

Accord Housing Association Limited

High Mount

Inspection report

13-14 High Mount
Donnington
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Shropshire
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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service: 13-14 Highmount is a residential care home that was providing personal care to 7 people with learning disabilities at the time of the inspection. The home is located on a quiet cul-de-sac close to local amenities. The care home is made up of two bungalows, one built behind the other that share a communal garden.

People's experience of using this service:

People living at the home appeared happy however we identified a number of concerns that the providers governance systems had not identified.

Records were not consistently being completed to indicate safety checks had been made and that certain policies and procedures in the home were not being followed by the staff team. We found that people's risk assessments did not highlight what was a high risk and that reviews of people's care did not always identify necessary changes.

People received their medicine on time, although not all medicines were stored securely.

We received mixed feedback on whether there were sufficient staff to meet people's needs and complete all the tasks required.

People's care plans were reviewed monthly however we found reviews did not always account for changes which occurred.

People's capacity to make decisions was assessed however more clarity around specific decisions was needed as well as a review of the applications made to deprive people of their liberty.

People's privacy was not always protected.

People were supported by staff who knew how to recognise and report abuse.

People were supported by staff who had been trained. Some staff still needed to complete courses specific to people's individual needs.

The registered manager reviewed accident and incident forms and shared lessons learnt.

People were supported to have a balanced diet.

People had access to healthcare.

People were treated well and staff understood people's protected characteristics.

People were supported to express their views and accessible information was increasing in the home.

People were engaged in activities although people's daily records did not always provide detail of what the activity was.

People had access to a complaints process.

People's end of life wishes had been considered.

Staff felt supported by their manager and regular team meetings were held.

The registered manager had a continuous improvement plan and added actions to it as and when identified.

Rating at last inspection: At the last inspection dated the 23 March 2017 the home was rated as good

Why we inspected: The inspection was prompted in part by notification that someone who used the service had died. The circumstances surrounding the death are still subject to further enquiries and as a result this inspection did not examine those circumstances. However, the information shared with CQC about the death have indicated potential concerns about the management of risk in relation to health needs. This inspection examined those risks.

Enforcement: We consider the service to be in breach of Regulation 17(2)(a) Health and Social Care Act 2008(Regulated Activities) Regulations 2014. Action we told the provider to take is at the end of this report

Follow up: We will continue to monitor the service and the required improvements.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective

Details are in our Effective findings below.

Requires Improvement ●

Is the service caring?

The service was not always caring

Details are in our Caring findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive

Details are in our Responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led

Details are in our Well-Led findings below.

Requires Improvement ●

High Mount

Detailed findings

Background to this inspection

The 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 was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was carried out by one Adult Social Care Inspector.

Service and service type: 13-14 High Mount is a registered care home which provides support to adults with learning disabilities, many of whom have lived at the home for over 20 years.

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:

The inspection was completed over two days. The first day was the 8 February 2019 and was unannounced. The second day was the 11 February 2019 and was announced.

What we did:

During the inspection we spent time observing interactions between the people living in the home and the staff team. We reviewed three people's care records. We looked at medicine records, handover sheets, records of accidents and incidents, and meetings of minutes. We looked at audits completed in the home including medicine, health and safety and infection control. We looked at three staff records and the training matrix for the team. We spoke to people living in the home however many had limited communication skills so we relied on our observational feedback. We interviewed four care staff, one senior carer and the registered manager of the service. We also spoke to people who work for the Local Authority and Community Learning Disability Specialists.

Prior to the inspection we reviewed information we already had on the service including notifications

received from the provider. A notification tells us information about important events that by law the provider is required to inform us about. For example; safeguarding concerns, serious injuries and deaths that had occurred at the service. We used this information to help us plan our inspection.

Is the service safe?

Our findings

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

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

At our last inspection 23 March 2017, we rated the safety of the service as good. At this inspection we found that improvements were needed to meet the regulations.

Assessing risk, safety monitoring and management

- We saw that risk assessments were carried out in the service and were reviewed on a regular basis. However, we found the risk assessments in people's care files did not provide any indication of what specific issues were considered to be a high risk.
- Assessments focussed on who may be at risk and how to reduce that risk without any identification of the severity or likelihood of the risk occurring. This meant there was no way of prioritising care, and/or knowing what actions must be undertaken or avoided to avert serious harm.
- We found that required risk reduction measures were not always considered. We saw that strategies had been put in place for one person who was at risk of choking and had a history of acquiring the wrong foods for themselves. However, we observed the person seeking food from personal bags belonging to staff members that had been left within easy reach. This presented an increased risk for the person.
- Health and Safety risk assessments were in place, such as fire safety.

