

# Accord Housing Association Limited

## Mill Rise

### Inspection report

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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

Mill Rise is an extra care housing scheme on the outskirts of Newcastle-under-Lyme. This building complex consists of 60 flats which are people's own homes; these are looked after by a separate housing provider. At the time of inspection, the care provider's staff supported 11 people living at Mill Rise with personal care. People using the service were of different ages and included those with a learning disability and/or autism, as well as people living with dementia or other health and care needs.

Not everyone who used the service received personal care. The Care Quality Commission (CQC) only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

### People's experience of using this service and what we found

People's experience of using the service was overall very positive and people felt safe with the support from staff. One person told us, "The [staff] are very nice. They are polite, some of them do the job more efficiently than others, but they are all well-meaning. I have never experienced any unkindness." Another person said, "If ever any of them left, I would not know what to do."

Due to the service supporting fewer people within the scheme, staffing numbers had reduced. Measures taken to protect staff at resulting times of working alone needed to be updated in relevant risk assessments. We made a recommendation about this, as well as the service's staffing flexibility around people's needs and wishes. However, we also heard good examples of the service being responsive to people's changing circumstances. There were enough staff to meet people's needs. Shift patterns had been changed which had led to greater reliability and consistency in staffing. People told us staff were usually on time and they did not have to wait long to be helped if they needed assistance urgently.

Staff felt well supported and praised managers, as well as the positive team culture and morale of the service. People using the service and staff were involved in the development of care through regular reviews, meetings and surveys. The latest survey showed that people were either satisfied or very satisfied with their care. People told us they either had no complaints or were confident they would be listened to if they did. People's care records provided detailed information about individual backgrounds and needs, to guide staff effectively. The service worked with a variety of professionals to maintain people's health and wellbeing. Feedback from the local authority confirmed they had no concerns about the service.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence and inclusion. We discussed further opportunities with the registered manager to support people having as many opportunities as possible to gain new skills, become more independent and involved in the wider community.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was good (published 15 March 2017).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information 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 safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### 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 well-led.

Details are in our well-led findings below.

Good ●

# Mill Rise

## 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

This service provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is bought or rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service.

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

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection. We also needed the service to check with people that they were happy with us visiting in advance of our inspection.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with five people who used the service about their experience of the care provided. We spoke with five members of staff including the registered manager, senior care workers and care workers.

As this was an inspection to check whether the service had sustained its good rating, we looked at a smaller number of records than usually. This included two people's care records and medication records. We looked at staff files in relation to recruitment, staff supervision and training. A variety of records relating to the management of the service, including checks and procedures were reviewed.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Staffing and recruitment

- Staffing levels had reduced as there has been a decrease in people living at the scheme currently requiring the service. Shift patterns had been changed to provide a reliable service, however we received mixed feedback about how flexible this was around people's needs and interests.
- Staff explained there were more times now when they were working on their own with no other staff in the building after 5pm. A lone working risk assessment was in place. However, this had not recently been reviewed and needed to detail all resulting risks and measures taken to protect staff, as well as people using the service.

We recommend the service continue to review their staff planning and deployment, as well as supporting risk assessments, to ensure care is delivered safely and responsive to people's needs.

- Recruitment was ongoing and new staff had been employed following appropriate checks.
- People told us there were enough staff, that staff usually came on time. People did not have to wait long for assistance when they needed it. People had call pendants, alarms and monitoring sensors in place to alert staff when they needed urgent help, for example if they had a fall.
- People had detailed and personalised assessments of risks to their health and safety in place, as part of their person-centred plan.

Systems and processes to safeguard people from the risk of abuse

- People felt overall safe with the support from staff. One person said, "The [staff] are very good, they keep me safe. If any of them left, I would not know what to do without them."
- Staff understood their safeguarding responsibilities and had confidence in managers to address any concerns.

