Accord Housing Association Limited

Fallings Heath

Inspection report

5 Fallings Heath
Darlaston
WS10 8BT
Tel:01215686176
Website:

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Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

This unannounced inspection took place on 10 June 2015. At our last inspection on 20 August 2014 we found the provider was meeting the requirements of the regulations we inspected.

Fallings Heath is a residential home providing accommodation for up to four younger adults with learning disabilities or autistic spectrum disorder. At the time of our inspection four people were living there. The home had 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.

Relatives told us they felt staff kept people safe from the risk of harm or abuse. We saw that the provider had systems in place to protect people from potential harm. Staff understood their responsibility to report issues of concern.

Risks to people had been assessed and appropriate equipment was available. Staff could explain how to use the equipment to support people safely.

Summary of findings

People and their relatives told us there was enough suitably trained staff to meet people's individual care needs. Staff supported people to go on trips or visits within the community.

People received their medicines at the correct time and as prescribed. Medicines were managed stored and administered safely.

Assessments of people's capacity to consent and records of decisions had not been completed in their best interest. The provider could not show how people gave their consent to care and treatment or how they made decisions in the person's best interest.

People were supported to eat and drink sufficient to keep them healthy. People's health and care needs were assessed and care was planned and delivered to meet those needs. People had access to healthcare professionals when needed. Advice and guidance was provided to staff to support people with their health needs.

People and their relatives told us staff were caring and kind. Staff understood people's choices and preferences and respected their dignity and privacy when supporting them. People were encouraged to be as independent as possible.

People were supported to maintain relationships that were important to them. Relatives we spoke with said they were made to feel welcome when they visited the home. People were supported to maintain their interests and hobbies and were given the opportunity to participate in a variety of activities with others or individually. Relatives told us they felt comfortable raising concerns with the registered manager or staff members. The provider had a system in place to respond to people's complaints and concerns.

The provider had established audit systems in place to monitor the quality of the home. There were regular checks of people's care plans, medicine administration, incident and accidents. There was evidence that learning took place and changes were put in place to improve the service. Relatives and staff told us the home was well managed with an open positive culture.

You can see what actions we told the provider to take at the back of the full version of the report.

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 were safe because staff understood their responsibilities to protect people from the risk of harm or abuse. Risks to people were assessed and managed appropriately and there were enough staff available to meet people's needs. People received their medicines as prescribed and appropriate systems were in place for the administration and storage of medicines.

Good

Is the service effective?
The service was not always effective.

Where people's rights and freedom were restricted applications had not always been applied for as they should have been. People were supported to make their own decisions and choices. People received the care and support they required by staff that had the skills and training to meet people's needs. People were provided with sufficient food and drink to maintain their health and were supported to have access to healthcare professionals as required.

Requires Improvement

Is the service caring?
The service was caring.

People were treated with kindness and respect. People's individual communication methods were understood by staff and used by staff to help people make choices. People received their care from staff that understood how to provide care in a dignified manner. People were encouraged to be independent. People were supported to maintain contact with relatives and friends.

Good

Is the service responsive?
The service was responsive.

People received care and support that was personalised and reflected how the person liked their care to be provided. Systems were in place to make sure changes in people's care needs were responded to, including regular reviews of people's care plans. People were supported to access a wide range of interests and hobbies both within the home and community. People said they were happy with their care and had no complaints about the service received.

Good

Is the service well-led?
The service is well-led.

People said staff and managers were approachable. People were supported by a committed and experienced staff team. Staff told us they felt supported by the managers and were able to raise any concerns they had.

Good

Summary of findings

Quality assurance processes were in place to monitor the quality of the home to check that good care was being given.	

Fallings Heath

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 10 June 2015. The inspection team consisted of two inspectors.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some information about the home, what the home does well and improvements they plan to make. We reviewed the information we held about the home and looked at the notifications they had sent us. This included notifications received from the provider about accident/ incidents which the provider is required to send us by law. We contacted the local authority to gain their views about the quality of the service provided. We used this information to help us plan our inspection of the home.

