# Accord Housing Association Limited

# St Brides

## Inspection report

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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

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 and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service.

This was an announced inspection. This was to make sure that people we needed to speak with were available. At our last inspection in December 2013 the provider was in breach of regulation 9, Care and Welfare. Plans of care were not up to date and reviews had not taken place. On this inspection we saw that the provider had made the improvements required and was meeting this regulation.

St Brides provides personal care to eight people with a learning disability that who in two bungalows.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

# Summary of findings

People received individualised care that took account of their needs and wishes. People were involved in making decisions about their care and lifestyle. They took part in hobbies they liked to do both in their home and in the community.

Plans of care covered people's needs, preferences and goals. Support staff knew each person's likes and dislikes. The service could make more use of pictorial and technology methods to make information easier for people to understand.

People were treated with respect and their privacy and dignity were promoted. People were supported to be as independent as possible. Those that were able made their own drinks and helped to make their meals. Everyone was supported to shop for food and personal items. People were encouraged and supported to develop and maintain relationships with family and friends.

People were supported to have their health care needs met. They were supported to receive specialist health care support when needed.

Care was provided by staff who were supported and trained. The management listened to the staff and valued their views. Staff were encouraged to undertake vocational qualifications to develop their knowledge and skills.

Staff were aware of signs of adult abuse and how to respond when there were concerns that people may be harmed.

The registered manager was keen to develop and improve the service. People's views were sought and the information was used to improve the service people received. Systems were in place to monitor and check the quality of care and action plans were in place to address any shortfalls that were identified.

# 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?**
The service was safe.

People who received a service were kept safe. Staff were knowledgeable about different types of abuse and knew what to do if they had concerns.

The provider had an effective recruitment procedure that ensured checks were completed before staff started providing care for people.

The service was taking account of the provisions of the Mental Capacity Act 2005. This meant that people who could not make decisions for themselves were protected.

Good

**Is the service effective?**
This service was effective.

Staff were trained and supported to provide people with care in the way they wished.

People's health was monitored and referrals made when needed for additional support. People were supported to access health care services.

People's nutritional needs were assessed and appropriate support provided where needed. People were supported to go shopping and to choose their meals.

Good

**Is the service caring?**
This service was caring.

Relatives told us that staff were caring. We observed that care staff took account of people's wishes and spoke with people in a respectful and friendly manner.

People's privacy, dignity and independence were promoted.

We observed that staff knew people well. They knew their likes and preferences. People were involved as much as possible in making day to day decisions.

Good

**Is the service responsive?**
This service was responsive.

Care plans included people's preferences. Plans were up to date and people's needs were regularly reviewed. When people's needs changed these were mainly responded to in a prompt manner to ensure people received appropriate care.

People were supported to take part in hobbies and interests of their choice both in their home and in the community.

People were involved in making decisions but more use could be made of alternative methods to provide information in an easier way for people to understand.

Good

**Is the service well-led?**
This service was well led.

Good

# Summary of findings

Systems were in place to review and monitor the quality of the service. An action plan was in place to address shortfalls that were identified.

The manager used the feedback from people and information from complaints to improve the service.

The registered manager was keen to empower and support staff to develop their skills. Certificates of appreciation were given to staff to celebrate good work. Staff were encouraged to undertake vocational qualifications to develop their skills and knowledge.

# St Brides

**Detailed findings**

## Background to this inspection

The inspection team consisted of one inspector. At the time of this inspection St Brides provided personal care support to eight people who lived in two bungalows. We spoke with one person who received a service, four staff and the registered manager. We looked at policies, care records and systems the provider had in place to review and monitor the care they provided to people. Following the inspection we spoke with two relatives and four health and social care professionals.

We looked at two people's care records, spoke with staff about the care provided and observed staff on duty as they provided people's support. We also undertook several further short periods observing care staff supporting people.

We reviewed the information we hold about St Brides. This included notifications that tell us about incidents that have occurred at the service since the last inspection. We also looked at the provider information return (PIR). This was information completed by the provider that gave us information about the service and the care they provided.

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, the inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved for the key question 'Is the service safe?' to 'Is the service effective'.

