

Accord Housing Association Limited

23 Trittiford Road

Inspection report

23 Trittiford Road
Yardley Wood
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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

The inspection took place on 18 February 2015 and was unannounced. At the last inspection on 26 October 2013, we found that the provider was meeting the requirements of the Regulations we inspected.

23 Trittiford Road is a residential care home providing accommodation and nursing care to up to six people. The home specialises in the care of people with a learning disability and physical disability. At the time of our inspection six people were living there.

A new manager was in post at the time of the visit. They were awaiting approval of their application to become the registered manager. A registered manager 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. CQC were completing the registration process for the new manager, who was at the home at the time of our visit.

People who lived at the home had different ways of expressing their feelings and were not able to tell us about their experiences. Although, relatives were able to tell us they felt that people were kept safe. We saw good

Summary of findings

interactions between staff and people; they smiled often and looked happy. Staff told us they thought people were safe. The provider had arrangements in place to protect people because, risks had been assessed and actions put into place, to reduce the risk of harm to people.

People had their prescribed medicines available to them and appropriate records were kept when medicines were administered by trained nursing staff.

We found that there was enough staff to keep people safe. The staff we spoke with told us there was always enough staff and extra staff could be brought in, when required, by the manager to ensure the correct levels of staff were on duty to meet people's needs. The provider ensured staff were recruited and trained to meet people's needs.

The provider acted in accordance with the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The provisions of the MCA are used to protect people who might not be able to make informed decisions on their care or treatment they receive. The provider had made the appropriate applications in line with the DoLS legislation.

We saw that people were supported to make choices and received food and drink at regular times throughout the day. Although people could not tell us about the choice and quality of the food, we saw that staff provided healthy options and involved dieticians to ensure the people's nutritional needs were met.

People were supported to access other health care professionals to ensure their health care needs were met.

Relatives told us they thought the staff was caring and that they also had good relationships with them and the people they supported. We saw that staff were respectful and maintained people's privacy and dignity.

We found that people's health care needs were assessed and regularly reviewed. Relatives told us they were confident that if they had any concerns or complaints, they would be listened to and addressed quickly.

The provider had well established management systems to assess and monitor the quality of the service provided. This included gathering feedback from people who used the service and their relatives.

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

Relatives of people told us they felt the service was safe.

There were sufficient numbers of staff that provided care and support to people.

People received their prescribed medicines safely.

Good



Is the service effective?

The service was effective

People were cared for by staff that was experienced and suitably trained.

Staff understood the requirements of the Mental Capacity Act and Deprivations of Liberty Safeguards

People were supported and had access to health care professionals.

Good



Is the service caring?

The service was caring

Relatives of people told us they felt the staff were very caring and kind.

Staff spent time with people, supporting them to make decisions about their care.

People's dignity was maintained and staff were very respectful of their wishes.

Good



Is the service responsive?

The service was responsive

People's care plans and support needs were regularly reviewed.

People were supported to take part in group or individual activities.

The provider ensured feedback was sought through satisfaction surveys.

Good



Is the service well-led?

The service was well led

Relatives of people told us they were happy with the quality of the service people received.

Relatives of people and staff told us the manager was approachable and open.

Quality assurance processes were in place to monitor the service to ensure people received a quality service.

Good



23 Trittiford Road

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 was planned to check 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.

The unannounced inspection visit took place on 18 February 2015 and was carried out by one inspector.

Before our inspection we looked at the information we held about the service. This included information received from the provider about deaths, accidents/incidents and safeguarding alerts which they are required to send us by law.

People were unable to tell us about their experiences of care. We spent time observing interactions between staff and the people that lived there. We used a Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

During our inspection we spoke with four care and nursing staff, three relatives, one health care professional, facilities manager and care home manager.

We looked at records in relation to three people's care and medication to see how their care and treatment was planned and delivered. We also looked at records relating to the management of the service, staff training records and a selection of the service's policies and procedures to ensure people received a quality service.

Is the service safe?

Our findings

People living at the home had different ways of expressing their feelings and were unable to tell us about their experiences. We saw there were good communications between staff and people. People smiled often and they looked relaxed and happy. For example, we saw one person required re-assurance; the staff talked through what was going to happen slowly and clearly. This reassured the person they would be returning to the care home after their appointment. We could see from the person's face and reaction to the staff, they were reassured and was supported by staff to get ready for their appointment. Relatives told us they felt people were kept safe, one relative told us, "Without any hesitation I can tell you they [staff] keep [person's name] safe from any harm." Another relative said, "I know about safeguarding and can honestly say, here, there are no concerns, I am confident [person's name] is kept safe."

