

Accord Housing Association Limited







Showell Court

Inspection report

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Ratings

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

Overall summary

We undertook an unannounced inspection of Showell Court on 17 and 20 April 2015.

Showell Court provides personal care in a sheltered housing setting. At the time of our inspection there were 35 people receiving personal care, who were living within the sheltered housing complex.

There was a registered manager in post at the time of our 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.

At an inspection held on 2 July 2014, we asked the provider to take action to make improvements regarding how the provider dealt with people's complaints, and this action has been completed.

Summary of findings

Staff were knowledgeable about keeping people safe from abuse. People were assessed to identify potential risks to their safety.

People and staff gave us differing views on whether there were enough staff to support people. People and staff told us that staff were not always able to respond to ad hoc call bells in a timely manner. People received pre-arranged visits on time and by the number of staff agreed in their assessments.

People told us they received the medicines they required to support their health. However, we found that guidance regarding 'as required' medicines was not always available in people's medicines records to help guide staff. Staff were not always clear about how and when these medicines were required.

Staff knew how to support people's rights and respected their choices. The registered manager demonstrated they knew what steps to take if a person's ability to make decisions was deteriorating.

Staff supported people to drink and eat, in order to support their well-being. Staff knew what people preferred to eat and what foods they needed to support their health. Staff helped people to access external healthcare services when they needed them.

Staff were caring towards people. The provider assessed people's needs prior to them using the service, so that staff knew what support people needed. Staff knew what was important to people, such as their relationships with friends and family.

Staff demonstrated that they knew how to support people's dignity, privacy and independence.

The provider reacted appropriately to people's changing needs and made referrals to outside agencies to help meet these needs. Staff followed the advice of external healthcare professionals in order to support people appropriately. People's needs were reviewed so that the provider could identify any changes in support requirements. Care records were personalised to the individual.

People had various ways in which they could raise issues, such as at arranged meetings. Staff were aware of how to support people in matters of complaint and complaints were appropriately dealt with in line with the provider's procedure.

The provider promoted a positive culture within the service and people described the management team as approachable. The management team supported staff in carrying out their roles. This meant that the management team worked towards improving people's experience of the service. The provider carried out a number of audits in order to identify issues with the service and improve care standards.

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 not consistently safe.

Some people told us there were not always enough staff to assist them when they rang their call bells.

We found that a risk assessment had not been implemented for one person.

Some people's medicines records lacked guidance to staff about when and how 'as required' medicines should be given. Staff were not always clear when these medicines should be provided.

Requires improvement



Is the service effective?

The service was effective.

People were involved in discussions about their care needs.

Staff were supported to remain skilled in their roles, which equipped them to support people appropriately.

Staff knew how to support people's rights. The registered manager demonstrated knowledge of how to support people whose ability to make decisions was deteriorating.

Good



Is the service caring?

The service was caring.

People's needs were assessed before they started to use the service so they received appropriate support.

Staff supported people's dignity, privacy and independence.

Good



Is the service responsive?

The service was responsive.

People needs were regularly reviewed so that any changes could be identified.

Staff responded appropriately to people's changing care needs.

The provider had a complaints process and advertised this so that people knew how they could raise concerns.

Good



Is the service well-led?

The service was well-led.

The provider promoted a positive culture within the service which meant that people received care from staff who were supported by the management team.

Good



Summary of findings

People found the management team at the service to be approachable and helpful.

The registered manager responded to issues identified during audits in order to improve the experience people had of the service.

Showell Court

Detailed findings

Background to this inspection

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

This inspection took place on 17 and 20 April 2015 and was unannounced. The inspection was carried out by one inspector.

As part of our inspection we looked at the information we held about the service. This included statutory notifications, which are notifications the provider must

send us to inform us of certain events. The provider had sent us a Provider Information Return (PIR) before the inspection. A PIR is a form that asks the provider to give key information about the service, what the service does well and improvements they plan to make. We also contacted the local authority and the local clinical commissioning group, who monitor and commission services, for information they held about the service.

During our inspection we spoke with seven people who used the service and an external professional. We also spoke with the registered manager and four care staff.

We reviewed the care records of five people who used the service, two staff records and records relating to the management of the service.

Is the service safe?

