

Accord Housing Association Limited Millennium Forge

Inspection report

Coyne Close
Tipton
West Midlands
DY4 8EL
Tel: 01215575473

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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?

Requires Improvement 

Overall summary

Our inspection was unannounced and took place over two days on the 13 and 14 July 2015. Our inspection team included two inspectors, a pharmacist and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

The service offered personal care and support to adults who lived in their own flats or bungalows within this extra care facility. The extra care facility had three units located within a mile radius of each other. The units are called Millennium Forge, Swallowfields and Exon Court. We

visited two of the three units; Millennium Forge and Swallowfields. At the time of our inspection, across the three units, 54 people received personal care from the provider.

At our last inspection of September 2014 the provider was not meeting one of the regulations that we assessed. This concerned the quality monitoring of the service. During this, our most recent inspection, we found that some improvements had been made. However, although not sufficient to determine a breach of the law we found that further improvements were required.

Summary of findings

Our inspection findings assured us that there were enough staff to keep people safe. However, at times contingency to cover staff sickness meant that senior care staff or the registered manager had to cover the care calls. This had a negative effect on the systems the registered manager had implemented as some audits and staff supervision had been delayed when this happened.

Staff told us that were felt adequately supported on a day to day basis in their job roles. However, they and the registered manager told us that they were aware that some improvement was needed as the formal supervision and appraisal of staff was lacking.

The manager was registered. 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.

All people and their relatives that we spoke with told us that the service was good. They also told us that they felt safe and this was confirmed by their relatives. People who used the service described the staff as being nice and kind.

We found that a complaints procedure was available for people to use. People and their relatives told us that they were confident that any dissatisfaction would be looked into or dealt with effectively.

Staff had understanding and knowledge regarding the Mental Capacity Act and the Deprivation of Liberty Safeguarding (DoLS). This ensured that people who used the service were not unlawfully restricted.

We saw that there were systems in place to protect people from the risk of abuse and staff followed the systems to prevent people from being placed at risk of abuse and harm.

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.

Systems were in place to protect people and minimise the risk of them being abused or experiencing injury.

Recruitment systems in place decreased the possibility of the employment of unsuitable staff.

Medicine Systems were safe and robust.

Good



Is the service effective?

The service was effective.

People and relatives we spoke with told us that the service provided was effective.

The service provided was reliable so could meet people's needs.

Staff had some understanding and knowledge regarding the Mental Capacity Act and the Deprivation of Liberty Safeguarding (DoLS). This ensured that people were supported appropriately and they were not unlawfully restricted.

Good



Is the service caring?

The service was caring.

People and their relatives described the staff as being kind and caring and we saw that they were.

People's dignity and privacy were maintained.

Good



Is the service responsive?

The service was responsive.

People told us that the service provided met their needs.

People's needs and preferences were assessed.

Complaints procedures were in place for people and relatives to voice their concerns.

Good



Is the service well-led?

The service was not consistently well-led.

Audit systems had not been used consistently as senior carer and the registered manager had been covering staff sickness shifts.

Although staff told us that they felt supported, management support systems were lacking concerning staff involvement and meetings.

Requires Improvement



Summary of findings

The provider was up-to-date with what was legally required of them regarding for example, the safe recruitment of staff and medicine management safety.

Millennium Forge

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.

Our inspection was unannounced and took place over two days on the 13 and 14 July 2015. At the time of our inspection 54 people received personal care from the provider. Our inspection team included two inspectors, a pharmacist and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This

information is then used to help us plan our inspection. The form was completed and returned so we were able to take information into account when we planned our inspection.

We reviewed the information we held about the service. Providers are required by law to notify us about events and incidents that occur; we refer to these as 'notifications'. We looked at the notifications the provider had sent to us. The provider had sent us a number of notifications regarding medicine errors and omissions. We secured a pharmacist to look the medicine management systems in detail to see why the incidents had occurred. We asked the local authority their views about the service. We used the information we had gathered to plan what areas we were going to focus on during our inspection.

