

Accord Housing Association Limited

High Mount

Inspection report

13-14 High Mount
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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

High Mount is a service which supports people who have a learning disability or autistic spectrum disorder. It provides accommodation with personal care across two bungalows for up to eight people. There were eight people living at the home on the day of our inspection.

Rating at last inspection.

At the last inspection, in July 2014, the service was rated Good. At this inspection we found the service remained Good.

Why the service is rated good

People continued to receive care which protected them from avoidable harm and abuse. Staff met people's needs in a safe way and were available when people needed and wanted support.

People received care and support that was effective in meeting their needs. Staff had received training which gave them the skills and knowledge to support people's specific needs. Staff respected people's right to consent to and make their own decisions about their care and treatment. Where people did not have capacity to make their own decisions staff followed the law in ensuring decisions made were in their best interests.

People were treated with kindness and compassion by staff that knew them well. They were kept involved in their own care and staff made sure they had choices in all aspects of their daily life. Staff respected people's privacy, treated them with dignity and encouraged them to be as independent as they could be.

People's care and support continued to be individual to them. Staff responded to changes in people's needs which helped to ensure they got the care they needed. People were supported to spend their time how they wanted to and were encouraged to maintain their social interests within the local community. People had opportunities to give feedback on their experiences of the care they received.

Staff continued to work for the benefit of the people who lived at the home and kept them involved in what happened. There had been a change of registered manager since our last inspection and the management of the home continued to support a positive and open culture. The provider had systems in place that continued to be effective in assessing and monitoring the quality of the service provided.

Further information is in the detailed findings below.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

High Mount

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This was a comprehensive inspection which took place on 23 March 2017 and was unannounced.

The inspection team consisted of one inspector.

Before our inspection we reviewed information held about the service. We looked at our own system to see if we had received any concerns or compliments about the home. We analysed information on any statutory notifications we had received from the provider. A statutory notification is information about important events which the provider is required to send us by law. We contacted representatives from the local authority and Healthwatch for their views about the home. We used this information to help us plan our inspection of the home.

We met and communicated with all eight people who lived at the home. We spoke with four support workers, the deputy manager and the registered manager. We viewed two people's care and medicine records. We also viewed two staff member's recruitment records and other records relating to the management of the home.

We observed people's care and support in the communal areas of the home and how staff interacted with people. We did this to gain an understanding of people's experience of the care and support they received.

Is the service safe?

Our findings

People continued to be protected from abuse, harm and discrimination. One person said, "I am safe being here and with staff." Another person told us they felt safe living at the home because staff were always around and they considered staff as their friends. People told us that if they did not feel safe they would speak with staff about their concerns.

Staff were confident in the actions they would need to take if they thought people were at risk of abuse, harm or discrimination. They had received training and understood how people they supported could be abused or discriminated against.

People continued to be protected against the risks associated with their care. Where people were at risk we saw clear plans in place to ensure their safety. One person had a medical condition which meant they could be at risk of harm through the seizures they had. Monitoring and recording forms were in place to manage the risks and staff were clear on the support they needed to give to this person to keep them safe.

People were involved in decisions about the risks they took. One person told us they walked to their local community and church groups. They told us that staff had walked with them at first to ensure they were safe along the route. Together with staff they had agreed when they were confident to walk the route alone and safely. This person told us, "This is my independent living. I like doing it this way, with staff first, it makes me feel safer."

People continued to be supported by sufficient staff to meet their needs safely. People confirmed there were always enough staff around when they wanted them. Staffing between the two bungalows was based on people's dependency needs. However, this was flexible to ensure people received the support they needed at all times. The registered manager told us extra staff would work if people were, for example, going on outings or had healthcare appointments.

People continued to receive their medicines safely. One person told us their arm sometimes hurt and that staff gave them tablets for the pain when they asked. They told us this made them feel better. Systems were in place which staff understood to ensure people received their medicines when they needed them.

Is the service effective?

Our findings

People were supported by staff who understood what they needed and had the skills to support them effectively. People confirmed they were happy with the staff that supported them and felt staff understood their needs. Staff told us they received training and support that was specific to the people they supported and their individual needs. They had received training which helped them to understand and support people with their learning disabilities, autistic spectrum disorder and when they became anxious. Staff told us their training made sure they kept up to date with current practice and any changes in the law.

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. Staff continued to work in accordance with the MCA. We saw people's decision making ability was monitored. Consideration had been given as to how staff needed to support each person to make their own decisions. Also, how to help them understand information given to them and who could help them to make their own decisions, such as named relatives, other professionals and staff. Where decisions had been made on behalf of people we saw the MCA process had been followed and best interest decisions made were clearly recorded.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). One person had a DoL authorised and there were no conditions attached to this authorisation. The registered manager had submitted seven other DoL applications and was waiting for these to be authorised. Staff understood why these safeguards were in place and how they helped to keep people safe. The registered manager was aware of their responsibilities and had liaised with the relevant authority in making these applications.