Staff told us they had received safeguarding training. They were clear about their responsibilities for reducing the risk of harm and told us about the different types of abuse. They explained what signs they would look for, that would indicate a person was at risk of abuse. One staff member told us, "Most of the staff has been here a long time and we know the people really well. If they were being abused, we would know from a change in their moods, behaviour or facial expressions." The provider's safeguarding procedures provided staff with guidance on their role to ensure people were protected. One staff member said, "I would go straight to the manager or the police." We looked at records and these confirmed that staff had received up to date safeguarding training. The provider kept people safe because there were appropriate systems and processes in place for recording and reporting safeguarding concerns.

Relatives told us any risks to people was identified and managed appropriately. Staff said they completed risk assessments regularly to ensure risks were identified, as people's needs changed, in order to reduce the risk of harm. One staff member told us, "Every action people do could mean a different reaction, so we are consistently reassessing because people change and their needs change." Care records looked at included detailed risk assessments for each person. For example, one person had been identified at risk due to seizures, the risk assessment provided staff with guidance to support the person in a

non-restrictive and safe way. One relative told us, "[Person's name] has fits and the staff are always quick to act." The person's care record showed they were being monitored and the appropriate health care professionals were involved in their care.

Staff told us that safety checks of the premises and equipment had been completed and were up to date. They told us what they would do and how they would maintain people's safety in the event of fire and medical emergencies. The provider safeguarded people in the event of an emergency because they had procedures in place and staff knew what action to take.

Relatives and staff told us there were generally enough staff on duty to meet people's needs. One relative told us, "I think there is enough staff, [person's name] is never neglected." Another relative said, "Sometimes I think more staff are needed, I'd like to see one to one support all the time but the staff are very good." Staff told us that they would try to cover shifts for each other in the event of sickness or annual leave, so people had continuity of care. We saw that the provider had bank staff available at short notice, who they could call on in the event of emergency cover. Staff told us that this helped with continuity of care as the people knew the bank staff and agency staff would only be used as a last resort. We saw there were sufficient staff on duty to support people.

We saw the provider had a recruitment process in place, although, care and nursing staff had worked at the home for a considerable number of years. However, the manager was new and it was confirmed to us appropriate pre-employment checks had been completed. We looked at three staff files and found the appropriate checks had been completed.

Relatives we spoke with told us they had no concerns about their family member's medicines. We looked at three Medication Administration Records (MAR) charts and saw that medicine had been administered as prescribed. We saw that medicines and controlled drugs were stored safely at all times. Staff clearly understood the signs people would show when they were in pain and they would seek guidance from the nurse on duty. One staff member said, "I always know when [person's name] has a tummy ache because they hold their tummy and rub it where it hurts, you get to know people." We saw that medicines were

Is the service safe?

reviewed when people's needs changed. We found the provider's processes for managing people's medicines and training staff ensured medicines were administered in a safe way.

Is the service effective?

Our findings

Relatives were complimentary about the staff and told us they thought staff were knowledgeable and trained to support people. One relative said, “Staff do have the qualifications and some are studying for them, they have the learning to support [person’s name].” Another relative said, “The staff are very good with excellent skills.” A health care professional told us they felt staff were experienced. There was a calm atmosphere in the home, people were smiling and good-humoured conversations were ongoing between relatives and staff.

Staff told us they knew about the needs of people and that they had received ongoing training, supervision and appraisals to support them to do their job. A staff member told us, “Without training you’d be lost, it gives us more understanding and it’s a great benefit.” Another staff member said, “We’ve just completed dementia awareness training and this will help me support [person’s name] more effectively.” Records confirmed staff received monthly supervision and their training requirements for the year were planned and tracked. The manager told us the supervisions were used to identify staff training needs and supported them to be effective in their role.

All staff were able to demonstrate an understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The Mental Capacity Act 2005 (MCA) sets out what must be done to protect the human rights of people who may lack mental capacity to make decisions to consent or refuse care. We saw that best interest decisions had been made involving family members, the person and appropriate health care professionals and this was in line with the requirements of the Mental Capacity Act 2005. DoLS requires providers to submit applications to a ‘Supervisory Body’ for permission to deprive someone of their liberty in order to keep them safe. We saw that the manager had completed mental capacity assessments and DoLS applications had been made. This showed the provider was acting in line with current legislation to ensure that people’s rights were protected.

Meals were prepared by the staff who took it in turns to cook. We did see that a lunch had been freshly prepared and cooked for one person, which they seemed to enjoy. We saw from people’s records that ‘About Me’ had been completed with input from the person’s relatives. This information contained people’s likes and dislikes. Staff told

us they would buy a range of foods and it was sometimes ‘trial and error’ to find out what people did and did not like, because people’s tastes in foods could change. For example, one person did not like tea; however staff suggested to the person they try it. The person did and now drinks both coffee and tea. A staff member told us, “We make all sorts of meals and people will try them, they soon let us know if they didn’t like it, so we make them something else.” Staff knew how to identify people at risk, for example, because of a specific dietary need and what action to take. A relative told us, “[Person’s name] loves their food, a dietician was involved but now they have gained weight, they’ve been discharged.” Staff ensured that people were supported to eat their meals in a way that was suited to their needs. One staff member said, “People have different abilities and require different support, some have their food blended, chopped or mashed.” Staff provided one to one support for people who required support and encouraged people who could, to try and feed themselves. We saw that snacks and drinks were made available to people throughout the day.