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

Good

# Is the service safe?

## Our findings

Relatives and professionals we spoke with told us that they felt people who received a service were kept safe. A relative said; "I feel my relative is safe". Our observations showed there to be a relaxed and friendly atmosphere in the communal areas where some people spent their time. One person who received care told us they were happy. The service's survey completed during 2014 showed that all of the respondents felt people that received care from the service were safe from harm.

The provider had safeguarding policies and procedures in place to reduce the risk of abuse to people who received a service. This included a flow chart that was displayed on the wall in the office. This gave staff the details of how to respond to concerns and how to refer such incidents for investigation. Staff confirmed that there was an effective system in place to make sure that people's money was kept safe. This included keeping receipts and a system of regular internal and external audits.

We spoke with three staff about their understanding of keeping people safe and how to act if they had any concerns that someone might be being abused. They were aware of different types of abuse and the signs that could indicate that abuse had occurred such as bruises and marks, a lack of money and changes in people's behaviour and emotional wellbeing. Staff were aware of their responsibilities towards people and were clear they would act on any concerns. They were confident that the provider would take any action needed to make sure people were safe. Discussions with three staff and a check of the records confirmed that staff were trained in safeguarding adults and children.

The registered manager was aware of the procedure for acting upon potential safeguarding incidents. Our records confirmed that when such incidents had occurred they were referred to the local authority safeguarding team.

Staff were trained in managing and responding to people's behaviour that challenged. All the staff we spoke with confirmed they were aware of people's needs and knew how to respond to people in a positive way. For example we saw that when one person became anxious a staff member distracted them by encouraging them to take part in an activity they enjoyed.

Records confirmed that the provider had risk management systems in place. These were individualised taking into account each person's needs and wishes. Actions to keep people safe were in place to ensure staff provided care in a consistent way that did not compromise people's rights. Records confirmed that risks were reviewed regularly and updated when people's needs changed.

The provider had recently put in a new policy covering the Mental Capacity Act (2005). This took into account the recent changes brought about following a high court judgement. All staff were due to receive updated training from September 2014. Staff we spoke with had a broad understanding of the act's provisions and how it affected the people they provided a service for. They were aware of people's mental capacity to make day to day decisions about their lifestyle and gave us lots of examples of how and when people made decisions and choices. Staff were aware of the need for best interest meetings on behalf of people who couldn't make decisions for themselves for more complex decisions. The registered manager was clear that the revised provisions now included people living in their own home. This ensured that people who could not make decisions for themselves were protected.

Relatives and the social care professionals we spoke with told us they felt there were sufficient staff available to meet people's needs. Support staff we spoke with told us that when a staff member was absent the manager always sought a replacement to make sure that people's needs continued to be met. They said that the staffing levels took account of people's hobbies and interests so more staff would be on duty if several people were going out or were taking part in a specific activity.

As a supported living project each person had individual allocated hours for their social and personal care as well as a number of shared hours used throughout the day to support everyone living at the premises. We observed that there were staff available to support people and that the registered manager provided additional support if needed. We spoke with a representative of the commissioning local authority who told us that the hours for the project were kept under review and would be altered if people's needs changed.

There was an effective recruitment and selection process in place. All the staff we spoke with confirmed they had gone through a formal recruitment process that included an interview and pre employment checks of references and a

Good

# Is the service safe?

criminal records check. We saw evidence of a system in place to track applications and this showed that references were sought and that a disclosure and barring (DBS) check was required. A DBS check includes a criminal records check and a check of the list of people not suitable to work with vulnerable people. This meant that provider had a recruitment system in place that was designed to keep people safe.

Good

# Is the service effective?

## Our findings

Relatives we spoke with told us that they were satisfied with the standard of the care their relative received. They told us they had seen lots of improvement in the service. A social care professional we spoke with confirmed that the service had improved and that support staff knew each person well. Three health and social care professionals we spoke with were positive about the standard of care. One described how the support staff had worked in partnership with one person, taking things at their pace and in the way they wanted. This had led to the person settling into their own home and making good progress.

Records we checked confirmed that people's heath was assessed and monitored by staff. Everyone had a health action plan that outlined their health care needs. We saw evidence that people were supported to have dental check-ups and a chiropodist visited them in their own home.

