

Accord Housing Association Limited

Cartlidge House

Inspection report

Charlton Street
Oakengates
Telford
Shropshire
TF2 6BD

Tel: 01952618293

Website: www.accordha.org.uk

Date of inspection visit:
08 March 2017

Date of publication:
18 April 2017

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

This inspection took place on 8 March 2017 and was unannounced. Cartlidge house is registered to provide accommodation for people who require nursing or personal care. At the time of our inspection there were 53 people living at the service. Most people required support due to living with dementia. Some people were there to receive short term support to regain skills to help them maintain their independence.

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

People were protected from harm. Staff understand how to safeguard people and manage risks effectively. People received support from sufficient staff that have been recruited safely. People have support from staff to safely administer medicines as prescribed.

People are supported by staff that understand their needs. Staff are knowledgeable and have regular updates to training. People are supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice. People have a good choice of food and drinks have access to support to maintain their health and wellbeing.

People told us staff were caring and they had positive relationships with staff. People are involved in all aspects of their care and are encouraged to maintain their independence. People's privacy and dignity was maintained by staff.

People were supported by staff that understood their needs and preferences. People were able to spend time doing things they enjoyed and were supported by staff to take part in activities. People understood how to make a complaint and we could see complaints were used to improve the quality of the service people received.

People told us the service was well led and they felt able to engage with the management team. Staff told us they could access support from the management team. We saw the provider had systems in place to ensure people received a good quality service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remains Good

Is the service effective?

Good ●

The service remains Good

Is the service caring?

Good ●

The service remains Good

Is the service responsive?

Good ●

The service remains Good

Is the service well-led?

Good ●

The service remains Good

Cartlidge House

Detailed findings

Background to this inspection

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

The inspection was a comprehensive inspection which took place on 8 March 2017 and was unannounced.

The inspection team consisted of one inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We reviewed the information we held about the service. This included statutory notifications we had received, which are notifications the provider must send us to inform us of certain events, such as serious injuries. We also contacted the local authority and commissioners for information they held about the service. We used this information to help us plan our inspection.

During the inspection, we spoke with 12 people who used the service and seven relatives. We spoke with the deputy manager, manager mentor, the locality manager, ten care staff and the assistant cook.

We observed the delivery of care and support provided to people living at the location and their interactions with staff. 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 about how people received their care and how the service was managed. These included five care records of people who used the service, seven medicine administration charts, three staff records and records relating to the management of the service such as staff rotas, complaints, safeguarding and accident records.

Is the service safe?

Our findings

At this inspection we found the same level of protection from abuse, harm and risks as at the previous inspection and the rating continues to be good.

Staff knew how to keep people safe and protect them from safeguarding concerns. People told us they felt safe, one person said, "Oh yes I am very safe. It is quite secure here, makes me feel good". Staff had been trained and could identify people that may be at risk of harm or abuse and what they could do to protect them. One staff member said, "I look out for any changes, I always record what I see and report it to the senior". We saw there was information displayed for staff to follow if they suspected abuse, including contacting the local council safeguarding team. We saw records of incidents which had been reported. This meant the registered manager had system in place to keep people safe from abuse.

People were supported to manage risks to safety and where accidents occurred staff took appropriate action. One person said, "I had a fall whilst out, staff were excellent. They supported me the whole time, and ensured a doctor was called to me". Staff understood risks to people's safety. For example they could describe people who were at risk of falls and how to prevent these. We saw there were risk assessments in place which identified risks to safety and gave guidance to staff on how to mitigate risks. For example, one risk assessment identified risks associated to a person's health condition. It provided staff with information about how to reduce the risks and what action to take if the person's condition changed. We saw records of accidents and incidents were documented and analysed to reduce the risk of reoccurrence. This showed people were supported to manage risks to their safety.

People received support from safely recruited staff. Staff told us they had to provide an application which included information about their work history and experience. We saw staff provided two references. The provider checked to ensure staff were safe to work with vulnerable people through the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable people.

People were supported by sufficient staff. People told us there was enough staff. One person said, "There are always plenty of staff around to help you". Staff told us they thought there was enough staff. One staff member said, "There is plenty of staff, we always have enough to meet people's needs". We saw there were sufficient staff on duty to provide support during the inspection. For example, people were not left alone in communal areas, they did not have to wait for care and support and there were sufficient staff to enable people to participate in daily living activities. The deputy manager told us they kept staffing levels under review and would increase staff if people's dependency needs changed. This meant there were sufficient staff to support people safely.

