

Accord Housing Association Limited

High Mount

Inspection report

13-14 High Mount, Donnington, Telford, Shropshire,
TF2 7NL
Tel: 01952 608082
Website:

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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 

Overall summary

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 and to pilot a new inspection process being introduced by the CQC which looks at the overall quality of the service.

This was an unannounced inspection. This meant that the provider did not know we were coming out on the day of inspection. At our last inspection in November 2013 no areas of concern were identified.

High Mount provides accommodation and personal care in two bungalows for up to eight adults with a learning disability. There were eight people living at High Mount when we visited.

The home had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

The CQC is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) Deprivation of Liberty Safeguards (DoLS) and to report on what we find. We saw that there were policies and procedures in relation to the

Summary of findings

MCA and DoLS to ensure that people who could not make decisions for themselves were protected. We saw from the records we looked at that where people lacked the capacity to make decisions about something, that best interest meetings were held. Best interest meetings are held with people that best know the person including relatives and professionals to make a decision where a person lacks capacity to make it themselves.

Care plans covered a range of needs and had been regularly reviewed to ensure staff had up to date information. There were also detailed assessments about the person's health that included specific care plans. We observed that staff were able to support people with dignity and respect in a safe and caring manner. We found that people who needed help to manage their anxiety were effectively supported by staff. We saw that when required other health professionals had been involved to help develop strategies for doing this.

Our observations and care records demonstrated that people were given choice. We saw that staff supported people with their hobbies and interests, and that people's independence was promoted. For example we saw that some people chose to go to some local shops, whilst another person was painting and drawing.

Regular meetings for the people that used the service were held. We saw the minutes from some of these meetings and found that actions had been taken by staff and the registered manager in response to what had been discussed. For example some people had said that they wished to be involved in the local carnival. We saw that staff had supported people to do this.

All of the people we spoke with were positive about how the service was managed. Systems were in place to monitor and review people's experiences and complaints which ensured improvements were made where necessary.

Summary of findings

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. The people we spoke with told us that they felt people were safe. Staff had the skills, knowledge and experience to keep people safe and protect them from harm. Staff had knowledge of the mental capacity act (MCA) and the deprivation of liberty safeguards (DoLS).

Good



Is the service effective?

The service was effective. Staff were able to tell us about people's needs and we observed that staff were able to provide care that managed these needs.

Regular training and supervision ensured that staff were supported and trained to meet people's individual needs.

Good



Is the service caring?

The service was caring. We saw that staff had good relationships with the people they cared for. All of the staff treated people with dignity and respect.

Professionals told us that people accessed the right support when they needed it.

Staff made sure that people had choice in what they did and how care was given.

Good



Is the service responsive?

The service was responsive. People received care and support that met with their needs, choices and lifestyle preferences, which were regularly reviewed.

The provider had a system in place that demonstrated that complaints would be dealt with appropriately.

Good



Is the service well-led?

The service was well led. People that we spoke with were complimentary about how the service was run.

The registered manager and provider were able to measure the effectiveness and quality of the service. Management arrangements for checking the quality and safety of people's care ensured that improvements were being made to people's care.

Good



High Mount

Detailed findings

Background to this inspection

We carried out an inspection at High Mount on 21 July 2014. The inspection was unannounced, which meant the provider and staff did not know we were coming.

As part of our inspection process we asked the provider to complete a PIR. This is information we have asked the provider to send us and how they are meeting the requirements of the five key questions. Due to technical issues we did not receive the PIR within the required timescales to use the information to inform the inspection planning. However before the inspection we checked the information we held about the service and the provider. This included notification's received from the provider about, accidents, safeguarding alerts and deaths. A notification is information about important events which the provider is required to send us by law. We did not have any concerns prior to the inspection.

At the time of our inspection a number of the people that used the service were out. However we spoke with two people who used the service, four relatives, four staff and the registered manager. We also spoke with a community nurse, a doctor and a social worker. Not everyone who used the service was able to communicate verbally with us. Our observations, speaking with relatives and staff helped us to gain people's experiences.

We looked at four people's care records and three staff files. We also looked at how the quality of the service was measured by looking at audits that had been carried out, staff meeting minutes, speaking with some of the people that lived there and any feedback and complaints from relatives or the people that lived at the home.

Is the service safe?

Our findings

The relatives we spoke with told us that they felt people who used the service were kept safe. One relative told us, “I am confident that all people here are well looked after and kept safe.” For example we saw a risk assessment that identified the risks for someone accessing the local community. This assessment identified the risk and what support was needed to ensure that the person was supported safely. Staff told us what support the person needed to access the community. What they told us matched what was written in care records. This meant that risks were regularly reviewed to ensure that people would remain safe.

