

Accord Housing Association Limited

Hob Meadow

Inspection report

2 Bentons Lane
Great Wyrley
Walsall
West Midlands
WS6 6EF

Date of inspection visit:
12 January 2016

Date of publication:
03 February 2016

Tel: 01922417713

Website: 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

We inspected this service on 12 January 2016. This was an unannounced inspection. Our last inspection took place in June 2014 and we found no concerns with the areas we looked at.

Hob meadow is a residential home that provides personal care for up to eight people with a learning disability and or challenging behaviours. At the time of the inspection six people were receiving residential care and two people were receiving respite.

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 in a safe way and where risks to people were identified they were managed to ensure people were safe. Staff knew what abuse was and how to recognise and report it. Medicines were managed safely and people had their medicines at the prescribed times. Equipment was tested and maintained to ensure it was safe to use and there were enough staff available to offer individual support to people. Staff had received an induction and training to ensure they were effective in their roles. Recruitment processes were in place to ensure that staff were suitable to work within the home.

The principles of the Mental Capacity Act 2005 were followed. When needed capacity assessments had been completed and decisions made in people's best interests. When people were being unlawfully restricted this had been considered and Deprivation of Liberty Safeguards (DoLS) authorisations were in place.

People were treated in a kind and caring way. Their privacy and dignity was promoted by staff and they were encouraged to be independent. They were able to make choices around their day and were offered the opportunity to participate in activities they enjoyed, Friends and family could visit when they liked. People were supported to access health care professionals and health care services when needed. They were supported to receive enough food and drink and offered choices.

Quality monitoring checks and feedback from people who used the service was obtained to bring about changes. Staff felt listened to and were provided with the opportunity to raise concerns. There was a complaints procedure in place and this was followed by the provider.

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.

Risks were managed in a way to keep people safe. Staff knew how to recognise and report potential abuse. There were enough staff to meet the individual needs of people. Medicines were managed in a way to protect people from the risk associated to them. Equipment was maintained to ensure it was safe to use.

Is the service effective?

Good ●

The service was effective.

Staff received training and an induction that helped them support people. The principles of the mental capacity Act 2005 were followed. When people lacked capacity assessments had been completed and decisions made in people's best interests. When people were being restricted this had been considered and authorisations were in place. People enjoyed the food and had choices at mealtimes. People received support from health professionals when needed.

Is the service caring?

Good ●

The service was caring.

People were treated in a kind and caring way. People were encouraged to be independent and made choices about their day. Family and friend were free to visit throughout the day.

Is the service responsive?

Good ●

The service was responsive.

People and their relatives were involved with planning and reviewing their care. People received care in their preferred way and had the opportunity to participate in activities they enjoyed. There were systems in place to deal with complaints.

Is the service well-led?

Good ●

The service was well led.

The registered manager and provider completed quality checks and sought the opinions of people who used the service to bring about improvements. There was a whistleblowing policy in place and staff knew how to

whistle blow. There was a registered manager in place who understood their responsibilities around registering with us.

Hob Meadow

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 the 12 January 2016 and was unannounced. The inspection was carried out by one inspector.

We checked the information we held about the service and the provider. This included notifications the provider had sent to us about significant events at the service and information we had received from the public.

On this occasion we did ask the provider to send us a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. However we did not request this returned before the date of inspection. We did offer the provider the opportunity to share information they felt relevant with us.

We spoke with four people who used the service, two relatives, two members of care staff and the registered manager. We did this to gain people's views about the care and to check that standards of care were being met.

We spent time observing care and support in the communal area. We observed how staff interacted with people who used the service. We looked at the care records for two people. We checked that the care they received matched the information in their records. We also looked at records relating to the management of the service, including quality checks and staff files.

Is the service safe?

Our findings

People received care which met their individual needs and enabled them to stay safe. One person told us how they had a health condition which put them at risk of falling. They told us because of this they preferred to sleep on a mattress on the floor. We saw and staff we spoke with confirmed this was in place. One staff member said, "Yes, [person] does, they had this at home so when they came to live here it was a recommendation and we followed it. They are safer this way". We saw risks had been assessed to people's health and wellbeing and staff were able to tell us about these risks. This showed us that staff had the information needed to manage risks to people.

People used assisted technology to keep them safe. The registered manager explained how this was used and we saw this was implemented. For example, one person had a pendant which they wore at all times, if they needed assistance they would press this and it would alert the staff who could go and offer support. We spoke with the person about this and they smiled and nodded.

Staff knew how to recognise and report potential abuse or any concerns they had. One member of staff told us, "It's making sure people are safe and don't come to any harm". Another said, "It's there to protect people, we can always use whistle blowing too if we are not happy". Staff told us they would report any concerns to the manager or local authority if needed. We saw procedures were in place and displayed to report any concerns to the local authority. When needed these procedures were followed.