During the inspection, we spoke with two people who lived at the home and three relatives. We spoke with five members of staff and the registered manager. During our inspection 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 live at the home. We used this because some people living at the home were not able to tell us in detail what it was like to live there. We also used it to record and analyse how people spent their time and how effective staff interactions were with the people living at the home. We looked at the care and medicine records for two people to see how their care and treatment was planned and delivered. Other records looked at were two staff files; to check staff were trained and supported to deliver care to people living at the home. We also looked at records relating to the management of the home and a selection of policies and procedures where they related to safety aspects of the home and we also looked at safeguarding and complaints policies.

Good

Is the service safe?

Our findings

People were unable to tell us any details if they felt safe at the home. However, one person answered "yes" when asked if they felt safe. All of the relatives we spoke with told us they were confident their family member was safe at the home and not at risk of abuse. One relative told us, "I am not worried I am confident in what the staff do and [person's name] is kept safe." Another relative said, "I feel it is safe there."

Staff we spoke with were able to tell us what they understood by keeping people safe; they were able to explain the different types of potential abuse and how they would respond to protect people from harm. We asked staff how they would recognise signs of abuse for people who could not verbally communicate with others. One staff member said, "You can tell by observing behaviours of people you can see if people are comfortable and happy." All the staff we spoke with knew their responsibilities to keep people safe and said they would speak with the manager or head office if they had any concerns. Staff told us they were confident any concerns would be taken seriously by the provider and appropriate action would be taken. Staff told us they had completed training around how to protect people from harm and discussed it at team meetings. We looked at records and saw that where incidents had occurred concerning people's safety the registered manager completed notifications and the records we looked at showed that staff followed the provider's procedure to protect people from abuse.

Staff told us they understood how to support people where there were risks identified. We observed the ways in which staff worked with people to manage known risks that people may present to themselves. For example, we observed staff supporting a person to eat who was at risk of choking. We looked at their care records and saw this risk was managed correctly. One staff member told us, "We know people here very well and can see if their needs change; records will be then be updated." Another staff member told us about how a person's was supported with their behaviour that challenged. We looked at the records for this person and saw it contained guidance for staff about how to de-escalate this person's behaviour and keep them and other people safe. We observed staff were providing care as directed in the risk assessments.

Safety checks of the premises and equipment were completed and records confirmed checks were up to date. However, we noted emergency lighting was not working for a period of two months. We discussed this with the registered manager and co-ordinator and raised our concerns that this could be a hazard in the event of a fire and could delay people exiting the building. The registered manager and co-ordinator explained that the fault had been reported to the provider but the fault had not been able to be fixed straight away. During this inspection we found that the emergency lighting was working. We spoke with staff about what they would do in an emergency situation such as the fire alarm sounding. One member of staff told us, "I would check the fire panel and if needed would evacuate people to the car park." Staff knew how to manage risks associated with people's care and what action to take if such an emergency situation occurred to maintain people's safety. The records we looked at contained Personal Emergency Evacuation Plans (PEEPS) to safeguard people in the event of an emergency.

Incidents and accidents were reported appropriately. Information was recorded in detail and added to the provider's computer information system. The provider issued reports to the registered manager identifying trends to minimise the risk of a re-occurrence. For example, one person was at risk of falls we saw a falls screening tool was completed and a referral was made to the falls team. We also saw this person was encouraged to use their wheelchair when tired.

Relatives we spoke with told us that they felt there was enough staff to meet people's needs. One relative told us, "There are always sufficient staff at the home." Another relative said, "Yes there are certainly enough staff it's very good." We observed staff were able to spend time supporting people with daily living tasks and social activities away from the home. One staff member we spoke with told us, "I feel there is enough staff and staffing is increased if there are outings." Another staff member said, "I think we have enough staff the staff ratio is good." Staff told us they would cover shifts for each other in the event of sickness or annual leave so people had continuity of support. We saw that there was sufficient staff on duty to assist people with their support needs throughout the day.