Our findings

People were assessed for risks and risk assessments had been put in place which were relevant to them, for example, risk of falls or of areas of sore skin. Staff showed knowledge of the potential risks to different people and how these were managed in order to keep people safe. However, we found an instance when this was not the case. One person's records showed that they were at risk from seizures and that staff should encourage them to wear a pendant to call staff if they became unwell. We raised this with staff on the first day of our inspection and spoke with the person during the second day. The person told us they had not been given a pendant before we had raised the matter with staff. We saw that they had subsequently been provided with a wrist call alarm. One staff member did not know that this person was at risk of seizures. This meant that, prior to our highlighting of the issue; this person did not receive the identified support they required to manage risk to their health and well-being.

We heard differing views from people and staff as to whether there were enough staff to meet people's needs. Most staff and people told us that there were enough staff to complete pre-agreed calls on time and to complete the tasks people required. One person told us, "They have given me certain times and they're usually on time". They went on to say that staff apologised and explained why if they were late.

Three people and some staff told us that staff were not always able to respond to ad hoc call bells in a timely way. One person told us, "[Staff] sometimes haven't come quickly [when the call bell has been activated]. I'm told they're busy at the moment". Another person told us this was sometimes a particular difficulty at night. One staff told us, "We are pressured with time sometimes". Staff explained, and people confirmed, that staff could speak with people over a telecom system if they pressed their call bells. This meant that staff were able to determine the priority of the call.

We spoke with the registered manager about how they calculated staffing levels. The registered manager told us that they received payment based on contracted hours. These were established for each person through an assessment by social services. This meant that

pre-arranged calls were predictable, but there was more of a challenge for staffing regarding ad hoc call bells in-between calls. The registered manager undertook to look at staffing response to ad hoc call bells.

People told us they received their medicines when they required them, in order to promote their health. One person said, "They order my meds. They come alright". Another person told us, "They do make sure I have tablets". A third person said, "They give me my tablets. They're the right tablets". We spoke with a member of staff who administered medicines. They were able to explain how medicines should be given safely and what support people required. No medicines were stored centrally by the provider. Medicines were kept in people's flats. We looked at the medicine records of three people. We saw that some people were given medicines as and when they required them. We found two instances where there was a lack of guidance for staff to inform them when and how these medicines should be given. Staff were not consistently able to demonstrate that they knew how and when as required medicines should be given to people.

People told us they felt the service was safe. One person told us, "I feel safe here". Another person told us, "I certainly don't feel unsafe". A third person said, "I feel safe here; staff would help me". Staff were knowledgeable about how to recognise potential abuse. Staff told us about what they would do if they suspected abuse, including how to correctly report it. One member of staff said, "I would record it and speak to the [registered] manager". Staff also identified external agencies they would report abuse to, such as us, the police and local safeguarding authority. Guidance was available to staff on what to do if they suspected abuse. There was information from the local safeguarding authority procedures in the service's office. The provider had produced their own leaflets for people about protecting people from harm, which were available to people using the service.

We saw, from our records, that the service had reported a number of matters regarding suspected abuse correctly to the local safeguarding authority. The registered manager demonstrated a clear understanding of safeguarding procedures and their duty to protect people and report issues.

Staff recruitment records showed that procedures were in place that ensured that prospective staff were suitable for their roles. Pre-employment checks were completed,

Is the service safe?

including criminal records checks. Staff confirmed that checks had been carried out prior to starting their employment. We found that the registered manager satisfied themselves that agency staff they used had also

been subject to appropriate checks. Staff had been subject to an interview process where their knowledge and experience were explored, to ensure people were supported appropriately.

Is the service effective?

Our findings

All but one person we spoke with were positive about the care and support they received from staff. One person said, “Staff are skilled”. Another person told us, “They help me a lot”. Staff told us, and records confirmed that they received support from the management team to be effective in their roles. Records showed that staff had received updated essential training in topics such as protecting people from harm, nutrition and hydration. One member of staff told us, “There’s plenty of training here”. Staff told us they received regular supervision meetings with the management team and could raise any issues they had at any time. Staff undertook an introduction to their work when they first started, in order to ensure they were aware of important issues affecting people and knew how to support them.

People we spoke with told us, and records showed that people were involved in discussions about the care they received. One person told us, “Staff come up and see me to discuss my plan. One came up the other day”. Where possible, people had signed care records to show their understanding and agreement with them. Care records showed that the care people received was reviewed regularly. People’s preferred communication methods were outlined in care plans. We saw staff talking to people in the way they preferred, for example, using their chosen first language. Staff demonstrated an understanding of people’s rights and how to support their choices. One staff member described how they would help one person to understand options by, for example, showing them choices of food they could eat.