People received their medication as prescribed. People told us they were supported safely with their medicines. One person said, "The staff manage my medicines really well for me". Staff told us they received training in medicine administration and their competency was assessed. Records we saw confirmed this. The service had effective systems for the ordering, storing and disposing of medicines. We saw medicine

administration records were accurately completed and systems to check medicines were administered were effective. This meant people were receiving their medicines as prescribed and there was a system in place to safely manage medicines.

Is the service effective?

Our findings

At this inspection, we found staff were skilled to meet people's needs effectively; people continued to have freedom of choice and were supported with their dietary and health needs as in the previous inspection. The rating continues to be good.

People were supported by knowledgeable staff. One relative said, "Very much so. [my relative] has some behaviours that can challenge, the staff know how to support them". Staff told us they had an induction into the role, which included shadowing more experienced staff. They said training was updated regularly and they felt confident in their role. We saw records that supported what staff told us. We saw staff had the skills to support people. For example, we saw staff supporting one person with dementia using appropriate communication. In another example, we saw staff using appropriate techniques to support people with transfers. This showed the registered manager ensured staff had the appropriate skills to support people.

People told us staff sought their consent to care and support. Staff understood the need to seek consent and we saw staff asked for consent and withdraw if this was not given. For example one staff member was asking someone to change their clothing as they had spilled their drink. The person refused and the staff member withdrew, offering the person a towel to soak up the drink.

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. We saw where people were unable to consent their capacity had been assessed, discussions had been held with appropriate people and decisions were being made in their best interests. For example where people needed to have their medicines covertly.

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 are called the Deprivation of Liberty Safeguards (DoLS). Appropriate applications had been made to the local authority for DoLS assessments. People had their rights protected by staff that understood the principles of the MCA.

People had enough to eat and drink. People told us they had a choice of food and they were supported to meet their needs. One person said, "There is always a good choice and it is varied, You can't fault the food it's excellent". Staff understood people's nutritional needs and preferences. For example they could describe how people living with diabetes should be supported. We saw staff made sure people had enough to eat and drink and were given choices throughout the inspection. We saw staff supporting people to eat and drink where this was required. We could see care records reflected what we saw. This showed the registered manager had systems in place to ensure nutritional needs were met.

People had access to healthcare professionals as required. One relative said, "[My relative] was unwell and by the time I got here they had already got a doctor to visit". Staff described how they monitored people's health and sought support if they needed it. We saw records of doctor, nurse and dieticians for example

visiting people to provide support. This means people were supported to manage their health and wellbeing.

Is the service caring?

Our findings

At this inspection people remained happy living at the service, they continued to be very complimentary of the staff and felt cared for. The rating continues to be good.

People had positive caring relationships with staff. People and their relatives told us staff were always smiling and taking time to talk to people. One person said, "The staff are very caring and friendly I can't praise them enough". Another person said, "They are all brilliant here. Nothing is too much trouble". Staff told us they thought it was important to treat people how they would want their loved ones treated. We saw staff were caring in their approach, staff talked to people in a kind and gentle way and people were seen smiling in response to this. The atmosphere was relaxed and friendly between staff and people. We saw that people actively sought the company of staff. For example one person, spent time in the kitchen area talking to staff whilst they prepared breakfast.

People were able to make choices. People told us they could choose things for themselves. One person said, "I choose to sit here and staff know this, they bring my meals here to me". Staff told us they offered people choices about what to wear, how to spend their day, what to eat and when they wanted care and support delivered, for example a bath. We saw staff offered choices to people as they had described throughout the inspection. The care records we saw showed staff had offered choices to people. For example with meals. This showed staff enabled people to make choices for themselves.

People were supported to maintain and regain their independence. One person told us, "Staff supported me after I broke a bone in my arm to do exercises, now I can move it freely again". Staff told us they encouraged people to do things for themselves and sought advice on keeping people independent. One staff member said, "We have programmes for people from a physiotherapist and follow these to help improve people's mobility". We saw staff encouraging one person to make themselves a sandwich, in another example one person was encouraged to walk independently with their walking aid. Care plans identified what people could do for themselves and gave staff information about how to encourage people. For example, one person's care plan said they were able to go out on their own to the local shops. This meant people were encouraged to retain skills in independent living.

