

Accord Housing Association Limited

Jenner House

Inspection report

Jenner Road
Beechdale
Walsall
West Midlands
WS2 7LP

Date of inspection visit:
21 January 2019

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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

About the service: Jenner House is a domiciliary care service that was providing personal care to 26 older adults at the time of the inspection.

People's experience of using this service:

- People were receiving a reliable and person-centred care service from a caring staff team which was well led.
- The service met the characteristics of a good service in all the five key questions.
- People's records were well organised and checked to make sure they included up to date and accurate information about people's needs. Information from audits, incidents and quality checks was used to drive continuous improvements to the service people received.
- People were assisted to have maximum choice and control of their lives.
- The provider supported staff in providing effective care for people through person-centred care planning, training and supervision. They ensured the provision of best practice guidance and support met people's individual needs. There was a strong emphasis on driving improvement.
- There were also good care practices within the service and people were treated with compassion and dignity by care staff.
- We observed a homely and friendly atmosphere throughout the inspection.
- People were supported safely. They were protected against abuse, neglect and discrimination. Staff ensured people's safety and acted when necessary to prevent any harm.
- Staff spoke passionately about their roles and wanting to provide quality care.
- There was good evidence that equality and diversity had been considered, in particular around those with protected characteristics such as race, religions, age or sexuality.
- Technology had been introduced to monitor staff visits and to monitor people's safety as well as enabling people to summon for help in emergencies.
- People received personalised care that was responsive to their needs. They said care workers were mostly on time and stayed for the duration of their calls.

- Staff knew people well and had gone over and above to enhance people's experiences of the service. They had developed good relationships with people. People clearly enjoyed the presence and attention from the staff.

For more information please see the Detailed Findings below.

Rating at last inspection: This was the first inspection for this service since it was re-registered in November 2017.

Why we inspected: This inspection was part of our scheduled plan of visiting services to check the safety and quality of care people received.

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.

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below.

Jenner House

Detailed findings

Background to this inspection

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

This inspection was conducted on 21 January 2019.

Inspection team: This inspection was conducted by one adult social care inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type: Jenner House is a domiciliary care service. It provides personal care to people living in their own houses and flats in the community. Not everyone supported by Jenner House receives a regulated activity. CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do, we also take into account any wider social care provided. People using the service lived in 40 self-contained flats.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection: The inspection was unannounced.

What we did: Our plan took into account information the provider sent us. We also considered information about incidents the provider must notify us about, such as abuse; and we looked at issues raised in complaints and how the service responded to them. We obtained information from the local authority commissioners and safeguarding team and other professionals who work with the service. We assessed the information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection, we spoke with seven people using the service to ask about their experience of the care provided.

We spoke with the registered manager, deputy manager, senior carer and two care staff members. We looked at three people's care records and a selection of medicines administration records (MARs). We looked at other records including quality monitoring records, recruitment and training records for three staff members and records of checks carried out on the premises and equipment.

The report includes evidence and information gathered by both inspectors and the Expert by Experience.

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm

People were safe and protected from avoidable harm. Legal requirements were met.

People's needs and risks were assessed, and plans were in place and followed to promote their safety.

Assessing risk, safety monitoring and management

- Accidents and incidents had been documented and staff had taken action to support people where required. There was a follow up procedure to check on injuries. Reviews were completed after incidents. Care records, such as care plans, were updated following any accident or incidents. There was an analysis of falls, accidents and incidents to identify patterns and reduce risks of re-occurrences at the service and throughout the organisation.
- Emergency procedures for keeping people, staff and others safe were in place and they were regularly reviewed and updated as required. These included personal emergency evacuation plans (PEEPs) and a business continuity plan.
- Risks of falls, malnutrition and choking had been identified and guidance had been provided to staff. Staff had completed training in the management of risks associated with choking and had sought support from speech and language therapists for some people who had swallowing difficulties. Care records clearly identified risks and how to minimise them.
- Each person had a risk assessment for the use of window restrictors to reduce risks of injury. A variety of environmental risk assessments, environmental checks and servicing had been completed and action taken to rectify any shortfalls.

Supporting people to stay safe from harm and abuse

- People told us they felt safe using the service. Comments included, "I feel safe because someone is always here, my medication is sorted out for me and the staff look after me well." And, "It's like another world, at first, I was unsure that I could do what I wanted when I wanted and could put my furniture wherever I wanted to, I'm not scared here. I'm given my medicines on time every time, I don't have to worry, they're friendly and caring."
- Staff were trained in safeguarding and knew what to do if they were concerned about the well-being of the people using the service. One staff member told us, "If I have any concerns I will contact the office or report to the Hub straightaway."
- The provider's safeguarding and whistleblowing policies and procedures were available at the service and were discussed at staff meetings and supervisions to ensure staff understood their safeguarding responsibilities. Lessons from any safeguarding enquiries were shared with care staff.