Using medicines safely

- We observed creams used for one person were being stored incorrectly in the communal bathroom. All medicines were required to be kept in locked cupboards in people's bedrooms except for controlled medicines which were kept in an alternate location. A staff member reported that the cream was kept there to increase access to it when supporting someone with personal care, however the registered manager confirmed that this was a breach of the homes policy and should not be happening.
- Daily temperature checks were required in the rooms where medicine was stored. We observed these were not carried out on a consistent basis.
- Staff were assessed before being allowed to administer medicine to people. Medicine errors were followed up and staff's competency to administer was reviewed.
- People received their medicine on time. Controlled medicine was managed in line with requirements. We did not see any gaps on the medicine administration records.
- People had medicine protocols in place for 'as required medicine'. One staff member told us, "If a staff member thinks that someone needs their as required medicine then we will discuss it as a team and make a group decision to administer."

Systems and processes to safeguard people from the risk of abuse

- Staff understood what the term safeguarding meant and knew how to recognise and report abuse. One staff member told us, "I feel comfortable raising concerns and all staff know the process."

- All staff had received training in safeguarding.
- The service had plans in place to support people whose behaviour could present as a safeguarding risk to others. The Local Authority were informed when incidents occurred that affected others in the home.

Staffing and recruitment

- On the day of inspection there appeared to be sufficient staff in the service however we did observe the staffing levels changed and at times staff were lone working. We spoke to the staff team and professionals who supported the service and we received mixed responses. One professional told us "The home does appear to be understaffed." Staff all reported that they worked the rotas to make sure people's needs were met, people attended appointments and went out in the community. One staff member told us, "We have enough staff but we have to plan things in advance as the numbers don't always allow us to be spontaneous."
- We received several comments that managing all the tasks required was challenging, especially when working at the minimum level or when there was an incident occurring. One staff member told us, "We complete the paperwork but when there is an incident sometimes we cannot do everything." The registered manager told us, "We are trying to increase the hours in the service as I do sometimes have to go over our allocated hours to ensure that people do not miss out on anything."
- Staff were recruited following safe recruitment procedures.

Preventing and controlling infection

- The home was clean and tidy however the records indicating when areas should be cleaned were not fully completed.
- Staff took fridge/freezer and cooked food temperatures however there were gaps in the records suggesting these were not always taken as required.
- Sealant around the bathroom area needed attention as it was coming away from the wall. We reported this to the team and observed a conversation between the registered manager and a staff member about how long this had been an issue for and why it had not been reported to the estates department earlier.
- Personal and protective clothing was available for staff to use when supporting people with personal care.
- The provider completed infection control audits.

Learning lessons when things go wrong

- The provider could evidence lessons learnt when things had gone wrong.
- Accident and incident forms were reviewed and behaviour plans in place for people were subject to review when incidents occurred.
- We saw evidence that the manager had communicated lessons learnt with the staff team and the provider.

Is the service effective?

Our findings

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

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

At our last inspection 23 March 2017, we rated the effectiveness of the service as good.

At this inspection we found that improvements were needed to meet the regulations.

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

- People had relevant care plans and guidance in place to support the staff team to meet people's care needs. People had documented outcomes and people's routines were clearly defined. Care plans were reviewed by the care staff monthly.
- We discussed with the registered manager our observation that many of the reviews had stated no change for a prolonged period of time. We noted in some instances there had been changes to a person's care plan which had not always been reflected in the review.

Staff support: induction, training, skills and experience

- Staff had access to a range of training courses that were run both internally and externally.
- Staff were up to date on their basic care training and many had undertaken additional learning. One staff member told us, "We are constantly doing different training courses." Another staff member told us, "The training is fantastic, the company has a whole learning disability suite of courses."
- We reviewed the training matrix for the provider and could see that there was a range of courses and that certain courses such as moving and handling theory had recently been completed.
- We did identify that courses linked to people's individual needs had not been completed by all staff such as epilepsy training, catheter care and autism awareness. We also did not see any entry on the matrix for communication training which we were made aware had been offered to the team. One staff member told us, "I would like to do Makaton training so that I could communicate with people better."
- Staff were supported through induction and we observed additional time being agreed to ensure people felt confident before undertaking certain tasks.

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on

such authorisations were being met.

- We found that people's capacity was assessed using the MCA and best interest's paperwork was in place. However, within the paperwork more clarity was needed around what specific decisions were being made.
- Dols applications were made to the local authority in 2015 and some were still awaiting allocation. We spoke with a Local Authority representative and were advised that one person who required one to one support and sometimes two to one support had their application withdrawn in 2017. We have been by the advised by the registered manager that they were not aware that the application had been withdrawn. We have asked the registered manager to review this person's care and if necessary submit a new application to ensure the person was not being unlawfully deprived of their liberty.
- Staff understood their responsibilities to involve people in decisions. One staff member told us, " We support people to make decisions where they can, we use objects or pictures to help explain the options available."