People told us their medicines were managed in a safe way. One person said, "I have them at the same time every night". Another person told us, "Staff lock them away for me". We saw staff administered medicines and spent time with people, explaining what the medicines were for and gaining consent from people before administering. Staff waited with people to ensure the medicine had been taken. Records and our observations confirmed there were effective systems in place to store, administer and record medicines to ensure people were protected from the risks associated with them.

People confirmed there were enough staff available. One person said, "They are quick". Staff confirmed there were enough staff to meet people's needs. We spoke with a relative who told us, "There are enough staff; no one ever goes without anything". We saw staff were available in the communal areas and people did not have to wait to receive care. For example, one person wanted to go out and requested support from staff to do this. Staff were able to offer support and the person went out. The registered manager confirmed there was a system in place to ensure there were enough staff to meet the needs of people. They confirmed staffing levels could be flexible if people wanted to go out on activities or holidays or if their needs changed.

We saw plans were in place to respond to emergencies. These plans provided guidance and information on the level of support people would require to evacuate the home in an emergency situation. The information recorded was specific to individual's needs. Staff we spoke with were aware of these plans and the support individuals would need.

We saw that equipment was maintained and tested. For example, we saw that portable appliance testing

had been completed. Checks and testing were also being carried out on the assisted technology equipment. This demonstrated the equipment was maintained so it was safe to use.

Staff told us police checks were carried out before they were able to start work. We looked at pre-employment records and we saw these checks were carried out before staff could start working within the home. This demonstrated the provider ensured that staff were suitable to work with people who used the service.

Is the service effective?

Our findings

Staff told us they received training that helped them to support people. This included an induction for new starters. One member of staff told us about their induction. They said they had training for four weeks and then had to shadow staff before they could work independently. The staff member told us they, "Found it useful". This showed us that staff shared knowledge to offer care and support to people. Another member of staff explained how they had attended training to support people with behaviours that may challenge. They explained how they had implemented this training in practice. They said, "We all have to be consistent, that's what I learnt, if you are not and we all say different things then it will be confusing for the person and we won't make progress". We saw that staff managed these behaviours throughout the day consistently. This demonstrated that staff were supported to receive training that was relevant to meeting people's needs.

The registered manager told us how they had implemented the care certificate. The Care Certificate has been introduced nationally to help new care workers develop and demonstrate key skills, knowledge, values and behaviours. This should enable them to provide people with safe, effective, compassionate and high quality care. The registered manager said that all new starters would complete the care certificate as part of their induction. They also told us that all staff had recently been asked to undertake an eleven week course in privacy and dignity. They said this was, "A way to promote privacy and dignity and reinforce it". They also said it had been, "Good and useful".

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Some of the people living in the home lacked capacity to make important decisions for themselves. We saw when needed people had mental capacity assessments in place. Staff we spoke with demonstrated an understanding of the Act and used their knowledge to assess people's mental capacity. One member of staff told us, "You always assume capacity". Another said, "You have to get this right it is very important for people." When people were unable to make decisions we saw decisions had been made in their best interest. Staff explained to people what they wanted to do and checked with them that they were happy for them to do this. This demonstrated that staff understood the importance of gaining consent from people. The provider had considered when people were being restricted unlawfully and applications when needed had been made to the local authority. There were DoLS authorisations in place for six people. Staff understood the reason behind this and their role to protect these people. This demonstrated that the principles of the MCA were recognised and followed.

People told us they liked the food and we saw that choices were offered to people. One person said, "I like my toast". Another person told us how they liked the same thing for breakfast each morning. They said they had it when they were ready, they just asked the staff and they cooked it for them. At mid-morning we saw this person requested their breakfast and the staff went and prepared this for them. There were no set mealtimes and people had food when they chose to. Staff told us that they had a 'healthy eating club' weekly and people would suggest what meals they may like for the week. We saw that there were pictures of foods available to help people communicate what they would like to eat and drink. There were drinks available to people and they could make hot drinks when they chose to.

People told us and we saw that people had access to health professionals. One person explained they had a cough and had been to the doctor for some medicine. Another person told us they were having a visit from their community nurse later that day, they showed us the work they were doing and told us; "It helps me calm down". This demonstrated that when needed people received support from healthcare professionals.

Is the service caring?

Our findings

People and relatives we spoke with told us they were happy with the staff. One person said, "I like them". This person pointed to pictures that were displayed of staff and smiled and laughed. A relative told us, "I have never had any problem with any of the staff, they are all great". People and staff were laughing and joking together and the atmosphere was relaxed. We observed that one person had a cold. Staff identified that the person needed support with this and asked the person if they needed a tissue. The person nodded and staff supported the person. After the person had received support they smiled and signed 'thank-you'. This showed us people were treated with kindness and staff were caring towards them.

