

Accord Housing Association Limited

Hob Meadow

Inspection report

2 Bentons Lane
Great Wyrley
Walsall
West Midlands
WS6 6EF

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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

Hob Meadow is a care home. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

Hob meadow accommodates six people in one adapted building. At the last inspection, the service was rated good.

There is a registered manager in place. 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.

People continued to receive safe care. Risks to people were considered and reviewed when needed. Infection control procedures were followed. Staff understood safeguarding and when needed referrals were made to the relevant people. There were enough staff available and medicines were managed in a safe way. When incident occurred evaluations took place to ensure lessons were learnt.

People continued to receive effective care. Staff were supported and trained to ensure that they had the skills to support people effectively. People were supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible. People enjoyed the food available and were offered a choice. When needed people received support from health professionals. The home was adapted and decorated to meet people needs.

People continued to be supported in a caring way. People were encouraged to be independent and make choice in their lives. People privacy and dignity was maintained.

People continued to receive responsive care. People were involved with planning and reviewing their care that was responsive to their needs. Compliant procedures were in place and followed when needed. People had the opportunity to participate in activities they enjoyed.

The service remained well led. People were asked for their feedback on the quality of the service. Quality assurance systems were in place to identify where improvements could be made and when needed these changes were made. There was a registered manager in place who notified us of significant events that occurred within the home.

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 remains safe.

Good ●

Is the service effective?

The service remains effective.

Good ●

Is the service caring?

The service remains caring.

Good ●

Is the service responsive?

The service remains responsive.

Good ●

Is the service well-led?

The service remains well led.

Good ●

Hob Meadow

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.

This inspection visit took place on the 9 January 2018 and was unannounced. The inspection visit was carried out by one inspector. We checked the information we held about the service and the provider. This included notifications the provider had sent to us about significant events at the service. We used this to formulate our inspection plan. We also used information the provider sent us in the 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.

Hob Meadow is a care home. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen. Hob meadow accommodates six people in one building.

We spent time observing care and support in the communal area. We observed how staff interacted with people who used the service. We spoke with three people who used the service, two members of care staff and the registered manager. We did this to gain people's views about the care and to check that standards of care were being met.

We looked at the care records for two people. We checked that the care they received matched the information in their records. We also looked at records relating to the management of the service, including quality checks and staff files.

Is the service safe?

Our findings

People remained safe. One person said, "I am happy living here". We saw when people needed specialist equipment it was provided for them and used in the correct way. For example, we saw people needed specialist equipment to mobilise. We saw staff using this equipment safely and in line with people's care plan. The equipment had been maintained and tested to ensure it was safe to use. This showed us that people were supported safely.

Staff knew what constituted abuse and what to do if they suspected someone was being abused. A member of staff said, "It's trying to keep vulnerable people safe and protecting them from harm". Another member of staff said, "I would raise my concerns with the safeguarding team within the local authority". We saw procedures for reporting safeguarding were displayed around the home. Procedures were in place to ensure any concerns about people's safety were reported appropriately. We saw when needed these procedures were followed to ensure people's safety.

When safeguarding and incidents had occurred within the home we saw this had been investigated through 'learning logs'. Following the conclusion we saw that the outcome had been shared with staff in meetings to ensure lessons could be learnt. There was also a read and sign sheet attached to each log to ensure staff had the opportunity to review this information. The manager showed us some of the learning logs which were individual to each incident and the action they had taken following these. This meant when incidents had occurred the provider had systems in place so that improvements could be made and lessons learnt.

When individual risks had been identified to people, we saw risk assessments were in place and staff knew how to offer support. A staff member told us how one person was at risk due to a health condition. They told us what action they would take to ensure they were safe. We looked at records for this person and saw this risk had been considered. This demonstrated staff had information to ensure risks to people were managed.

People told us and we saw there were enough staff available to meet people's needs. One person said, "Yes the staff are always here". People were supported whenever they requested assistance. They had activities planned for each day which included an outing of their choice. Staff and the registered manager confirmed there were enough staff available. We looked at two recruitment files and saw pre-employment checks were completed before staff could start working in the home. This demonstrated the provider completed checks to ensure the staff were suitable to work with people in their home.

People's medicines were managed in a safe way. Records and our observations confirmed there were effective systems in place to store, administer and record medicines to ensure people were protected from the risks associated to them.

There were infection control procedures in place within the home. We saw an audit was completed by the provider in this area. Staff told us and we saw protective equipment including aprons and gloves were used within the home. We also saw the provider had been rated as five stars by the food standards agency, this is

the highest rating awarded. Staff confirmed to us they had received the relevant training needed to work within the kitchen environment. The food standards agency is responsible for protecting public health in relation to food.

Is the service effective?

Our findings

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 or themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked to see if the principles of MCA were followed. We saw when needed capacity assessments were in place and decisions made in people's best interests. Capacity assessments were specific to the decisions being made and showed clear documentation as to how the decision had been reached. When people had restrictions placed upon them DoLS had been considered. There were five people who had DoLS authorisations in place and all staff had an understanding of these and when conditions were in place.

Staff received training to support people. One staff member told us how they were having in-depth autism training. They said, "It's much better, really makes you think about the people you support". The staff were supported to develop their skills and knowledge. They received regular supervision to review how they worked and this also identified their skills and where they needed support. Staff competency checks were also completed that ensured staff were providing care and support effectively and safely.

