

# Accord Housing Association Limited

## Cartlidge House

### Inspection report

Charlton Street  
Oakengates  
Telford  
Shropshire  
TF2 6BD

Tel: 01952618293  
Website: [www.accordha.org.uk](http://www.accordha.org.uk)






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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	<b>Requires Improvement</b> 
Is the service effective?	<b>Requires Improvement</b> 
Is the service caring?	<b>Good</b> 
Is the service responsive?	<b>Requires Improvement</b> 
Is the service well-led?	<b>Requires Improvement</b> 

# Summary of findings

## Overall summary

### About the service

Cartlidge House provides accommodation and Nursing or personal care for up to 54 people. On the day of our inspection, 43 people were receiving services, some of whom were living with dementia.

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

People did not always receive safe care and support as staff members did not always follow the guidelines in place to safely support people.

Staff members had not always been provided with the training they needed to safely support people.

People's care and support plans did not always give the necessary information to staff to respond to their needs and preferences.

The providers quality checks were not always effective in identifying improvements which were needed to drive good care.

People were protected from the risks of harm and abuse as the staff team had been trained to recognise potential signs and understood what to do to safely support people.

Staff members were aware of the necessary actions they should take in the event of an emergency.

Staff members followed effective infection prevention and control procedures when supporting people. Staff members had access to, and used, appropriate personal protection equipment.

People received safe support with their medicines by staff members who had been assessed as competent.

The provider supported staff members through structured one-on-one supervision sessions.

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 at Cartlidge House supported this practice.

People had access to additional healthcare services when required.

People were supported to maintain a healthy diet by a staff team which knew their individual preferences.

People received help and support from a kind and compassionate staff team with whom they had developed positive relationships.

People were supported by staff members who were aware of their individual protected characteristics like age, gender and disability.

The provider had systems in place to encourage and respond to any complaints or compliments from people or those close to them.

The provider, and management team, had good links with the local communities within which people lived.

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 April 2017).

#### Enforcement

We have identified one breach or regulations in relation to people not being safely supported. Please see the action we have told the provider to take at the end of this report.

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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 not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

**Requires Improvement** ●

# Cartlidge House

## 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

One inspector, an assistant inspector and an Expert by Experience carried out this inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Cartlidge House 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 the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We asked the local authority and Healthwatch for any information they had which would aid our inspection. Local authorities together with other agencies may have responsibility for funding people who used the

service and monitoring its quality. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

#### During the inspection

We spoke with seven people who used the service and two relatives. 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 spoke with ten members of staff including, the registered manager, operations manager, five care staff members and three activity coordinators. We also spoke with two visiting health care professionals.

We reviewed a range of records. These included three people's care and support plans. We also looked at people's records of medicines administration. We had sight of one staff member's file in relation to recruitment and staff supervision. In addition, we looked at a variety of records relating to the management of the service, including quality monitoring checks and incident and accident records.

# 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 now deteriorated to requires improvement.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Assessing risk, safety monitoring and management

- People were not always safely supported. We saw one person was on prescribed thickened fluids to help with their swallowing as they were at risk of choking. We saw this person start to cough. A staff member gave the person a drink of water which had not been thickened as required. This put the person at the risk of harm as the staff member failed to follow instructions in the person's care plan and risk assessment.
- We later saw the same person was given their medicines by a different staff member. This staff member went to give this person their medicines with a drink of water which had not been thickened. In this instance the staff member recognised their mistake before the person took the drink.
- We asked this person about their drinks and they told us were sometimes given their drinks without them being thickened.
- We asked staff and the management team about training for specific conditions like dysphagia. Dysphagia is a medical condition which can affect people's ability to swallow. Staff members told us they had not been trained in this subject and the management team confirmed they did not currently provide this training.

This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following us raising our concerns with the management team they acted to immediately raise the awareness of the staff members concerned. In addition, they sourced training in dysphagia which will be rolled out to all those providing care and support to people at Cartlidge House.

### Systems and processes to safeguard people from the risk of abuse

- All those we spoke with told us they felt safe and protected at Cartlidge House. People were protected from the risks of ill-treatment and abuse as staff members had received training and knew how to recognise and respond to concerns.
- Information was available to people, staff, relatives and visitors on how to report any concerns.
- The provider had systems in place to make appropriate notifications to the local authority to keep people safe.
- The environment and equipment was safe and well maintained.
- People had personal emergency evacuation plans in place which contained details on how to safely support them at such times.

#### Staffing and recruitment

- People were supported by enough staff who were available to safely support them. We saw people were promptly supported when needed or requested.
- The provider followed safe recruitment processes when employing new staff members.