Staff identified that people had capacity to refuse elements of care and told us they would report any apparent deterioration in someone’s decisions making abilities to the registered manager. Care records contained a specific

record relation to how people could be best assisted to make and express their own choices. Staff confirmed that they had received recent training in respect of supporting people’s rights to make choices. The registered manager demonstrated an understanding of issues relating to people’s ability to make decision. We looked at the records of a person whose ability in this respect was potentially deteriorating. We found that the registered manager had involved the correct external professionals to support this person and to determine if they needed to be reassessed. We saw that provision to keep this person and others safe had been implemented in the meantime, without affecting the person’s rights.

People told us that staff ensured they had drinks when they visited. One person told us they received enough to drink. Another person said, “They do my food. They ask me what I want”. Some people told us staff supported them with food during visits. Staff accurately reflected people’s food requirements and what support they required. We saw that, where required, people had been left with drinks nearby, so they could stay hydrated throughout the day. People’s food preferences and needs were detailed in their care records, so that staff had the guidance they required to support people with eating and drinking in the way they required.

People told us, and records confirmed that they received support from external healthcare professionals when necessary. One person said, “They call a doctor for me”. We saw that one person’s mental health was deteriorating. We found evidence of staff communicating with the person’s Community Psychiatric Nurse in order to support them. People’s care plans contained the details of external healthcare professionals and their relevance to the person’s well-being. Staff followed the advice provided.

Is the service caring?

Our findings

All but one person we spoke with described staff as kind and caring. One person told us, “They’re very kind; they help me with anything”. Another person said, “They’re nice. They come and chat to me”. A third person said, “[Staff are] pretty nice. They help you if they can”. One person told us they had less of a rapport with agency staff, who occasionally visited them, but that they treated them with kindness. We saw staff interacting with people; asking about their well-being and talking about their news. People told us they felt comfortable with staff, particularly regular staff who they knew.

We saw that people’s records contained an initial, detailed assessment of their needs prior to them using the service. These assessments addressed areas such as health, safety, finances, cultural and social matters, and what the person wanted to achieve. People confirmed, and these records demonstrated that staff had sought to involve them and understand their needs before they received the service. One person told us that staff had provided them with an information booklet, so they knew what to expect when they first starting using the service.

Staff demonstrated that they knew what was important to people. They knew about family and friends who visited people and about people’s interests. They were able to describe people’s likes and preferred routines. These were also reflected in people’s care records. Where people sometimes displayed behaviour which may challenge staff, staff explained how they calmed situations. They showed that they knew what worked for different people in order to support them during these times.

People we spoke with told us, and records confirmed that the provider listened to their views. We saw minutes of meetings where issues affecting people’s experience of the service were discussed. Action plans were set as a result and the provider addressed the matters raised. We saw that the provider had introduced a scheme which addressed some of the wishes people had. People had suggested things that they wanted to achieve and staff had listened to these and supported people to achieve these desires. For example, one person was supported to start to use a computer to speak with relatives who were abroad.

People told us staff respected their dignity. One person said, “They knock the door before they come in”. Another person told us, “[Staff] always ring the bell. They respect my privacy”. Staff demonstrated that they knew how to support people’s dignity and privacy. Care records outlined how staff should obtain permission before entering people’s flats. Staff gave accurate reflections of how each person gave permission for them to enter. We saw staff knocking on people’s doors and waiting for permission to enter. Staff gave good examples of how they respected people’s dignity while providing personal care, such as ensuring people were covered up while being assisted to wash.

Staff promoted people’s independence. People told us that staff supported them to complete their own tasks, such as preparing food. Care records were written in such a way as to emphasise people’s capabilities and how these should be encouraged. Staff described how they encouraged different people to complete tasks for themselves, while ensuring they were safe. Staff accurately reflected the different areas people needed encouragement in.

Is the service responsive?

Our findings

People told us, and records confirmed that staff responded to people's changing needs. We saw that one person's well-being status was changing. We found that this had been recognised and the registered manager had taken additional steps to support this person, including input from appropriate external healthcare professionals. Staff confirmed that strategies to support this person had been discussed with them and these strategies were reflected in the person's records. We spoke with an external professional who confirmed the service had made appropriate contact with them concerning the person's changing needs.

We saw that people's care was outlined in care plans which were regularly reviewed. We saw that, where people's support needs had changed, these were updated as and when needed so that staff had access to the latest guidance. People told us, and records confirmed that they were involved in discussions about their needs with staff. However, we find that two people's specialist care plans, in respect of epilepsy and diabetes, required additional information. We spoke with the registered manager who immediately updated these records, so that staff had the correct guidance.