Using medicines safely

- People confirmed they received their medicines at the right time. Protocols for people's 'as required' medicines guided staff effectively on when people might need these.
- Medication arrangements supported people's independence as much as possible. This was risk assessed and reviewed with pharmacists when required.
- Managers regularly assessed staff's competence to give people medicines. Medication Administration Records were signed appropriately.

Preventing and controlling infection

- Personal protective equipment, such as gloves and aprons, was available to help protect people and staff from the spread of infection.
- Staff supported people to keep their own homes clean and hygienic.

#### Learning lessons when things go wrong

- Incidents and accidents were recorded on a central system. The registered manager reviewed this to identify what needed to be done to prevent reoccurrence
- We discussed examples of lessons learned from incidents and medication errors, which had led to improvements.

# 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed before they started using the service. People had personalised outcome plans in place, which were regularly reviewed. These identified what the person could do independently, but also what they needed help with and how staff would offer this.
- As the service supported some people with a learning disability we discussed best practice guidance with the registered manager. As part of this we confirmed with people that they liked living together and it was their choice to continue to do so. People were actively involved in the community at Mill Rise. We discussed further opportunities for people to get involved with the wider community.

Staff support: induction, training, skills and experience

- People felt staff were competent in their roles. We read one person's comments stating, "The carers do an excellent job in the time allowed. They always do their best to put the problems right and never leave with any problems for me."
- Staff felt well supported and were guided in their roles effectively through induction, regular supervision and training.

Supporting people to eat and drink enough to maintain a balanced diet; Staff working with other agencies to provide consistent, effective, timely care

- Where required, staff supported people with meal preparation and ensured people had enough to eat and drink. A community restaurant within the complex regularly offered people the opportunity to buy a prepared meal and come together for lunch.
- When people were at risk of malnutrition or dehydration, the service monitored this and made appropriate referrals to professionals.

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

- The service worked with a variety of professionals to maintain people's health and wellbeing.
- People's care plans detailed health support needs and staff accompanied people to appointments when required, including annual health checks.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so 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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA and found that they were.

- Staff sought people's consent before offering care. The registered manager understood their responsibilities under the MCA.
- We saw examples of mental capacity assessments completed around specific decisions, including consent to care plans. Where appropriate, the service had followed this up with meetings to protect people's best interest.

# 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us overall staff treated them with kindness and respect. People's comments included, "They are very good, I have gotten a lot better since I have been here" and "The [staff] are very nice, they are polite. Some do the job more efficiently than others, but they are all well-meaning and committed. I have never experienced any unkindness".
- One person told us most of the staff were kind but felt a few could at times speak in a "sharp" way or not knock on their apartment door, as they had keys. However, they were confident that could raise any issues with the registered manager, who would resolve this.
- The most recent satisfaction survey showed that people using the service were either satisfied or very satisfied about how staff treated them with dignity and respect.
- We observed warm and knowledgeable interactions observed between people using the service and staff, which showed they knew each other well. Staff were supportive and professional, using a light sense of humour that made people smile.
- Staff felt proud of their work and described how positive they felt about spending time with people. One staff member said, "It is a rewarding job, I like looking after people, brightening their day." When staff had spare time between their calls, they checked in with people to see if there was anything they needed, or helped people with their laundry.

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- People and their families were involved in the planning of and decisions over care. People had allocated key workers, who took particular responsibility for their individual care planning and review.
- People had a copy of their care plan in their apartment. A staff member explained, "We always go through the care plans with people and ask if there is anything they want adding on."
- The service supported people to remain as independent as possible, but also encouraged people to develop their confidence, to become more independent. We heard examples of this regarding people managing their own medicines, using virtual assistants or trying more independent activities.
- We observed staff supporting people to maintain their dignity, in warm and discreet ways.
- Staff had received training in the General Data Protection Regulations and confidential records were stored securely;

