

## Accord Housing Association Limited

# Ellen Court

### Inspection report

2-3 Ellen Court

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#### Ratings

### Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

#### Overall summary

The inspection was unannounced and took place on 8 April 2015. At the last inspection in October 2013, we found the provider was meeting the regulations we inspected.

Ellen Court provides care and accommodation for up to seven people with mental health conditions. There were four people living in the home on the day of the inspection and 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 at Ellen Court told us that they felt safe living there. Staff knew how to protect people from the risk of harm or potential abuse. There were enough staff to support people living at the home at the time of the inspection. People felt that staffing levels would need to be increased in order to support a more varied activities programme or if more people moved into the home.

# Summary of findings

Staff were provided with training which they felt reflected the needs of people they supported. People's health care needs were assessed, and support planned and delivered to meet those needs. People had access to healthcare professionals that provided treatment, advice and guidance to support their health needs.

Staff were described as kind, caring and friendly. Staff had developed positive working relationships with the people they supported. People were supported to make their own choices and decisions and felt listened to and respected.

People were involved in the planning and reviewing their care and support. They told us they took part in some

activities but felt more activities should be made available. We were told plans were being made to increase these. People were supported to maintain relationships with their family and friends if they desired and knew who to speak with if they had concerns about the service or the support they received.

People were aware of who the management were and felt they were approachable and listened to them. People's views were sought about the quality of the service. Regular checks were carried out to monitor and improve the service that people received.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

People were protected by staff from harm or potential abuse who had received training and were aware of their responsibilities to report abuse. There were enough staff to meet people's needs. People felt that staffing levels should be increased in order to support a more varied activities programme or if more people moved into the home.

Good



### Is the service effective?

Staff had the skills and knowledge to meet people's specific needs and sought their consent to care and support. People had enough to eat and drink and were supported to access healthcare when they needed it.

Good



### Is the service caring?

People were supported by staff who treated them with dignity and respect and promoted their independence. People were listened to and seen as individuals.

Good



### Is the service responsive?

People were involved in planning and reviewing their care. Care plans were regularly reviewed to make sure they were up to date and reflected people's current needs. People knew how to raise any complaints or concerns.

Good



### Is the service well-led?

People told us they felt involved in how the home was run. There were systems in place to monitor and review people's experiences and to continually monitor the quality of the service provided.

Good



# Ellen Court

## 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 unannounced inspection took place on 8 April 2015. The inspection team included two inspectors.

Before the inspection we asked the provider to complete a Provider Information Return (PIR). This is a form that that asked the provider to give us some key information about the home, what they do well and improvements they plan to make. This was completed and returned by the registered manager within the requested timescale. We reviewed this information and used it to help focus our inspection.

We reviewed the information we held about the home and looked at the information the provider had sent us. We looked at statutory notifications we had been sent by the provider. A statutory notification is information about important events which the provider is required to send us by law. We also sought information and views from the local authority who had an involvement with the home. We used this information to help us plan our inspection of the home.

During the inspection we met and spoke with three people who lived at the home to gain their views on the care and support they received. We also spoke with the registered manager, service co-ordinator, locality manager, handyperson and three personal assistants. We looked in detail at the care two people received, carried out observations across the home and reviewed records relating to their care. We also looked at how medicine was managed, reviewed complaints, staff training, staff recruitment records, quality checks and improvement plans.

# Is the service safe?

## Our findings

People told us that they felt safe living at the home. One person said, “It’s like one big family. Everyone gets along”. Another person said, “I feel safe here now but I don’t want one person to come back to live here. They caused no end of stress in the way they behaved towards us”. Managers told us about recent events that had led to a person having to leave the home due to the deterioration in the person’s mental health. They acknowledged events had impacted on people’s experiences.

