessing risk, safety monitoring and management

- Staff knew people well and told us the actions they took to keep people safe from risks.
- Risk assessments were completed and reviewed regularly and these were used by staff to support people to reduce the risk of avoidable harm.
- Records detailed how known risks were to be managed to help keep people safe and provide consistent care and support.

Staffing and recruitment

- One relative said, "There always enough staff on duty to support [Name]."
- The registered manager advised that staff absence was usually covered by colleagues to ensure that people were supported by staff who knew them well. Any agency staff used were known to people in the home.
- Recruitment processes and practices were clearly stated in the providers own processes. We found that they were being followed to ensure that only suitable people of good character were employed to work in the home.
- The recruitment records were retained at the providers main office with written assurance provided to the home. In addition, all records were periodically checked by the registered manager in line with the providers processes.

Using medicines safely

- People received their medicines on time and in a safe way.

- People were supported by staff who followed the clear guidance for administration and management of medication. Staff had received training in medication administration.
- There were agreed protocols in place for medicines prescribed to be taken 'as needed.' Approval was needed from senior staff to ensure people received such medicines only when other ways of helping the person had been explored.

Preventing and controlling infection

- We saw that the home was clean and tidy in all communal areas and in private bedrooms. People were supported by staff to clean their own rooms and to do their own laundry. When people were unable to undertake such tasks, staff undertook them to ensure they were completed.
- Staff told us they had received training on infection control.

Learning lessons when things go wrong

- The registered manager advised that they undertook analysis after any incident or near-miss to identify if there was any improvement or change that needed to be made to reduce the risk of the incident happening again.
- The records of accidents and incidents together with the analysis were monitored through the providers quality assurance systems.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good - People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's care and support needs had been identified at the time of admission and since then had been reviewed regularly to identify how they had changed.
- Care and support plans were focussed and individualised with details of interests, wishes and any longer-term plans that were in place for each person. The plans contained specific detailed information in some instances about how a person was to be supported by staff.
- People's care plans included information known about how any specific support was to be provided in respect of culture, gender or religious needs.

Staff support: induction, training, skills and experience

- A number of the staff had worked in the home for a lengthy period of time and had received a wide range of training linked to their role.
- Staff said that access to training organised by the provider was good, one staff member said, "The training updates and reminders are good; ensuring we keep up to date and current."
- Staff demonstrated a good understanding about many aspects of their work and one staff member referred to some training that they had found particularly good and informative, and gave an example of how this had helped with one aspect of their work.
- The home engaged agency staff on occasions and each named agency member of staff received an induction before they commenced working in the home.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to eat a varied and balanced diet to maintain good health. One person spoke about the specific support and encouragement they received to follow a healthy options menu to help them reduce their weight.
- People were supported to have information about what was planned for meals through a pictorial menu that was displayed in the dining room. The menu board also included clear guidance about healthy portion sizes to support people when they served themselves to light meals or snacks.
- Everyone was involved in choosing meals in the weekly menu planning sessions. Pictorial cards were used to display the meals planned for the day and to help inform and plan the shopping lists. A range of alternatives were also available for people who had changed their mind about what had been planned.
- People were involved in shopping for food and special diets were catered for. People who needed special diets were well supported by staff who helped them to understand what they should eat to keep healthy.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People attended medical appointments as required; whenever possible people were supported to attend the local medical centre for GP and other healthcare appointments. One visitor commented positively about this aspect of support,
- It had been identified that one person had needed additional support to address a recent change. The registered manager had arranged for the staff group to receive additional information via a visiting professional so they could all provide consistent support to the person and help them.
- People were supported by the home to receive consistent support through good communication with external agencies and professionals.

Adapting service, design, decoration to meet people's needs

- The home was well furnished and people had shared use of the lounge, dining room, kitchen and laundry.
- The home was spacious and afforded people the opportunity to move around the home freely. The standard of decoration was good and had been well maintained.
- The bedrooms were spacious and had been personalised and decorated as people wished with support provided as necessary by staff. The décor and furniture within each bedroom reflected the tastes, interests and hobbies of the person.

Ensuring consent to care and treatment in line with law and guidance

- 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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).
- We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- We saw that people were supported in line with MCA principles and found that authorised restrictions were being used as agreed.
- Staff were clear about the need to uphold people's rights and respected their abilities to make decisions.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good - People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- Communication between people and staff was good. Staff had clear knowledge about how people communicated their feelings and wishes through spoken language and gestures. We saw that staff were attentive; that was apparent when through keen observation a member of staff noticed when a person was indicating that they needed support with personal care.
- People's individual needs and diversity were protected and promoted. Staff had ensured that cultural and religious preferences or needs were supported.
- People were supported to plan and host social events in their home and we saw that staff supported one person to go out shopping for a celebratory party to be held the day after the inspection.