With their permission, we spoke with eleven people who used the service and ten relatives. We spoke with seven staff and the registered manager. We looked at the care files for three people, medication records for five people, recruitment records for three staff who had been employed within the last year, the training matrix, complaints and safeguarding processes.

Is the service safe?

Our findings

All of the people we spoke with told us that they had not experienced anything regarding their treatment or behaviour by staff that worried them. One person said, “Nothing bad has happened”. Another person told us, “Nothing, I would complain if there was a problem like that”. All staff we spoke with told us that they had received training in how to safeguard people from abuse and knew how to recognise the signs of abuse and how to report their concerns. A staff member told us, “I reported a safeguarding issue recently (the service and staff were not implicated in this). We found that the registered manager had reported to us and the local authority any concerns and had taken appropriate action to make people safe.

A person said, “I feel safe here”. Another person told us, “I feel safe when staff move me”. Staff told us that they had received moving, handling and hoist training. A person told us, “The staff take the most obvious care when they hoist me”. They also said, “All the girls [Staff] came in and they watched me being hoisted (as part of training) The staff asked me first and I did not mind”. The training matrix confirmed that the majority of staff had received the training and the registered manager told us that they were arranging further training and/or refresher training for staff. This demonstrated that safety practices were in place to ensure that people were not at risk from being injured by for example, hoisting equipment or unsafe moving and handling.

We found that the registered manager had secured input from West Midlands Fire Service who were offering a fire safety awareness session to people who used the service in July 2015. This would enhance people’s knowledge about measures they should take to prevent any untoward fire incidents.

A staff member told us, “If people fall regularly we work with outside agencies to prevent further accidents and incidents”. We saw that risk assessments regarding falls were reviewed regularly. Staff told us what they would do in emergency situations. Some staff told us how they had dealt with recent situations appropriately when people had fallen. This demonstrated that the staff knew of the provider’s emergency procedures and followed them to ensure that people received the required attention they needed.

People we spoke with were happy the way their medicines were managed. A person who used the service told us that they were happy for staff to look after their medicines. They said, “I would rather staff look after them. They give me them at the right times”. Another said, “The staff give me my tablets, they never miss”.

Our pharmacist spoke with five people who were being supported by the staff to take their medicines. We found that the staff were ordering their medicines and the provider had a good system in place to ensure medicines were always available to meet these people’s needs.

We also looked at the medicine administration records for these people and found the provider had good systems in place to record the quantities of medicines that were being received into these people’s homes. As a result of this we were able to audit the medicines and we found the medicine administration records were able to evidence that people were receiving their medicines as prescribed by their doctor.

We had been informed by the provider about a number of medicine errors that had occurred and the action that had been taken to prevent them happening again. We found that the service had a robust audit system in place that had identified the medicine errors. Systems in place ensured people received their medicines as prescribed. We found that staff regularly checked the administration records to confirm that people had received their medicines as prescribed. We found any discrepancies that were identified were dealt with promptly and appropriately, which ensured that people’s safety was maintained.

We also looked at the care plans and found that the information available reflected the needs for the safe administration of medicines. For example one of the people we visited had one medicine that needed to be administered half an hour before breakfast and one tablet that needed to be administered with breakfast. We found that the care plan and the visit schedule to the person reflected these needs.

People and their relatives told us that staff were available to provide the support required. The majority of people told us that the staff supported them at the time that had been agreed. A few people told us at times the staff were late for their care call. A person said, “Sometimes the staff are late, usually when there is an emergency. The staff don’t tell me but if ‘I pull the cord call’ [The call system]

Is the service safe?

they let me know". Staff we spoke with told us that there were enough staff to meet people's needs and keep them safe but problems could occur if staff phoned in sick. A staff member said, "Things are ok but there is not enough staff for back up when staff go off sick". Another staff member told us, "There was a time we were using agency. It has got better and absences have improved".

The registered manager was open with us and informed us that staffing levels had been a problem. They told us that staffing levels were adequate on a day to day basis but there was little contingency to cover if staff went off sick. They told us that if a staff member phoned in sick then they or a senior would step in and provide support to people or, additional care calls, were given to the staff on shift. They told us and provided evidence that they had taken action to address the situation by recruiting new staff.

