

## Accord Housing Association Limited

# Showell Court

### Inspection report

Othello Road  
Low Hill  
Wolverhampton  
West Midlands  
WV10 9NN

Tel: 01902732783  
Website: [www.accordha.org.uk](http://www.accordha.org.uk)

Date of inspection visit:  
05 July 2017

Date of publication:  
05 September 2017

### 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

This announced inspection took place on 5 July 2017. At our last inspection visit in April 2015 the provider was meeting the regulations. Showell Court provides personal care to people in sheltered accommodation. At the time of our inspection there were 34 people living at the service who received personal care.

There was a registered manager in post at the time of our inspection. 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 told us they felt safe when staff were in their homes providing care. Staff knew how to recognise and report the signs of potential harm or abuse.

People's risks had been identified and assessments had been completed to ensure people received safe care. Staff stayed the expected length of time for calls. People did not always receive calls from a consistent staff group. The provider had systems in place to ensure people received their calls when staff were on leave or off sick. People were supported with their medicines if required.

People told us staff had the skills required to support them. Staff were provided with training and information to support people's care and health needs. The provider had safe recruitment processes in place to reduce the risk of unsuitable staff being employed.

Staff understood the need to gain people's consent to care before providing any support or assistance. Staff knew how to support people's choices. People were happy with the food and drink provided and were supported when required to access healthcare professionals.

People told us staff were caring. People said they were supported by staff to maintain their independence and their dignity and privacy was respected. People said they received care that met their needs and felt involved in developing their care plan. People said any issues were responded to quickly by the provider. People knew how to raise issues with the provider and were confident any concerns would be addressed.

People and staff were positive about the service and said the service was well managed. The provider listened to people's views and feedback to improve the service. Regular checks were completed to review and monitor the quality of care that people received; this included observing staff practice and reviewing records.

## 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.

People were supported by staff who knew how to identify signs of potential harm or abuse. Risks to people's health and welfare were assessed to protect people from harm. Staffing levels were adequate to meet people's needs. Systems were in place to ensure people got their medicines as prescribed.

### Is the service effective?

Good ●

The service was effective.

People were supported by staff who had the skills to meet their needs. Staff received training relevant to their role. People were asked for their consent before receiving care. People were supported where required to meet their nutritional needs and had access to health professionals as needed.

### Is the service caring?

Good ●

The service was caring.

People described staff as friendly. People were supported to make their own choices about their day to day lives. People were supported by staff that promoted their independence. People were treated with dignity and respect.

### Is the service responsive?

Good ●

The service was responsive.

People were involved in the assessment, planning and review of their care. People had access to a number of onsite activities and events. People knew how to raise concerns and a system was in place to ensure complaints would be listened to and dealt with.

### Is the service well-led?

Good ●

The service was well led.

People found staff and the management team approachable. Systems were in place for people and staff to share their ideas.

Staff felt supported in their roles. There were processes in place to monitor the quality of the service provided.

---

# Showell Court

## 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 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 service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 5 July 2017 and was announced. The provider was given 48 hours' notice because the location provides domiciliary care services and we needed to be sure that someone would be in. The inspection team consisted of one inspector and one expert by experience. The expert by experience had experience of caring for someone who may use this type of service.

As part of the inspection, we reviewed the information we held about the service and looked at the notifications they had sent us. A notification is information about important events which the provider is required to send us by law. We use this information to inform our inspection. Before the inspection, the provider completed 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.

We spoke with 15 people who used the service, five members of staff and the registered manager. We looked at four people's care records, records relating to medicines, three staff files and records relating to the management of the service.

# Is the service safe?

## Our findings

At our previous inspection in April 2015 we rated the provider as "requires improvement" under the key question of "Is the service safe?" We found during this inspection some people told us there was not always enough staff to assist them and one person did not receive the required support to manage risk to their health and well-being.

