

Accord Housing Association Limited

Walsall Domiciliary Care Service

Inspection report

Fairview Court
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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 ●

Summary of findings

Overall summary

This inspection took place on 16 May, 18 May and 2 June 2017 and was announced. We gave the provider 48 hours' notice of our visit because the location provides domiciliary care and we needed to make sure there would be someone in the office at the time of our visit. This was our first visit since the location had been registered in September 2015.

Walsall Domiciliary Care is registered with the Care Quality Commission to provide personal care to people who wish to remain independent in their own homes. The service also provides a call alarm answering facility to some people. The agency provides services throughout Walsall and provides care for people with healthcare and social care needs. At the time of our inspection there were 111 people using the service.

There was 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.

Appropriate measures were in place to keep people safe. Risks to people were assessed and staff knew how to reduce risks to people. Assessments of risk had been completed and staff had clear guidance on how to support people safely. Staff knew how to identify and correctly report suspected abuse.

The provider employed safe recruitment practices to make sure staff were suitable people to provide care. People were supported by adequate numbers of staff and received most calls on time.

People received the medicines they needed to maintain their health.

People received support from staff who were skilled and knowledgeable about their care. Staff listened to people in order to understand their needs and wishes. People's preferred ways to communicate were known to, and used by staff in order to ensure their decisions were understood and honoured.

People were routinely assessed to determine whether they required additional support with eating and drinking. If required, referrals to external healthcare professionals were arranged in order to support people's well-being.

Staff were caring and supported people's wishes and preferences regarding their care. Staff were aware of how different people wanted to be supported. Care was regularly reviewed to ensure staff were aware of people's current requirements. People were supported to maintain their independence. Staff respected people's dignity and privacy while providing care.

People received care from a consistent staff group whom they had built up a rapport with. People knew how to, and felt confident in raising issues or complaints with staff and the management team. The provider had

a complaints process in place in order to progress and respond to matters raised.

People were happy with how the service was managed and saw the management team as visible and approachable. Records were well organised, accessible and kept securely. We found minor issues of improvement required in some records.

The registered manager was clear about areas of success and those that required development within the service. The provider used various audits to assess the standard of care and where improvements could be made. People's views on the service were sought in order to drive improvements.

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 was safe.

The provider had processes in place to minimise risk to people. Staff were aware of how to report matters of safeguarding and abuse.

The provider used safe recruitment practices to make sure staff were suitable people to deliver care. People were supported by adequate numbers of staff.

People received the correct medicines at the right time in order to support their health.

Is the service effective?

Good ●

The service was effective.

Staff were given training and support in order to remain effective in their roles.

People received support, where required, to ensure they had enough to eat and drink to maintain their well-being.

Appropriate referrals to external healthcare professionals were made, where people required support with this.

Is the service caring?

Good ●

The service was caring.

Staff treated people with care and compassion.

People were supported by a consistent staff group who knew their wishes and preferences.

People's independence, privacy and dignity were respected.

Is the service responsive?

Good ●

The service was responsive.

People's care provision was regularly reassessed and their care planning altered as needed.

People felt confident to raise any issue of concerns with staff or the management team. The provider had an appropriate complaints process in place.

The provider identified and reacted to the needs of people using the service.

Is the service well-led?

The service was well-led.

People, their relatives and staff felt supported by the management team.

The provider sought people's opinions on the service in order to improve its care provision.

The management team and provider used a variety of audits in order to assess and address the quality of the service.

Good ●

Walsall Domiciliary Care Service

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 16 May, 18 May and 2 June 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that people would be available to talk with us.

The inspection team consisted of two inspectors. We reviewed all the information we held about the service. The provider had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We also reviewed what notifications we had received from the service about incidents and events that had occurred. A notification is information about important events which the service is required to send us by law.

During our inspection we spoke with 11 people, 10 relatives and a social worker of people who used the service. We also spoke with two care staff, four senior staff and the registered manager.

We reviewed a range of records about people's care and how the service was managed. These included the care records for 12 people, two staff records, quality assurance audits and records relating to the management of the service.

Is the service safe?