We found that recruitment systems were in place. Staff confirmed that checks had been undertaken for them before they were allowed to start work. A staff member told us, "I had all the required checks before I started to work". Another staff member said, "I had proper recruitment processes". We checked three staff recruitment records and saw that pre-employment checks had been carried out. These included the obtaining of references and checks with the Disclosure and Barring Service (DBS). The DBS check would show if a prospective staff member had a criminal record or had been barred from working with adults due to abuse or other concerns. These systems minimised the risk of unsuitable staff being employed.

Is the service effective?

Our findings

All people and relatives we spoke with were happy with the service provided. One person said, “I cannot think of anywhere better I would rather be”. Another person said, “I have absolutely no problems here at all and my family feel the same”. A relative said, “I know I can leave here and Mum will be alright. It gives me peace of mind”. Another told us, “I am happy with my father’s care”. Staff we spoke with told us in their view the service provided to people was good.

Although people told us that at times the staff were late they were generally positive about the reliability of the support provided to them. One person said, “The staff always come to me when they should and on time”. Another person said, “I have two calls a day. They [The staff] always come”. A third person told us, “There is no problem with the length of my calls. The staff have stayed longer if they have needed to”.

People and their relatives told us that they generally had consistency of service as in general the same staff attended their care calls. A person told us, “Usually I have the same staff everyday”. Another person said, “Sometimes they change the staff around and there are some new staff but it is alright”.

All of the people and relatives we spoke with told us that in their view the staff had the ability to provide effective care and support. A person said, “The staff give care professionally as you would expect”. Another person told us, “The staff know what they are doing. The staff we spoke with told us that in general they had received the training that they needed. A staff member said, “I have had lots of training.” Another staff member told us, “I do feel confident and competent to do my job”.

One staff member told us, “I had induction when I started. I went through policies and procedures and introduction to people”. Another staff member said, “I went through induction and shadowing (Shadowing is when new staff work alongside experienced staff for them to meet the people who use the service and learn the job role). Staff files that we looked at held documentary evidence to demonstrate that induction and training processes were in place. All staff we spoke with told us that they felt supported on a day to day basis. One staff member said, “The manager is very supportive”.

We found by speaking with staff that they had knowledge of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguarding (DoLS) and what they should do. The training matrix and staff training certificates that we looked at confirmed MCA or DoLS training. The registered manager told us that they had referred some people who used the service to external agencies as they had concern about MCA and DoLS issues. They said, “One case may be going to the court of protection”. Records we looked at confirmed the referrals had been made. Relatives told us and records that we looked at confirmed that where people were unable to make decisions then they were asked their view and the local authority were involved. This demonstrated that the registered manager and staff knew the processes they should follow to ensure that, people were not unlawfully restricted in any way, and that decisions were made in peoples best interests.

People told us that staff always asked their permission before undertaking tasks or providing support and care. A person said, “They always ask me how I want things to be done explain what they are going to do and ask me first”. Another person said, “The staff always ask me first”. A relative told us, “The staff explain what they are doing”.

People had their breakfast and evening meal in their home. This they prepared independently or with support from staff. A midday main meal was offered in the dining room if people wanted this. A person told us that five days a week two main meal options were offered and one day a week it was chip shop day and another sandwich day.

One person said, “The staff ask me what I want to eat. The meals are nice”. In the dining room at lunch time we observed the cook asking people what they would like to eat and giving them options. We observed that people were supported to eat where they wanted to a person who used the service told us, “I like to go to the Gallery for my lunch meal [The name of the dining area in one unit] the staff take me up there every day”. We also observed that the meals were provided to meet peoples needs. We saw one person eating their lunch time meal earlier than the others and were told by a staff member that this was arranged to meet the person’s specific needs.