Staffing levels

- People we spoke with were confident there were enough staff employed to meet their needs. All the people we spoke with who used the service told us they felt safe and were happy with their care visits.
- Staff told us, "We have different staffing levels depending on the calls that we need to make at any particular time." And, "There is enough of us and work is allocated to ensure we have adequate time to support people and to have breaks."
- Rotas reflected the staffing levels the registered manager told us were in place. Care staff told us they received the rotas in advance to ensure they could plan their work and personal life appropriately. They were informed of any changes to the rotas through an electronic communication system via their mobile phones. There were efficient arrangements for ensuring staff cover was provided in the event a staff member was held up on other visits. People told us this worked well and ensured they were not left without care visits.
- Records showed staff were safely recruited with the appropriate checks carried out to ensure they were safe to work with people who use care services. The relevant pre-recruitment checks, such as disclosure and barring service (DBS) checks had been undertaken. References were sought before to check potential staff's suitability.

Using medicines safely

- People told us care workers supported them with their medicines. One person said, "They support me to manage my medicines safely. I keep it all in that cupboard and they check to make sure I've done it right. I have two calls a day."
- Where risks of misuse had been identified, staff had ensured people's medicines were locked away. We also observed staff assisting one person with ordering their medicines
- Our review of medicines records showed that people received their medicines safely from trained members of staff whose competence had been checked. Medicine administration records (MARs) had been completed accurately and in full. Records and guidance relating to 'as required' medicines were in place that guided staff on the safe administration of these.
- People who continually refused medicines had been identified and records had been kept. We discussed the need to consider medicines review with people's GPs where medicines were consistently being refused. The registered manager took action to address this.

Learning lessons when things go wrong

- Falls, accident and incidents were recorded and analysed to identify trends and patterns and ways of reducing risks, this also included medicines errors. We saw there was a robust learning culture across the providers' other services. Lessons from incidents across the organisation and outside the service had been shared with all services owned by the provider. This was an example of best practice which showed this was a learning organisation.

Preventing and controlling infection

- People told us care workers had a good understanding of infection control.
- Care staff were provided with uniforms and protective equipment such as gloves and aprons. However, we found there was no working hot water at the time of our inspection. People told us they were concerned

about the fault and there were no alternative hot water arrangements from the provider. The registered manager told us this had been reported and was awaiting maintenance to fix. After the inspection we received confirmation this had been fixed.

Is the service effective?

Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect.

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported

- People told us their care workers treated them with kindness, respect and compassion and made many positive comments about their caring nature. Comments from people included, "I am confident that my care is just right and they adapt to my needs if they have to.", "All the carers are there if I need them [name removed] is marvellous." And, "I don't think they could possibly do any more to show how much they care."

- We observed positive interactions with staff during our inspection. Staff presented as sensitive, kind and caring.

- People said care workers knew their likes and dislikes and always found the time to talk with them. Staff went beyond their call of duty for some people, for example we found they had created a garden for one person who had an interest in gardening. Even though the person was not receiving person care staff had volunteered to support them to enhance their well-being. We also observed staff supporting another person to order medicines even though they were not receiving personal care. This meant staff were caring and willing to go the extra mile.

- Staff understood how best to communicate with people, for example, speaking slowly and clearly. Care records reflect how best to support someone with a sensory impairment.

Supporting people to express their views and be involved in making decisions about their care

- Observations throughout our inspection, showed staff supported people who used the service to make decisions about their care and support.

- The amount of information contained in care records demonstrated the views of people using the service and their family members had been sought. Information about people's background, history, favourite past times and life experiences had been captured in care records.

Respecting and promoting people's privacy, dignity and independence

- Confidential information was being stored securely and in line with The General Data Protection Regulation (GDPR). GDPR is a legal framework that sets guidelines for the collection and processing of personal information of individuals.

- People who used the service were treated with dignity and respect. We saw staff knocked on doors before entering people's flats.

- Staff promoted people's independence and encouraged them to do things for themselves.

Is the service caring?

Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect.

People were supported and treated with dignity and respect; and involved as partners in their care.

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Is the service responsive?

Our findings

Responsive – this means that services met people's needs

People's needs were met through good organisation and delivery.

Personalised care

- People said they received personalised care that was responsive to their needs. Comments from people included, "They talk to me, I was so lonely before I came here", "The care staff give you a rough idea of when they'll come but if they get delayed they will let me know and maybe another carer will come to fill in the gap, it depends on how their day is going."

- Care plans also known as 'personal outcome plans' in this service, set out how to meet people's needs in a personalised and responsive way. These were reviewed on a regular basis and updated when needs changed or following significant incidents.

