

Accord Housing Association Limited

Hightrees

Inspection report

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Date of inspection visit:
29 March 2019

Date of publication:
08 May 2019

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

About the service: Hightrees is a residential care home providing personal care and support to five people who were aged under 65 at the time of the inspection.

The care service had not originally been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. The home had been registered before such guidance was produced. The guidance focussed on values including choice, promotion of independence and inclusion so that people with learning disabilities and autism using a service can live as ordinary a life as any citizen. However, it was clear that people living in Hightrees were given such choices. The home was located in a residential suburb where people's independence and participation within the local community continued to be encouraged and enabled.

People's experience of using this service:

People who lived at the home continued to be supported to remain safe. Staff knew people well and supported them with kindness and consideration. We saw that staff were particularly sensitive and supportive when a person who had lived at the home for some time left during the inspection to move to another service.

People received medications safely and risks to people had been assessed and managed to identify and reduce or address the impact of any known risks. Other aspects of safety were well managed in the home, including fire safety and issues of personal safety.

People continued to be supported in a well maintained and comfortable home with access to all communal areas and private space as they wished.

People were supported to have choice and control over their day to day lives and received kind support and assistance from staff to exercise choice to make everyday decisions. Peoples rights were upheld and protected. People were protected from discrimination and supported to make full use of all community based facilities.

People continued to be supported by an established team of staff who provided kind and personalised care

to people living in the home. Safe recruitment of staff ensured people were supported by staff of good character and people were supported to be involved in the recruitment process.

The registered manager encouraged staff to identify and support opportunities for people to engage in community-based activities and enjoy a range of experiences in line with their wishes or interests. People's preferences and experiences were known to the registered manager and staff who encouraged and enabled people to do as much as possible for themselves.

There was a range of monitoring systems in place that checked if the home was well managed and effective in supporting people to have a good quality of life. People were supported by staff who were well trained and focussed on supporting people with their plans.

The home continued to meet the characteristics of a rating of good in all areas.

Rating at last inspection:

The home was rated Good at the last inspection (report published in January 2017).

Why we inspected:

This was a planned inspection based on the previous rating.

Follow up:

We will continue to monitor the home through the information we receive.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good 

The service was safe

Details are in our Safe findings below.

Is the service effective?

Good 

The service was effective

Details are in our Effective findings below.

Is the service caring?

Good 

The service was caring

Details are in our Caring findings below.

Is the service responsive?

Good 

The service was responsive

Details are in our Responsive findings below.

Is the service well-led?

Good 

The service was well-led

Details are in our Well-Led findings below.

Hightrees

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 checked 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 home, and to provide a rating for the home under the Care Act 2014.

Inspection team:

One inspector carried out this inspection.

Service and service type:

Hightrees is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The home had a 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 home is run.

Notice of inspection

The inspection was unannounced.

What we did:

We reviewed information we had received about the home since the last inspection in October 2016. This included details about incidents the provider must notify us about, such as abuse. We assessed the information we require providers to send us at least once annually to give some key information about the home, what the home does well and improvements they plan to make. We used all this information to plan our inspection.

In addition to meeting and speaking with all the people living at Hightrees, we spent time observing staff working with and supporting people in communal areas during the inspection. We also spoke with one relative and we spoke with two staff and the registered manager.

We reviewed a range of records. This included two people's care records and medication records. We also looked at the training records of all staff. We reviewed records relating to the management of the home.



Our findings

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

Good: ☐ People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People said and indicated that they felt safe in the home. We saw that people were at ease with staff and with each other in the home.
- Staff were clear about actions that they took to keep people safe from abuse or neglect. People's support needs were well known by staff. Staff were confident that any issues or concerns they raised would be responded to and acted on by the registered manager and provider.
- Records detailed how known risks were to be managed, to help staff keep people safe at all times.
- Staff had received training about safeguarding people. We saw that records were maintained detailing when this training had been provided and when refresher or updates were due.
- Staff were also very clear about other steps they would take should any issues of concern not be addressed. Staff referred to the providers policy to whistleblowing, advising that they felt sure they would be listened to and taken seriously if they needed to raise anything that they had seen that was wrong in the home..

Assessing risk, safety monitoring and management

- We saw that known risks were well managed in the home to help keep people safe.
- Individual risk assessments had been completed for people in the home and were followed by staff to reduce the risk of any avoidable harm and provide safe consistent care.
- We saw that action had been taken in respect of risks to a person from their changing healthcare needs. The action taken had included seeking out additional support for the one person trying interim measures of support to meet the persons needs with the least amount of change or intervention.
- Risk assessments were regularly reviewed and updated as needed.