Staff confirmed they had received training in reducing the risk of harm and abuse. They were able to describe different types of abuse and provide examples of how they would identify abuse and the action they would take to protect the people they supported. Where allegations had been made, we saw managers had referred these appropriately to the local authority who take responsibility for investigating concerns about alleged abuse. Staff told us they were confident in approaching managers with any concerns about individuals and felt that appropriate action would be taken. They were able to describe the organisation’s procedures in the event of observing poor staff practice and said they would use these if needed.

We saw risks to individuals had been identified, assessed and recorded in people’s care plans to support people’s freedom and choice. For example, going out in the community to develop their confidence and independence. We also found evidence of incidents being logged and the actions that managers had taken as a result of these. We met with the handyperson who was on site at the time of the inspection. They told us about the checks and general repairs undertaken to ensure people lived and worked in a safe environment. We saw general risk assessments had been carried out to cover health and safety issues.

Both staff and the people we spoke with told us they felt there were enough staff on duty to ensure people’s safety at the time of the inspection. However, people felt that staffing levels would need to be increased in order to support a more varied activities programme or if more people moved into the home. We had recently received concerns about staffing levels and asked the provider to investigate these. They provided us with a response to the concerns that had been raised. We discussed staffing levels and the skill mix with the registered manager and the

service co-ordinator during the inspection. They explained the agreed funding arrangements in place and amendments made to staffing arrangements following a recent change in their contract with the funding authority.

The registered manager shared the staffing rota with us and told us, “Staffing levels are always kept under review based on people’s changing needs and is time limited”. They shared an example of where they had increased staffing levels during a person’s recent increase in needs due to a deterioration in their health and the need to keep them and others safe. People had experienced some staff changes due to staff sickness but were supported by bank staff and staff from the provider’s other services, that were familiar with their needs. We saw this during the inspection and found the member of staff working at the home knew people well. We saw the provider monitored staffing and sickness levels and had taken action where required.

We looked at the staff file for a member of staff that had been recruited since the last inspection. We did this to ensure the recruitment procedure was effective, safe and reflective of what the registered manager had told us in their PIR. We saw all of the appropriate checks had been undertaken to ensure the member of staff employed was suitable to work with people living in the home. We saw the provider had taken action when required for poor practice, such as disciplinary action. Reasons for this action were shared with us during the inspection.

People told us they were supported to administer their own medicine. One person said, “Staff give me the box from the office and I take them myself”. The registered manager told us, “Staff ensure people are taking their medicines on the right day at the right time. People need to know and understand their medicines and we have to ensure safe systems”. Managers told and showed us the systems in place to ensure this and described the action they took in the event of a person becoming too ill to administer their own medicine. We found risk assessments supporting this process available in the care files that we reviewed. Staff told us that they had received medicine training and also had regular competency assessments to ensure that their skills were kept up to date. Staff were able to describe how they responded to any concerns around the mismanagement of people’s medicine. For example, one member of staff stated that they had identified that a person had taken one additional tablet and had sought advice from the person’s doctor to ensure the person was

## Is the service safe?

not at risk of harm. Managers also shared the action they had taken when a person had refused to take their prescribed medicines. The registered manager told us the medicine policy was under review to reflect the current procedures at the home.

# Is the service effective?

## Our findings

People told us they felt the staff were the right people to support them. Staff reported that they had regular one-to-one meetings with a manager and felt they were always able to access support when needed. The registered manager told us the provider had a learning and development department. We saw staff were provided with opportunities to attend a range of training courses throughout the year that ensured their skills and knowledge were updated to keep people safe and meet their individual needs. We saw the provider maintained a record of all the training staff had received. Staff we spoke with considered the training provided was good and told us about the additional courses that had been sought in order for them to meet the needs of one person in particular. We were told new staff had an introduction to their work and were allocated a buddy. They said they worked alongside experienced staff until they felt confident in their work.

People told us that they felt their consent was always obtained and that staff took time to explain things to them. Staff told us that they would never do or change anything without a person's consent. They were able to share examples of how they obtained consent from the people they supported. One member of staff said, "It's mainly prompting here but no means no." A person who lived at the home told us, "They [staff] listen when I say no". We saw that care plans and reviews were signed by people in order to confirm their consent. We were told people who lived at the home currently had capacity and staff were aware of what action to take in the event of this changing.