Staff had a good understanding of what their responsibilities were under the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS). A DoLS application may be made where it was felt necessary to restrict a person's liberty to keep the person safe. The provider had reviewed the latest DoLS guidelines and made referrals for people where their liberty may have been restricted. The provider had ensured that a system was in place to prevent people from being unnecessarily deprived of their liberty.

The provider had policies relating to whistle blowing and safeguarding which were accessible to staff. Staff told us that they had received safeguarding training and this was confirmed by records that we looked at. We spoke with four staff, and all of the staff had a good understanding of what abuse was and how to report this. This meant that staff knew how to respond appropriately if they had any concerns over the safety of the people that used the service.

The provider had procedures that ensured all relevant authorities were informed of any incidents when appropriate. All of the health and social care professionals we spoke with said that they felt they were notified quickly and appropriately of any incidents or concerns. This showed that where risks had been identified the provider had taken the appropriate action to ensure that people were kept safe.

We saw in the staff records that staff were only employed after essential checks to ensure that they were fit to carry out their roles effectively and safely were made. All of the staff that we spoke with had been recruited in line with the provider's recruitment process, which ensured that all necessary steps had been taken to make sure that staff were appropriate for their roles. We found that where disciplinary action had been needed to be taken, this had happened in line with the provider's own policies and procedures to ensure that people were protected from unsafe care.

All of the staff and relatives we spoke with felt that there were enough staff to keep people safe and meet their needs. We asked the registered manager about staffing levels and we were told that the provider had a stable staff group and that there were sufficient numbers of staff to keep people safe and meet their individual needs. We observed that people received care when they needed it without any delay. For example we saw a person ask for help with their personal care. The person did not have to wait long as there were enough staff around to make sure that they could respond quickly.

Is the service effective?

Our findings

When we asked people about the staff that supported them, and also about what they thought of using the service, all of the responses we received were positive. A relative told us, "The care they [staff] provide is very, very good."

Relatives told us that they were confident of the skills and knowledge of the staff. One relative told us, "So far as I can see all of the staff are knowledgeable about people's needs. I have never seen anything that indicates otherwise." We saw in the training records that staff attended training to meet the needs of people that used the service. This included training on medicines, infection control, moving and handling and safeguarding. All of the staff we spoke with felt that they had enough training and support which enabled them to understand and meet people's needs safely and effectively.

All the staff we spoke with had knowledge of the needs of the people used the service. We asked staff about some of the health needs of the people who used the service. Staff were able to tell us about how they managed a person's anxiety, they were also able to tell us how they managed this person's other complex health needs. What staff told us matched what was recorded in people's care records. We spoke with health professionals about the care that was

provided at High Mount and everyone we spoke with was complimentary. One doctor told us, "They [staff] are constantly up to date with their knowledge of people's needs." This meant that staff had the knowledge and skills to meet people's needs.

We observed that people were supported to prepare their own meals with the choices that they had made. People had access to snacks, fruit and drinks outside of mealtimes. We saw that there were fresh fruit and vegetables available. Times for eating were flexible around the person to fit around how they felt or what they were doing. For example we saw people making their lunch at different times to suit themselves. Staff and relatives all told us that they felt people ate and drank well and that there were no concerns.

We looked at four people's care plans and they covered a range of needs and had been reviewed regularly which ensured that staff had up to date information. There were also detailed assessments about each person's health that included specific care plans. The staff we observed were able to help and support people. We found that where required people had been referred to other professionals for specialist input. For example we saw that a person's anxiety had started to increase so the provider had referred them for input from the community nurse. This showed that the provider had responded to people's needs and taken appropriate action to ensure that care was effective.

Is the service caring?

Our findings

A relative told us that the staff were, “Very good. They are kind and caring.” We saw staff talking with people in a kind and respectful way. We observed that people were asked what they wanted to do and staff listened. One person chose to do some artwork. We saw that staff supported this person to a quiet area and made sure that they had all of the materials they wanted. This person told us they were happy and enjoyed the time on their own painting and drawing. We saw in the records that people had access to advocacy services. An advocacy service provides help and support to make sure that vulnerable people have their voice heard on issues that are important to them.

Staff communicated in a way that showed that they valued the person as an individual. We saw that staff supported a person to prepare a drink for themselves. Staff told us that care was about enabling not just doing things for them. One staff member said, “We are here to help, but that does not mean that we do not promote independence. You will see we don’t do everything for them.”

During our inspection some people chose to go shopping to the local shops, whilst we saw that other people chose to do other activities such as cleaning their room. Staff told us that this was about promoting independence and taking pride and ownership of all of the aspects of their lives. We saw in the care records that people had a range of interests and hobbies, for example one person had been supported to display their art work in a local gallery. We saw that staff fully respected the choices that people made.