#### Using medicines safely

- Everyone we spoke with told us they received their medicines when they needed them.
- The provider had systems in place to respond to any medicine errors, including contact with healthcare professionals, investigation into any perceived error and, if needed, retraining of staff members.
- People had guidelines in place for staff to safely support them with 'when required' medicines including the maximum dosage within a 24-hour period to keep people safe. Staff members were aware of these guidelines.

#### Preventing and controlling infection

- Staff members told us they had received training in infection prevention and control and knew how to minimise the risks of infectious illnesses.
- Staff members had access to personal protection equipment which we saw was being used appropriately throughout this inspection.

#### Learning lessons when things go wrong

- The provider reviewed any incidents or accidents to see if any further action was needed and to minimise the risk of reoccurrence. For example, all incidents, accident and near miss incidents were recorded and passed to the registered manager for their review. They analysed these incidents to identify if anything else could be done differently in the future to minimise the risks of harm to people.



# 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 now deteriorated to requires improvement.

This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Despite people telling us they thought the staff team was skilled and well trained we found concerns with the training available to staff members.
- For example. Staff members providing support to people, which included assistance with their eating, drinking and meal and fluid preparation, had not always been trained in dysphagia or other related health conditions. Dysphagia is a relatively common medical condition. At this inspection we saw a number of people required this type of assistance to prevent the risk of chest infections, such as aspiration pneumonia, which potentially require urgent medical treatment.
- The management team told us they had not previously provided this training but by the end of this inspection they had sourced some training which will be rolled out to all staff members.
- People were assisted by a staff team who felt supported by the provider and the management team. Staff members told us they received support and supervision sessions. These were individual sessions where they could discuss aspects of their work and training.
- New staff members completed a structured introduction to their role. This included completion of induction training, for example, health and safety and basic food hygiene.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's physical, mental health and social needs had been holistically assessed. However, these were not consistently in line with recognised best practice. For example, we saw one person's care and support plans stated they could have thickened fluids if staff members thought it was appropriate. We questioned this with staff members. One staff member told us, "If we give them a drink of water and they start to cough we then thicken it." We saw this guidance had been provided by a visiting health care professional. However, this had not been challenged by either the staff members or the management team. We expressed our concerns and further clarity to this guideline was gained. The care and support plan was then changed to remove any ambiguity.
- People's protected characteristics under the Equalities Act 2010 were identified as part of their need's assessment. Staff members could tell us about people's individual characteristics and knew how to best support them. This included, but was not limited to, people's religious beliefs, cultures and personal preferences.
- The provider had introduced the 'care to smile' oral health programme for those living at Cartlidge House. This supported people to maintain good oral health as part of their care planning and reviews.

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

- People told us, and we saw, they had a choice of the meals provided and alternatives were available if they disliked what was offered. We saw people making decisions about what they wanted to eat and when.
- When people needed additional support to eat we saw this was provided at a pace to suit them.
- When people required specialist assessment, regarding their eating and swallowing, this was arranged promptly. However, as already commented on in this report, staff members inconsistently followed the recommendations of specialist assessments.

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

- Staff members had effective, and efficient, communication systems in place. This helped to share appropriate information with those involved in the support of people receiving services from Cartlidge House.

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

- We saw people moving safely around Cartlidge House. The Home was safe and well maintained. However, there was a lot of unnecessary signage about the location which could be confusing to people living with dementia. We pointed this out to the management team who removed items which they believed was outdated and no longer relevant.

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

- People had access to additional healthcare professionals including GP's, dentists and chiropodists. When it was needed people were referred promptly for assessment.

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 saw the provider had made appropriate applications in line with the MCA and had systems in place to ensure any renewed applications were made in a timely way to ensure people's rights were maintained.

# 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.

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

- People told us they were treated with care by a helpful, considerate and friendly staff team. People and relatives described staff members as, "Kind," "Helpful," and "Friendly."
- All staff members talked about those they supported with fondness, compassion and genuine positive regard.
- Throughout this inspection we saw staff members chatting, sharing stories and talking about local news with people and relatives. The general atmosphere was relaxed and good humoured.

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

- People said they were supported to make decisions about their care and support and they were involved in the development of their care and support plans.
- Throughout this inspection we saw people were supported to make decisions. This included any activities they wanted to take part in and who they wanted to visit in different areas of their home.

Respecting and promoting people's privacy, dignity and independence

- People told us they were treated with dignity and respect and their privacy was supported by staff members.
- We saw one person start to display behaviours which could become disruptive for others and personally embarrassing for them. Staff members recognised and responded immediately. This person was supported to remain in the area and the staff members redirected the person's behaviour to be more suited to where they were and the activity they were taking part in. This demonstrated to us people were supported to express themselves in a way which promoted their dignity.
- We saw information which was confidential to the person was kept securely and only accessed by those with authority to do so.

