

Accord Housing Association Limited

Furlong House

Inspection report

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Date of inspection visit:
21 March 2019

Date of publication:
26 April 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: Furlong House is a domiciliary care agency that was providing personal care to 25 older people and people with physical disabilities at the time of our inspection.

People's experience of using this service: People said staff were caring and kind. Staff treated people with dignity and respect, and protected and promoted their independence.

Risks to people were assessed and reduced. Medicines were managed safely. People were supported by stable staffing teams who had been safely recruited.

Staff were supported with regular training, supervision and appraisal. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice. Staff worked effectively with external professionals to promote people's health and wellbeing.

People received personalised support and were involved in planning and reviewing this. Systems were in place to help people communicate their wishes and views. The provider had effective complaints processes in place.

The registered manager was a visible presence at the service, and we received positive feedback on their leadership. A range of quality assurance checks were carried out to monitor and improve standards. The service had successful partnerships in place with other professionals and organisations that benefited people receiving support.

Rating at last inspection: This was the first inspection of the service since it was registered in November 2017.

Why we inspected: This was a planned inspection under our inspection programme.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

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.

Details are in our Safe findings below.

Good 

Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good 

Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good 

Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good 

Is the service well-led?

The service was well-led.

Details are in our Well-Led findings below.

Good 

Furlong House

Detailed findings

Background to this inspection

The inspection: We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: An inspector carried out this inspection.

Service and service type: This service is a domiciliary care agency. It provides personal care to people living in their own homes. People using the service lived in their own flats which were located in the same building. The service is registered to provide a service to older people and younger adults with physical disabilities, learning disabilities and autism, and people with mental health conditions. At the time of our inspection it was only supporting older people and people with physical disabilities.

Not everyone using Furlong House receives a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. For people the provider helps with tasks related to personal hygiene and eating, we also consider any wider social care provided.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection: We gave the service 48 hours' notice of the inspection visit because it is small, supports people in their own homes and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

What we did: Before inspection: We reviewed information we held about the service, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales.

We used information the provider sent us in the Provider Information Return. Providers are required to send

us key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We contacted commissioners of the relevant local authorities and the local authority safeguarding team to gain their views of the care provided by Furlong House.

During inspection: We visited four people at home with their permission. We looked at three care plans, three medicine administration records (MARs) and handover sheets. We spoke with six members of staff, including the registered manager, deputy manager and support workers. We looked at two staff files, which included recruitment records. We also looked at records involved with the day to day running of the service.

Is the service safe?

Our findings

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

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

Assessing risk, safety monitoring and management.

- People said they felt safe using the service. One person told us, "I feel safe around the staff."
- Risks to people were assessed and plans put in place to reduce them. These were regularly reviewed to see if improvements could be made to people's safety.
- Plans were in place to support people in emergency situations that disrupted the service. The registered manager had recently updated this to include some new national guidance.

Using medicines safely.

- Medicines were managed safely. People's medicine support needs were clearly recorded, including any relevant allergies and specific administration instructions.
- Staff received training in medicine administration and had regular competence reviews. People's MARs had been completed correctly with no unexplained gaps.

Staffing and recruitment.

- Staffing levels were based on the assessed level of support people needed and were regularly reviewed.
- The punctuality of visits to people was also monitored. This helped the registered manager ensure that enough staff were deployed.
- People said they were supported by staff they were familiar with and that staff were generally on time. One person said, "They're generally on time, they have to clock in and out so have to be on time. Only ever late in emergencies."
- The provider's recruitment processes minimised the risk of unsuitable staff being employed. This included checking on applicant's employment history, obtaining written references and completing Disclosure and Barring Service (DBS) checks. The DBS carry out a criminal record and barring check on individuals who intend to work with children and adults.

Systems and processes to safeguard people from the risk of abuse.

- People were safeguarded from abuse. Staff had access to the provider's safeguarding policy and received safeguarding training.
- No safeguarding incidents had been reported since the service was registered but staff were knowledgeable about the types of abuse that can occur in care settings. They said they would not hesitate to report any concerns they had.

Learning lessons when things go wrong.

- Accidents and incidents were monitored to see if improvements could be made to help keep people safe. This included reviewing whether additional support or external professional involvement was needed.

Preventing and controlling infection.

- Effective infection control processes were in place. Staff had access to the provider's infection control policy and guidance on good practice. Ample supplies of personal protective equipment, such as gloves and aprons, were made easily available to staff.

Is the service effective?

Our findings

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

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

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

- An initial assessment of people's support needs was carried out before they started using the service to ensure the right care was available for them. This assessment included people, relatives and external professionals involved in their support. The results of the assessment were used to design effective care packages.
- The service worked effectively with external professionals to maintain and improve people's health. Care records contained evidence of close working with external professionals such as occupational therapists and district nurses.

Ensuring consent to care and treatment in line with law and guidance; Assessing people's needs and choices.

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. Applications must be made to the Court of Protection when people live in their own homes.

- At the time of our inspection all of the people the service supported with personal care had capacity to consent. People had signed their care plans to consent to the support they received.
- People with conditions that can impact on capacity, such as a dementia, were presumed to have capacity in line with MCA principles. Processes were in place to monitor this to ensure support was available to help them make decisions if they lost capacity to do so themselves.

Staff support: induction, training, skills and experience; delivering care in line with standards, guidance and the law.

- Newly recruited staff were required to complete the provider's induction programme before they could support people without supervision. This included shadowing experienced members of staff and completing training based on the Care Certificate. This is a set of standards for staff who are new to care.
- Staff received regular training to ensure they had the knowledge and skills needed to provide effective support. This included training delivered by external professionals to ensure staff were aware of latest best practice.
- Staff spoke positively about the training they received. One member of staff said, "They're really good with training. We get all the training we need."