Supporting people to express their views and be involved in making decisions about their care

- People using the service had experience of being involved in staff recruitment interviews.
- People had regular opportunities to meet with their keyworkers and other staff to help determine and plan their care and activities they enjoyed doing.
- People were involved in planning and deciding how their care and support was to be provided.
- A variety of different methods of communication were used by people with support from staff. Some people made use of pictorial communications aids.
- The registered manager advised of plans to further develop communication systems in the home in line with the Accessible Information Standards to ensure that all people using the service had full and equal access to information in their care plans, reviews and activity plans.

Respecting and promoting people's privacy, dignity and independence

- People respected each person's private space and we saw that everyone could have a key to their room if they wished however people had chosen not to have a key. Some people left their bedroom doors open when they were not in their room. We saw that no one entered another bedroom without being invited.
- People were supported to spend private time in their own rooms or in other areas in the home as they wished.
- People met with their visitors in their own room or in communal areas if they wished.
- On occasions some people needed support from two members of staff when they were going out and we saw that this was routinely planned for and delivered. The support that was provided enabled people to

experience a wide range of activities that had been planned or it was known they would enjoy.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

Good - People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Each person had an individualised care plan which contained details of known preferences and interests alongside support needs. Staff ensured that the plans were focussed and individual to the person.
- One person liked to do work around the house and said that they were supported to do this by staff. Another person said, in respect of care plans and reviews, "Yes I get to look at my folder with staff; [staff name] is my keyworker."
- People confirmed that they could have visitors at any time.
- Care plans contained specific detailed information in some instances about how a person was to be supported in the house or when out in the community.
- Some people liked to bake cakes and they had been supported in these interests by staff. One person said, "I like to make cakes and staff help me." Pictorial menu cards had been developed by staff which were then used by people to follow recipes and exercise as much independence as possible.
- Each person's preferred communication methods were recorded and known by staff in the home.

Improving care quality in response to complaints or concerns

- A relative advised that they were comfortable raising issues of concern and whilst they could not recall the complaints procedure in any detail they said that the registered manager and staff were approachable and they would contact any of them if needed.
- The provider had an established complaints procedure and process in place.
- When complaints were received the registered manager dealt with them in line with the processes and records were maintained of action taken.

End of life care and support

- The service was not supporting anyone who was receiving end of life care at the time of our inspection. When required, documentation was available. We were told that care plans and related discussions covered these issues and long-term plans would be put in place for people as needed.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Good - The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- There were established processes and procedures in place to ensure people received the care and supported they wanted.
- The registered manager said they had an open-door policy so that people, relatives and staff could raise any issues or concerns or make suggestions. The registered manager understood the duty of candour requirement to be honest with people and their representatives when things had not gone well. The provider had a policy in place to guide staff if such incidents occurred.
- Staff advised that there were regular opportunities for them to discuss the care and support provided and for them to make suggestions. Staff had regular supervisions sessions and were able to attend regular staff meetings. They advised they could add to the agenda for such meetings and knew that whatever they had suggested would be discussed.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager used clear established processes to review the quality of the service provided to continually improve the service.
- When the quality assurance audits indicated any shortfall or an issue the registered manager raised this with staff. Action plans were developed when improvements were needed because of audit findings.
- One member of staff said, "The registered manager knows a lot about the regulations and helps us to learn too."
- The registered manager has established 'champion roles' for staff in the home on topics such as diabetes management, medication audits and infection control. They advised that they were keen to increase the range of topics providing staff with opportunities to develop their knowledge whilst improving the service for people.
- The registered manager and provider understood the requirements of the regulations to make notifications.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider had an established annual system in place for seeking out and acting on the views and

opinions of people, relatives and relevant stakeholders. The latest quality survey results were on display in the home and showed that people had expressed a high degree of satisfaction with the service and support provided.

- There were regular opportunities provided for people, their relatives and professionals to become involved in giving feedback about the service and they were consulted on future developments.
- Relatives of people who used the service and staff knew about the rating and findings from previous inspections. The rating and a copy of the report was on display in the home.

Continuous learning and improving care

- The registered manager showed a keen interest in developing the service further in ways that would benefit people using the service.
- The registered manager advised about changes and improvements that had been introduced in the recent past that had become part of everyday practice in the home. They anticipated that this would be continuing as part of a drive towards excellence.
- A staff member commented positively about the registered manager being supportive to them in their role.
- The registered manager had kept up-to-date with best practice developments as often as possible and participated in forums and meetings in a bid to continually improve the service.

Working in partnership with others

- The service had good working links with other resources and organisations in the community to support people's preferences, meet their needs and enhance people's life experiences. One example of this was the arrangements that had been made to support a local hotel to consider the range of needs of people so that they could provide a high-quality standard of care throughout the event. People and their relatives as well as staff all participated in such events.
- The provider had communication and information systems in place for registered managers from all their services to share or develop good practice. The registered manager participated in all such opportunities provided to identify possible developments or improvements.