We saw that when there were concerns about people's health people were supported to receive specialist support. For example we saw evidence of support from speech and language therapist, a dietician and an occupational therapist. A health care professional told us that staff supported people to attend health appointments and they always seemed at ease with the care staff. They said that the support staff knew the people well and provided the health information required. They also told us that support staff acted on health recommendations to support people to have their health care needs met.

People were supported to have their nutritional needs met. We saw evidence that each person did their own food shopping and choice their meals. We observed that people were supported to prepare and cook their meals. We observed three people making choices about what they wanted to eat. For example one person led a staff member to the toaster to show they wanted toast. They later went to their cupboard to get out a cake. Records confirmed that people's nutritional needs were assessed and where needed a plan was in place to support people to have sufficient food and drink.

Some people were on special diets and needed specific support. We observed this person having breakfast and saw that they were supported to have an appropriate diet. Two staff told us that the person was able to demonstrate through non-verbal methods whether they liked their food and they had developed a list of their preferred foods.

We saw records and staff told us that they were trained and supported to provide people with effective care. Training included a range of core training including such issues as fire safety, infection control, medication and safeguarding as well as more specific training to meet each person's needs. For example staff needed to know how to feed people through a tube and staff we spoke with confirmed they had received training to do this safely and effectively. The records confirmed that there were a high number of staff with a relevant vocational qualification in care. Discussions with staff confirmed they received regularly individual supervision with their manager. This provided them with the opportunity to talk about people's care, any concerns they had and opportunities for their further development.

Good

# Is the service caring?

## Our findings

Relatives we spoke with said that they felt that staff were caring. One person described a care worker as; “A good bloke. A nice man”. We saw positive examples of staff taking time to communicate with people. We saw support staff listening to people and taking account of their wishes. For example one person wanted a drink and another wanted to do some art work. Staff responded promptly to these requests. We observed a staff member seeking consent from one person to give them their medication and thanking them when they responded positively. This showed that support staff felt that people’s wishes mattered and responded in a way that showed they cared.

We saw that care was centred on each person. For example our discussions with four support staff confirmed that they knew people’s individual likes and dislikes. They told us that one person really enjoyed being in the garden and we saw they were supported to have their drink and breakfast outside. Another person really enjoyed jigsaws and we saw they were encouraged in this activity. Support staff also told us how people without verbal communication showed their pleasure or dissatisfaction. This meant that support staff promoted and respected people’s preferences and wishes.

We saw that support staff supported people to make day to day choices. We saw people offered a choice of food, things to do and how and where to spend their time. We spoke with a health care professional who told us that they were confident that the support staff tried to include people in their care decisions. Another health care professional told us how support staff worked in partnership with one person to make sure their care met their needs. We were also told of times when advocates had supported people to make decisions. A health facilitator had worked with people and staff to help people to make decisions about their health.

We observed that people’s privacy and dignity was promoted. Their rooms and bathrooms were lockable. We observed that support staff knocked on doors before entering. We observed that when personal care was provided doors and curtains were closed to ensure people’s privacy and dignity. We saw that some people at times did not want to be with other people in the communal areas and they were supported to another area or to their bedroom for some quiet time. One support staff member we spoke with said; “I want this to be a happy place. I put people first and make sure they are treated with respect and dignity”. Another care staff member said; “I treat people as I would want to be treated”.

Good

# Is the service responsive?

## Our findings

When we completed our last inspection we identified that the service was in breach of regulation 9, Care and Welfare of people who use services. Plans of care were not up to date and were not reviewed. This had meant that information might not be accurate and could lead to people receiving inappropriate care.

We checked the plans of care for two people on this inspection and saw that they had been written in a more person centred format. They contained information about all aspects of people's care including their health and social care needs, their preferences and things that were important to them. People who were able signed their plans of care to show they agreed with its contents. Where people were not able or did not have capacity to make decisions the provider involved family members and other people to ensure plans were in the best interest of the person. We saw that care plans were evaluated monthly and reviewed at least annually.