At this inspection people told us there were adequate numbers of staff to support their needs and said they stayed the expected length of time for the visit. One person said, "I don't always get the same carers but they do come and do what they have to do. They have not missed a call." Another person said, "I just started having the carers, its going okay they come on time." A third person said, "If they're short of staff, they have agency cover come in." Staff we spoke with had mixed views whether there were enough staff to support people's needs. They said during periods of sickness or annual leave additional hours were offered to existing staff otherwise agency staff were used to ensure people received their care calls. One member of staff said, "I think there are enough staff to support the people here." Another member of staff explained people received their calls but it was not always the same member of staff who provided people's care. One person said, "Every day we get agency staff. I never know who's coming until they come." This meant although there were adequate staffing levels to meet people's assessed dependency needs people did not always receive care from a consistent staff group.

We looked to see how the provider managed risks to people's health and support needs. People we spoke with said that they had been involved in all aspects of developing their risk assessments. One person told us, "I discussed my care needs and any risks I might have when my care package started." People we spoke with said potential risks had been identified and staff used equipment when required to make sure people were safe. One person told us, "I have a [pendent] if I need help I press the button and someone will come and help me." Staff told us about how they managed risks to people's safety. For example, one person used a wheelchair when mobilising for longer periods of time or for distance. Records we looked at identified risks people might face and guidance was available for staff to refer to in order to reduce these risks. Information was reviewed regularly and updated if a person's needs changed. Where people had falls, accidents or injuries these were reported and where required action taken. For example, reviewing risk assessments or referring people to the falls team. This demonstrated risk to people's safety had been assessed and staff knew what actions to take to keep people safe.

People told us they felt safe with the staff who supported them with their care. One person said, "I am happy here I do feel safe I have my own flat. Staff support me with my needs I feel safe with the staff." Another person said, "Yes I feel safe living here I have started to receive care now and I feel safe with the staff who provide it." 100% of people who completed surveys for us said they felt safe from harm with the staff that supported them. Staff we spoke with told us they had received training in safeguarding and were knowledgeable in recognising signs of potential abuse. One member of staff said, "If I saw something that might be potential abuse or I thought someone was at risk of harm I would tell my manager there is always someone available to speak to." Another member of staff told us, "I would refer any kind of abuse to the senior and they would raise it as a safeguarding." Staff were also aware how to escalate concerns about

people's safety to the provider and external agencies such as the local safeguarding authority or Care Quality Commission (CQC). We saw that where incidents had occurred concerning people's safety, staff followed the provider's procedure to protect people from the risk of abuse. The registered manager demonstrated an awareness of local safeguarding reporting procedures. Records we looked at confirmed this. We saw the provider had escalated a number of concerns to the local safeguarding authority where they suspected a person was at risk of harm or abuse.

Recruitment checks were carried out before staff started to work at the service. One member of staff said, "I completed an application form, had an interview and reference and Disclosure and Barring Service (DBS) were completed before I started working here." We looked at three staff member's files. These confirmed the provider had completed the appropriate pre-employment checks before staff members started work. We saw checks had been undertaken with regard to criminal records, obtaining references and proof of ID. We also found the registered manager ensured agency staff used by the service had appropriate employment checks in place before they supported people with their care.

We looked to see whether medicines were managed safely. One person told us, "They come in and give me my medicine I have no problems with this." Another person said, "My medication staff remember to give it to me, they've got it written down in the folder." A third person told us, "I am diabetic and have epilepsy. I have tablets and [staff] come on time." People's medicines were stored in their flats and where required were kept in a locked cabinet. Staff told us they felt confident supporting people with their medicines. Staff told us they had received training to administer medicines safely. We looked at the systems used to manage medicines and saw the registered manager completed reviews and competency checks of staff administering medicines to ensure people were receiving them as prescribed and in a safe way. People's records we looked at gave details of their medicine including medicines that were given as required. People's Medicine Administration Records (MAR) we saw were completed accurately. This showed the provider had systems in place to manage medicines safely.