Staffing and recruitment

- There were enough staff on duty to meet the needs of the people.
- On occasions the home engaged agency staff to cover staff absences or vacancies. Regular agency staff were used to provide continuity of care wherever possible.
- The provider had processes in place for the safe recruitment of staff with references and criminal record

checks carried out before staff commenced working in the home. These steps helped to ensure that staff were of good character. People using the service were also involved in the recruitment process, joining the interview selection panels. Recruitment interviews were taking place on the day of the inspection.

- The registered manager advised that all new staff would be expected to have suitable qualifications or would be required to undertake training in line with the Care Certificate Standards.

Using medicines safely

- We saw that people received their prescribed medications safely and on time, with clear records maintained of the administration.
- Staff had received training in medication administration which helped to ensure that people were supported by staff who knew about the clear guidance for administration and management of medication.
- There were agreed protocols in place for medicines prescribed to be taken 'as needed.' Approval was needed from senior staff to ensure people received such medicines only when other ways of helping the person had been explored.

Preventing and controlling infection

- The home was clean and tidy in communal areas and bathrooms.
- Staff told us that they had received training in how to reduce the risk of the spread of infection and there was a named infection control lead.
- The kitchen was very clean and organised with good standards of food hygiene maintained. The last inspection of the premises by the food standards agency had taken place in March 2017 and the rating awarded was the good (with level 4 awarded).

Learning lessons when things go wrong

- The registered manager advised that they undertook a review and analysis after any incident or near-miss to identify if there was any improvement or change that needed to be made reduce the risk of the incident happening again.



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

Good People's outcomes were consistently good, and people's feedback confirmed this.

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

- People's care and support needs had been identified at the time of admission and had then been reviewed regularly to identify how they had changed.
- Care and support plans were focussed and individualised with details of interests, wishes and any longer-term plans that were in place for each person. The plans contained specific detailed information in some instances about how a person was to be supported by staff.
- People's care plans included information known about how any specific support was to be provided in respect of culture, gender or religious needs.

Staff support: induction, training, skills and experience

- Many of the staff had worked in the home for a lengthy period of time and had received a wide range of training linked to their role.
- Staff said that access to training organised by the provider was good, one staff member said, "The training updates and reminders are good; ensuring we keep up to date and current." The staff then went on to describe refresher training that they were due to complete and referred to the registered manager also doing the training, "...so they know what we cover and set an example."
- When the home engaged agency staff to cover staff absences or vacancies each named agency member of staff received induction before they commenced working in the home.

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

- People were supported to eat a varied and balanced diet to maintain good health and had been involved in agreeing a range of meals that would be served in the home.
- People were supported to have information about what was planned for meals through a rotating four-week pictorial menu that was available along with a shopping list that was linked to menus chosen.
- People were involved in shopping for food and special diets were catered for. A range of alternatives were also available for people who had changed their mind about what had been planned.

- People who needed special diets were well supported by staff who helped them to understand what they should eat to keep healthy.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People attended medical appointments as required. People were registered with local GP services and whenever possible people were supported to attend the local medical centre for all healthcare appointments.
- Staff worked well with other agencies to support people. The registered manager had arranged for the staff group to receive additional information via visiting professional so that they could all provide consistent support to a person who had experienced a change in their healthcare support needs. When it had been determined that the person needed more support than could be provided by the home, the registered manager and staff had worked with the person's family and healthcare professionals to identify and secure a suitable new care setting for this person.
- People were supported by the home to receive consistent support through good communication with external agencies and professionals.

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

- The home was well furnished and people had shared use of the lounge, dining room, kitchen and laundry. In addition, there was a spacious accessible garden that was well used by people particularly during fine weather.
- The home was spacious and afforded people the opportunity to move around the home freely. The standard of decoration was good and had been well maintained.
- The bedrooms were spacious and had been personalised and decorated as people wished with support provided as necessary by staff. The décor and furniture within each bedroom reflected the tastes, interests and hobbies of the person.

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 home 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 saw that people were supported in line with MCA principles and found that authorised restrictions were being used as agreed.
- Staff were clear about the need to uphold people's rights. Staff respected and encouraged people to make decisions commensurate with their abilities.



Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good: ☐ People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- Communication between people and staff was good. Staff were aware of actions or behaviour that some people would demonstrate if they did not speak directly to staff but had some issues they wanted to share.
- People's individual needs and diversity were protected and promoted. Staff had ensured that cultural or religious preferences or needs had been noted in care plans so that they would be supported.
- People were supported to plan social events in their home. People in the home joined with another local home to hold parties or events, the other home – located next door, was also managed by the same registered manager.
- People living in the home enjoyed going out to local shops and venues and requested support from staff when they wanted to go out. We saw that staff negotiated and agreed times that they would be available to provide such support which was accepted by people in the home. Every request made was responded to positively by staff.
- People were well treated and supported and helped to make decisions about ongoing support. A relative of the person who was leaving the home commented positively about the support that had been provided to them. "The manager and staff have been so helpful. They have become my friends as they cared and helped [relative name]. We will miss them dreadfully ..."

