

## Accord Housing Association Limited

# Fallings Heath

### Inspection report

5 Fallings Heath Close  
Darlaston  
Walsall  
West Midlands  
WS10 8BT

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Tel: 01215686176

Website: [www.accordha.org.uk](http://www.accordha.org.uk)

### 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

Fallings Heath is a residential care home providing personal care to three people with a range of needs including learning disabilities and behaviours that challenged at the time of the inspection. The service can support up to four people.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

### People's experience of using this service and what we found

People were safe and staff knew how to keep them safe from harm. The provider had a recruitment process to ensure they had enough staff to support people safely. People received their medicines as prescribed. Staff followed infection control guidance and had access to personal protective equipment. Accidents and incidents were recorded and appropriate action taken.

Staff had the skills and knowledge to meet people's needs. People's nutritional needs were met. People received enough to eat and drink to ensure they had a healthy diet. People accessed health care when needed.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were supported by staff who were kind and caring and knew them well. Staff were patient and compassionate and had built good relationships with people. People's privacy, dignity and independence were respected by staff.

People's support needs were assessed regularly and planned to ensure they received the support they needed. People's support was individualised. People were supported to take part in activities of interest and their preferences, likes and dislikes were known to staff. The provider had a complaint process which people were aware of to share any concerns.

The service was well managed. Feedback questionnaires were used to gather information about people's views. Spot checks and audits were carried out to ensure the quality of the service was maintained.

The service applied the principles and values consistently of Registering the Right Support and other best

practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection

The last rating for this service was good (published 18 February 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

# Fallings Heath

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

Fallings Heath is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with one person who used the service about their experience of the care provided. We spoke with four members of staff including the registered manager, deputy manager and care workers. We spoke with

one health professional. 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.

We reviewed a range of records. This included two people's care records and medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We spoke with two relatives of people who use the service and one care worker.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same, "good". This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Relatives told us they felt people were safe at Fallings Heath. One relative confirmed this by saying, "[Name of person using the service] is safe there. The staff do all they can. I couldn't ask for anymore."
- Staff knew how to recognise abuse and protect people from it. Staff had received training in how to keep people safe and described the actions they would take where people were at risk of harm.
- Accidents and incidents were recorded and investigated to reduce the risk of occurrence in the future.

Assessing risk, safety monitoring and management

- Risk assessment documentation was in place which gave clear guidance to staff on how to manage and reduce risks to people.
- The registered manager had introduced positive behaviour management plans. These showed how to manage behaviours that challenge safely by using distraction techniques.
- A health professional we spoke with described how staff were really supportive in helping a person using the service to manage their behaviours safely due to a deterioration in health.

Staffing and recruitment

- We observed there were enough staff to support people.
- We saw evidence of recruitment checks taking place before staff were appointed to ensure suitable staff were appointed to support people.

Using medicines safely

- Medicines systems were organised and people were receiving their medicines when they should. The provider was following safe protocols for the receipt, storage, administration and disposal of medicines.

Preventing and controlling infection

- We found the home to be clean and tidy.
- Care staff told us when they needed to use personal protective equipment and we observed that this equipment was readily available to them.
- We saw care staff supporting people following good standards to ensure they could protect against the spread of infection.

Learning lessons when things go wrong

- We found where incidents and accidents happened these were being recorded appropriately in people's care records and trends were monitored to prevent reoccurrences. For example, following an incident

where a person using the service had left the building unaccompanied, the switch on the door alarm had been changed so that care staff could not turn it off by accident and the alarm is left permanently on.



# 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same good. This meant 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

- The provider carried out an initial assessment and regular care reviews so they could be sure they could support people how they wanted. People were involved in care planning as much as possible and care planning documentation was produced in easy read format to help people understand. One relative we spoke with told us, "We are always invited to reviews."

Staff support: induction, training, skills and experience

- People were supported by staff who had the skills and knowledge to do so. One care staff member said, "The training is excellent."
- Staff were given opportunities to review their individual work and development needs.
- Where new staff were appointed, we saw an induction process was in place.
- Staff received regular on-going training in specific areas such as autism and epilepsy in order for staff to be able to support people's individual needs.

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

- People's nutritional needs were catered for and they ate a healthy balanced diet.
- Where people had specific dietary requirements, staff knew these and could support people accordingly.
- People could choose what they would like to eat and were supported to help prepare their meals and drinks.

Staff working with other agencies to provide consistent, effective, timely care

- Staff worked well with family members and liaised regularly with them. One relative told us, "If there are any issues, they [the care staff] are on the phone straightaway."
- A health professional we spoke with told us how staff at the home worked collaboratively with them. They said, "They [the staff] work with me, I work with them, it is very effective."

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

- The home was clean and tidy and felt homely. There were photos of people on the walls and some of the activities they had taken part in were also displayed in the home.
- There was an attractive garden at the back of the home which people were able to access freely and enjoy being outside in the fresh air.

- People's rooms were individualised and they were able to decorate their rooms how they wished.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to access healthcare in the community and live healthy lives. They received regular health checks and had hospital passports in place. This was evidenced in people's healthcare plans and corroborated by health professionals we spoke with.

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 when this is in their best interests and legally authorised under the MCA.

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 and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- We found where people lacked capacity and were being deprived of their liberty, the appropriate authorisations were in place and being reviewed by the local authority. People were cared for in the least restrictive way.
- Staff received training in the Mental Capacity Act. One staff member described how the MCA was to give people choice and protect them. They said, "Assume someone has capacity unless proven otherwise."
- We observed people being asked for their consent before support was given.