The people and relatives that we spoke with confirmed that staff knew of any dietary needs and risks if they were required to support people with eating and drinking. A relative said, “The staff know that my family member has to have their food liquidised”. Staff were aware of people’s

Is the service effective?

cultural dietary needs such as people requiring a vegetarian diet and described to us that some people required their tea drink prepared in a special way. Staff certificates that we saw confirmed that the majority of staff had received food hygiene training to ensure that they would prepare meals safely.

A person said, “The staff always look out for my health and check how I am getting on”. All people told us that when there was a need staff would support them to make doctor appointments and or access other healthcare professionals. A relative told us, “The staff pick up on things quickly. They let us know if they have had to call the doctor”. A second relative said, “If they [their family

member] are not well the staff call the doctor”. A third relative commented, “When they [Their family member] contracted a condition the staff dealt with it promptly”. A fourth relative told us, “My father has developed a condition, the staff have been really responsive”. Records highlighted and staff confirmed that when they identified that a person was in need of assessment and or/treatment from healthcare professionals they would discuss this with the person and/or their relative for them to take action. This demonstrated that where it was needed staff had taken the appropriate course of action to ensure that people’s healthcare needs were met.

Is the service caring?

Our findings

All of the people and their relatives we spoke with were positive about the staff. A person said, “The staff are very kind to me”. Another person told us, “The staff are caring”. A third person said, A relative said, “The staff are kind and friendly”. We heard staff asking people how they were. We heard staff asking people about them and their family and showing an interest. A staff member told us, “Staff bend over backwards to support people”.

People told us that staff supported them at a pace that was appropriate to meet their needs. A person told us “The staff are kind and patient”. Another person said, “The staff never rush me”. We heard staff reassuring people saying, “Don’t worry, no rush”.

People told us that they had positive relationships with the staff. One person told us, “As with human nature I get on with some staff better than others but they are all good”. Another person said, “I have a laugh and a joke with the staff”. A third person said, “From the start I have never had any problems, it has continued to progress. I get on well with the staff”. Staff we spoke with all gave a good account of the importance of maintaining positive relationships with the people they supported and their families.

A person who used the service told us, “Your privacy is the utmost importance to staff. They treat you with dignity and respect”. Another person said, “The staff always knock on my door. They wait for a response and only come in if I don’t hear to check I am alright”. A relative said, “The staff treat her with respect”. Staff we spoke with all gave us a good account of how they promoted privacy and dignity in everyday practice which included, ensuring that doors and curtains were closed and people were covered when undertaking personal care.

A person told us, “I was asked if I preferred male or female staff to look after me. I told them I am not bothered”. Staff told us that people were asked the gender of staff they preferred to provide their support. They also told us that where possible those choices were honoured.

All people and their relatives confirmed that staff listened to what was said to them and acted accordingly. One person told us, “The staff listen to how I like things to be done and that can change”. Another person said, “I like to do what I can myself. The staff just help me do the things that I cannot”. A staff member told us, “We always encourage people do what they can”. Relatives told us that staff encouraged their family member to retain their independence.

Is the service responsive?

Our findings

People told us that they felt that the service was responsive. One person said, “Before I came to live here I came and looked at the place to make sure I would like it”. Another person said, “Before I came here the staff asked me how I wanted to be looked after, what I could do and how I needed help”. Staff we spoke with gave us detailed accounts of the pre-admission processes that were followed to ensure that they could meet individual peoples needs. Records that we looked at confirmed those processes. A person said, “The staff know my needs well”. A relative said, “The staff know her well”.

A person told us, “The staff know how I like things to be done”. Records that we looked at had information about people’s likes and dislikes. A relative told us, “The staff know plenty about her”. All staff we spoke with gave us a good account of peoples likes and dislikes regarding their care. They told us that they had access to care plans and were aware of how people needed to be supported and their individual likes, dislikes and important individual needs. We saw that although care plan reviewing processes were in place some were in need of updating as the information was no longer correct.

People we spoke with told us that they benefitted from the religious services that they could attend. A person said, “I do like attending the services. I feel better afterwards”. Another person told us, “My faith is with me at all times. I get my church service watching the television”.