People were supported to have enough to eat and drink and maintain a well-balanced diet. People were encouraged to be involved in the preparation and cooking of their meals and menus were based on their preferences and choices. People told us they could have snacks and drinks whenever they wanted them. Staff told us they always encouraged healthy options and we saw fruit was available. Systems were in place to assess and monitor people's risk and needs in relation to eating and drinking.

People received annual health checks and had health action plans in place which had been reviewed yearly. This helped to ensure they were supported to maintain good health. We could see one person had their arm in a sling. This person told us staff had taken them to see the doctor because they had a "poorly arm". Healthcare professionals, such as doctors, consultants, behavioural therapists and physiotherapists were involved in people's care to ensure they received the support they needed. People's care records contained the outcomes of medical interventions and this information was shared with staff.

Is the service caring?

Our findings

People continued to be happy living at the home. Most had lived there for a number of years and knew the staff well. They confirmed staff treated them well and they had a good relationship with the staff that supported them. We saw smiles on people's faces and people looked comfortable and relaxed in the presence of staff. Staff knew the people they supported well and communicated easily with them. Not everyone had verbal communication but staff ensured they were able to understand what was being said and were involved in conversations. One staff member said, "I treat people the way I would want my family to be treated."

People were encouraged to make choices, express their views and be involved in their own care and support. One person told us staff always offered them choices and involved them in decision making. Staff regularly spoke with people about their personal objectives and what they wanted to achieve. These objectives could be to increase their social interaction or manage aspects of their finances to encourage them to become more independent. We saw that staff knew the people they supported very well and were able to anticipate their needs. All staff spoke about people with warmth, respect and were able to describe their preferences, their interests and their care and welfare needs.

People were encouraged to be as independent as they could be. Throughout our visit we heard staff encourage people to do things for themselves or with minimal support. People were supported to make drinks and meals and clear away afterwards. One person had access to adapted equipment for eating and drinking which enabled them to remain independent whilst they ate and drank. We saw staff respected people's privacy and own space. One person told us that staff gave them privacy in their room if they wanted to be left alone. Everyone we spoke with confirmed that staff were nice to them and treated them with respect.

Is the service responsive?

Our findings

People continued to receive care that was individual to them. Since our last inspection staff had been accredited to and had used an approach called The Eden Alternative. This approach reinforces the importance of people having more positive and spontaneous engagement and interaction with their surroundings and interests. One person told us they were more active within the local community and had more independence. Staff spoke about how they were focussed on improving people's independence and quality of life every day. The registered manager told us this approach had succeeded in, "building the confidence of people to go out into the local community".

People were supported to enjoy their hobbies and interests. We saw one person completing a jigsaw. When we asked if they were enjoying this, they gave a smile and a thumbs up to indicate, 'yes'. Another person told us they enjoyed painting and staff always helped them to do this when they wanted to. People were supported to maintain contact with people who were important to them through telephone calls, letter writing and sending cards. Some people went to visit their family and one person had a family member in another country which staff helped them to keep in touch with.

Where people's needs changed staff took action to make sure people still received personalised care. Equipment was obtained when one person's mobility changed. Staff also worked with the community learning disabilities team when people's behaviour changed to ensure they continued to receive the support they needed.

People were encouraged to give their opinions on the care and support they received. Regular meetings took place between people and staff where people had the opportunity to identify what they wanted to do and give feedback on what they had done. People were supported to raise concerns and complaints. One staff member told us they recognised when people's behaviour changed and would go and have a chat with them. They said, "A change in their behaviour or mood could indicate they were not happy about something." People had access to an easy read complaints process but the registered manager told us people were always encouraged to raise concerns directly with staff.

Is the service well-led?

Our findings

People continued to be involved in the running and development of the home. With staff support, people completed food shopping and planned the menus. People were also responsible for keeping their own rooms and the home clean and tidy and staff supported them with this as necessary. People were able to give ideas for improvements to their home and they told us that managers listened to what they said. People enjoyed being out in the garden so after discussion with them the provider had purchased outdoor equipment. There was a clear culture of putting people at the heart of the home. All staff spoke about High Mount being people's home and wanting to ensure people had the best quality of life. One staff member said, "We appreciate this is their home. We're here to support them in their own home to have a good life."

The home is required to have a registered manager in post. The registered manager had been in post since November 2016. 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.

The registered manager also managed another of the provider's services. They divided their time between the two locations and were supported by a deputy manager at High Mount. We found this did not impact on the quality of care people received at the home. The registered manager was aware and understood their regulatory responsibilities.

Systems were in place which monitored and assessed the quality of the service provided. Regular audits were completed which were monitored by the provider. Thematic audits and reports were completed by the provider's quality team on areas such as safeguarding and complaints. The registered manager told us these were used to identify any organisational wide trends.

The registered manager told us that they worked towards continual improvement within the home. They were part of a national campaign called, 'Driving up Quality' which is led by a group of learning disability providers. The deputy manager said, "It's designed to improve the quality of services for people with learning disabilities. People have a life and things they want to achieve and this is to improve that quality of life." The home was a finalist in the national learning disabilities and autism awards 2016. The registered manager said, "We were put forward for the work we have done in developing life skills and independence. Also, in teaching road safety to increase independence which has improved people's social and quality of life."