The registered manager shared an example of a recent situation in relation to one person and the action taken in the best interests of the person concerned. This involved the person, their relative and a number of professionals. Staff confirmed they had received training around what to

do should a person's ability to make informed decisions changed to ensure they always worked in the person's best interest. They were also able to explain these and provide examples of what they would consider to be a restriction of someone's liberty. The registered manager told us in their PIR, "All staff have training in the following fairness, safeguarding, Mental Capacity Act, Deprivation of Liberty Safeguards and complete induction books. This helps in areas of understanding of the way we work and the expectation of how we treat our customers". We saw this had also been discussed at a recent staff meeting held to ensure staff were aware of their responsibilities and fulfilled the requirements of the law.

People told us they brought and cooked their own food. One person said, "I decide what I want to eat and when I want to eat". Throughout the inspection we saw people helped themselves to refreshments from the kitchen. Staff advised that they had introduced initiatives to promote healthy eating. An example given by staff was a Sunday lunch programme, where people took it in turns to cook a group meal. People spoke positively about this initiative. One person told us they were runner-up at a recent cookery competition held in the County. They were very pleased with their achievement and had been provided with a cook book.

People said they were supported to access the doctor, dentist and optician when required. They said they were able to choose if they wanted to attend appointments alone or with staff support. We saw evidence of this in the care and support plans that we reviewed, in addition to proactive involvement from other health professionals including psychology and psychiatric services. Staff described how one person monitored their own specific health needs; the plan for this and the support that had been required.

# Is the service caring?

## Our findings

People told us staff were kind, caring and friendly. They said the staff made time to talk with them about specific things that were worrying them or just a general conversation. We observed this throughout the inspection. People told us they were able to approach staff about any concerns they had and felt listened to. One person said, “Staff take time to talk about what’s bothering you”. People named five staff as particularly caring and supportive with one member of staff being described as, “Awesome. She’s like a Mum to everyone”.

People told us that they felt they were supported to make their own choices and decisions. One person said, “If you want to go out they’ll arrange cover. You can go alone but they will support you if you want it”. We looked in detail at the care and support two people received. We saw their support plans contained information about their life history and their likes and dislikes. We saw people’s care records included their personal preferences and records showed the information was proactively used to support people.

Staff were able to describe how they listened to people’s preferences and acted upon these. One member of staff said, “[Name of person] likes their space when first woken. I know not to wake them before 10am unless it’s urgent.”

One member of staff told us they provided personalised care by ensuring that they, “Focused on them [the people they supported]” and by, “Taking into account everything they wanted”. One professional told us, “For the majority of service users who attend Ellen Court positive outcomes are achieved which lead to a greater level of independence, often moving to their own accommodation. The service supports people with increasingly challenging needs. Staff have positive interactions and with service users”.

People told us staff respected them as individuals and that their privacy, dignity and independence was maintained. Staff were able to share examples of good practice. This included knocking on people’s doors prior to entering. We observed this in practice during the inspection. The registered manager told us staff received training in privacy and dignity as part of their induction to their work. They told us, “As part of the assessment process we identify what people are able to do for themselves and what support they need. It’s about them as an individual, everyone is an individual and always at the centre of their service”.

# Is the service responsive?

## Our findings

People told us that they were supported to participate in planning and reviewing their care and support on a weekly basis with their allocated key (named) worker. The registered manager told us, “During these sessions a review on any training and or work placements will be discussed to ensure the customer is motivated to continue. Likewise where customers are less motivated these sessions are used to encourage and support”. This was evidenced in the support plans we looked at and confirmed by people who lived at the home and the staff on duty. We also saw involvement of others, including associated health professionals. Staff were able to describe to us how they identified changes in people’s individual’s needs, the process for updating their support plans and also how they communicated changes in people’s needs to other members of the staff team. For example, during staff handovers. This ensured people received continuity of care and support.