Staff told us they knew how to support people with maintaining a healthy diet and, where appropriate, how to monitor people’s fluid intake. They explained what action they would need to take if someone was at risk of losing weight or they were not drinking enough fluids. For example, one person’s care records showed their weight fluctuated. The records confirmed they were regularly monitored, being effectively supported with additional support from the Speech and Language Therapist (SALT) and dietician, to maintain a healthy diet.

Relatives told us their family members health needs were met by the provider. They told us they had been involved in meetings with staff to discuss the person’s support. A staff member told us, “Client meetings are regularly held with the person and everyone involved in their care, as their key worker, we explain what’s happening to help them make a decision,” and “We know their likes and dislikes through their sounds, facial expressions and body language.” A key worker is a member of staff who is allocated to support a named person living at the home. Relatives and staff confirmed that people were regularly visited by other health care professionals. A relative said, “As soon as [person’s name] shows any signs of an infection, they [staff] call the doctor.” Staff confirmed that each person had an assessment of their care needs. We saw that care records were in place to support staff by providing them with clear

Is the service effective?

guidance on what action they would need to take, in order to meet people's individual care needs. We could see there was support for people from other health care professionals, which supported people to maintain their health and wellbeing.

Is the service caring?

Our findings

Relatives and staff told us people were well cared for and looked after. A relative told us, “The staff are amazing, there has never been a problem,” another relative said, “The attitude of the staff is very caring and friendly.” Staff were caring towards people and treated them as individuals. We could see from the people’s demeanour they were calm and relaxed. A relative said, “The staff are marvellous, especially [staff name] [person’s name] loves them.” Staff spoke to people in a sensitive, respectful and caring manner. For example, one staff member had noticed that a person’s arms were cold. They asked the person if they wanted their cardigan, the person indicated their choice and the staff member closed the window and fetched a cardigan. Staff were able to tell us about people’s individual needs, their likes and dislikes and this contributed to the staff been able to care for people in a way that was person centred.

We saw how comfortable and relaxed people were in the presence of staff and during all staff interactions with them.

People’s rooms were individually and tastefully decorated, furnished to take into account people’s likes. Staff told us they would take people shopping and showed them different items. They would know from the person’s reaction or sound they would make, if they liked the item. This would then be bought and placed in the person’s room so that people were involved in deciding how they wanted their personal space decorated and furnished. There were photographs of people important to the person in the rooms and staff explained that people found the photographs reassuring, as they would look at them. A staff member said, “The pictures ease their anxiety.” This showed there was a strong person centred culture at the home and staff knew what was important to people.

Relatives told us they were involved in planning people’s care. We saw that the care planning process was centred on the people taking into account the person’s views and their preferences. One relative told us, “The staff listen to everything we say and try to make sure they do what they can to care for [person’s name].” A health care professional told us when they were involved in assessing people care; they found the staff were knowledgeable of people’s needs.

We saw that staff involved people in making decisions about the delivery of their care. They would ask questions and could identify from the person’s facial expression, body gestures or sound they made, whether they wanted to be involved or not. For example, one staff member told us, “When I ask [person’s name] if they are ready for their shower, they will wave at me to leave their room, so I know they are not ready, I’ll leave and come back later.” Another staff member told us, “We always consult with people before carrying out any care.” A relative told us, “[Person’s name] can make their views known to staff and over the years staff has got to know what their likes and dislikes are.”

Staff told us that one person required the on-going support of a generic advocate. Generic advocates are people who are independent and support people to make and communicate their views and wishes. The provider had supported people to access advocacy to ensure they could fully express their views.

Relatives told us people were treated with respect and dignity. One relative told us, “[Person’s name] is a very proud person and does become very anxious about personal care. Staff do everything they can to protect their dignity.” Staff told us how they promoted privacy and dignity in everyday practice, for example, ensuring people were adequately covered when providing personal care, and knocking bedroom doors before entering. We saw that people wore clothing that was appropriate for their age, gender and the weather. We saw that staff spoke with people in a relaxed tone of voice to explain to people what was happening or whether they wanted to participate in any games. We also saw that staff treated people with respect and were caring in their approach for example coming down to eye level when speaking with people.

Relatives told us that there were no visiting restrictions. A relative told us, “We all visit at different times, turn up on spec, there’s never a problem and we’re always made to feel welcome.” Another relative told us, “We can’t get to visit as much as we would like, so the staff make sure [person’s name] phones us every week,” and “The staff bring [person’s name] to visit us.” This ensured that the provider supported people to maintain family and friend relationships.