## Is the service effective?

### Our findings

People said staff were competent in their role. One person said, "They know what they are doing." Another person commented, "I am very confident that they're trained." Staff said that they had received training which made them feel confident in their job. They told us additional training was provided when it was required or identified as an area that needed improving. Staff said when they started in their role they completed an induction which included training and shadowing more experienced members of staff. One member of staff said, "As part of my induction I shadowed some shifts and completed training. I also completed the care certificate." The Care Certificate is a set of national minimum care standards to provide staff with the skills and the knowledge to work in care services. Staff said that they felt supported by the management team and said they were always available should they need any advice or support. They said that they had regular opportunities to discuss any concerns at either one to one or team meetings as well as having their competency checks completed by their manager. Any issues that were identified through these checks were discussed with staff during their individual meetings. Staff were supported by the provider to gain the skills and knowledge required to support people's needs.

People we spoke with said staff always asked them for consent before carrying out any care or support. One person said, "Staff always speak with me and get my permission before doing anything. If I say no they accept this." A member of staff said, "I would try to encourage someone if they said no. I would explain the reason why but if they said no I would accept that and document their decision."

The Mental Capacity Act 2005 [MCA] provides a legal framework for making particular decisions on behalf of people who may lack 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 may lack 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. Any applications must be made to the Court of Protection.

We checked whether the service was working within the principles of the MCA and found that it was. The registered manager and staff were aware of the legislation and demonstrated knowledge of issues in respect of people's ability to make their own decisions. They said they had received training in the Mental Capacity Act [MCA]. The registered manager demonstrated knowledge and understanding around the law about people's rights and knew what steps to take if it appeared that someone's ability to make decisions was changing. The registered manager told us they had not made any applications to the legal body to deprive someone of their liberty. People who received support from the service all had capacity to make decisions and no one was deprived of their liberty. This meant that people's rights and freedoms were supported by the service.

People were supported to eat and drink enough. One person said, "[Staff] come and do my breakfast and prepare my dinner." Another person said, "[Staff] cook for me and leave drinks." Some people told us they used their own equipment in their homes and were able to prepare meals of their choice. Other people said they enjoyed the restaurant facilities on site. People said staff made sure that they had sufficient to drink.



Staff we spoke with were aware of people's individual needs in relation to food and drink and said they followed guidance available in people's records to support them appropriately. We looked at care records and saw that where people had specific dietary requirements these were recorded and guidance was provided on how to support people in this respect.

People told us they were supported by staff if required to access a range of different healthcare provision within the community. One person said, "[Staff] will call the doctor if needed." People's care records showed where contact had been made with healthcare professional's any advice given was reflected within the care record. Staff we spoke with said that they monitored people's needs and informed their manager if they thought a person's health needs might have changed. Staff told us they understood the need to seek emergency help when people needed this.

## Is the service caring?

### Our findings

People said staff were friendly. One person said, "Different staff come it depends who is working they are ok they are kind." Another person commented, "Staff are not bad. They are friendly enough." 100% of those people that responded to our survey told us staff were caring and kind. Staff we spoke with said that they knew the people they cared for well and they were able to give examples of how they supported people. One member of staff said, "You get to know people well what they can do and how they like things to be done."

People said staff listened to them and respected their choices. One person said, "I say what I need and staff do listen to me. They respect my decisions." Another person said, "I was involved in deciding what care and support I need. Staff do what I ask." People we spoke with said that they were able to make choices regarding their daily lives. One person said, "I make a choice in everything that I do, what I eat, drink, what I wear and what I do with my time. If I want to go out I go out." We saw people's choices and preferences on how they wanted their care and support to be delivered were detailed in their care records. We saw from the care records people had been involved in making decisions about their care.

People told us the service supported them to maintain their independence along with providing support to ensure they remained safe. One person said, "I do as much as I can for myself. I will eat in the restaurant if I want and staff will support me when I need it." 100% of the people who responded to our survey said the support and care they received helped them to be as independent as they could be. Staff members were able to share examples of how they supported people to remain as independent as possible. For example, by supporting people to manage their own medicines or with their personal care. One member of staff said, "People are supported to do as much as they can themselves. Some people need encouragement and it's about supporting them to do things as much as possible for themselves."