We saw people chose when they wanted to get up and what they wanted to do during the day. They had freedom of movement around the home and choose how and where they wanted to spend their time. People told us that they took part in some activities but felt more activities should be made available and plans were being made to increase these. People told us that they felt able to ask members of staff to support them to go out in the community when they needed and that they were able to

go out alone at all times if they felt confident to do so. One person told us they were being supported to go to the cinema on the evening of the inspection. We saw staffing had been arranged to support the person’s request. During the inspection the same person travelled independently by public transport to the town centre to look for some new glasses. Staff helped with providing directions to the person of where the opticians were. The person told us, “This is proof of how helpful staff are here”. Another person told us they enjoyed cooking for themselves and the other people they shared their home with. They also said they preferred to spend time their time in the house rather than going out into the local community. They said the staff respected their wishes.

People knew what to do if they had any concerns. They told us that they would speak to their keyworker and felt able to raise concerns with other staff at any time. They said they were satisfied with issues that had been raised with staff and these had been dealt with effectively. We saw people had access to the provider’s complaints procedure and leaflets detailing how to make a complaint. Staff were aware of how to handle a complaint. We saw complaints were monitored centrally by the quality and compliance manager. The home had not received any formal complaints apart from two complaints that we had received and requested the provider to investigate under their formal complaints procedure. These were investigated appropriately and the outcomes were shared with us.

# Is the service well-led?

## Our findings

People told us they felt involved in how the home was run. The registered manager told us, “Customers are invited to attend monthly meetings with the staff. This is to discuss areas of concern, developments of the service including any changes, events and activities the customers wish to become involved in. We listen to the customers and staff are very responsive and flexible in terms of what people want”. People were aware of who the management were and felt they were approachable and listened to them.

Staff we spoke with told us they felt supported in their work and were able to speak to managers and raise issues and offer suggestions for improvement. One member of staff said they liked working at the home. They told us, “It’s not like work. When they [people who used the service] all gel it’s like one big family. They support each other and that’s nice to see”. During our inspection we saw people were confident and comfortable with approaching the managers and there was an open and positive atmosphere between people.

The home had a registered manager in place who demonstrated an understanding of their role and responsibilities. They told us, “I may be the manager and have overall responsibility, but I have a team and decisions have to be made with staff and customers and these are made with them”. I always ask for their ideas and involve them. When I’m not here, I’m always at the end of the phone for advice”. Staff knew what was expected of them and were motivated in their work. They told us there were arrangements in place to support them, such as regular one-to-one and team meetings. These meetings helped to ensure staff developed their practice and provided a forum to share information about the service. Managers showed

an understanding of the organisations values and were aware of their role and responsibilities. They were able to share the strengths of the service and areas requiring improvement. For example, the need to improve the environment décor and furnishings in order to provide people with a more homely place to live. The registered manager considered that the garden could also be improved in order to provide a therapeutic area for people to spend their time.

People told us they had also been asked to complete a satisfaction survey to share their views about the service. We saw evidence of completed surveys in the care files that we reviewed and the comments made reflected those discussed with us on the day of the inspection. For example, one person told us they had issues but they were happy with how these had been dealt with and it was sorted before it became a formal complaint. The registered manager told us that satisfaction surveys were organised by the provider’s head office and issued during the beginning of each year. We were told they were awaiting the outcome of the most recent survey undertaken. We saw that following the completion and collation of the information for each service, an action plan was developed to improve the area of weakness or identified need. Staff were aware of the quality audits that were undertaken by the managers and performance audit and quality team. We saw internal audits were completed monthly and actions plans were developed and shared with the team. Staff described managers as, “Always checking, going through files and staff training records”. We saw complaints, accidents and incidents were recorded and held centrally. These ensured that patterns or areas requiring improvement could be identified and learning points shared.