

# Accord Housing Association Limited

## Fallings Heath

### 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

This unannounced inspection took place on 9 January 2017. At our last inspection on 10 June 2015 we found the provider was in breach of the regulation regarding need for consent. We asked the provider to take action to ensure there were arrangements in place to gain people's consent. When we carried out this inspection the regulation had been met. Fallings Heath is a care home which provides accommodation and personal care for up to four people with learning disabilities or autistic spectrum disorder. At the time of our inspection four people lived at the home.

There was a registered manager in post. 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 supported by staff that recognised how to identify the signs of abuse and knew how to raise any concerns. Staff were aware of people's individual risks and how to minimise these. People were supported by adequate numbers of staff who had been recruited safely. People received their medicine as prescribed and systems used to manage medicines were safe.

People were supported by staff who had the skills and training to meet their individual needs. People were asked for their consent before care and support was provided. Where people's rights were restricted assessments had been completed of people's capacity to consent. Where people were unable to consent to their care because they did not have the mental capacity to do this, decisions were made in their best interests. People were supported to have enough to eat and drink and had access to healthcare professionals when required. People had positive relationships with staff and staff were kind and caring towards people. Staff understood people's needs and preferences and respected their dignity and privacy when supporting them. Staff communicated with people in a way they understood to ensure people's choices were respected.

People were supported to maintain their interests and were given the opportunity to participate in a variety of activities which met their individual interests. There was a complaints policy in place and staff were aware how they could support people to raise any issues. Regular checks were undertaken to monitor the quality of the service and these were effective at identifying improvement required. Systems were in place to capture people's feedback. Staff felt supported in their jobs and understood their roles and responsibilities.

## 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.

People were protected from the risk of abuse by staff who knew how to protect people from harm. Systems were in place to identify risks to people and staff knew how to minimise these. People were supported by sufficient numbers of staff. Systems used to manage medicines were safe and people received their medicines as prescribed.

### Is the service effective?

Good ●

The service was effective.

People were supported by staff that had the skills and knowledge to meet people's care needs. People were asked for their consent using communication methods they understood. People were happy with the food and choices available to them. People had access to healthcare professionals when they needed them.

### Is the service caring?

Good ●

The service was caring.

People were treated with kindness by staff who knew them well. People's dignity and privacy was respected and their independence promoted.

### Is the service responsive?

Good ●

The service was responsive.

Staff were responsive to any changes in people's needs and ensured people received the support they needed. People chose how they liked to spend their free time. People were happy with the care they received and there were no complaints about the service provided.

### Is the service well-led?

Good ●

The service was well-led.

People were supported by a committed and skilled staff group. There were systems in place to capture and respond to people's experiences and monitor the quality of the service provided. Staff understood their roles and responsibilities and felt supported by the provider.

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# Fallings Heath

## **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 9 January 2016 and was unannounced. The inspection team consisted of one inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the home, what the home does well and improvements they plan to make. This information is used to help plan the inspection. We also looked at the information we held about the home. This included notifications received from the provider about safeguarding alerts, accidents and incidents which they are required to send us by law. We also sought information and views from the local authority which we used to help plan our inspection.

During our inspection we spoke with one person who lived at the home, three members of staff and the registered manager. We also spoke with one visiting external healthcare professional. We reviewed a range of records about people's care. These included three people's care and medicine records. We also looked at two staff records and records to monitor the quality and management of the home, including safeguarding referrals and audits. We also carried out observations throughout the inspection to look at how staff interacted with people.

# Is the service safe?

## Our findings

One person told us that they felt safe with the staff that supported them. They said, "I am happy I feel safe." We saw people were confident to approach members of staff and the registered manager if anything concerned them. We saw staff spent time with people to reassure them if they were worried about anything.

Staff we spoke with felt confident to recognise and respond to different types of abuse to protect people from the risk of harm. One member of staff said, "Abuse could be a number of different things [for example] hitting other people or verbal abuse. I would tell the manager if I saw something. You can also contact the [local authority] safeguarding team for advice." Another member of staff said, "If I saw abuse I would tell the manager straight away and they would deal with it. If I was not happy with how it was being dealt with I would contact the local authority or CQC." Records we looked at demonstrated the registered manager understood their responsibilities to refer any allegations of abuse or harm to the local safeguarding authority. This meant people were protected from the risk of abuse or harm because staff knew how to report abuse and the provider had effective systems in place to keep people safe.