People told us they made choices about their day. One person told us, "I get up and go to bed when I want; I have had a lie in today". Another person explained they wanted some quiet time and they were going to their room, they said, "Its ok, I can do that if I want". We observed that people were offered choices about what they would like to do. For example, staff asked one person if they would like to watch TV, or do some arts and crafts, they didn't want to do that so they were asked if they would like to go out. We saw the person went for a walk.

We saw that people were encouraged to be independent. For example, one person was going out in the community. The person was encouraged to walk by staff; however the person did not want to walk and wanted to go in their wheelchair. Staff encouraged the person to walk to their wheelchair. When the person stood up staff clapped. The person walked a short distance to their wheelchair. The person was laughing. Records we looked at confirmed this person should be encouraged to walk even though they might not always want to. Staff told us, "We have to encourage this for mobility reasons". People were encouraged to do tasks for themselves such as making drinks. We saw one person was encouraged to help staff with their washing. This demonstrated that staff encouraged people to be independent.

Staff responded quickly to people's requests and spoke discreetly with people when needed. For example, we saw staff ask one person in a discreet way if they would like to use the bathroom. On this occasion the person declined. We saw people's bedroom doors were closed and staff knocked before entering. This demonstrated that people's privacy and dignity was promoted.

Relatives we spoke to told us they could visit anytime. A relative said, "I turn up anytime unannounced with no appointment". They said, "It's always ok, the staff don't mind". The registered manager told us there were no restrictions and relatives and friends could visit when they liked.

Is the service responsive?

Our findings

People told us they were involved with their care. One person said, "This is my file, what I like is in there". Another person went and fetched their file when asked about it. A relative confirmed they were updated about changes to their relatives care. We saw this was completed in the person's best interest. They said, "They communicate well, I'm always in the loop". The files we looked at confirmed where possible that people were involved with planning and reviewing their care.

People told us and we saw staff knew about people's preferences. One person told us they liked fizzy drinks. The person told us they went to the shop every day to buy a fizzy drink. We saw staff supported this person to the shop to purchase this. Staff told us, "[person] loves fizzy pop, every day they go out to get some". We looked at the care file for this person and we saw information about this. Staff talked to people about things they enjoyed and their friends and family to provide good interactions. People's bedrooms were decorated to the preference of the person and had personal items in them.

People told us they accessed the community to participate in activities they enjoyed. One person said, "I go to college, I really like it, all my friends go". Most of the people accessed activities in the community during the week such as day centres and colleges. We saw people had activity planners in place. People and relatives spoke enthusiastically about activities at the home. A relative told us, "If something is going on we get an invite which is nice". We saw photographs of when some people had visited coronation street. We looked at these with the people. One person smiled and another person said, "It's me at coronation". One person told us they were a football fan and with support from staff they were able to attend the football match. They showed us photographs of this. This meant that people had the opportunity to participate in activities they enjoyed.

Relatives told us if they had any concerns or complaints they would feel happy to raise them. One relative said, "I would go straight to the manager". The provider had a complaints policy and system in place to manage complaints. We saw easy read versions were displayed on how people could complain. We saw when complaints had been made the provider had responded to them in line with their policy.

Is the service well-led?

Our findings

We saw and the registered manager told us they sought feedback for people who used the service. We saw 'tenant's consultation' meetings took place and satisfaction surveys were completed. The registered manager told us this was important to the people who used the service so they had the opportunity to requests to do new things. This information was then used to bring about changes for the people who used the service. For example, one person had requested a pet. We saw that this person now had the pet. The person told us how they had asked for it and how they were involved with making the hutch for it. This demonstrated that the provider sought the opinions of people who used the service and used this information to bring about changes for them.

Staff told us they had meetings where they had the opportunity to raise any concerns. Staff felt they were listened too and if changes were needed then the registered manager and provider would make the change. One member of staff told us, "They try their best to listen to our suggestions". Another staff member said, "On a whole I feel very well supported, they make changes when they need to". We saw the provider had a whistle blowing policy in place. Whistle blowing is the procedure for raising concerns about poor practice. Staff we spoke with understood about this and said they would be happy to do so. One staff member said, "Yes I would be happy to do this" Another member of staff told us they felt they would be supported by the manger if they whistle blew. This demonstrated if staff raised concerns they were listened to.

Quality checks were completed by the registered manager and the provider. These included checks of medicines management and areas around health and safety. Where concerns with quality had been identified we saw that an action plan had been put in place. This information was used to being about improvements. For example, the registered manager had identified that there were issues relating to infection control with the kitchen that was in place within the service. The registered manager told us and we saw a new kitchen was in the process of being fitted. This showed us when improvements were needed action was taken to improve the quality of the service.

The service had a registered manager in post. Staff told us they provided support when needed and they were approachable. They told us, "The manager is good and always around". The registered manager understood the responsibilities of registration with us and notified us of important events that occurred in the service which meant we could check appropriate action had been taken.