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Personalised care plans detailed people's support needs and preferences. These were reviewed regularly and contained a variety of person-centred information, including people's backgrounds and life history.
- A detailed daily routine sheet effectively guided all readers, including casual staff, to understand and meet people's individual requirements. Key information was also available on staff's work mobile phones, which were used to record and monitor care call attendance.
- We saw examples of call times being amended in response to people's changing circumstances. However, we also discussed with the registered manager the need to review some current shift times, to ensure they fitted with people's needs and activities.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication and understanding were supported in individual ways, for example, through the use of boards to write information on.
- One person proudly showed us how they used a voice-activated virtual assistant to help them. The registered manager was exploring assistive technology further and we discussed together other helpful opportunities, such as 'talking books', which one person mentioned.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to take part in activities they enjoyed, as well as going on holidays. We discussed examples of people spending time together or taking part in more individual and independent activities.
- Staff understood the role their care calls played in helping to reduce people's social isolation and we heard how people using the service of kept in touch with others important to them.
- Activities, including faith-based events, took place in the community hub of the complex, for people to get involved in. We discussed with the registered manager further opportunities for people to take part in activities in the wider community.

Improving care quality in response to complaints or concerns

- People knew how to make a complaint but mostly confirmed that they had had no reason to do so. People knew who to speak to if they had any issues.

- There had been no recorded complaints in 2019 and people felt listened to by staff. One person said, "I have no grumbles at all, if I did I would speak to them and they would listen."

#### End of life care and support

- At the time of inspection nobody using the service was receiving 'end of life care'. For a few people, the wish not to be resuscitated had been recorded. Other care plans relating to people's wishes regarding the end of their life had not always been completed. The registered manager explained that this could be a difficult subject for people and families to discuss
- The registered manager explained this was an area for development and they would sensitively support people and families to plan ahead. This included exploring whether at the end of their life people wished to remain in their own home or be cared for in hospital.

# 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People's equality and diversity needs were explored at initial assessment. The service had introduced training to promote staff's awareness of equality matters, particularly regarding the needs of Lesbian, Gay, Bisexual, Transgender or Questioning people.
- People were involved in community activities within the Mile Rise housing scheme. We discussed with the registered manager opportunities for people to explore activities in the wider community if they wished to. This included those based on people's religious faith.
- Staff told us they enjoyed working for the service and spoke of a positive team morale. Staff's comments included, "I enjoy working here. I never thought I would work in care but now I do not think I will ever leave" and "We have a good staff team, we get along and help each other out".
- The registered manager was well respected by people using the service and staff. Staff felt listened to by the registered manager, whose leadership staff felt had improved the service. The registered manager in turn felt well supported by the provider.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- People's opinion of the service was sought using regular satisfaction surveys. The last survey showed a satisfaction rate of 100%. People were either satisfied or very satisfied with their care.
- People's only comments for improvement related to aspects of staff planning and deployment, which was echoed by staff. This was continuously being reviewed by the registered manager and we discussed it as per our recommendation regarding the staffing of the service.
- Regular meetings took place for staff and people using the service, to listen to their suggestions and include them in the development of care. Staff felt communication amongst the team was good and they kept each other up-to-date well, for example about people's needs.
- Managers and staff were able to nominate colleagues for the provider's annual staff recognition awards, to celebrate particularly good practice and care. Individual praise for staff by people and colleagues was captured on compliment slips.
- The registered manager and provider used a variety of checks and audits to ensure and improve the quality of people's care. This included spot-checks, night visits and trackers to monitor care safety and planning.

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

#### regulatory requirements

- The registered manager and provider notified CQC of specific events as required.
- Ratings from our last inspection were displayed in the service and on the provider's website, in line with legal obligations.

#### Working in partnership with others

- The registered manager worked with the local authority and was involved in professional networks, to develop their learning and share best practice.
- Feedback from the local authority confirmed that commissioners had no current concerns about the service.
- We saw many thank you cards and a recorded compliment praised the service, stating "You have a fantastic lot of carers."