Staff understood people's individual risks and provided care in a way that kept people safe. One member of staff told us about a person who was at risk of falls and the measures in place to reduce this risk. We looked at this person's risk assessment and found information available to staff supported what staff had told us about how to keep the person safe. Staff told us they were aware of the need to report people's identified changing needs to ensure a person's safety. They told us information about changes in people's care needs was discussed during handover between shifts to ensure people remained safe. Staff told us about the importance of reporting incidents or accidents that occurred. We saw incidents and accidents were reported appropriately and appropriate actions were taken by the registered manager to ensure people were safe. For example, referrals to a health or social care professional.

The person we spoke with and staff said there were sufficient numbers of staff available to support and meet people's care needs. One person commented staff were available and they did not have to wait for their care or support needs to be met. They said, "[Staff] are here and help me. Don't have to wait." Throughout the inspection we saw staff were able to spend time with people supporting their different care needs or interests. For example, one person wanted a bath and staff facilitated their request. Staff told us they felt there were adequate staff numbers to meet people's needs. One member of staff said, "I think there are enough staff, we are able to support people's different interests and we go out quite a bit." Another member of staff told us, "I feel there are enough staff it has not been easy particularly with [people's name] changing needs. Staff are flexible and the manager's help out as well." The registered manager had sufficient systems in place to manage staff absence. We saw people were not kept waiting for long periods of time when they needed support or assistance and there were sufficient staff on duty to support people with their needs.

Staff told us pre-employment checks had been completed by the provider before they started in their role. One member of staff said, "I had a Disclosure and Barring Service (DBS) check and the [provider] contacted my previous employers for references before I started the job. I had to wait for a start date." DBS checks help employers reduce the risk of employing unsuitable staff. Recruitment files were not available on the day of

the inspection as pre-employment checks were completed by the head office. The registered manager was informed once all checks had been completed. These checks made sure the right staff were employed to keep people safe.

We looked at the processes used for managing people's medicines and saw these were effective in ensuring people received their medicine as prescribed. One person confirmed they were happy with the support they received from staff when they took their medicine. We looked at how people were given their medicines by staff and saw there were systems in place to ensure people received their medicines in a safe way. For example, we saw a member of staff stay with a person whilst they took their medicine and prompted them to have a drink to ensure they had swallowed it. Where a change in a person's medicine had occurred, such as the time a medicine should be administered. We found systems were in place to share information with staff and records were appropriately updated. We looked at people's Medicine Administration Records (MAR) and saw they were completed accurately. Discussions with staff confirmed staff had been appropriately trained and had their competencies regularly checked by the provider to ensure they felt confident and had the skills to administer people's medicines safely.

## Is the service effective?

### Our findings

At the last inspection completed in June 2015 we rated the provider as 'requires improvement' for the key question of 'Is the service effective?' We found they were in breach of the regulation around the need to obtain consent to people's care. At this inspection we found the regulation had been met.

We saw staff sought people's consent before providing care. The person we spoke with told us, "[Staff] ask me." Staff told us they were aware of the different communication methods people used and allowed time for people to make choices. A member of staff said, "I know people well, you get their consent by how they act, body language or they will tell you." We saw staff listened to people and responded to people's day to day decisions and choices. This included what people would like to drink, how they would like to spend their day and what food they would like to eat.

The Mental Capacity Act (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. We checked whether the service was working within the principles of the MCA. We found assessments had been carried out to assess whether or not people lacked capacity to make certain decisions. We saw these were recorded and shared with staff. Staff we spoke with understood the principles of the MCA and demonstrated a good understanding of people's individual capacity. They were able to give examples of decisions people were able to make for themselves. Care records we looked at reflected that people, and their representatives, had taken part in best interests meetings to ensure any decisions were made about their care and support was in their best interests.

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 this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Where people had restrictions placed on their freedom they had been protected as the correct procedure had been followed. Applications had been made to the local authority as required and the provider was waiting for the assessments to be completed. We saw people's movements were not restricted and they moved freely around the home.