People told us they received support which suited them. One person told us, "[Staff member's name] is marvellous. Always asks what I want; am I okay". We found that care plans addressed people's needs in a personalised way. The support each person required during each call throughout the day was fully described and personalised. Each person's records contained a record called 'About Me'

which provided a personalised overview of matters affecting their care and well-being. Staff described accurately how they followed the personalised advice outlined in people's care plans.

We saw staff welcoming visitors at the reception area. Staff assisted visitors to orientate themselves to the complex and helped them find the people they had come to visit. We saw that records contained information about family and friends that were important to people. Staff were aware of who visited people and what these relationships meant to them.

People told us, and records confirmed that they attended occasional 'Tenants Meetings' where a variety of issues could be discussed about the service, in addition to matters regarding the housing provision. We looked at the last meeting's minutes, which were dated 19 February 2015. We saw that 14 people had attended. We found that staff had encouraged people to take part in the latest customer satisfaction survey during this meeting, so that their views could be heard.

People told us they knew who to speak with if they had a complaint. We found that the provider had a clear complaints policy. Complaints advice was advertised to people through leaflets in the reception area. We saw that there was a poster in the service's office showing a 'complaints tree' which illustrated how staff should support and progress complaints. Staff were clear about their duty to record and report issues raised. People told us they felt comfortable in raising issues with staff. We looked at the service's complaints log. We saw that the service had dealt with matters of complaint quickly, appropriately and in line with their complaints procedure. We saw that the registered manager investigated issues raised and spoke with people and staff in order to understand what had happened in order to prevent reoccurrences of issues.

Is the service well-led?

Our findings

People were aware of who the members of the management team were, including the registered manager and senior carers. They told us they knew how to contact them, if they needed to speak with them. One person described the management team as, “Approachable”. Another person told us, “I feel comfortable talking to [the registered manager]”. A third person described the registered manager as, “A nice lady”.

The provider had introduced an initiative to improve the culture at the service. This included additional training for staff, with an emphasis on personalised care, people achieving their goals and positive service values. Some of the successes of this initiative had been published in the provider’s newsletter. This described an activity staff and people had completed together so that staff could understand people’s desired outcomes and support them to achieve these.

Staff were supported in carrying out their roles by the management team. One member of staff described the registered manager as, “Helpful. Any problems, she’s on it. Very approachable if you’ve had a problem or a bad day”. We found that staff met with their supervisors to discuss matters including performance and training. One member of staff explained that their current role was the first one they had in care. They said they were provided with an introduction to their work which allowed them to understand the role and feel comfortable supporting people. They told us, “It was thorough. I felt totally confident. I did a lot of shadowing”.

The provider kept a folder relating to ‘adverse incidents’. These identified incidents reported by staff and people. We saw that incidents were appropriately recorded and addressed. This also meant that the manager could detect any trends in incidents. People told us that the registered

manager encouraged them to report anything which concerned them. We saw that, where this had occurred, the registered manager had developed strategies in response to the issues raised.

We saw that regular medication audits were conducted. One member of staff told us about an experience where they had made a medication error. They said this had been very quickly picked up by the management team through an audit and they had attended a meeting to discuss how to prevent a reoccurrence of similar errors.

We looked at the meeting minutes of the senior management team at the service, dated 17 February 2015. We saw that a discussion had taken place concerning safeguardings, complaints and investigations and what learning could be taken from these. The meeting had also discussed ways in which they could meet care standards.

We found that the provider carried out a regular customer satisfaction survey. One person told us, “I’ve done a survey”. We looked at the results of the latest survey. The provider had analysed people’s responses to the various questions about their experience of the service, in order to identify trends. The vast majority of responses had been positive to all areas of care examined in the survey.

The registered manager audited the quality of care and care records. One person told us the management team checked the standard of the care they were receiving. They said, “Sometimes the registered manager comes and sees me”. The records we saw were detailed and demonstrated that people received a personalised and caring service that met their identified needs, with the exception of two specialist care plans, which the registered manager addressed when we highlighted these. We saw evidence of the provider taking action where issues were found. We saw that the registered manager mapped audits against the five questions about care standards, i.e. Safe, Effective, Caring, Responsive and Well-led. There was evidence that the management team carried out audits at night to check standards of care at these times.