We saw that people’s dignity was respected and when people required assistance with their care needs this was carried out in a dignified and respectful way. We saw an example where a person asked for help with their personal care. We observed that the staff then supported this person to an area that was private to meet their needs. We also saw where another person wanted to go to their own room. This person was able to go into their room and close the door to have some time alone. This showed that staff respected people’s own personal space and people were treated with dignity and respect.

Is the service responsive?

Our findings

All the staff we spoke with were able to tell us how they responded to the needs of the people that used the service. We asked two people that used the service if when they were unwell staff looked after them. They told us that staff made sure they saw a doctor if it was needed. The relatives we spoke with told us that if people's needs changed they were quickly referred to the relevant professionals. On occasions this had been the doctor or other health professionals such as the community nurse. During our inspection we observed a person telling a member of staff that they felt they had discomfort when they swallowed. We saw that the staff member contacted the doctor and made an appointment for later in the day. This showed that staff responded quickly when people's needs changed.

We saw that staff used a variety of different communication methods to ensure that people were able to communicate their needs and wishes. For example we saw that staff used pictures to communicate with people who had difficulty in understanding spoken language. We saw that staff took the time to listen and understand the people that used the service.

People's health and wellbeing were monitored. We saw in the records that all of the people that used the service had regular care reviews. The registered manager told us that all medicines and emergency medicine protocols for people were reviewed every month to ensure that they still met the person's needs. This involved gathering information about how the person had been from the person themselves, staff, professionals involved in their care and where appropriate their relatives. One relative told us, "They [staff] keep me informed and let me know how (relative's name) is doing."

The four care records we looked at indicated that a range of external health and social care professionals had made visits to people. We spoke with the community nurse and they told us that, "They [staff] have got a good insight into people's needs and when these change they keep me informed." An example of this was a person whose needs had started to change. This had been identified by staff and the community nurse had been asked to offer further support to meet the person's needs. We saw in the records that this person's anxiety management strategies had been reviewed in consultation with healthcare professionals. All staff had received training in techniques to help make the person become calmer and where needed to safely manage the person's anxiety. When we looked at the amount of emergency medicines the person had been given we saw that all other strategies to calm the person were tried first and the emergency medicines were only given as a last resort. All the staff we spoke with said that they felt the training and input from other professionals helped them to respond appropriately to the person's changing needs.

We looked at the complaints records. Although there had not been any recent complaints we could see that there was a procedure for staff and the provider to follow. All the staff we spoke with told us that they knew how to respond if someone made a complaint. People were confident to voice the experiences of their care and to raise any concerns they had. Staff told us that they spent time with the people that used the service and that this gave people the opportunity to raise any concerns. One person who used the service said, "If I'm not happy I can tell them (staff)". One relative told us, "I have never had cause for complaint but find that the management are approachable and I am sure they would listen." Concerns and complaints would be taken seriously and acted upon.

Is the service well-led?

Our findings

The people that used the service, their relatives and the professionals we spoke with were complimentary about the approach of staff and management to caring for the people that used the service.

The registered manager told us that they held meetings for people that used the service every month where people were invited to discuss how their care was. For people that may have had more difficulty in communicating their comments verbally, staff supported using the person's preferred methods of communication. We found that as a result some of the suggestions from these meetings had become actions. For example we saw that following a discussion around activities, people had then been supported to take part in a local carnival. This meant that people who used the service were actively involved in developing the service.

Staff told us that they felt that the provider encouraged the views of the staff that worked there. They told us that if they had to speak with management about any concerns they would feel comfortable to do this. They also felt they would be listened to. This showed a management culture that empowered staff to be open in sharing any concerns.

All of the staff we spoke with were enthusiastic about their job roles. One member of staff told us, "Since a recent restructure this place has gone from strength to strength." Another member of staff said, "We [staff] all get good management support."

We found that the provider had a system for monitoring any incidents or accidents. We saw an example where information was collected about times when a person was becoming anxious. The registered manager then showed us how this information was used to identify things that staff could do to reduce the person's anxiety.

The registered manager had completed regular audits. These looked at a particular area of care and all the paperwork and activities around this area of care would be checked. We saw evidence of audits around medicines, health and safety and infection control. We saw that where risks had been identified necessary actions had been taken. For example a medicines audit identified inconsistencies with medicine amounts. We saw that as a result all medicine amounts were being monitored and recorded weekly. This indicated that the provider constantly measured the performance of the service. This meant that the provider protected the people who lived there from the risk of inappropriate care by assessing, monitoring and where necessary taking action to improve the quality of the service provision.