

Accord Housing Association Limited

Meadowfield House

Inspection report

Thorntree Road
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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: Meadowfield House is a domiciliary care agency that was providing personal care to 26 older people at the time of our inspection.

People's experience of using this service: Risks to people were assessed and steps taken to reduce them. People were safeguarded from abuse. The provider ensured the service had safe staffing levels.

We made a recommendation about the management of some medicines.

Staff were supported with training, supervision and appraisals. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice. People were supported to access external professionals.

People said staff were kind and caring. Staff supported people to maintain their independence. People were treated with dignity and respect.

People received person-centred support. Staff were able to communicate with people effectively. The provider had an effective complaints process.

Quality assurance checks were carried out to monitor and improve standard. Staff spoke positively about the leadership of the service.

Rating at last inspection: This was the first inspection of this service since it registered in May 2018.

Why we inspected: This was a planned visit under our inspection programme.

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 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 ●

Meadowfield House

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: One inspector and one Expert by Experience carried out this inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience had expertise in care for older people.

Service and service type: This service is a domiciliary care agency. It provides personal care to people living in their own homes. Most people using the service lived in flats located in an extra care housing scheme at Meadowfield House.

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. Not everyone living at Meadowfield House receives the regulated activity of personal care. There was a manager in place who was applying to be 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 visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

Inspection site visit activity started and ended on 23 May 2019. We visited the office location to see the manager and office staff and to review care records and policies and procedures.

What we did: Before our inspection we reviewed information we held about the service, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales.

The provider had not been asked to complete a Provider Information Return. This is 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 spoke with commissioners of the relevant local authorities, the local authority safeguarding team and other professionals who worked with the service to gain their views of the care provided by Meadowfield House.

During our inspection we visited and spoke with nine people in their homes with their permission. We looked at three care plans, three medicine administration records (MARs) and handover sheets. We spoke with six members of staff, including the manager, the quality assurance manager, a care co-ordinator and three support staff. We looked at two staff files, which included recruitment records. We also looked at records involved with the day to day running of the service.

Is the service safe?

Our findings

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

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

Using medicines safely

- People said they received their medicines when they were needed. One person told us, "They come and give me them."
- People's medicine support needs were recorded in their support plans. MARs had been completed without unexplained gaps or errors.
- People whose families also administered their medicines did not always have clear plans in place on how staff should support with this. For some people the provider's policy had not been followed.

We recommend that the service reviews its practice when supporting people who also receive medicine support from relatives to ensure care records reflect who is responsible for what.

Assessing risk, safety monitoring and management

- People told us staff kept them safe. Comments included, "I don't think I have any problems with safety" and, "I feel as safe as anything."
- Risks to people were assessed, addressed and regularly reviewed to help keep people safe.
- The provider had plans in place to provide a continuity of care in emergency situations that disrupted the service.

Learning lessons when things go wrong

- Accidents and incidents were monitored to see if improvements could be made to help keep people safe. Action was taken to reduce the risk of such incidents reoccurring.

Systems and processes to safeguard people from the risk of abuse

- People were safeguarded from abuse. Staff said they would not hesitate to report any concerns they had. One member of staff told us, "I'd report any concerns I had straight away."
- Where issues had been raised records showed they were quickly investigated and reported to the relevant safeguarding authorities.

Staffing and recruitment

- The provider ensured staffing levels were sufficient to support people safely.
- People said they were supported by familiar staff who arrived on time. One person said, "They are always here."
- Staff spoke positively about staffing levels at the service. One member of staff said, "There are enough staff to cover everything."
- The provider's recruitment process reduced the risk of unsuitable staff being employed. This included seeking written references and completing Disclosure and Barring Service checks.

Preventing and controlling infection

- The provider had effective infection control procedures in place. Staff had access to appropriate personal protective equipment such as gloves and aprons.

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

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

- An assessment of people's needs and preferences was carried out before they started using the service to ensure the right support was available.
- People, relatives and external professionals were involved in assessing and planning people's support.

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

- Staff supported people to access a range of external professionals and healthcare services to monitor and improve their health.
- People said staff quickly consulted healthcare professionals to ensure people received the support they needed.
- Professional advice from healthcare professionals was incorporated into people's care plans and followed.