# 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 now deteriorated to requires improvement.

This meant people's needs were not always met.

### 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.

- People did not always have appropriate assessments which detailed their individual communication needs. For example, we saw one person was registered blind. The communication care and support plan for them did not identify how information was to be presented in a way they understood. We saw another person's communication section which only contained details on how and when to make contact with their family. These standards had not been embedded in the working practice and assessment processes at Cartlidge House. However, we did see people engaging with staff members throughout this inspection. This indicated to us staff members did have the necessary interpersonal communication skills to support people despite the formal systems not always being recorded.

### End of life care and support

- Cartlidge House supported people at the end of their lives. However, the care and support plans we looked at failed to record people's wishes for how they wanted to be supported at this stage of their life. For example, we did not see any information on how the service was identifying or meeting people's personal, spiritual or religious needs in their end of life planning.
- The management team and visiting health care professionals told us when someone approaches this stage an advanced decision was made. This would include any pain relief and their preferred place for care. However, this did not encompass the individual's personal wants and preferences.
- Despite this we saw many positive testimonials from family members on the care their relatives received when at Cartlidge House. We raised this with the management team who told us they would start looking at this in more detail to ensure they capture people's wishes.

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

- People's care and support plans did not consistently provide staff members with the information they needed to effectively respond to their individual needs. For example, guidance on how to assist with eating and drinking, communication and end of life wishes.
- However, people told us they were involved in the development of these plans which reflected how they wished to be supported. They were encouraged to talk about their lives and key events.

- Staff members could tell us about those they supported indicating they knew people well. This included, what people used to do for a living, where they lived, who is important to them and what they liked to do. This supported the positive relationship between people and those supporting them.
- When it was appropriate relatives were kept informed about changes to people's health and needs.
- We saw people's care and support plans were reviewed to account for any personal or health changes.

Where the service is responsible, how are people encouraged and supported to develop and maintain relationships with people that matter to them, both within the service and the wider community, and to avoid social isolation

- Throughout this inspection we saw people were involved in activities they enjoyed and found interesting and stimulating. People told us they enjoyed activities throughout the week either as a group or on a one to one basis. At this inspection we saw a local baker had been invited in to talk about what they did and for people to sample a range of products.
- The provider worked in collaboration with local community groups to maintain people's links to where they lived. For example, they engaged with a local child care provider and children regularly visited and engaged with people. Those we spoke with told us they enjoyed seeing the children and playing games and reading with them. The registered manager told us Cartlidge House had been nominated for a local award in recognition of bridging a generational gap.

Improving care quality in response to complaints or concerns

- We saw information was available to people on how to raise a complaint or a concern if they needed to do so.
- The provider had systems in place to record and investigate and to respond to any complaints raised with them.

# 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 now deteriorated to requires improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Continuous learning and improving care

- The management team had systems in place to monitor the quality of the service they provided. However, these systems were inconsistently applied as they didn't identify and correct the issues we found at this inspection. For example, they did not identify not everyone had end of life wishes recorded and they failed to ensure the accessible information standards were embedded for all those they applied for at Cartlidge House. However, the quality checks did ensure appropriate infection prevention and control systems were followed and any incidents or accidents were acted on.
- The registered manager told us that they kept themselves up to date with developments and best practice in health and social care to ensure people received positive outcomes. This included regular support from their operations manager. In addition, they received regular updates from professional organisations involved in adult social care and attended regular training sessions with a local care providers representation group.

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

- A registered manager was in post and was present throughout this inspection. The registered manager and provider had appropriately submitted notifications to the Care Quality Commission. The provider is legally obliged to send us notifications of incidents, events or changes that happen to the service within a required timescale.
- We saw the last rated inspection was displayed in accordance with the law at Cartlidge House and on their website.

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

- People and relatives told us they had a positive relationship with the management team who they found to be accessible and engaging. Everyone we spoke with was complementary about the management team and felt supported by them.
- Staff members told us they found the management team supportive and approachable.

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

- We saw the management team, and provider, had systems in place to investigate and feedback on any incidents, accidents or complaints.

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

- People were involved in decisions about their care and support and were asked for their opinions.
- Staff members told us they found the management team supportive and their views were welcomed and valued.
- Staff members took part in staff meetings where they could discuss elements of the work they completed.
- Staff members understood the policies and procedures that informed their practice including the whistleblowing policy. They were confident they would be supported by the management team and provider should they ever need to raise such a concern.

Working in partnership with others

- The management team had established and maintained good links with the local communities within which people lived. This included regular contact with local healthcare professionals which people benefited from. For example, GP practices and District Nurse teams.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  The provider failed to ensure people received safe care and treatment.