Some people were unable to express their views verbally but demonstrated their wishes in alternative ways. We saw some use of symbols but there was scope for alternative methods of communication to be further developed to provide information for people in an easier way. Care staff we spoke with knew how people expressed their likes and dislikes. They told us that by getting to know people and observing them they provided care in a way that met their preferences. Preferences were recorded in people's plans of care and we saw these were acted upon. For example one person enjoyed a bath in the morning as this was their choice. Another person enjoyed visiting their family and this was facilitated. The service also took account of people's choices over who provided their care. For example a health care professional told us that the same support staff usually attended health appointments with one person because they knew them well and had a positive relationship with them. This ensured that the person was appropriately supported and was at ease. This meant that people were receiving person centred care that took account of their individual wishes.

We were provided with information that indicated that in most instances staff responded promptly when people's needs changed. For example we were told by a social care professional that the care staff had responded well when one person was admitted to hospital and the person was very well supported. A health care professional also told us that care staff had supported one person well responding to their changing needs and providing a service in line with the person's wishes. We also saw that the staff had identified one person required an alternative splint to ensure they were protected against harming themselves. We saw this was followed up promptly. However we also saw evidence that the care staff had identified that one person required a specialist wheelchair. A referral had been made but this had not been followed up promptly. We brought this to the manager's attention to act upon who told us they would act on this.

People were supported to take part in activities both in and out of their home. People regularly went out to social events or undertaking activities of daily living such as shopping and paying bills. Each person took part in hobbies and interests of their choice. For example one person enjoyed swimming and going to a disco, another enjoyed playing snooker and going shopping. People had the choice to go away on holiday. People were supported to maintain relationships with family and friends. Relatives told us they visited their relative and their family member visited them at home. This meant that people had active lives that took account of their needs and wishes.

The service had a complaints procedure and we saw this was made available to people. We saw that the service had received some formal complaints and these were fully recorded and acted upon. We checked one complaint and saw that the provider had taken action to address the concerns. A new procedure had been implemented as a result of the complaint to prevent a reoccurrence of the incident. We spoke with some relatives and they told us that if they raised issues with the staff these were always responded to.

Good

# Is the service well-led?

## Our findings

The provider sought the views of people that used the service and their relatives. A satisfaction survey was completed every year to gather people's views on the quality of the service provided. The results of the most recent survey were positive showing people were satisfied with the service provided.

The provider was using information from complaints to improve the service. We saw evidence that nationally the provider analysed all complaints and where necessary used the outcomes to improve all of their services.

The registered manager told us when they moved to the service they were keen to develop and improve the service. They told us that they had put in place a number of initiatives to improve the service people received. This included implementing systems for improving the communication both between staff, and between staff and relatives. We saw that action was taken to improve this. Regular team meetings were introduced that tried to made sure staff were kept up to date with developments. A coffee morning was introduced for relatives to meet with staff. A relative told us the registered manager had arranged for a weekly telephone call from staff to ensure they were kept up to date with their relative's care. The relative told us that this meant that they felt more involved with their relative's care.

The provider had a range of internal and external audits in place to monitor and review the quality of care provided to people. We saw evidence that checks were made on care plans, medication, health and safety, finance and staff records. We saw that a continuous improvement plan was in place that identified areas for improvement and the manager was acting on the areas identified. Progress against this was regularly checked by an external manager who visited the service. We also saw confirmation that the provider had recently completed an external audit of the service to check the standard of care provided. The improvements made showed that the provider and manager were working to continually improve the quality of care it provided to people.

We saw that the registered manager was keen to empower and support staff to develop their skills. Certificates of appreciation had been introduced for staff to celebrate good work. Staff were encouraged to undertake vocational qualifications.

We saw that the provider had put in place a management charter. This identified the management's commitment to staff and people who received a service. This included valuing people, listening to people and welcoming new ideas. Staff we spoke with were positive about the management and leadership of the service. They told us that the manager was always available to talk through any issue or concerns. Staff said the manager listened and acted on staff ideas and suggestions to improve the service. They also said that they would have no hesitation in reporting any concerns about care practices and were sure that the manager would take the necessary action to ensure people's safety.

The registered manager told us that they kept up to date with current practice. They were completing a level five management qualification in health and social care. They also attended the provider's management meetings and showed us evidence to confirm that the provider sent out briefings on good practice. This meant that the manager was keen to learn and improve their knowledge and skills to develop the service.