People said that staff delivered care in a respectful way. One person told us, "Staff are respectful when they provide care." Another person told us, "[Staff] wash me ever so well, with respect. They cover me with a towel." 100% of those people that responded to our survey told us staff treated them with respect and dignity. People lived in individual flats within the service and had their own keys to their homes which ensured their right to privacy. We observed in the communal areas of the service staff treated people with dignity by talking to people in a polite and respectful manner, listening and responding appropriately to any requests.

## Is the service responsive?

### Our findings

People told us when they started to use the service they were involved in their assessment, planning and decision about their care and support needs. One person told us, "I've got a care plan everything is written down." People told us they were involved in any review of their care and we saw people were asked if they were satisfied with the care and support they had received. Staff we spoke with were able to tell us about people's current needs and were able to tell us information about people's lives. Staff were able to tell us about how people liked their care delivered, their preferences as well as their support and health needs. They said they had access to people's care records which contained information and guidance about how to support people's needs appropriately. Care records we looked at were individual and contained information for staff to refer to about people's social, health and personal care needs. One member of staff we spoke with explained how they supported a person whose behaviour was sometimes challenging. They explained what they would do to support this person. Staff told us and we saw from the records any changes in a person's needs were reported to the management team. Information would then be updated in a person's care record and shared with staff to ensure staff were able to provide them with the care and support to meet their needs.

People told us a number of different activities took place within the service such as a popular fish and chip evening and exercise classes. Other people we spoke with accessed community facilities such as the shops and spent time outside the service with their family and friends. There was also a restaurant facility on site which people told us they enjoyed.

People told us they felt comfortable to approach and speak with staff about any concerns or worries. People we spoke with said that if they had any need to make a complaint they would speak with staff or the managers of the service. One person said, "I have no complaint or suggestion [of how to improve]. I'm always satisfied." Another person said, "I would speak to the staff or the manager if I had any complaints." Staff we spoke with were able to explain how they would handle complaints. One member of staff said, "It would depend on what the issue was I would try and help if I could or I would let manager know so it could be dealt with." We saw there was a system in place to manage complaints although there had been no recent complaints raised we saw details of how to raise issues or concerns were available in the communal areas of the service.

## Is the service well-led?

### Our findings

People told us they enjoyed living at the service. One person said, "I know who the managers are. Their offices are here so I could go and speak with them if I needed to." People told us they were able to speak with a member of the management team should they need to and said they found them approachable. Staff told us there was a clear management structure in place which they understood. The culture of the service supported people and staff to speak up if they wanted to. Information about raising concerns was clearly displayed within the reception areas. Staff we spoke with demonstrated a clear understanding of their role and responsibilities and were aware of the provider's whistle-blowing policy including raising any concerns to external agencies if required. Whistle-blowing means raising a concern about a potential wrong doing within an organisation. Staff told us they had one to one and attended staff meetings. These were an opportunity to share information and address any areas of concern that was relevant to their roles and responsibilities. The management team at the service also undertook spot checks to review the quality of service and assess staff competencies within their role.

People and staff told us that there were opportunities to discuss any issues or make suggestions about how to improve the service or do things differently. One person said, "We have tenants meetings." We also saw people were encouraged to complete questionnaires so that their views could be sought. For example, we saw people had been consulted about improvement to the communal gardens and saw that 15 people had responded. People and staff told us the atmosphere and culture of the service was open and everyone felt the management team encouraged all to be involved in the service.

The registered manager demonstrated good knowledge of their responsibilities as a registered manager. This included the requirement to submit notifications when required to CQC when certain events occurred such as allegations of abuse. We also saw the provider had ensured information about the home's inspection rating was displayed as required by law. We saw that the management team regularly audited the records to ensure the safety and quality of the service provided. These included medicines and staff training. We looked at the audit systems and saw that they were completed regularly and where action was needed we saw evidence of action being taken. For example, we saw staff were provided with time to read through a person's care requirements before visiting their flat. We saw that there was a system in place to identify patterns and these were used to improve the quality of service people received. This showed the provider monitored the quality of service people received.