Is the service responsive?

Our findings

Relatives told us they were satisfied with how people's needs were being met. One relative said, "I can't fault the staff; they are great, always act very quickly to anything we raise." A health care professional told us that any advice given to staff, they were happy to action. We saw that staff were quick to respond to people that required assistance and support.

Staff were able to tell us about people's individual needs, interests and how they supported people. For example, one staff member told us, "[Person's name] doesn't like loud noise or crowds so we would never take them shopping when it's really busy." Another staff member said, "Sometimes when I go to [person's name] to see if they want to get up, they will tell me they don't want to, it's not a problem, it's all about the person, it's their choice." We saw that people's care records were individualised and pictorial aids available, for people who needed to access information this way. We saw that care records were reviewed monthly and when a person's needs had changed. Staff told us they would involve the person in any decisions and because each person had a key worker, they knew how to communicate with the person in a way they could understand. One staff member said, "Everyone has an input, it is discussed in an open way with the person and the key worker will explain to the person what is going on and what might be going to change." Staff said, and we saw that they could tell by the person's facial expressions and body language if the person was happy with them.

Relatives confirmed to us they were invited to participate in reviews and if they could not attend, the staff would discuss the person's needs with them over the phone. One relative

told us, "Every month [person's name] care plan is updated or when there is a change in their health." Another relative told us, "Staff play music or put DVDs on for [person's name] which helps to ease their anxiety before carrying out any personal care, it's really helped." We saw this had been added to the person's care plan. Relatives told us communication was good and they were always kept informed of any changes in their relative's needs.

Staff told us they always tried to encourage people to go out to different places and experience different things. One staff member said, "We might have planned to go out but it depends how people feel on the day and sometimes they do not want to go out." We saw two people had gone out during our visit and other people were engaged in their own individual interest. Staff tried to encourage some people to participate although it was clear from their reaction that they did not want to. Staff respected people's decision.

Relatives said they knew how and who to complain to. One relative told us, "I've never had to complain, always been really happy with the service, but I know I could always talk to the staff and it would be dealt with." Another relative said, "[Person's name] has been here for years and in all that time, we've never had to complain, staff respond well to any changes in [person's name] mood." Staff explained how they would handle complaints and confirmed they would follow the complaints process and were confident the manager would resolve them quickly. Records showed the provider had a complaints procedure that was monitored through head office. This would ensure if any complaints were made, the manager would follow the process correctly to reach a satisfactory outcome.

Is the service well-led?

Our findings

Relatives, staff and health care professional were complimentary about the way the home was managed and the quality of the service. One relative told us, “The manager is always to hand, listens to what you have to say and is always pleasant.” Not all of the relatives had met with the new manager although most of them had spoken with them over the telephone and found them to be very friendly. A staff member said, “The management are brilliant, they will listen to you and help you,” another staff member said, “I really enjoy working here,” and “We work well as a team, the manager is very supportive and will always help where they can.” A health care professional commented that the home had a family feel to it and that the staff and manager were always friendly. Staff confirmed they had regular supervision and team meetings where they were kept informed on the development of the service and encouraged to put ideas forward. One staff member told us, “I’ve made some suggestions about different activities that have been considered.” Another staff member said, “It’s a good opportunity to go through policies and share knowledge, I like how this place is managed.”

Relatives told us they attended meetings at the home. They also told us if they needed to discuss anything with the manager, they would not hesitate to contact them by telephone or email. We saw that people were encouraged to give feedback through surveys. People were supported by the staff to complete satisfaction surveys. Relatives told us they had been asked to complete surveys; one relative

had only recently sent one back. All surveys were sent to the corporate head office for analysis and if any action points are identified they are added to a continuous improvement action plan for the manager to action. No suggestions for improvements had been made on the feedback surveys, one relative said, “There is nothing I would change about the place,” although another relative told us, “I would decorate the lounge, it’s a bit bland, but that’s all, we’re happy with everything else.” A manager told us that there were plans to decorate part of the home.

There was a new manager in post; they were waiting for confirmation that their application to become registered had been accepted. The provider had a history of meeting legal requirements and had notified us about events that they were required to by law.

Staff told us they would have no concerns about whistleblowing and felt confident to approach the manager, and if it became necessary, to contact CQC or the police. The provider had a whistleblowing policy that provided the contact details for the relevant external organisations for example, the local authority and CQC.

The provider had internal quality assurance processes which included two annual audits. One was completed by the regional manager and the second was completed by head office. Records confirmed that each year the home was visited and audited. Regular internal audits were also completed by the new manager, for example of health and safety, care records and staff training. This ensured the provider had procedures to monitor the service to ensure the safety and wellbeing of people living at the home.