

Accord Housing Association Limited

Cartlidge 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 

Overall summary

This inspection took place 17 February 2015 and was unannounced.

Cartlidge House is registered to provide accommodation with nursing and personal care for a maximum of 54 people. On the day of our inspection 53 people were living at the home.

The home had a registered manager in post who was present for our inspection. 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 living at home. Staff knew how to protect people and report incidents of concern.

People's medicines were managed safely and staff followed the organisation's guidance in administration, storage and disposal of people's medicines.

Summary of findings

People were supported by sufficient staff numbers and by staff who received appropriate training support and supervision. There was a recruitment procedure in place which was followed. This ensured staff were appropriately checked before they started work at the home.

The registered manager and staff were familiar with their role in relation to MCA and DoLS and to follow published guidance where people do not have the capacity to make their own decisions.

A menu was produced which provide a range of choices. The home catered for special diets.

Health care professionals were accessed for people when they needed them.

People were supported to maintain independence and control over their lives by staff who treated them with dignity and respect.

A variety of social activities were available for people to choose from.

The Registered provider had a complaints policy which was available to everyone. Complaints were managed well and in line with the policy.

Systems were in place to regularly audit the quality of the service and the registered manager acted where audits identified improvements were required.

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 were safe because staff understood their responsibility to safeguard people and the action to take if they were concerned about the person's safety. Risks were assessed and regularly reviewed.

Staff had been recruited safely and given training to meet the needs of the people who live in the home training is effective.

People's medicines were managed safely.

Good



Is the service effective?

The service was effective.

Staff working in the home had received training and support to make sure they were competent.

The management and staff worked with other agencies and services which ensured people received the support they needed to maintain their health.

People's rights were protected because the requirements of the Mental Capacity Act 2005 (MCA) code of practice and Deprivation of Liberty Safeguards (DoLS) were followed when decisions were made about the support provided to people who were not able to make important decisions themselves.

Good



Is the service caring?

The service was caring.

People told us they were looked after well. People were treated with respect and their independence, privacy and dignity were protected and promoted.

Staff demonstrated a good knowledge about the people they were supporting. The staff took time to speak with people and gave them time to express themselves. We saw staff engaged positively with people.

Good



Is the service responsive?

The service was responsive.

People living at the home were well supported and cared for. The registered manager and staff knew individuals they supported and the care they needed.

People made decisions and choices about their life in the home and were provided with a range of activities.

People were supported to maintain relationships with friends and relatives.

There was a system in place to receive and handle complaints or concerns raised.

Good



Is the service well-led?

The service was well led.

The registered manager was respected and people felt the home was well managed.

Good



Summary of findings

People who lived in the home and visitors were asked for their views of the home and these were acted on.

Systems were in place to monitor the quality of the service and action was taken when it was identified that improvements were required. Staff felt supported.

Cartlidge 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 is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.’

This inspection took place on 17 February 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.

As part of our inspection we reviewed the information we held about the home. We looked at statutory notifications

we had been sent by the provider. A statutory notification is information about important events which the provider is required to send us by law. We also sought information and views from the local authority and other external agencies about the quality of the service provided. We used this information to help us plan our inspection of the home.

During our inspection we spoke with 15 people who were living at the home. We also spoke with one visiting relative, eight staff, the registered manager and locality manager. We looked in detail at the care four people received, carried out observations across the home and reviewed records relating to people’s care. We also looked at medicine records, recruitment records and records relating to the management of the home.

During our inspection we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Is the service safe?

Our findings

One person told us, “I always feel safe here.” Another person said, “I’m quite safe here, I don’t have to worry. The staff look after me very well”. A visiting relative told us, “[person’s name] is very safe here. There’s always enough staff around should [person’s name] need help”.

One person told us, “The staff are very patient with you. It takes me a while to get up in the morning but they never shout or get cross. They always tell me to take my time.” Another person said, “All of the staff are marvellous, it’s a happy place. I never get down. The staff are so jolly and kind”. We observed staff assisted people in a safe manner. For example, staff moved obstacles that were in the way of anyone walking around. Staff we spoke with knew about the policies and procedures that were in place with regard to protecting people from harm. Staff told us where they could locate policies. Staff told us how they would recognise abuse and how they would report it. They told us and records we looked at, confirmed they had been trained in protecting people from harm. Staff understood how to whistle-blow and were confident that management would take action if they had any concerns. Whistle-blowing means that the organisation protects and supports staff to raise issues or concerns they have about the service. Staff we spoke with were also aware that they could report any concerns they had to outside agencies such as the police or local authority. Allegations of potential abuse had been managed well. Where it had been identified that the home should take action we saw this had been done.

Risk assessments had been agreed with the person which ensured staff knew how to manage risks to people. For example, falls and nutrition. Information in risk assessments enabled staff to give guidance to people to keep them safe. People told us they were involved in discussing what they needed assistance with. Staff had discussed the risks with them and how these would be managed. The registered manager and staff were clear on

how to manage accidents and incidents. We saw there was a process in place to review incidents and the registered manager told us how action would be taken to minimise the risk of similar incidents happening again.

