

Accord Housing Association Limited

Millennium Forge

Inspection report

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Date of inspection visit:
05 February 2019
06 February 2019

Date of publication:
28 March 2019

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	Requires Improvement 
Is the service effective?	Requires Improvement 
Is the service caring?	Good 
Is the service responsive?	Good 
Is the service well-led?	Requires Improvement 

Summary of findings

Overall summary

About the service:

Millennium Forge is a Domiciliary Care Service and Extra Care Housing Services providing personal care to older people, people with learning disabilities or autistic spectrum disorder, people with mental health concerns, physical disability, sensory impairment or younger adults at the time of the inspection. 76 People were using the service at the time of the inspection.

People's experience of using this service:

Some people and their relatives told us they felt that the level of staffing required improvement and there was concern around the numbers of agency staff used. Medicines were mostly given as expected, but staffing issues had impacted on when they were given. Risk assessments were in place to minimise any potential risk to people's wellbeing

People felt that not all staff assisting them knew their needs. Staff did not receive regular supervisions. Staff received adequate inductions and training. People were supported to maintain their health.

Not everyone knew the acting manager, but those who did felt they were approachable.

People were supported to have choice and control over their lives and staff understood that they should support them in the least restrictive way possible; the policies and systems in the service supported this practice.

People's care plans reflected their needs and preferences and staff could explain specific care that people required. People knew how to complain and that any concerns would be listened and responded to by the provider. Actions were taken as a response to complaints.

Quality monitoring systems included audits, checks on staff practice and checks on people's satisfaction with the service they received, using questionnaires. The provider has systems in place to ensure they kept up to date with developments in the sector and changes in the law.

Rating at last inspection: The rating for the service at our last inspection was 'Requires improvement' with our last report published on 10 May 2017.

Why we inspected: This was a planned comprehensive inspection that was due based on our scheduling targets.

Enforcement:

No enforcement action was required.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

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 always safe

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective

Details are in our Effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led

Details are in our Well-Led findings below.

Requires Improvement ●

Millennium Forge

Detailed findings

Background to this inspection

The Inspection:

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

Inspection team:

The Inspection team consisted of one inspector who visited the site and an expert by experience who made calls to people using the service. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

Service and service type:

Millennium Forge is a Domiciliary Care Service and Extra Care Housing Services providing personal care to older people, people with learning disabilities or autistic spectrum disorder, people with mental health concerns, physical disability, sensory impairment or younger adults at the time of the inspection. 76 People were using the service at the time of the inspection.

The service did not have a manager registered with the Care Quality Commission, but an acting manager had been in place for four weeks and was in the process of registering. Once registered, 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:

We gave the service 48 hours' notice because we wanted the acting manager and a selection of staff to be available for the inspection.

What we did:

The inspection activity started on 05 February 2019 when we visited the location and a second day of inspection was carried out on 06 February 2019. Calls to people using the service and their relatives were made on 06 and 07 February. We visited the location to see the acting manager and staff; and to review care records and policies and procedures. We made phone calls to people who used the service and relatives.

We reviewed information we had received about the service since they were registered with us. This included details about incidents the provider must notify us about, such as allegations of abuse and we sought feedback from the local authority 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.

We contacted people and/or their relatives by telephone and spoke with two people that used the service and seven relatives to gather their views on the service being delivered. We also spoke with the provider, the registered manager and seven staff members which included care and senior staff. We used this information to form part of our judgement.

We looked at three people's care records to see how their care and treatment was planned and delivered. Other records looked at included two recruitment files to check suitable staff members were recruited and received appropriate training. We also looked at records relating to the management of the service along with a selection of the provider's policies and procedures, to ensure people received a good quality service. Details are in the 'Key Questions' below.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

- ☐ There was a difference of opinion across the three sites as to whether enough staff were available to people. Relatives of people using two of the sites told us, "We are generally very happy with the carers and I think [person] feels very safe with them". A second relative told us, "I think [person] is very safe living there. There are enough staff and they do look after [person] very well." However, opinions differed where people lived on another site, where one person told us, "They are always short staffed. They use a lot of agency workers and they don't know people like the regular carers." A staff member told us, "There are not enough staff and if people are off sick it doesn't get covered. The agency staff are always different and don't always know what to do". One staff member told us, "I think the new manager is trying hard to sort this all out, I can see there have been some changes".
- ☐ We found that rotas reflected the amount of staff on duty at the time of the inspection. However, staff told us that sickness was not always covered effectively and they felt that more staff were needed on the rota. We spoke with the acting manager about how low levels of staff may impact upon the care received by people. The acting manager informed us that they were making recruitment of permanent staff a priority and they would seek consistency in the agency staff used, so that they were familiar with people and their needs.
- ☐ Staff had been recruited safely. All pre-employment checks had been carried out including Disclosure and Barring Service (DBS) checks.