Our findings

People we spoke with told us they felt safe using the service. One person told us, "I do feel safe when they're hoisting me. They're very careful". Another person told us, "They help me in the shower and I feel safe in the shower". A relative told us, "I was worried at first [about using a care agency for the first time], but I have no worries with the staff". Another relative told us, "I'm aware of what bad practice looks like and it doesn't happen here. They go over and above their duty in keeping people safe. [Person's name] left the building once and the staff made sure they were safe and rang me. They made sure [person's name] was safely orientated. They're very switched on". A further relative said, "Very confident; staff are lovely".

We found people were protected from risks because the provider had completed risk assessments which provided staff with appropriate guidance in order to keep people safe. For example, we found that some people were at risk of falls. We spoke with staff who were able to accurately reflect what measures were in place to lessen the risk of falls to different people.

One person was living with a sensory impairment. The impact of this was considered throughout the different areas of their care and staff were knowledgeable about these impacts. We found that, where people had developed new conditions, risk assessments were updated to ensure staff had the latest guidance. This included updating risk assessments for people who had become at risk of sore skin.

We saw people who smoked and were at risk from fires had risk assessments and specialist equipment put in place to minimise this risk. The management team had consulted the local fire service in considering what measures should be used in the homes of those people who smoked and were at risk.

People were protected from the risk of abuse because staff understood how to identify and report it. People told us they trusted staff. One person said, "I'm safe with my money here". Staff we spoke with explained how they would report matters of potential abuse. This included reporting to senior staff. Staff were also aware of how they could report matters externally and knew how to access safeguarding guidance to help them with this. We found staff had completed safeguarding training and their knowledge reflected the quality of this training. Records demonstrated staff ensuring the correct referral of safeguarding matters to the local safeguarding authority.

Staffing levels were determined by the number of people using the service and their needs. Most people and relatives we spoke with confirmed that staff were on time and they did not miss calls. One person told us, "The staff are generally on time. If I need them at night they come as quickly as they can". Another person told us, "Staff are mostly on time". A relative told us, "Seems happy with the times". One person told us they had a call alarm on their wrist. They said, "They do come quickly if I press my pendant". A relative told us that staff attended quickly if their relative pressed their alarm. They said, "It's very quickly answered". Another relative told us, "[person's name] has pulled the cord and they came straight away".

People and their relatives told us staff stayed the allotted amount of time for each call. One person said, "They stay for the full time. They chat and talk to me and make sure I have everything I need". Another

person told us, "They do all the work they're supposed to" and, "They do all I want". A third person said, "They stop the time they are booked for". The provider used a specialist system to monitor call attendance by staff, so could identify if any issues had occurred. A relative confirmed staff used this. They told us, "Every time they come in they fill in what they do. They also have a scanning system re time in and out". Adequate staffing meant people received timely assistance and staff were able to support people as required.

The provider's recruitment procedures meant only suitable people were employed as staff. One person told us, "Staff are very good. I've never had reason to complain". We found staff had completed job application forms and a comprehensive interview process. We found Disclosure and Barring Service (DBS) checks had been completed for members of staff prior to their employment. DBS checks help employers to make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with vulnerable people. We found that the provider took appropriate disciplinary action where staff performance fell below the standard required of them.

The provider had appropriate procedures to ensure staff supported people to take their prescribed medicines. One person described how staff had vastly improved their health condition by ensuring they took their medicines as prescribed. They told us, "This place has been the making of me. They call on me and prompt me to take my medication. They do this really clearly". Another person told us, "They're very helpful alright. They do my eye drops. They always remember to do them". A third person told us, "They make sure they put my cream on". Another person told us, "They do them all; they're good with meds". One person said, "They're well prepared. They always check [my medicines] with me and check the dates". A relative told us, "[Person's name] gets all her medicines". Another relative said, "They do explain the meds [to the person]". One relative explained how staff had immediately picked up on a medicines mistake which had originated with the GP/ pharmacist. They described staff as being, "Very thorough" with medicines. We found staff were reviewed regularly to ensure they remained competent to administer medicines.

Staff were able to accurately describe how people preferred to take their medicines and showed a clear knowledge of appropriate medicines procedure, such as how to administer medicines and the recording of medicines. We looked at people's medicines records which showed people received the medicines they needed. We found some records required improvement in their guidance around medicines that people required from time to time. We also found that not all records contained body maps or comprehensive guidance showing where topical creams should be applied. We discussed these issues with the registered manager who undertook to address them.