People were treated with dignity and respect. People told us staff maintained their privacy and were always respectful. One person said, "The staff are so nice and polite and respectful". Another person said, "The staff value you as a person". Staff told us they knocked doors and made sure people were covered when carrying out personal care. One staff member said, "I respect people, it's important to listen to people this shows respect". We saw staff were respectful in their interactions with people. We saw staff were discreet when offering people care and support. This meant people were treated with respect and their privacy and dignity was maintained.

Is the service responsive?

Our findings

At this inspection we found staff were as responsive to people's needs and concerns as they were during the previous inspection. The rating remains good.

People received care and support that was individual and personalised to their needs. People told us staff knew them well and understood their needs. One person said, "The staff certainly know me well. They know everything, what I like and what I like to do". People were involved in their assessments, planning their care and regular reviews. One relative told us, "[My relative is involved in the planning, and we are too, the staff are good at informing us as well". Staff could describe people's needs and preferences. They knew what people liked and disliked and could describe people's needs. For example, one person liked to carry a doll around with them as it gave them comfort. In another example, staff told us about the dietary preferences of one person. We saw care records which supported what we were told. The registered manager told us in the PIR people were involved in developing a person centred plan based on an assessment of their needs. They told us they looked at people's life history and used this to plan person centred care, which was reviewed on a monthly basis or sooner if required. We saw care records which confirmed what we were told. This showed people received support from staff that understood their needs and preferences.

People were engaged in meaningful activity. People told us there was no shortage of things to do. They said there was a staff member that organised things for people. They told us they had events, trips and were supported to undertake individual activities and follow interests. One person said, "I like the music to exercises". Another person said, "The staff help me to play games. I like a game". Another person said, "Staff know I just like to be quiet, read my paper and watch the Television". We saw people were engaged in meaningful activity throughout the day. We saw one person having a book read to them, as they loved to read but their vision made it difficult. We saw another person spending time with the cat that lived at the home. We could see people's care records showed the type of things they liked to do. For example one person loved to write and spend time typing, as they had been an administrator when employed. We saw staff provided this person with a pen and some paper and the person had access to a typewriter. In another example the person's love of football was noted, we checked with this person and they said staff always supported them to watch football on TV. This showed staff supported people to follow their individual interests and take part in activities of their choice.

People and their relatives understood how to make a complaint. People told us they were confident their complaints would be listened to and acted on. One relative told us, "Should the occasion ever arise that I needed to complain, I would speak to the registered manager". Staff understood the complaints process and could demonstrate how they would try to resolve issues or concerns for people. We saw the provider had a complaints policy and the complaints we reviewed had been managed in line with this. We saw complainants were provided with a response and action was taken to ensure there was learning from the complaint. This meant the provider had a system to learn from people's complaints.

Is the service well-led?

Our findings

At this inspection we found the service was as well led as at the previous inspection. The rating remains good.

There was a registered manager in post at the time of the inspection. 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 told us the atmosphere was good and they felt able to approach the manager. Staff told us there was a good sense of teamwork and they felt the registered manager and wider team were approachable. We could see the management team were accessible to people, relatives and staff throughout the inspection. Staff told us they could make suggestions to the management team and these were considered and acted upon. We saw evidence of a suggestion from staff about payments for overtime and this had been adopted by the provider. This showed the registered manager had created an open atmosphere and staff were able to influence changes within the service.

The service was well managed and the management team displayed leadership. Staff told us they received support from the registered manager and wider management team. They told us they had regular opportunities to discuss people's care and the way the service was run through team meetings. They told us they had opportunities to discuss their role and identify any training requirements through individual supervision sessions. One staff member said, "The supervisions are good they cover your work role and any personal matters, they take place every two months". The records we saw supported this. We saw there were senior staff on duty during the inspection; they provided leadership to staff on each unit and made sure people's needs were met appropriately. This showed the registered manager ensured staff had access to leadership on each shift and there were systems in place to support staff.

The quality of the service was assessed to ensure people received good quality care and support. The registered manager told us in the PIR that all accidents, incidents, medicine errors and safeguarding concerns were analysed to consider the root cause and enable action to be taken. We saw evidence for example, of medicine audits which had identified missed signatures, action had been taken to provide additional training and competency checks for those staff responsible for the errors. In the PIR the registered manager told us they had a consultation programme in place which included surveys, meetings and specific consultations. People and their relatives were aware of the processes which were in place. One person said, "They have asked for feedback, I filled a form in about the service". We saw changes to the menus had been made in response to feedback. People told us they had attended resident meetings where they were able to raise concerns and make suggestions for improvement?. This showed the registered manager had systems in place to assess the quality of care people received and make improvements.