Staff support: induction, training, skills and experience

- Staff received regular training to ensure they had the knowledge and skills to provide effective support. Training reflected the latest guidance and best practice.
- Staff spoke positively about the training they received. One member of staff told us, "It gets done about yearly, on refresher courses. Things change, so that's good."
- Staff were supported with regular supervisions, and appraisals were planned. Records showed staff were able to raise any support needs they had at these meetings.

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

- Some people received support with eating and drinking as part of their care package. Where this was the case their dietary needs and preferences were recorded and followed.

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 with appropriate legal authority. We checked whether the service was working within the principles of the MCA.

- At the time of our inspection people using the service had capacity to consent to their support, and this

had been recorded in their care documentation.

- The service worked within the principles of the MCA in assuming people retained their capacity unless there was evidence this had changed.

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 spoke positively about staff at the service. Comments included, "They will have a chat and we have a laugh" and, "They are lovely."
- People said staff followed their instructions and were always willing to help. One person said, "They would do anything for you."
- People and staff had professional but caring and kind relationships. One person joked, "They are very nose-y as well. Have you done this? Do you want that? They are very good."
- People were encouraged and supported to remain socially active and maintain relationships of importance to them. One person described how staff took an interest in their family and friends.
- Staff ensured people receiving support felt valued and promoted principles of equality and diversity. For example, during our inspection we saw staff supporting people to vote in European Parliament elections.

Respecting and promoting people's privacy, dignity and independence

- People said staff treated them with respect and protected their dignity when delivering personal care, for example by covering them with towels when helping them to wash.
- Staff we spoke with recognised the importance of respecting and promoting people's dignity. One member of staff said, "We give people as much choice as possible and always treat people with dignity."
- People were supported to be as independent as possible and said staff encouraged them to do as much as they could for themselves.

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

- Feedback was sought from people in an annual survey, which had most recently been completed in 2018. The results contained positive feedback on the service.
- People said they were asked for feedback and for their views on the service.
- At the time of our inspection nobody was supported by an advocate, but procedures were in place to arrange this should it be needed.

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

- People told us they received the support they wanted and needed. Comments included, "They would do anything for me" and, "They know what to do."
- Care plans were produced based on people's assessed support needs and preferences. These were regularly reviewed to ensure they were updated with any changes people wishes to make.
- Where people wished to share this information, care plans contained detail on their life history, likes and dislikes and hobbies. This helped staff to get to know people as a whole.
- Staff were knowledgeable about the support people needed, and said regular handovers of information took place to update them on any changes.
- Hospital passports were in place to ensure important information on people could be shared quickly with external professionals.
- Staff communicated with people effectively, and information was provided in the most accessible format for them.

Improving care quality in response to complaints or concerns

- Policies and procedures were in place to investigate and respond to complaints. Where issues had been raised they had been dealt with in a timely manner.
- People said they would be confident to raise any concerns they had, but did not have complaints they wished to make.

End of life care and support

- At the time of our inspection nobody at the service was receiving end of life care, but procedures were in place to provide this if needed. This included relevant training for staff involved in providing end of life care.

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People told us they thought the service was well-led.
- Staff spoke positively about the management and leadership provided by the manager. One member of staff said, "[The manager] is lovely, a good manager. She's firm but fair."
- Services that provide health and social care to people are required to inform the CQC of important events that happen in the service in the form of a 'notification'. The manager had informed CQC of significant events in a timely way by submitting the required notifications. This meant we could check that appropriate action had been taken.

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

- A number of quality assurance checks were carried out to monitor and improve standards. These included audits of care plans and medicine records. Action was taken to address any issues identified.
- Staff were positive about the culture and values of the service and said they enjoyed coming to work. One member of staff said, "I'd encourage people to join us. It's a nice place to work."
- People told us they were happy with the support they received. Comments included, "If anything needs doing at all they are always there" and, "The service is brilliant."

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

- Feedback from people and relatives was regularly sought and acted on, through informal conversations and an annual survey.
- A staff survey and staff meetings were used to obtain feedback from staff. Staff said they found these useful and felt able to raise any issues they had.

Continuous learning and improving care; Working in partnership with others

- The manager and staff worked in partnership with others to help improve people's experience of the service. For example, they were jointly developing a programme to help reduce social isolation among older people.