Using medicines safely

- ☐ We found that most people taking medicines received them as required, with one person telling us, "Yes they [staff] give me my tablets, there have not been any problems". A relative said, "Yes they [staff] do give [person] their tablets, there have not been any problems as far as I know". However, on the site where low staffing had been an issue a relative told us, "There have been problems with medicines arriving late". We spoke with the acting manager who told us that there had previously been issues with medicines, but that recently these issues had improved and they would be working hard to ensure continued improvements.
- ☐ Staff were knowledgeable about people's requirements and could tell us about people's preferences in respect of how they liked to take their medicines.
- ☐ Medicine Administration Records (MAR) that we looked at recorded the medicines given with no gaps.

Systems and processes to safeguard people from the risk of abuse

- ☐ People told us they felt safe with one person telling us, "Yes I feel safe enough here". A relative told us, "Yes I think [person] is very safe with the carers, they are in good hands".
- ☐ Staff understood different types of abuse and felt they would be able to recognise any signs or symptoms and report them appropriately in order to safeguard people.

- ☐ The provider had effective safeguarding systems in place that staff understood. We saw these had been followed and one staff member told us, "I would know how to report a safeguarding incident and the manager would follow it up with the local authority".

Assessing risk, safety monitoring and management

- ☐ Any risks to people were identified, with risk assessments in place related to people's needs. Staff understood these risks and had knowledge on how to reduce any risk of avoidable harm.
- ☐ People's risk assessments considered risks presented by the person's home environment and any medical diagnosis or social need.
- ☐ Risk assessments included, but were not limited to; falls risks, environmental risks, nutritional risks and social isolation.

Preventing and controlling infection

- ☐ People told us they felt that staff ensured hygienic practices were in place when assisting them. One person told us, "Yes that is never a problem with them [staff], everything is always very clean".
- ☐ Checks on infection control were carried out periodically to ensure that a high standard was maintained.

Learning lessons when things go wrong

- ☐ The acting manager and provider told us how they learnt from incidents where outcomes could be improved, for example working to ensure improvements in medicine administration. The acting manager had plans in place for positive changes and staff told us of how enthusiastic she was in the role.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

Staff support: induction, training, skills and experience.

- ☐ There was a mix of opinion regarding whether staff were competent and knowledgeable in their care of people. People and their relatives felt that permanent staff members were skilled and understood their needs, but that not all agency staff had the same level of knowledge. One person said, "Some of them [staff] are better than others. We see a lot of different ones [agency staff] so they can't build a relationship up with us". A second relative shared, "The regular ones [staff] are well trained and are getting to know [person] now, but we don't know all of the agency staff". A staff member told us, "Some service users don't like being assisted by agency staff as they don't always know them". The acting manager told us that ensuring that people felt comfortable in their own homes was a priority and that they would be looking at agency provision and how positive changes could be made.
- ☐ Staff members told us that their supervision had not been regular, with one staff member telling us it had been over a year since their last supervision and others were waiting over six months for a supervision session. The acting manager told us that things which had previously been neglected under the previous management, such as supervisions would be a priority for them and they were already planning supervisions.
- ☐ Staff received an induction and completed the Care Certificate. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of those working in the care sector.
- ☐ There was a system in place to monitor training. This was updated and gave current information on training. We found that most staff members had completed the required training.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law.

- ☐ An initial assessment was completed with people to ensure care was planned and reflected people's individual needs and preferences. This included, but was not limited to health and wellbeing, mobility and related equipment, domestic support and equality and diversity needs.
- ☐ Staff had a good understanding of people's needs and spoke knowledgeably about their preferences.

Supporting people to eat and drink enough to maintain a balanced diet.

- ☐ One person told us, "They [staff] bring lunch, so that is a big help. They are really nice meals".
- ☐ People said they were supported when they needed assistance with food and drink and we found that people received snacks and drinks throughout the day.
- ☐ Staff were aware of people who may be at risk of poor nutrition and monitored people's nutritional intake and weight as required.

Staff working with other agencies to provide consistent, effective, timely care

- The provider worked with other healthcare professionals to ensure positive outcomes for people.
- We found that healthcare professionals worked alongside staff to promote people's health and wellbeing.

Supporting people to live healthier lives, access healthcare services and support

- People had access to healthcare services and professionals according to their needs and agreement.
- One person told us, "If I needed the doctor they [staff] would call them".
- Care staff knew what to do when people needed immediate assistance from healthcare professionals.

Ensuring consent to care and treatment in line with law and guidance

- Most people told us that staff asked for their consent before assisting them. One person said that it had already been agreed that staff would assist them, so that staff didn't ask each time they carried out care and there was no need for verbal confirmation, but that they were able to say yes or no to assistance at any time.
- Staff we spoke with had a good working knowledge of how they should gain people's consent when providing personal care or assisting them.

Is the service caring?

Our findings

Caring – this means we looked for evidence 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; equality and diversity.