The registered manager told us staffing levels were planned across the home based on people’s dependency levels which ensured there were sufficient staff to meet people’s needs. One member of staff supported a household of nine people on two upstairs households. An extra staff member was rostered to work between the two households to assist where required. We did not see this happen and the staff member on one household worked alone during busy times of the day. They were unable to respond to people in a timely manner. We discussed this with the registered manager who spoke to the staff about our observations. The registered manager assured us that this matter had been taken seriously and frequent monitoring would take place to ensure this did not happen again. We observed people who lived on the other households of the home were attended to in a timely manner and staffing levels were sufficient.

Safe recruitment procedures were in place. Staff we spoke with told us recruitment to the home was robust and they did not start work until all necessary checks had been completed. One staff member told us, “It took ages before my checks came through but I wasn’t allowed to start until they were through”. We looked at two staff files and found that necessary checks had been undertaken before staff started work.

People told us they always received their medicines on time and that the home never ran out of their medicines. One person told us, “The staff give me my medicines, it’s how I like it”. Another person said, “I always get my medicines on time”. We observed how staff administered medicines and supported people where required, this was done safely. Medicines were stored safely and disposed of following the home’s procedures.

Is the service effective?

Our findings

One person told us, “The staff look after me well”. Another person said, “I trust the staff, they always know what they are doing”.

One person told us, “The staff got to know me very well. It didn’t take them long to get to know how I like things done”. Another person said, “I trust the staff they know what they are doing”. Staff were able to tell us about the needs of people they looked after and how they ensured people received effective care and support. People told us the staff knew them well and that they assisted them promptly when they required assistance. Staff told us they were given opportunities for on-going training. We spoke with a new member of staff who told us, “I had a good introduction to the job. I shadowed experienced members of staff on each shift over a four week period”. Their training records supported what they told us. We saw a variety of essential training had been completed by the staff team.

We observed staff ask people for their consent before they assisted them. For example, at lunch time a care worker asked someone if they wanted them to assist them to cut up the meat.

The registered manager and staff understood the principals of the Mental Capacity Act (2005). They were able to explain the importance of protecting people’s rights when making decisions for people who lacked mental capacity. The registered manager had worked closely with the Deprivation of Liberty safeguards (DoLS) team and had made an application to the team where they believed they may be restricting someone of their rights. This was because it was in the person’s best interest to do so and where the person lacked mental capacity.

People told us they liked the food that was available. One person told us, “The food is nice here”. Another person said, “If you don’t like what’s on the menu then they will make you something else”. We heard two people talking to each other at the dining table one said, “Lovely lunch”, the other responded, “Beautiful”. Dining areas were nicely presented. We observed lunch and saw that people were offered a choice of hot meal and desert. Those people who required a special diet were given these, for example diabetic diets. Lunchtime was relaxed and people were supported to eat and drink sufficient amounts. We saw staff offer assistance to people who required it in a discreet and dignified way. A choice of drinks were offered to people throughout the day. Care records we looked at showed risk assessments relating to nutrition had been put in place and were reviewed regularly. Where there were concerns these were passed onto the appropriate health care professional such as the doctor or dietician.

One person told us, “I can see the doctor when I need him. I will tell the staff when I want to see him and they just call him for me”. Another person said, “We see the doctor regularly here, it is all part of getting me back home and independent again”. A relative told us, “They will call the doctor when [name] needs it and let me know when he has been and what has been discussed. They keep me fully up to date”. We saw people had been seen by the chiropodist, optician, social workers and dietician and care records were kept up to date with the outcome of professional visits. We saw people received specialist involvement when they needed it so that their healthcare needs were met

Is the service caring?

Our findings

One person told us, “It is brilliant here, you can ask for anything and they’ll get it. I’m looked after well”. A relative told us, “All of the staff are wonderful, kind and caring they know [person’s name] well. We were encouraged to bring in some furniture from home. That’s made it nice for [person’s name] I can visit anytime”.

Staff were attentive and caring and knew people’s preferences well. We saw at lunch time staff knew who liked particular sauces and who didn’t, and who took sugar in their tea. We saw one care worker discreetly place a plate guard on a person’s plate. This was so that they could eat their meal independently and the food stayed on the plate. This also meant the person could eat in a dignified manner.

People told us that staff respected their privacy and dignity. One person said, “They know when I’m in my room I want privacy so they do not come in at those times”. Another

person told us, “They always keep the door and curtains closed when they are helping me to get up”. Most of the staff responded to requests from people with respect and patience. We saw one staff member did not respond in such a positive way and this was addressed professionally by the registered manager.

There was a range of information available in each household about the home this included lifestyle’ folders which had recently been introduced on the households. These included forthcoming activities and interesting events. This meant people could choose and decide if they wanted to attend any of the events and activities on offer. It also kept people up to date with developments at the home. For example, refurbishment work was taking place to create a ‘shop window’ in the village square. The village square was part of the home that was being developed for people to visit and interact in a sensory area on the first floor of the home.

Is the service responsive?