The person we spoke with told us they were happy with the way staff supported them. They said, "[Staff] know me they look after me." Staff told us they had the skills and received training which enabled them to meet the needs of the people living at the home. Staff said people had lived at the home for a long period of time, they said they had got to know people well and what support they required. One member of staff said, "Training is very good the [provider] ensures you have the skills to do the job." Another member of staff said, "I feel I have the skills to meet people's needs. You can always ask for training if you feel you need something and this will get sorted out for you."

Staff we spoke with explained the induction they received when they started to work at the home. One member of staff commented, "I had an induction and completed different courses such as Safeguarding and



Mental Capacity Act training. I also shadowed staff." Staff told us they felt supported in their role and had regular one to one and team meetings with their manager. They said they felt confident to discuss any concerns they had during these meetings and that they were provided with guidance and feedback on their performance. One member of staff said, "I have regular meetings with the registered manager. Meetings are good and an opportunity to share views." This showed staff were supported by the provider to gain the knowledge and skills required to support the people they cared for.

The person we spoke with told us they enjoyed the food and drink provided. They said, "Happy with the food." The support people received at meal times was dependent on their individual needs. Some people were able to prepare their own meals with the help and support of staff. The person we spoke with confirmed they were able to choose what they ate and where and when they ate their meals. Mealtimes were relaxed with friendly interactions between staff and people. Throughout the day people were offered a choice of different drinks which they enjoyed. Staff we spoke with were aware of people's individual dietary needs and supported them appropriately. For example, observing the amount of food and drink one person had eaten as part of monitoring their general health. We saw the support people needed with food and drink was detailed in the care records to ensure staff had the information needed to support people to receive a balanced diet and to remain healthy.

The person we spoke with said staff were observant of any changes in their health need. They said staff supported them to access healthcare professionals when required. Staff told us about people's individual health needs and how they supported and monitored people's health conditions. We saw this was reflected in people's records, where concerns about people's health were identified these were escalated to the appropriate healthcare professionals. For example, opticians, chiropodists and dentists. This ensured people's health care needs were monitored and where required people were supported to access healthcare services.

## Is the service caring?

### Our findings

The person we spoke with said staff were kind and caring. They said, "[Staff] are nice and kind they look after me." Our observations showed people had good relationships with the staff that supported them and we saw people were happy to approach the staff throughout the day. We saw staff interacted with people in a friendly manner and they took time to explain things to people offering them choices and ensuring their understanding. We observed one person who became anxious throughout the day; we saw staff offered re-assurance and re-affirmed to the person everything was ok. Although the person continued to seek re-assurance staff took steps to reduce their anxiety by re-directing the person to do different things that interested them.

Staff had a detailed knowledge of people's individual needs and were able to tell us about people's likes, dislikes and what people's personal interests were. Throughout the day we saw people were involved in making choices about their care. The person we spoke with said, "[Staff] help me to choose." They also told us they made their own choice about their daily life for example, what time they got up or went to bed and what clothes they wore. A member of staff told us, "[People] are involved as much as they can be. As a key worker I sit down with [person's name] and they say what they want to do each month and we plan things. People are encouraged to make their own choices about what they want to do each day." We saw staff allowed time for people to make their choices and communicated with people in a way that they understood for example, showing different items or pictures for people to confirm their preferences. We were invited into one person's bedroom and saw it was decorated to reflect their personal taste and contained items which were important to them. This showed people's choices were respected by staff.

People's independence was promoted. One person told us they enjoyed completing household tasks such as cleaning their room and laundry tasks. They also told us staff supported them with their money and shopping. Throughout the day we saw staff encourage people to do as much for themselves as possible. For example, preparing drinks and snacks or personal care. Staff we spoke with understood the importance of promoting people's independence and told us how they supported people to be as independent as possible. One member of staff said, "Encourage people to do things for themselves and taking things slowly." This demonstrated people's independence was promoted.

People were supported by staff who respected their dignity and privacy. One person told us they had their own key to their room which meant they were able to lock their room and have time alone if they required. Staff we spoke with were able to provide us with examples of how they protected people's dignity. For example, closing the door when providing care. One member of staff said, "I would ask if I can go into [people's] room. I keep a discreet distant when completing personal care and go close when they need my help. I ensure they have everything to hand and if I am providing care will cover them with towels to protect their dignity." We observed staff spoke respectfully about people when they were talking or having discussions with other members of staff about any care needs. We also saw people's dignity was consistently respected by staff when they were providing support or care to people.