A person said, “There were not many activities before but in the last months there are and I really enjoy them”. Although people lived at the complex in their own homes a number of people told us that they liked planned activities. Two

apprentices had been appointed to work with an experienced staff member to provide some activities. We spoke with one apprentice who told us that they were working to increase activities provided in the future. We observed a session where memory boxes were being made. People looked happy when involved in the session. Staff and people who used the service told us about a trip that was being arranged to Bridgnorth. People and staff told us that the community library service visited once a month for people to select and change books.

A person told us, “Yes I have a care plan”. A relative said, “I look at my father’s care plan. It is definitely up to date”. People we spoke with confirmed that they had ‘records’ in their homes to give the staff instruction on how they should be looked after. When we visited people in their own homes we saw that care plans and records were available for them to read.

A person said, “I filled in a questionnaire”. A relative told us, “We are often asked our views”. The analysis from the questionnaires was on display in the premises and there was also a detailed account of what had been changed and where the service had responded where requests had been made.

People who used the service and their relatives told us that they were aware of the complaints procedure. One person said, “If I had an issue or complaint I would tell the staff”. We saw that complaints procedure was in place. We looked at complaints that had been recorded. We saw that the complaints had been responded to and complainants were given a timescale to confirm if they were satisfied with the handling of their complaint. This system would identify patterns or trends to alert the provider that they needed to take action on specific areas to make changes or improve.

Is the service well-led?

Our findings

At our last inspection of September 2014 the provider was not meeting one of the regulations that we assessed. This concerned the quality monitoring of the service. During this, our most recent inspection, we found that some improvements had been made. Although people and their relatives told us that in their view the service was well run and, although not sufficient to determine a breach of the law, we found that further improvements were required to demonstrate a well led service.

We found that although staff were supporting people to keep them safe the staffing situation was vulnerable as there had been staff sickness. Staff we spoke with were worried about the situation and although, not long durations, people told us that at times calls were late. This was confirmed by staff and the registered manager. Although the provider was recruiting new staff the situation of covering staff sickness had been managed by adding care calls to remaining staff, using bank staff and /or the senior carers and registered manager stepping in to cover shifts.

The impact of the registered manager and senior care staff having to provide support was that the quality monitoring and staff support systems the registered manager had implemented since our previous inspection often had to be delayed or postponed. Records that we looked at confirmed that the monthly monitoring of falls was last undertaken in May 2015. The registered manager confirmed that this was overdue. Staff told us that they felt supported by the registered manager on a day to day basis but staff meetings, their one to one supervisions and appraisals had been lacking.

We found that some care plans and records had not been updated as they should. One person's records stated that they lived with their partner. However, this partner had passed away. Another person's care plan reflected a specific task that they had requested be undertaken each day but this was not detailed in the file in the person's home. We found that a photo of one person had been put

in another person's care file. These issues should have been identified during audits but had not been which meant that there was a potential that the support delivered may not be correct.

The staffing levels had prevented the service from advancing. In 2014 the provider had invested in an electronic system that required staff to 'log in' at the start and end of their care calls. This system would then alert the registered manager if a care call was late and therefore prevent missed care calls. However, because of the staffing levels we were told that the system was not working as there were no staff available to oversee it. A senior manager told us that they had completed a business case for two additional staff to address this. At the time of our inspection this had not been agreed.

Relatives and people who used the service knew who the registered manager was and felt they could approach them with any problems they had. This demonstrated that the provided encouraged and promoted an open and transparent culture. The registered manager took an active role in the running of the service. Our conversations with the registered manager confirmed that they knew the people who used the service well.

Relatives told us that they had been given written information about the service and contact telephone numbers in case they needed to ring the service office to speak to a manager. One person said, "I can ring the office and speak to them if I need to". A relative told us, "I have the contact numbers to ring. I have not had a problem contacting the office".

All staff we spoke with gave us a good account of what they would do if they were worried by anything or witnessed bad practice. This was confirmed by our evidence gathering. One staff member said, "If I saw anything I was concerned about I would report it to the manager. We have policies and procedures regarding whistle blowing". This demonstrated that staff knew of the processes that they should follow if they had concerns or witnessed bad practice.