We observed staff supported people to take their medicines safely. For example, we observed a staff member stay with a person whilst they took their medicine. Some

Good

Is the service safe?

people had medicines that they took only when required. We saw that there was guidance in place to support staff in the administration of these. The two medicine administration records (MAR) we looked at were signed and up to date, which showed that people's medicines were administered in accordance with their prescriptions. However, we found that the carried forward medicine figures had not been recorded correctly. We spoke with the registered manager and co-ordinator about this and we were told the system used to carry forward medicines would be changed immediately. We saw that medicines were stored securely at all times, administered and disposed of safely.

Requires Improvement

Is the service effective?

Our findings

We saw that some people may not have the capacity to consent or contribute to decisions about their care. We observed people were supported by staff to maintain their rights to make their own choices and decisions. We saw staff ask people if they could attend to their care needs. Staff told us about a decision to use a sound monitor in a person's bedroom at night because of a risk of falls. We looked at records and found the correct procedure had not been followed. For example, there were no capacity assessments completed and no record of a best interest meeting involving the appropriate professionals to show why the person could not make their own decision. We spoke with the registered manager and co-ordinator who confirmed that they had not followed the correct process in line with the Mental Capacity Act 2005 (MCA) code of practice.

All the staff we spoke with were aware of a person's right to refuse or choose how they wanted to receive their care. However, some staff did not have a clear understanding of what would amount to a deprivation of liberty and how people's capacity should be assessed to determine whether they can make informed decisions about their care. Deprivation of Liberty Safeguards (DoLS) requires providers to submit applications to a 'Supervisory Body' for the authority to deprive someone of their liberty. We saw four applications for people had been made to the local authority to deprive them of their liberty, in order to keep them safe. We looked at these records and did not see assessments of people's capacity being appropriately completed, information about people's ability to make decisions or best interests being considered with people's representatives in line with the current legislation. The registered manager and co-ordinator assured us they would review all people in the home and complete mental capacity assessments for people who were not able to give their consent to their care and support.

This demonstrated a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Relatives told us they felt staff were trained and knowledgeable. We observed staff supported people appropriately with their physical and social needs. One relative told us, "Staff know what to do they know [person's name] well and how to manage [person's name] needs." The majority of staff had worked at the home for some time and had got to know people's needs well. Staff we spoke with told us about people's individual communication methods and what these interactions generally meant. For example, these included certain words or sounds and we observed one person use simple signs to communicate with staff.

Staff told us they felt well supported in their role and received ongoing support from their colleagues and the management team. One staff member told us, "I have supervision once every two months they are good I can say what I feel." We looked at records and saw that the majority of staff had completed the training required to support people with their needs. One staff member said, "Some of my training needs updating but I have been booked on it." Another staff member told us, "It's a good team here we know each other strengths and we are trained well."

One relative told us, "There's plenty of food and choice [person's name] gets food when they want it." People were supported to have sufficient to eat and drink and we saw staff offer a choice of drinks to people at different times of the day. We observed at lunchtime staff supporting people to eat their meal at a pace that was suitable for them. We observed staff talked to people and helped make mealtimes a pleasant experience. We saw staff helped people to eat when they were ready and we saw that meals were served at different times to accommodate people's activities.

People were supported to maintain a balanced diet. We saw people enjoyed the food prepared and were supported to choose their meal from a menu that included pictures to assist them to make their choice. We saw that people were involved in weekly meetings to decide the menu for the following week. People told us that if they did not want to eat what was on the menu an alternative choice of meal was offered. We looked at people's records and saw people's likes and dislikes had been recorded and dietary needs had been assessed. Staff we spoke with were able to tell us about people's individual food preferences.

Relatives told us that people received support with their healthcare when needed. One relative said, "Staff will always keep me informed when [person name] has to go to the doctors." We looked at two people's healthcare folders and saw these detailed appointments with healthcare professionals and showed that people attended appointments that they needed to stay healthy. We saw staff kept records of health professional visits and their

Requires Improvement

Is the service effective?

advice. For example, we saw evidence of advice being recorded from people's doctors, dentists and chiropodists. We saw staff were provided with clear guidance on what action they would need to take in order to meet people's individual health needs. For example, we observed one person eating a soft food diet as directed in their care records.