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

- People using the service had experience of being involved in staff recruitment interviews.
- People had regular opportunities to meet with their keyworkers and other staff to help determine and plan their care and activities they enjoyed doing.
- People were involved in planning and deciding how their care and support was to be provided.
- A variety of different methods of communication were used by people with support from staff. Some people made use of pictorial communications aids.
- The registered manager advised of plans to further develop communication systems in the home in line with Accessible Information Standards to ensure that all people using the service had full equal access to information to their care plans, reviews and activity plans.

Respecting and promoting people's privacy, dignity and independence

- People respected each person's private space and we saw that everyone could have a key to their room if they wished however people had chosen not to have a key. We saw that no one entered another bedroom without being invited.
- People were supported to spend private time in their own rooms or in other areas in the home as they wished.
- People met with their visitors in their own room or in communal areas if they wished.



Our findings

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

Good: □ People's needs were met through good organisation and delivery.

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

- Each person had an individualised care plan which contained details of known preferences and interests alongside support needs. Staff ensured that the plans were focussed and individual to the person.
- People confirmed that they could have visitors at any time, and one visitor also confirmed that this was the case.
- Care plans contained specific detailed information about how people were to be supported in the house or when out in the community. One person sat with the inspector whilst viewing their care plan and it was clear that they recognised the plan and could point out specific parts of the plan including photographs.
- A pictorial rotating menu had been developed by staff alongside the specific shopping list for each week so that all the ingredients for the planned menus would be available. People used the shopping list when they went out shopping with staff.
- Everyone in the home could speak and share some information about their view of the home and staff providing support. Each person's preferred communication methods were known and understood by staff in the home.

Improving care quality in response to complaints or concerns

- A relative advised that they were comfortable raising issues of concern direct to the manager or care staff and referred to times when issue had been raised and then addressed. The relative advised that the registered manager and staff were approachable and they would contact any of them again if needed.
- The provider had an established complaints procedure and process in place.
- When complaints were received the registered manager dealt with them in line with the processes and records were maintained of action taken.

End of life care and support

- The home was not supporting anyone who was receiving end of life care at the time of our inspection. When required, care planning documentation was available. We were told that care plans and related discussions covered these issues and long-term plans would be put in place for people as needed.



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

Good: ☐ The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- There were established processes and procedures in place to ensure people received care and supported they wanted.
- The registered manager said they had an open-door policy so that people, relatives and staff could raise any issues or concerns or make suggestions. The registered manager understood the duty of candour requirement to be honest with people and their representatives when things had not gone well. The provider had a policy in place to guide staff if such incidents occurred.
- Staff received regular supervisions sessions and were able to attend regular staff meetings. They advised they could add to the agenda for such meetings and knew that whatever they had suggested would be discussed. Minutes of the last staff meeting showed that the agenda had included discussions about safeguarding, learning logs, and Driving Up Quality (an initiative introduced by the provider). Within the meeting minutes there was clear detail that the registered manager had discussed expectations about training and had shared information about staffing and recruitment.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager used clear established processes to review the quality of the home provided to continually improve the home.
- When the quality assurance audits indicated any shortfall or an issue the registered manager raised this with staff. Action plans were developed when improvements were needed because of audit findings.
- The registered manager has established 'champion roles' for staff in the home on topics such as diabetes management, medication audits and infection control. They advised that they were keen to increase the range of topics providing staff with opportunities to develop their knowledge whilst improving the home for people.
- The registered manager and provider understood the requirements of the regulations to make

notifications.

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

- The provider had an established annual system in place for seeking out and acting on the views and opinions of people, relatives and relevant stakeholders. The latest quality survey results were on display in the home and showed that people had expressed a high degree of satisfaction with the service and support provided by the home.
- There were regular opportunities provided for people, their relatives and professionals to become involved in giving feedback about the service and they were consulted on future developments.

Continuous learning and improving care

- The registered manager showed a keen interest in developing the service further in ways that would benefit people living in the home.
- The registered manager advised about changes and improvements that had been introduced in the recent past that had become part of everyday practice in the home. They anticipated that this would be continuing as part of a drive towards excellence.
- The registered manager had kept up-to-date with best practice developments as often as possible and participated in forums and meetings in a bid to continually improve the service.

Working in partnership with others

- In common with other registered homes managed by the same registered manager the service had good working links with other resources and organisations in the community to support people's preferences, meet their needs and enhance people's life experiences. People and their relatives, as well as staff, participated in events within the home and invitations were extended to people living local to the home which had been very successful.
- The provider had communication and information systems in place for registered managers from all their services to share or develop good practice. The registered manager participated in all such opportunities provided to identify possible developments or improvements.