- Care plans reflected people's choices, wishes and preferences and things that were important to them. They also contained in-depth information about people's assessed needs and any health needs. This supported staff to care for people effectively.

- People's needs, including those related to protected characteristics, were identified. We saw details around equality and diversity were included in care plans and staff had received training in equality and diversity.

- The registered provider was responsive to people's needs, for example they provided accommodation for guests who may be visiting their relatives. This was especially important when visiting someone who may be unwell or towards the end of their life and needed their own space to have a break from their caring role.

- While the service supported with personal care only, staff had volunteered to support people who lived at Jenner House with access to some limited activities and entertainment. Staff raised funds and invited entertainers as well, as local school children to visit the service and interact with people. They also arranged events such as coffee mornings to help people interact and prevent social isolation.

- The registered manager was aware of the legal requirement, 'Accessible Information Standard' (AIS). The AIS aims to ensure that people with a disability, impairment or sensory loss are provided with information that is accessible and that they could understand. AIS requires services to identify, record, and meet the information and communication support needs of people with a disability or sensory loss. We saw communication plans had been written for some people to assist care staff with communication. Staff had adopted alternative ways of communicating with one person who had sensory impairment. This helped to ensure the person can continue to make their choices known to staff.

End of life care and support

- No one was receiving end of life care and support at the time of our inspection.

- Improvements were required to ensure people were offered the opportunity to discuss their end of life preferences.
- While the service was providing domiciliary care only, staff needed to be trained to have awareness of end of life care.

Improving care quality in response to complaints or concerns

- The service had a complaints policy and procedure in place.
- Most people we spoke with told us they were able to raise any concerns if they needed to.
- There were no ongoing complaints that had been received in the service.

Is the service well-led?

Our findings

Well-led - this means the service was consistently managed and well-led.

Leaders and the culture they created promoted high quality, person-centred care.

Leadership and management

- There was a registered manager. This 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.
- Service management and leadership was consistent. Leaders and the culture they created supported the delivery of high-quality, person-centred care. All regulations had been met. There was effective oversight and accountability from the registered manager on their staff and the registered provider had effectively monitored that the registered manager was complying with regulations. This helped maintain a safe service.
- Staff we spoke with felt the service was well managed and they were supported in their roles by the registered manager. Comments from staff included, "It is well managed by the registered manager, with the vast experience." And, "Management are approachable, they listen and very good at organising our work. All staff we spoke with demonstrated a desire to provide quality care for people using the service.
- Care staff had regular supervisions and staff meetings where they discussed good practice and any issues or concerns they might have. We saw examples of good practice and areas where staff had gone over and above their call of duty. All best practice and challenges were recorded as 'Case studies' and shared across the organisation to promote learning. One care worker told us, "This is a happy place to work we always get the support we need from management."

Continuous learning and improving care

- A variety of regular audits and quality monitoring was taking place. Findings were recorded and included the actions taken to improve the service. These included medicines audits, care plan audits, spot checks. This also an organisational wide learning exercise on accident and any significant events. There was a strong emphasis on sharing best practice within the service and within the providers' other services. We could see that this had assisted in the maintaining standards and timely identification of any shortfalls.
- Some of the audits had been designed to reflect Care Quality Commission key lines of enquiry and guidance to ensure that the service was meeting regulations. This was good practice
- The service had been awarded two internal best practice awards. In their PIR they wrote, 'Jenner House has received the Accord C&S Making a Difference award in relation to a former event. The team were recently awarded a GDPR tea party in recognition of their commitment to GDPR awareness.'

Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong.

- The registered manager promoted openness and transparency throughout the staff team.

- Policies, procedures and best practice guidance was available and accessible to staff to support them in their roles. This was also prompted from the top by the Head of Quality and the Group Quality team who provided oversight on the service to ensure it complied with regulations.

Engaging and involving people using the service, the public and staff

- Records we looked at showed staff meetings were being held. There were monthly meetings for people who used the service. Guests speakers or the providers' representatives were invited to answer queries on matters such as housing and maintenance of the premises. Minutes of these were available.

- Surveys were given to people who used the service and their family members. The results of these surveys were analysed and action plans developed. The registered manager had ensured the surveys were as independent as possible by using staff from another service to assist people completing the surveys. Results showed a high satisfaction with the quality of the service delivered.

- The service had a compliments file in place which contained numerous positive comments from people who used the service and their family members about the service and staff members.

Working in partnership with others

- Evidence we looked at demonstrated the service consistently worked in partnership with the wider professional team. Records noted the involvement of GP, District Nurses mental health teams, social workers and commissioners of people's care.

- Evidence we saw and testimony from a District Nurse confirmed the staff team and the registered manager had worked collaboratively with other professionals to improve outcome for people.

- Care workers were given information on local health and social care and community services so they knew what was available for the people they supported and could tell them about the services they could access.