- Regular supervisions and appraisals took place to provide staff with support in their roles. Meetings were used to discuss knowledge and training and any other issues staff wished to raise. Staff said they found supervisions and appraisals useful.

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

- Some people received support with eating and drinking. Where this was the case their dietary support needs and preferences were recorded in their care records.
- People told us staff helped them to eat and drink the things they wanted.

Is the service caring?

Our findings

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

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

Ensuring people are well treated and supported; equality and diversity.

- People spoke positively about the support provided by staff, who they described as kind and caring. Comments included, "They're very kind to me. Always asking if they can do anything more when they've finished their jobs" and, "I'm happy with them."
- We saw friendly and engaging conversations between people and staff when we visited people in their homes.
- Staff clearly knew the people they supported well and could chat with them about their interests and relatives.
- People using the service were very independent and able to manage their own social relationships and networks, but staff were available to support this should it be needed. For example, visits were rescheduled to accommodate people meeting relatives and friends.
- Staff were committed to principles of equality and diversity and told us how they were committed to helping people live as full and free a life as possible. For example, staff supported people to practise their faith by arranging visits by a local vicar.

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

- Feedback was sought from people and acted on. Because people receiving support had homes in the same building, the provider was able to arrange regular feedback meetings. Minutes of these meetings showed people were encouraged to raise any issues they had.
- Annual feedback surveys were carried out to give people a chance to express their views. The most recent survey in 2018 contained largely positive feedback. All respondents said they were satisfied or very satisfied with their support.
- Regular informal feedback was obtained through chats people had with staff during support visits. Where issues were mentioned they were acted on.
- At the time of our inspection nobody was using an advocate, but policies and procedures were in place to arrange this where needed.

Respecting and promoting people's privacy, dignity and independence.

- People said they were treated with dignity and respect. Comments included, "They're respectful and polite" and, "The staff are always polite and respectful."
- Staff understood the importance of protecting people's dignity and enhancing their sense of self-respect. Applicants for jobs were asked about these principles at their interview. One member of staff said, "It starts with getting people's consent to support them, to make sure you're not impinging on their rights."
- Staff worked to protect and promote people's independence by encouraging them to do as much as was safely possible for themselves. One person had been assisted to increase their mobility which reduced the

amount of support they needed.

- Staff spoke positively about how they promoted people's independence. One member of staff told us, "It's drilled into us that we're there to promote people's independence and help them do as much as possible for themselves."

Is the service responsive?

Our findings

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

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.

- People received personal care based on the support they wanted and needed. Care plans were written with the involvement of people and their relatives, which ensured their voice was heard.
- Care plans contained detailed guidance to staff on how people wanted to be supported. These were regularly reviewed to ensure they reflected people's current needs and preferences. Care plans were quickly updated where people requested changes to their support.
- Staff were knowledgeable about people's care plans and support needs. They told us they were always updated on any changes to these. One member of staff said, "The plans have enough information."
- People felt in control of the support they received. Comments included, "They do what I want them to. I feel like I'm in control" and, "They do anything I want them to. I only have to ask."
- Staff understood the Accessible Information Standard and knew how to effectively communicate with people to ensure they received information in the most accessible way possible. Care plans contained information on any challenges people face to communication and how they could be overcome.
- At the time of our inspection nobody at the service was receiving support to access activities. The registered manager and staff were able to tell us how this would be done should this support be needed.

Improving care quality in response to complaints or concerns.

- Effective systems were in place to investigate and respond to complaints. People and relatives were given the provider's complaints policy when they started using the service.
- Where issues had been raised they were investigated following the provider's complaints policy, including sending outcomes to the parties involved.
- People told us they were aware of the complaints procedure and would be confident to raise any issues they had. One person said, "I'd know who to complain to."

End of life care and support.

- At the time of our inspection nobody at the service was receiving end of life support. Policies and procedures were in place to arrange this should it be needed. In the past people had been supported by staff to stay in their own homes and receive this care.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

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

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

- The registered manager provided strong and visible leadership of the service. People were familiar with the registered manager, and staff said they were open and approachable.
- Staff spoke positively about the leadership provided by the registered manager. Comments included, "I haven't got one bad word to say about the management" and, "You can always raise concerns with [registered manager]."
- Services that provide health and social care to people are required to inform the CQC of important events that happen in the service in the form of a 'notification'. The manager had informed CQC of significant events in a timely way by submitting the required notifications. This meant we could check that appropriate action had been taken.

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

- Care standards were monitored and improved using a range of quality assurance audits. These covered areas including care records, medicines and infection control. Where issues were identified action was quickly taken to address it.
- Staff said the service had a culture of providing high quality care and that they enjoyed working there. One member of staff said, "I've promoted this place to people."

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

- People felt they could express their views and opinions of the service and were supported to do this. One person told us, "The staff are always willing to change things if I ask."
- Feedback was sought from staff and was acted on. Regular staff meetings took place, and staff also completed surveys to share their views. One member of staff said, "We can all have our say."

Continuous learning and improving care; Working in partnership with others.

- The registered manager and staff worked effectively with other groups and agencies to continuously improve the support people received. A disability rights organisation had designated the service's office as a 'safe space' to help people with disabilities increase their confidence in accessing the local community. Staff at the service were completing the Alzheimer's Society's 'Dementia Friends' programme to help increase understanding of the experience of people living with a dementia.
- Staff accessed training provided by external professionals as part of the service's commitment to

continuous learning and development.