We saw when needed, care plans and risk assessments were written and delivered in line with current legislation. For example; when people had specific medical diagnosis we saw people had care plans in place for this. Alongside this the provider had printed the most up to date information and guidance from relevant bodies including the NHS choices and NICE guidance for the staff team.

People enjoyed the food and there was a choice available. One person said, "I like egg it's my favourite". A staff member told us, "We all sit down on a Wednesday and decide what the menu is going to be for the week. That way everyone gets a choice". We saw that people were offered a choice at breakfast and people had different meals. Records we looked at included an assessment of people's nutritional risks. Throughout the day people were offered a choice of hot and cold drinks and snacks were also available.

Records confirmed people attended health appointments and when referrals were needed to health professionals these were made by the provider. We saw referrals to speech and language therapists and physiotherapists. This demonstrated when a person needed access to health professionals it was provided for them. The registered manager told us how they worked jointly with the community learning disability team to ensure people's individual's needs were met.

The home was decorated in accordance with people's individual needs. People had their own belongings in their bedrooms and within communal areas there were photographs of people and people of importance. The home had been adapted so that people's physical needs were considered and people who used

wheelchairs could mobilise around the home freely. People had access to the garden and a shed was in the garden so that if people wanted some 'quiet time' they could do so.

Is the service caring?

Our findings

People's privacy and dignity continued to be upheld. Staff gave examples of how they promoted people's privacy and dignity. One staff member said, "Just knocking on doors and waiting for people to answer before we go in". Another staff member said, "We help people to have time in their room in private if they need it". We saw people's preferences in relation to privacy and dignity were recorded throughout their care plans.

People were encouraged to be independent. One person said, "I can push myself around in my wheelchair". Staff gave examples of how they encouraged people to be independent. One staff member told us, "We get people to do what they can for themselves no matter how little it is". We saw that people were encouraged to do tasks for themselves for example, take their own cups to the kitchen when they had finished.

People made choices about their day. One person said, "I like to be in this room". We saw people accessed different areas of the home independently and when they chose to. Staff gave examples of how people made choices. One staff member said, "We ask people what they would like to do each day, where they would like to go and what they would like to wear". We saw staff offering people choices one person chose to go and have their haircut during our inspection.

Family and friends were free to visit anytime and people were encouraged to maintain relationships that were important to them. People told us they were supported by staff to visit their relative in the community and at home. This meant people were encouraged to maintain relationships.

Is the service responsive?

Our findings

People were involved with reviewing their care. We saw records for meetings which took place every six months where people had the opportunity to discuss all aspects of their care and life. The care files we looked at confirmed where possible people were involved with reviewing their care.

Staff knew about people's needs and preferences. When asked, one person confirmed the staff knew them well. Staff told us they were able to read people's care plans to find out information and new information was also shared in handover. One staff member said, "We look at care plans for information, if something has changed then a note will be in the communication book and this is also shared at handover". They said they used the information in these to talk to people about their likes and dislikes. We saw staff talking to people about things that were important to them. We saw people had equality and diversity forms within their files so any individual's needs in relation to this could be considered. At this inspection no one was being supported with any specific needs in relation to this. Information was available in different formats and some people used pictures or photographs to help them to understand information.

People accessed the community to participate in activities they enjoyed. One person said, "I like going to the shop and the park". We saw records and people confirmed they participated in activities they enjoyed. This including attending discos, going shopping and swimming. This meant people had the opportunity to participate in activities they enjoyed.

The provider had a policy and a system in place to manage complaints. When complaints had been received these had been responded to in line with these procedures. When complaints had been made these had been responded to in a format that people could understand. There was no one available to discuss the outcome of the complaint they had made.

Although there was currently no one receiving end of life care the provider had considered this for people. There were care plans in place for people in relation to their final wishes should they need them.

Is the service well-led?

Our findings

There was a registered manager in place. People and staff knew who the registered manager was. One person said, "I like [name] she's nice". One staff member said, "She is approachable". Staff told us they had meetings where they had the opportunity to raise any concerns. Staff felt they were listened to and if changes were needed then the registered manager and provider and take action. Staff we spoke with were happy to raise concerns and knew about the whistle blowing process. Whistle blowing is the process for raising concerns about poor practices. One member of staff said, "Its speaking up if we need to, I would be supported yes". We saw there was a whistle blowing procedure in place. This showed us that staff were happy to raise concerns and were confident they would be dealt with.

The registered manager understood there responsibility around registration with us and notified us of important events that occurred at the service. This meant we could check the provider had taken appropriate action. We saw that the rating from the last inspection was displayed within the home in line with our requirements.

Quality checks were completed by the registered manager and the provider. These included checks of medicines management, infection control and care planning. Where concerns with quality had been identified we saw that an action plan had been put in place. This information was used to bring about improvements. For example, when staff had made medicines errors, we saw a conversation had taken place and measures put in place to reduce the risk of this reoccurring. This showed us when improvements were needed action was taken to improve the quality of the service.

The provider sought the opinions from people who used the service. We saw that annual satisfaction surveys were completed. The information was collated and used to bring about changes. The last survey was completed in July 2017 and we saw that when action was needed this had been completed by the registered manager. The registered manager had also documented that they had spoken to people who used the service about this and the changes they had implemented.