Good

Is the service caring?

Our findings

People were not able to tell us in detail themselves of their experience of living at the home although we observed people smiling and responding to staff positively. One relative said, "Staff are very caring they give [person's name] a lot of attention." We saw staff interactions were friendly and respectful. For example, we saw one person sit with a staff member holding their hand. We saw staff took every opportunity to engage with people for example, staff spoke with people each time they entered a room.

People at the home were allocated a key worker. Keyworkers were allocated to people to ensure consistency of care and be a point of contact for families. Staff we spoke with were able to tell us about people's individual needs, likes and dislikes. They told us that they worked closely with people they supported and their families to ensure they cared for the person in a way that was personal to them. One staff member said, "I like having the time to deliver proper person centred care." We saw that staff respected and supported people's choices. We saw that people were supported to express their views and be involved as much as possible in making decisions about their care needs.

We were invited into one person's bedroom and found it to be decorated to reflect their interests and personal choice. The room was personalised and had various personal effects which were important to them. They told us they liked their bedroom and enjoyed being in there. They told us that they 'got up when they wanted' and 'choose what clothes they wore'. A staff member told us, "People can get up and get washed when they want we give them options then they can chose for example a shower or a bath or what they want to wear." Records showed that people were supported and encouraged to make choices about their daily lives such as what activities they would like to participate in.

Staff told us on occasion people had been supported by an advocate. Although no one was currently being supported by an advocate we saw that people had access to independent advocacy services if requested. Advocates are people who are independent and support people to make and communicate their views and wishes.

We saw people were supported to maintain their independence as much as possible. Staff told us they encouraged people to develop their daily living skills. For example, we observed one person being supported to make their lunch, people supported with the cleaning of their rooms, one person helped with their laundry and another person was supported to cook. We saw people had individual activity records which contained pictures showing people how to complete a task such as tidying their bedroom. One person was able to tell us that they helped empty the dishwasher and supported the registered manager with the shredding in the office.

We saw people's dignity and privacy was respected and promoted by staff. One person told us they had a key to their bedroom door to secure their bedroom for privacy. Staff were able to explain the actions they took to protect the dignity and privacy of people. One staff member said, "You treat somebody as you want to be treated yourself. You make sure they are dressed appropriately and doors are closed when care is being given." Another staff member told us, "I support [person's name] with their shower then leave them to dry and dress them self unless they need help, and there is only ever one member of staff in their room."

People were supported to maintain relationships with family members. All relatives spoken with told us they could visit the home any time and were always made to feel welcome. One relative said, "I just turn up I am always welcome and I get offered a drink and something to eat if I want." This relative told us they sat with their relative in the communal areas of the home but could see their family member in the privacy of their own room if they wished. Another relative told us, "I always feel very welcomed, I turn up on speck mostly and it's never an issue."

Good

Is the service responsive?

Our findings

One person was able to tell us about how they liked staff to support them with their care needs for example, this person told us they required support with their personal care needs on the morning of our visit and staff had responded 'straight away'. We saw staff were responsive to people's needs. One staff member told us, "We respond quickly to people's needs as we know people very well." We saw where possible people were involved in all aspects of their own care and support planning.

We looked at the records for two people and saw people's preferences and choices had been taken into account in planning their care. For example, information was completed on 'outcomes I would like to achieve' and 'decision making'. Staff spoken with were able to explain how people were supported to make decisions such as with their personal money. One person sat with us whilst we looked at their care record and they were able to tell us about some of the information recorded in the care plan. We saw where possible people signed care plans to confirm that they had discussed and agreed how they would like to be cared for. One relative told us they had been given a copy of their family members care plan and asked for their opinion. All relatives confirmed staff kept them fully informed of any changes in their relatives care needs.