## Is the service responsive?

### Our findings

People were supported by staff who were responsive to their changing needs. Staff knew people well and were able to give detailed information about people's individual needs as well as their life histories and preferences. The person we spoke with said staff involved them in decisions about their care and support. One member of staff said, "You get to know people well and can recognise any changes in a person. I know what people like and dislike and how to support them." We saw people's care needs had been assessed and care records provided guidance for staff on how to meet people's individual needs. Care records were personalised and gave details of people's preferences and personal support needs. The records were regularly reviewed and where there were changes to a person's health or support needs information was updated. Information about people's changing care or support needs was shared with staff at shift handover to ensure they had up to date information and were aware of current issues in relation to supporting people. This showed there was a system in place to ensure staff were kept up to date with any changes in people's care and support needs.

The person we spoke with told us they were involved in planning activities which met their individual interests. They said they enjoyed going out with staff, baking and taking part in any group activities, such as keep fit. Activities were arranged to meet each person's individual interests and people were involved in planning how they wanted to spend their leisure time. For example, there were opportunities for people to listen to music, watch DVD's and the TV. We also saw some people enjoyed drawing or building with Lego. Staff spent time with people and supported them to take part in activities.

People felt confident to approach staff. Some people living at the home would be unlikely to make a complaint due to their understanding or communication needs. Staff were able to tell us how people would communicate if they were unhappy about something. For example, body language. Staff we spoke with understood the provider's complaints procedure and said if people were unhappy they would speak with the registered manager. They felt confident issues would be investigated and resolved. Although there had been no complaints received since the last inspection we saw there was a complaints process in place to ensure concerns and complaints were appropriately managed and responded to.

## Is the service well-led?

### Our findings

The person we spoke with was happy living at the home. They said, "I am happy living here the staff are nice." Staff told us the home was well managed and the registered manager approachable and supportive. The management structure within the home was clear. There was a registered manager in post who provided clear leadership to staff. We observed they provided staff with guidance, supervision and monitored care practices to ensure people received good quality care. We saw the registered manager and staff kept up to date with current national developments by attending training courses and developing links with other organisation and programmes such as the Eden Alternative. The Eden Alternative is nationally recognised way of caring for people who use care services. Although the registered manager was not at the home on a daily basis they knew everyone well. The registered manager demonstrated a good understanding of their responsibilities as a registered manager; and of the requirement to inform CQC of important events that happened at the service such as serious injuries. We also saw the provider had ensured information about the service's inspection rating was displayed prominently as required by the law.

Staff told us they felt supported by the registered manager and any concerns they had were listened to and acted on appropriately. One member of staff said, "I feel supported in my role any problems are dealt with quickly. The manager is open and transparent as it is a small home issues are sorted quickly." Another member of staff said, "The home is well managed. I enjoy working here." Staff told us they had regular one to one and team meetings and said these provided an opportunity for them to discuss their own development or issues they might have. Staff understood their roles and responsibilities and were aware of the provider's procedures. For example staff were aware of, and confident to use the provider's whistle-blowing policy, which included raising concerns with external agencies if required. Whistle-blowing means raising concerns about a wrong doing within an organisation.

The provider had systems in place to obtain feedback about the quality of service provided. We saw feedback had been sought from people's relatives and saw there were positive responses to the last questionnaire. An external professional who was visiting the service on the day of the inspection also made positive comments about how the service were managing people's complex needs and of the quality of care people received. The provider had also recently introduced and signed up to a national code of practice aimed at driving up quality in learning disabilities services. This involved the provider completing an assessment on their performance against the code and producing an action plan which included gathering views from people their relatives and staff. Information gathered was being reviewed against the code of practice in order to identify any areas where improvement was required. For example, ensuring care and support provided to people focuses on people individual quality of life. We saw the provider also completed a number of other internal quality audit checks to ensure the home was safe and effective. For example, medicine and environment checks. Accidents and incidents were recorded and analysed to identify any possible trends and action that may be required to improve people's safety. This showed the provider monitored the quality of the service people received.