Is the service effective?

Our findings

People who used the service told us they received effective support. One person told us, "I'm very happy". Another person told us, "I'm quite pleased with it". A third person told us, "They do everything I need and I'm very grateful to them". One person told us, "It's very good. The service is great". A further person said, "I've progressed terrifically [with the support of staff]".

People described staff as being skilled, knowledgeable and confident. One person told us how staff carefully followed procedure when hoisting them. They described staff as being consistently skilled. A relative told us, "Staff are outstanding. They know what they're doing and receive regular training". Another relative told us, "Staff seem well skilled and trained to me". Staff told us and records confirmed that new staff completed an induction process so they became familiar with people's needs and their duties. A relative confirmed that newer staff undertook a period of "shadowing" an established member of staff. They told us this worked well and was important to their relative who would otherwise feel uncomfortable with new staff. We saw staff participated in a regular programme of training which related to the type of support people required. Staff told us the training they received allowed them to feel confident in their roles.

People and relatives we spoke with said staff listened to them in order to understand their needs. One person told us, "They ask me questions". One relative told us, "[Person's name] and family; they keep us all involved in the care. I can phone any time day or night and speak to staff". They also told us, "Staff communicate well with [Person's name]". We saw care records were person centred and contained details on how people could be best supported to make decisions. This included information such as the best times of day for people living with dementia to be enabled to make decisions and how best to communicate with the person.

Staff were able to accurately reflect how different people preferred to communicate and how they ensured people were consenting to care, whether through verbal or non-verbal communication. One person told us, "They help me to dress and they help me to choose". Another person said, "They're kind to me. They listen to me and check if it's ok". One relative said, "They use the right language". Another relative told us how staff highlighted choice for people by ensuring a range of options were offered, for example, in food. They told us, "They respect her decisions. They're very informative and it's all about choice". We saw people had signed care records to show their knowledge and consent of the contents. This meant staff sought consent to care from people in line with legislation and guidance.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack mental capacity to do so for themselves. The Act requires as far as possible people make their own decisions and are helped to do 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 checked whether the service was working within the principles of the MCA. The service provides personal care to people living in their own homes. People receiving personal care services were not subject to orders made by the Court of Protection but the management team was aware of this legislation and how this would impact on care planning and the provision of services to people.

We found people were routinely assessed to ensure they were not at risk of malnutrition. We saw one person was at risk of not eating enough and had specific like and dislikes in terms of food. We spoke with this person who told us staff encouraged them to eat and knew what they preferred including occasional take away options. They told us, "They always offer to help with bits of shopping". We also saw an example of appropriate referrals being made by the service where nutrition was of concern. Staff showed knowledge about people's food and drink preferences. People received the level of help they required with food. One person told us, "They bring my Tea up every day [from the downstairs restaurant]". This meant staff were aware of the importance of good nutrition and hydration in maintaining people's well-being.

People told us and records confirmed staff supported people to access healthcare professionals, such as district nurses and GPs, if this help was required. One person told us, "Oh yes. They help me if I'm not well". One person described how staff had called their Community Psychiatric Nurse when they recognised the person had become unwell. They told us, "Staff are excellent to me in that way". A relative told us, "They're very communicative. If [person's name] was unwell they would tell me and assist in contacting medical help if this was needed". Another relative described how staff had recognised when one person developed swollen legs. They told us, "I got a call from carers who said she had bad legs and had called the doctor". Records also demonstrated that staff monitored people's well-being and made referrals where appropriate. For example, one person was prone to urinary tract infections. We found staff monitored this person's condition and referred to the person's GP as necessary. We found the same referral process happening for people at risk of sore skin via the district nurse service.

The provider had a falls protocol in place. This gave guidance to staff on what observations and actions they should undertake should someone fall. We found one person had sustained a fall. The falls protocol checklist demonstrated that staff had followed the protocol and provided appropriate medical support for this person.

Is the service caring?