# 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- We saw that people were supported by kind, patient and caring staff. We observed that people were relaxed and comfortable interacting with staff. One person told us, "Staff treat me well." A relative told us, "Staff are pretty much amazing." One staff member said, "We are like a little family."
- People were cared for by staff who knew them well. Some staff had worked at the service for a long period of time. One relative said, "The staff have been there for so long. They couldn't do any more. [Name of person using the service] is part of the family. I couldn't ask for anymore."
- Care staff were kind and considerate of people's needs. For example, one person was paying for taxis to attend day centre and care staff arranged for Ring and Ride to collect this person to save them money.
- One member of care staff, when asked what they would change about the home said, "More residents. I would make it bigger, buy next door. I love it here."
- Relatives had taken the time to write compliments and thank you letters to the care staff. One compliment read, "Thank you all from the bottom of our hearts for everything you did for [name of person using the service]. We will never be able to thank you all, present and past staff, for the wonderful care you gave [name of person using the service] over the years in your lovely home. They had such a great life with you all."
- Relatives told us they could visit whenever they liked which meant that people could maintain relationships with family and friends.
- Care staff had been trained in equality and diversity including LGBT (lesbian, gay, bi-sexual, transsexual) and people's diverse needs was respected. One staff member said, "Treat everyone the same and have the same opportunities." One of the activities taking place at the home was learning about different cultures around the world.

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

- People and their families were involved in care planning and their views and wishes respected. One relative said, "We are always invited to reviews of care."
- There was evidence of best interest decisions in care plans where people needed help to make their choices. This demonstrated staff delivered individualised care.
- People had their own individual activity plans to enable them to participate in activities they enjoyed.
- Surveys were sent out to people and their families to gain their views of the service. One person had stated they would like more activities. Following on from this feedback, it was arranged for this person to attend a day centre regularly.

Respecting and promoting people's privacy, dignity and independence

- We saw people's privacy and dignity was respected. One staff member told us how they would shut the door and close the shower curtain to maintain people's privacy.
- People were encouraged to maintain their independence and do as much as they could for themselves. For example, people were encouraged to help make their own beds.

## Is the service responsive?

### Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's individual needs were met and staff showed they understood how to support people. Some people at the home exhibited very complex behaviour and staff were well trained and told us they felt confident to support people. One relative described how [name of person using the service] could exhibit behaviours that were very challenging and said, "They [the care staff] manage it well."
- Staff understood and knew people's hobbies, interests and preferences to support them to take part in social activities. People were encouraged to be active in their choice of hobbies and interests. One person told us, "I am going to the library today. I like funny books."
- People were encouraged to integrate into the community as much as possible. They went out regularly to the local shops and readily accessed other local amenities. One person using the service attended the local college.
- A care plan and assessment were in place to show the support people needed and these were reviewed regularly. A health professional said, "They are very proactive, will always ring and contact me. Really good, open communication."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Documents were produced in easy read format to make information accessible for people using the service.
- Care staff knew how to communicate with people by using people's body language and facial expressions.
- People's care plans detailed their preferred method of communication. This meant care staff knew how people wanted to be communicated with. For example, care staff used Makaton (a language programme using symbols, signs and speech) to support people to communicate.

Improving care quality in response to complaints or concerns

- The provider had a complaints process in place. There had been no complaints in the last 12 months. One relative said, "I have never had any concerns." Another relative said, "There was a problem a couple of years ago but this has not happened since. I am happy with how it was dealt with."
- Staff knew who to talk to if they had any concerns. Staff told us they were supported by the management. One staff member said, "The manager is lovely. They are very supportive."

#### End of life care and support

- There were end of life care plans in place to enable people and their families to express their wishes at the end of their lives.
- Care staff had received bereavement training.
- One person using the service had sadly passed away and care staff told us how well they had been supported by management.

# 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Relatives and a health professional spoke highly of the service. A health professional said, "The staff are fantastic, they will go above and beyond. If I ask them to do anything, they are very accommodating."
- Care staff told us they were supported by the management team and that they felt listened to.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their responsibilities under the duty of candour.

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

- The registered manager carried out spot checks on care staff and regular supervisions and appraisals. Care staff confirmed this and we saw evidence of this in records we checked.
- We saw that regular checks and reviews on the service took place to ensure the service people received was of the highest quality.
- The registered manager understood their legal requirements within the law to notify us of all incidents of concern, death and safeguarding alerts.
- It is a legal requirement that the overall rating from our last inspection is displayed within the service and on the provider's website. We saw that the rating was displayed. This meant people, relatives and visitors were kept informed of the rating we had given.

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

- Staff meetings were held to engage staff with the service and gain their feedback.
- Feedback questionnaires were used to gather information about people's views.
- The registered manager wrote thank you cards to care staff who had gone above and beyond in their role and there was also an award scheme for care staff who had performed well. This meant care staff felt valued.

Continuous learning and improving care

- The registered manager had a development plan in place to further improve the quality of the service for

people.

- Management and care staff had on-going training to ensure their learning, skills and knowledge was current. This enabled them to support people effectively.
- The registered manager used case studies to learn from past experiences and to reflect on whether they could have handled certain situations better.

Working in partnership with others

- The provider worked in partnership with hospital consultants, social workers, health professionals and relatives to ensure the service people received was person centred. This was corroborated by relatives and health professionals we spoke with.