Our findings

All of the people we spoke with told us routines were flexible in the home. One person told us, "You can come and go as you please here". Another person told us, "They help me have a shower. There is a nice, little lady who helps me. You can choose your own time, night or day". A relative said, "They listen to what you have to say and will always respond well".

People told us they were involved in their assessment before they were admitted to the home and also had discussions about their care when they arrived at the home. One person told us, "They asked me lots about what I needed help with, so I told them and then they wanted to know how I liked things doing. The assessment took a while if I'm being honest".

We saw people were relaxed with staff that were supporting them. Staff took the opportunity to engage and interact with people when they could. We saw one staff member take a person by the hand and they did an impromptu dance together. This got everyone else on the unit singing, laughing, clapping and tapping their feet.

We spoke with people on the enablement unit. This is a unit for people to receive rehabilitation with the aim of returning home. One person told us, "I've seen the doctor, nurse physiotherapist and occupational therapist. I've got things to do to hopefully get me back on my feet. They are all wonderful here".

The provider had worked hard to gain the Eden Alternative accreditation award. The Eden Alternative promotes improving the quality of life for older people wherever they live. As part of the Eden Alternative the home had created two welcoming lounges on the first and second floor of the home. A 'tea room' was in the process of being created, this was an idea from the people who lived at the home. We saw in the lifestyle folder the forthcoming activity of animal week. On the day of our inspection a visiting organisation

was bringing exotic animals to the home. The response to this visitor was overwhelming and people held a number of exotic animals and chatted about their care, origin and welfare.

An activities co-ordinator was employed by the home. They worked with individuals and groups to support people to do what they wanted to do in terms of hobbies and interests. Two people were having wi fi installed to enable them to use personal computer devices. One person having wi fi was talking to staff member about their new interest. We saw a falls prevention session being run in the morning of our inspection. This was well attended and people told us they enjoyed picking up advice to help them. We were told by people living at the home a 'big red breakfast' had taken place recently in aid of recognising the British Heart Foundation charity and its efforts. As an outcome of this the home were planning to continue with this to encourage people to try new things in regards to a healthy living lifestyle.

People told us there were regular opportunities to visit other homes within the organisation and they enjoyed the activities the home offered. We saw a list of forthcoming visits to the other homes in the organisation was publicised in the home's newsletter that was available in all the units. The home also maintains links with the local community and we saw the senior citizens forum was visiting the home on 17 February 2015.

Three people and a relative told us they knew how to raise a complaint if they needed to. One person told us, "I know how to complain and speak my mind". Another person said, "I would speak to her over there or the manager". A complaints policy was available for people to access in a format people could understand. We looked at complaint records held. We saw that complaints were fully investigated and outcomes of investigations was shared with the complainant to their satisfaction. The registered manager also sent a survey to complainants after their complaint had been acted on to ask them for feedback on how their complaint had been handled.

Is the service well-led?

Our findings

People who lived at the home told us they were happy with the way the home was managed. One person told us, “She [registered manager] is in and out. I know I can see them if I wanted to”.

The home had a registered manager in place as required by their registration with the care quality commission (CQC). All the staff we spoke with told us that they were well supported in the home. They said they had regular staff meeting to discuss practices, share ideas and any areas for development. One staff member said, “We can discuss our ideas and suggestions, it's a two-way process”. Staff had regular one-to-one meetings and annual reviews of their performance. This helped to make sure that staff had the opportunity to raise any concerns and discuss their performance and development needs.

The registered manager had clear visions and values and shared these with staff in team meetings. Staff were aware of the vision and values shared by the manager. Staff were clear about what the home should deliver and how. Staff we spoke with were committed to working as a team. Minutes of meetings we saw contained discussions about professional standards, CQC and training. One staff member told us, “It's very open here. I love my job and I love coming to work here”. We saw a list of forthcoming dates for 2015 for family meetings to be held at home. This would give families the opportunity to meet with the manager and staff and feedback on the service. The registered manager told us they also hoped it would generate activity and event ideas.

People told us that small group discussions and surveys take place so that they can be consulted on issues about at home. One person told us, “We've chatted about what we would like to do during the day. We recently took part in the Guinness book of records pom-pom competition which was great fun”.

The registered manager and staff have worked very hard to gain the recent accreditation from the Eden Alternative project. The home had improved people's opportunity to access an improved environment and stimulating lifestyle if they wanted to.

There were established systems to assess the quality of the service provided in the home. These included a programme of audits undertaken to assess compliance with internal standards and regular quality monitoring visits from the locality manager. We saw that during this visit the locality manager had spoken with people in the home and the staff on duty. They ensured that people were regularly given the opportunity to raise any concerns or to make suggestions about the development of the service to a senior person. We saw regular audits have been undertaken on care records, medication records and the environment. We saw a night time audit had been carried out by the registered manager which ensured the service was monitored at varying times of the day and night. As a result of the environment audit an upgrade of the call monitoring system was to be installed. Improvements in redecoration of the home were included in the environment upgrade plan.

We asked the local authority for their views that the home before we visited. They did not identify any concerns.