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

- People were supported to have enough food and drink. People were offered a choice of meal and snacks were available. We observed the lunch time meal being revised to promote a more balanced diet.
- People had access to drinks throughout the day and those that could make their own did so.
- The current menu was displayed on the notice board in the dining area.

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

- People living in the home were generally supported by someone employed by the provider. People had ceased attending services run by other agencies or care providers and any access to other groups was based upon longstanding relationships, such as the local church.
- The provider did not use a lot of agency staff as the changing of staffing can be unsettling for people. One member of staff told us, "We always try to cover shifts ourselves as it is better for people living here." We found that there was a file set up in case agency staff were required in an emergency that highlighted the key policies people needed to be aware of.

Adapting service, design, decoration to meet people's needs

- The access to the second bungalow was predominantly through the first bungalow. There was outside space being shared between the two properties. There was a gate across the driveway of the properties which would need to be kept open for there to be direct access to the second bungalow. We were advised that the gate was kept locked at present for security reasons but could be relooked at by the provider's estates team.
- There were ramps and rails available in various places to ensure people had access to all areas of their home. The home had purchased a summer house which would allow people greater time outside.
- The home had recently had a bathroom area refurbished and was awaiting a new bath to be fitted.
- Both bungalows were decorated in a homely style and personalised with photographs belonging to people on display.
- The home had an alarm system that allowed the office to be alerted if anyone wearing a designated monitor fell or had a seizure. There is also a call bell available in the bedroom of a person with reduced mobility.

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

- People had access to health care and where necessary people received additional input from the Community Learning Disability Specialists.
- People who gave their consent attended their annual health check with the GP.
- People had hospital passports in their care files which could be taken to hospital to advise medical staff of key information about the person.

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 not always treated with respect as privacy was not always maintained.

At our previous inspection on 23 March 2017 we rated the caring of the service as good. At this inspection we found that improvements were needed to ensure people's privacy was protected.

Respecting and promoting people's privacy, dignity and independence

- People's privacy was not always protected. We saw a care plan related to the management of people's information. It stated, personal information should be kept secure however we observed people's night time routine displayed on a notice board.
- On several occasions we overheard staff discussing people's care needs in communal areas. One professional who visited the service told us, "Due to staffing levels in the home we sometimes have to have discussions with staff near people living in the home, which is not an ideal situation."
- We observed that one of the bungalows was used a thoroughfare to the next bungalow. People did not seem to mind this and greeted visitors with smiles. However people in the home where this happened had no ability to prevent the constant interruption as this had become a customary practice.

Ensuring people are well treated and supported; equality and diversity

- People were supported by a staff team that was stable and many staff had supported them for several years. People appeared happy in the home and engaged positively with the staff that supported them. One person told us, "The staff look after me well." We spoke with staff who told us that Highmount was like an extended family and the team all cared about the people that live in the home.
- The home had an active relationship with the local church and joined them for various events throughout the year. Some people attend weekly services. People's cultural needs were met and traditional festivals were celebrated.
- Several staff had completed sexuality awareness training and most staff had completed Equality in the workplace training.

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

- People were supported by staff that understood the need to include people in decisions. We observed two people discussing what was on the menu for dinner and changing the choice because they wanted a certain staff member to cook their infamous toad in the hole.
- Several people living at Highmount had limited verbal communication and staff told us they had picture cards available to support decision making. We were told the cards were kept in the cupboard so unfortunately, they were not accessible for people to use them independently.
- We saw that minutes of house meetings were put in to an accessible format and that the registered manager was increasing the level of accessible information available. Several care plans contained pictures of aspects of care delivered such as moving and handling requirements and favourite places.

Is the service responsive?

Our findings

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

The service could not demonstrate that people's needs were always being met.

At our previous inspection on 23 March 2017 we rated the responsiveness of the service as good. At this inspection we found that improvements were needed to ensure that recommendations were followed and concerns were dealt with in a timely manner.