Our findings

People we spoke with told us staff that supported them were compassionate. One person explained how staffs' caring attitude had a significant impact of their mental health and well-being. Another person told us, "The staff are lovely". A further person said, "Very good. If I need help, they help me". One person told us, "The carer's are super". Another person told us, "They're great. They've got a great attitude. They're kind to me".

Other people identified individual members of staff for particular praise and for having a positive impact on their experience of care. These included senior carers and care staff. One person told us, "[Carer's name] is always ready to talk; nice woman". Another person said, "[Carer's name] is very approachable. [Another carer's name] is a very nice person. Cheerful and helpful". A further person told us, "[Carer's name] is always cheerful". A relative told us, "Care-wise there are no problems. Any issues; there's always a solution. [Person's name] can be challenging but staff have made sure she hasn't lost her sparkle". Another relative told us, "The staff are great. They're so kind and [person's name] has settled in well with them". A further relative said, "Very grateful; has all the help. It's a godsend. I'm happy with the people that come in and what help they give her". Only one person raised any issues concerning staff and these details were shared with the registered manager for action. We observed staff interacting with people and saw they did this in a caring and considerate way.

People told us staff recognised and supported their preferences. Staff were able to accurately reflect the needs of people who we had spoken with and whose records we had looked at. Staff were able to demonstrate detailed knowledge of people's preferences from the food and drink they preferred to how they liked to take their medication. Staffs' knowledge was person centred and this was reflected in person centred care planning we looked at. Records contained details of people's histories, their likes and dislikes which staff demonstrated they used in supporting people in the way they preferred.

People and their relatives told us staff regularly reviewed their care needs and care plans to ensure they were updated. One person told us, "My care plan? They check all is well for me". One relative described staff as being, "Dynamic" in their updating of people's care needs. Other people confirmed they were aware of care plans, which were kept in their homes. People and their relatives also confirmed staff discussed these with them and updated plans as required. One person told us, "I do have a care plan and look at it from time to time".

People were encouraged to remain as independent as possible. Care staff described how they were flexible in their approach to care, depending on how people presented on the day. For example, one person required more support if they were feeling less well, but were happy to carry out some aspects of their own care on days they felt better. Care plans were written in a person centred way, which gave staff guidance on what support people required and where they were able to complete tasks for themselves. Another relative described how one person likes to do things for themselves in the morning. They told us, "Staff are happy to encourage that".

Staff ensured people's dignity and privacy were protected. One relative told us, "Staff are very respectful of people". Staff were able to provide examples of how they supported people's dignity and privacy by providing the "right" level of support for people and ensuring they considered people's privacy during activities such as bathing.

Is the service responsive?

Our findings

People received care and support that was responsive to their individual needs and circumstances.

People told us staff listened to them in order to understand their needs. One relative described how they were involved in formal reviews and also had an on going conversation with staff about their relative's well-being. They told us, "I can phone anytime of the day and they keep me informed. The focus is on [person's name]. I'm involved in the care planning almost on a daily basis. I get a lot of feedback and we do have formal reviews". Another relative told us, "They do listen consistently. They explain everything and we do have an input on the planning side". Care plans were person centred and individualised to each person who used the service, showing their preferred way to receive support.

People's needs were regularly assessed. One relative told us, "We have set up care plans, agreed a care plan; had to change". They described how staff had increased the level of care following the person's admission to hospital. They said, "They change care packages to suit her needs; prepared to put in more time".

We saw visitors freely visiting and being welcomed by staff. We found that staff has access to information on important relationships which people wished to maintain.

People received care from a largely consistent group of staff who knew them and whom they had built a rapport with. One person said, "I know the staff who come in". A relative told us about a person who had dementia and for whom a consistent, recognisable staff group was important. They said, "[Person's name] recognises their faces. It's a consistent staff group. They don't use agency very often. They're all familiar faces". Staff showed detailed knowledge of the people they supported and described how they care for people on a regular basis. They told us this allowed them to build a rapport with people.