- ☐ People and their relatives were positive about how staff provided personal care. One person told us "The staff are kind and caring, they always ask if there is anything else they can do for us". A relative told us, "They [staff] seem very kind and caring, they are like friends and will sit and chat if they have a few minutes spare"
- ☐ One member of care staff told us "We have good relationships with relatives, we see them a lot and give updates on how people are doing.
- ☐ The acting manager and staff were aware of the need to ensure people's diversity was respected and acknowledged. An example being that people were asked about any cultural preferences in initial discussions and staff told us how they would ensure cultural meals would be provided if requested or staff would assist people to practice their religion wherever possible.

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

- ☐ One person told us, "They [staff] do respect our opinion, we do feel listened to". A relative said, "They do keep me informed of everything and listen to me when I ring up".
- ☐ People told us that they had been a part of their care plan and attended reviews. Staff shared that care plans were updated in the event of any changes.

Respecting and promoting people's privacy, dignity and independence

- ☐ People told us care staff treated them with respect whilst promoting their dignity, privacy and independence.
- ☐ One person said, "Most of them do [treat me with respect] we do like to have a laugh with them". A relative told us, "The staff are like friends to [person] now, but they are still very respectful with them". A staff member told us, "We respect people and treat them as we would wish to be treated".
- ☐ We found that people were encouraged to be independent and a staff member told us, "We get them to do little things we know they can do, so they remain active".

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

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

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- ☐ Care plans were in place and these included, but were not limited to; health and medical information, support needs, equality and diversity and social needs.
- ☐ People told us they received care that was personal and responsive to their needs. A relative told us that they were invited to and attended meetings in relation to care provided.
- ☐ We found that care plans held a person's life history and also gave an insight into their likes, dislikes, hobbies and interests.
- ☐ We looked at how the provider complied with the Accessible Information Standard (AIS). This is a legal requirement to ensure people with a disability or sensory loss can access and understand information they are given. People told us that they had access to their records.
- ☐ Some activities were provided and people told us that they participated when they chose to.

Improving care quality in response to complaints or concerns

- ☐ People told us that they knew how to complain and would do so if they needed to.
- ☐ The provider had a complaints policy and procedure. Written information about how to raise a complaint was available to people, this in accessible formats when needed.
- ☐ We saw that complaints were dealt with appropriately, with written responses provided for formal complaints and copies of all correspondence kept.

End of life care and support

- ☐ The provider was not catering for any person that was on an end of life pathway at the time of the inspection. However, the acting manager had previously received related training and said they had the knowledge to put plans in place if they were needed.
- ☐ We found staff were aware when people had made a choice not to be resuscitated in the event of a cardiac arrest and the (DNARCPR) agreements were easily accessible.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- ☐ Action was required in relation to improving staff levels, in particular on a specific site, as this could impact upon people's safety, including the administration of medicines. How agency staff were recruited and their level of knowledge also needed improvement to ensure that people using the service felt safe and confident whilst being cared for. The supervision of staff had not been regular and left staff without any support and guidance. The acting manager told of how they were making plans to address these issues and that they would be working with the provider to tackle such challenges.
- ☐ The acting manager had only been in place for four weeks at the time of the inspection and part of this time had been spent on induction, so they were very new to people using the service. Not everyone had met the acting manager, so feedback was mixed. One relative told us, "I don't know who the manager is. I usually speak to [team leaders name]". Staff spoke of the acting manager and told us, "They are here every day and seem approachable". A second staff member said, "They are visible and around, but I don't know [acting manager] yet".
- ☐ People told us they liked living in their home and one person said, "Yes we are settled here and everything is familiar". A relative told us, "Yes [person] is content there. A second relative shared, "Yes I think [person] is happy living there, I only have an issue with wanting more staff".

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements.

- ☐ The service had a range of quality monitoring arrangements in place. For example, there was regular audits of medication, accidents and incidents and falls and care records. However, issues around staffing had not been acted on by the previous registered manager and it was not clear if these issues had been highlighted by audits.
- ☐ The acting manager had started the process of becoming registered with CQC.
- ☐ The registered manager said they were supported by the provider and we saw a representative of the provider present throughout the inspection.
- ☐ The provider had ensured we were notified of events as required by the law. We also saw that the previous CQC inspection rating was displayed at the office and on the provider's website.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- ☐ Not everyone we asked could recall being asked to provide feedback on the service, but we saw the

results of a recent customer satisfaction survey, which was positive overall. Staff were also asked for their opinions using a survey.

- ☐ Meetings for people using the service were planned for the year, however the last one had been in September 2018 and the one for January 2019 had been cancelled. One relative told us, "I have been to one or two meetings and do find them useful. They [staff] do act on any issues which are raised". Other people told us they chose not to attend the meetings.

Continuous learning and improving care

- ☐ The acting manager told us how they had plans to improve the service and felt that the service was improving from the previous year. They told us the number of medicines errors had fallen and there was now better communication between the staff team.
- ☐ The acting manager told us how supervisions and support to staff were a priority and would be planned throughout the year.

Working in partnership with others

- ☐ The acting manager and staff told us how they worked closely with health professionals such as District Nurses. Staff told us how they worked with relatives to update them as to the person's wellbeing.