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

- People's care plans contained information about their needs and preferences and things they liked to do. One person told us, "I can go out on my own. I go to the church, I go to the shop and I'm getting fit." We noted that other people were more dependent on staff support to be able to access the community. Staff told us that people went out to the pub, for walks, shopping and on day trips but all confirmed they would like to go out more. One staff member told us, "If we could we would go out more, it would benefit certain people but sometimes it can be a struggle." On the day of inspection, we heard two people ask to go out but both were diverted to in-house activities due to the fact it was raining.
- We checked people's records and we could see people had been supported to go out. However, we noted there were periods when some people had been at home for long periods. We reviewed people's daily records to see what people had been doing at home and found the information recorded was focused on people's personal care needs and did not always reflect what activities people had been engaged in.
- We saw that there were in-house activities available in both bungalows and staff told us that they used them on a regular basis. One member of staff did tell us, "We do our best to keep people active but it can be hard adapting some activities due to people's level of learning disability. Staff are always interacting with people." Unfortunately, what people did was frequently not recorded.
- We discussed with the registered manager the information contained in the daily records and the value of people recording what people had been doing or not doing, as well as any events which may impact on someone's mood.
- We highlighted to the registered manager that there had been no entry in one person's file in relation to the recent bereavement. This person had apparently been very upset but there was no mention in the notes. This omission of information could impact on the team currently monitoring this person's mood and behaviour.

Improving care quality in response to complaints or concerns

- The home had not received any formal complaints within the past twelve months. However, we were aware prior to inspection that concerns had been shared with the Local Authority regarding delays in implementing protocols. These concerns had been partially addressed on the day of inspection.
- We observed that a shortened complaints process was displayed on a notice board and that a more comprehensive complaints process was stored in the office.

End of life care and support

- On the day of inspection there was no one in receipt of end of life care
- We saw that the provider had worked with families to complete funeral plans and ascertain what people's wishes would be for the future. We saw that several people living in the home had paid for their funerals in advance.
- Staff would require additional training to be able to support people at the end of their life.

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

Governance systems were not always effective which meant that people were not receiving high quality person centred care.

At our previous inspection on the 23 March 2017 we rated well led as good. At this inspection we have identified that improvements are required.

- Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements
- Throughout the inspection we identified a number of improvements which were needed. We found that while processes were in place they were not being fully utilised.
- We noted several tasks had been delayed or were not being completed to the standard required.
- We identified gaps in the record keeping and risks which were not being fully addressed. Staff were reviewing care plans on a consistent basis but we found that they were not always including changes that had occurred. We discussed with the registered manager the oversight of these reviews, as in the care files we looked at there were long periods where reviews reported no change. In several instances people had received professional input and recommendations had been made which were not being recorded. This meant staff were not always updated about changes in people's care needs.
- The provider had not identified that there were times when people's needs were not being met due to a lack of staff. We received mixed reviews about whether the staffing levels in the home were sufficient and differing views on whether the team could complete all the tasks required of them. We found several health and safety checks were not always being made and staff had deviated from following the provider's policies to make life easier. For example, by storing creams in more accessible place instead of in their designated location.

The provider's systems and processes had not ensured that the quality of service was continuously improved. This is a breach of Regulation 17 of the Health and Social Care Act 2018 (regulated activities) Regulations.

- We found that the staff team did on occasion make decisions in isolation of the registered manager as they were not based at the service on a full-time basis. The registered manager told us when they are not physically available due to working in other services they are registered for, that the staff can and do contact them via telephone or email. If the manager is not available then staff can speak with the senior who usually works on opposite shifts to the manager alternately staff have access to an on-call service. However, one staff member told us, "When the manager is not present we make decisions as a team." Another staff member told us, "We all know people living here so well that we can work out what is best between us." It was not clear if staff had the necessary skills to make decisions in the absence of the manager or if there was an agreed consensus around what decisions staff could make and what needed a managers opinion.

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

- Throughout the inspection we found the home to be honest and open to discussion about any concerns identified. Several of the concerns found were given immediate attention. We saw that the manager had a continuous improvement plan and added all feedback given to the plan and shared information with the team at the time.

Continuous learning and improving care

- Quality assurance systems were in place but they were not considered to be robust due to the issues identified. The registered manager could demonstrate improvements being made and the fact that learning was being shared with other services managed by the provider.
- The home is signed up to the Driving Up Quality initiative which is aimed at driving up quality in learning disability services. The home has commenced the process and regular meetings have commenced.

Working in partnership with others

- The service works with the local authority and various health professionals to meet the needs of the people living in the service. We found that at times the advice given was not followed in a timely manner.

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

- Staff told us that they received regular supervision and could discuss issues if needed. One staff member told us "The manager is very supportive and approachable." Another staff member told us, "The manager is very good at upskilling the staff team."
- The service was engaged with families and communication agreements were in place for the level of input desired. People were supported to remain in contact with families even if they lived some distance away.
- Relationships were maintained within the local community.
- Meetings were held on a regular basis with people living in the home and the staff team. We saw minutes of team meetings where people were updated with information and able to share concerns.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The governance systems in place were not being fully utilised. This meant that the quality and safety of the care being received was not being effectively assessed and monitored. Regulation 17 (2) (a)