Staff told us they shared information during a daily handover which was signed by staff at each shift change. This contained information such as people's activities, issues and concerns. It also contained actions staff had taken or were required. Staff told us this ensured staff had up to date information about people living at the home and any changes to their care needs.

We observed people were supported to participate in a wide range of hobbies and interests. We saw where possible people were supported to attend local community groups. On the day of our inspection one person was attending a activity group held at a local church. We saw that group and individual trips had been arranged to various places of interest. For example, a trip to a theme park had been arranged for the following week. One person told us about various activities planned to celebrate their birthday including a meal out at a restaurant. We saw that activities were based on what people liked doing. We heard one person request a magazine and another person being supported to draw. Staff told us people enjoyed a wide variety of activities which included visits to the park, picnics and visits from a person who taught exercises. One person told us that they liked this activity "a lot because you can dance".

Some people at the home would be unlikely to be able to make a complaint due to their level of understanding and communication needs. Staff told us they knew people very well and would be able to tell if someone was unhappy. They said they would watch people's behaviour and use various communication methods to find out what was wrong such as speaking slowly or using gestures. Relatives we spoke with told us that they had not had any reason to complain. One relative told us, "If I had any complaints I would speak to the manager or I would contact the local authority if my concerns were not addressed." We looked at records and saw that there was a system in place to record and investigate complaints however, no complaints had been received. Staff explained they would follow the provider's complaints process and were confident the registered manager or co-ordinator would investigate and resolve any concerns quickly.

Good

Is the service well-led?

Our findings

People told us they were "happy living at the home." All the relatives we spoke with told us the home was "welcoming and friendly". One relative told us, "The manager is new to the home I have not met her yet. I am not worried about anything I think the home is well run." Staff we spoke with told us they had meetings with people and their families to share information and give people an opportunity to express their views about the care received. Relatives told us that staff kept them well informed about any issue regarding their family member or events at the home. Most of the staff had worked at the home for a long period of time which ensured that people living at the home had a continuity of care from the same members of staff.

There was a newly registered manager in post who managed the home on a day to day basis. We spoke with them and they demonstrated a good knowledge of the needs of the people living at the home, staff members and their responsibilities as a registered manager. The provider has a history of meeting legal requirements and notifying us about events that they were required to do so by law. Staff told us the culture of the home was open and friendly. One staff member said, "We are like a family here we have good staff and good managers" and "people are very happy here it's a friendly home." Staff told us the provider supported whistleblowing and they felt confident to voice any concerns with the registered manager or provider. Staff said if it was necessary they would contact us or the police. Whistleblowing means raising a concern about wrong doing within an organisation.

The provider had quality assurance systems in place which included for example, care plan and medicine audits.

However, these had not identified the problem we found with the quantities of medicines recorded on the MAR sheets. Staff told us they had regular meetings with the management team where they were able to discuss people's needs but also any training or learning opportunities. One staff member said, "Meetings are useful we discuss issues like medicines for example." The registered manager and co-ordinator said they would review the medicine audit process following our inspection. We saw audits were completed regularly by the provider and there were processes in place to report and monitor safeguarding concerns and referrals to health care professionals. We saw information was sent regularly to the head office so that the provider had an overview of events and could take appropriate actions to address any concerns. For example, incidents and accidents were analysed to see if any patterns were developing. Any observations were reported back to the registered manager to address.

We saw satisfaction surveys were given to people who lived at the home to capture their views about the service provided. We saw that all people living at the home were satisfied with the care they received. Relatives we spoke with could not recall being sent a questionnaire or survey however, they all told us they would contact the registered manager or member of staff if they needed to discuss anything. We spoke with the registered manager who told us told us they were not aware of any surveys being sent to families or other stakeholders such as healthcare professionals. The registered manager told us they would discuss this with the provider to ensure feedback is obtained to improve the quality of service provided.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA (RA) Regulations 2014 Need for consent The registered person must ensure that the care and treatment of services users must only be provided with the consent of the person. Where the service user is unable to give such consent because they lack capacity to do so, the registered person must act in accordance with the 2005 Act.