We asked people and relatives if they were aware of the procedure for raising complaints with the provider. They told us they were aware of the procedure. One person told us, "If I had a complaint I would talk to [senior member of staff's name]. Easy to talk to and she's helped me before". We saw the provider had appropriate processes in place to deal with complaints which were supported by, and in line with the complaints procedure. However, one relative we spoke with told us they had raised issues, but were not satisfied with the way these had been responded to. With the person's and their relative's permission, we referred this complaint back to the registered manager who undertook to review what had happened in this instance. Some people and relatives we spoke with said that, while they had not had to raise any formal matters, staff always sought to put any issues right. One relative told us, "They're very solution orientated".

People and their relatives told us they found the provider's office staff and management were approachable and responsive. One relative told us, "Nothing's too much trouble". People and their relatives told us they could approach the management team with any issues they had and felt confident action would be taken. This meant the provider reacted appropriately to concerns from people using the service and their representatives.

Is the service well-led?

Our findings

People we spoke with told us the service was well organised and people and relatives complimented the service's management team on how the service was run. One person told us, "I'd recommend them here". Another person said, "I've seen [the registered manager] a few times. Management are very nice and very approachable". A further person told us, "They're all good here; even the management are good". A relative told us, "Management support the staff here and the carers are committed" and, "[The registered manager] comes here and is very hands on; she's present. This is a 'switched on' scheme. Staff work tightly together. Staff attitude is, 'we're a guest in your home'".

We found that records were kept securely and were well organised. One relative told us, "They're very confidential here", which meant records were only shared as appropriate. Staff were clear about their responsibility to keep records secure and private. Records were kept centrally in the provider's registered office and individual records were kept in people's homes for easy access by staff. These records included care plans and day to day records such as care logs and medicines administration records. We found most records contained all the information required to assist staff with the guidance they needed to care for people. These included specialist diabetic care guidance which were person centred and comprehensive. However, we did find that some monitoring records could be improved. This included the monitoring for one person who was prone to swollen legs, which required observation and referral, as necessary. The registered manager undertook to improve these records.

All staff we spoke with were positive about working for the provider and the culture the management team promoted within the service. One member of staff told us, "It's a great team. We get great support. If I ever want help with training; it's there. We can speak [to the registered manager]. She visits us regularly. I get regular one to ones and appraisals and [senior staff] are always available. I can ask for extra supervisions". Another member of staff told us, "I get regular supervisions, but I can ask for extra. It's a brilliant supportive team with the managers. They tell us where we can develop. I've requested deeper mental health training to support one person and I'm now doing this" and, "It's brilliant here. The management support you to progress. No other company could have done this. They're flexible and reasonable and staff are brilliant with customers". The registered manager was clear about what worked well at the service and what areas required development. They were responsive to any issues we raised with them. This meant the provider worked to support the staff within an environment with a positive team culture.

Staff were aware of the provider's whistleblowing policy and knew how to access this policy, which enables staff to raise issues without fear of reprisal. We found the management team held staff meetings. We looked at the minutes of these meetings and saw that issues relevant to the standard of care provided were discussed. Records confirmed staff also took part in regular meetings with their supervisors to discuss their development needs and receive feedback on their performance.

There was a registered manager in post. Registered persons are required to notify CQC of certain changes, events or incidents at the service. We found we had received appropriate notifications from the registered manager. This showed that the registered manager was aware of, and fulfilled their responsibilities in terms

of the law.

The provider had systems in place to monitor the quality of the service. People told us senior staff and management carried out checks of care. One person said, "They do check. [Name of senior carer] is very good at checking. [There are] no areas for improvement". Most people and relatives we spoke with recalled completing a questionnaire from the service. One person told us, "I got a questionnaire and filled it out". A relative told us, "We do an annual survey and we find out the results of it on the board". We looked at the responses from a recent telephone quality monitoring process completed in March 2017. We saw responses to questions about their care were mostly answered positively by people.

People, relatives and staff told us management carried out spot checks of the care people received in their homes to ensure it was up to standard. Records confirmed checks were completed. We saw the provider carried out various audits to ensure the standard of care provided. These included audits, for example of records relating to medicines administered and other records and areas of care. We also found the provider carried out a wider 'corporate' audit, which ensured further oversight for the service. Feedback from this audit was given to the registered manager with action points to be completed in order to make improvements. The provider had a system for collecting details of any accidents or incidents which occurred. The provider used this information to inform matters relating to people's care.