

Accredo Support and Development Ltd

Accredo Support & Development LTD

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Accredo Support & Development LTD is a supported living provider. It provides personal care, support and day services to people who are living in the community within supported living schemes. It provides a service to people living with learning disabilities, autism and mental health needs.

Supported living

Eighteen schemes operate over Leicester, Leicestershire and Coventry and are a combination of separate flats and shared houses. Each scheme varies and some people will have a self-contained flat, whilst others will have their own bedroom but share facilities with other people. Each scheme is different with some having a separate bedroom for staff sleeping there over night, whilst some only have an office space for staff who are awake through the night.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. Fourteen people were receiving support with personal care at the time of inspection.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People's experience of using this service and what we found

People were living safely with the risk of harm and abuse being minimised by the care and support given by staff. People were being encouraged to take positive risks and lead lives that were as independent as possible. People felt safe and trusted staff caring for them.

People received effective care and were offered choice from staff who knew them well. Staff were recruited safely and trained to provide care that met the complex needs of the people the service supported.

People felt cared for which improved their quality of life and well-being. Staff valued the people they supported and achieved job satisfaction from helping them.

People were encouraged to be independent and take part in activities and follow their interests in the wider community. This made people feel proud and that they had a sense of purpose.

Staff were led by supportive managers, including the registered manager. The service had an open and transparent culture which allowed staff to introduce ideas which benefitted the people they were working with.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

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

This service was registered with us on 23/01/2019 and this was the first inspection.

The last rating for this service was Good (published 24 October 2018). Since this rating was awarded the registered provider of the service has moved premises. We have used the previous rating to inform our planning and decisions about the rating at this inspection.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information 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?

Good ●

The service was safe. People were living safely with the risk of harm and abuse being minimised by the care and support given by staff. People were being encouraged to take positive risks and lead lives that were as independent as possible. People felt safe and trusted staff caring for them.

Is the service effective?

Good ●

The service was effective. People were receiving effective care and being offered choice from staff who knew them well. Staff were recruited safely and trained to provide care that met the complex needs of the people the service were supporting.

Is the service caring?

Good ●

The service was caring. People felt cared for which improved their quality of life and well-being. Staff felt passionate about the people they supported and identified job satisfaction from helping people.

Is the service responsive?

Good ●

The service was responsive. People were encouraged to be independent and engage with activities and interests in the wider community. This made people feel valued, proud and that they had a sense of purpose.

Is the service well-led?

Good ●

The service was well-led. Staff felt that they were led by supportive managers, and a supportive registered manager. An open and transparent culture was adopted which allowed staff to introduce ideas which benefitted the people they were working with.

Accredo Support & Development LTD

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by two inspectors.

Service and service type

This service is a supported living provider. It provides personal care to people living in their own houses and flats and specialist housing.

This service provides care and support to people living in eighteen 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

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. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 3rd January 2020 and ended on 8th January 2020. We visited the office location on 3rd January 2020 and 7th January 2020.

What we did before the inspection

To plan the inspection the provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

Information was gathered from the local authority and staff working with the service. We also contacted Healthwatch for information. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We used all of this information to plan our inspection.

During the inspection-

We spoke with five people who used the service and four relatives about their experience of care provided. We spoke with 11 staff members including the registered manager, nominated individual, two members of the quality assurance team, two team managers and five support workers. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed policies, procedures and care records. We looked in depth at the care records of two people including daily notes and medication records. We looked at two staff recruitment records. A range of records relating to how the service is managed including procedures, policies and audits were reviewed.

After the inspection –

We spoke to a professional who visited the service and asked for further information from the provider to validate the evidence found.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were safeguarded from the risk of abuse. Staff received safeguarding training and knew how to identify and report risk of abuse to team managers. A person told us "I feel safe, staff look after me all the time." A relative agreed and said "[In their previous placement] they felt unsafe and didn't trust anyone, now they do."

- Staff said they felt confident to whistleblow on poor practice or other concerns. Whistleblowing policies were available for staff to access, although some staff were not aware of Safecall they could contact if required. Safecall is an independent whistleblowing hot line.

- Staff told us that people's diversity and culture was respected. Staff completed equality and diversity training. Staff supported people to attend places of worship and take part in religious celebrations.

Assessing risk, safety monitoring and management

- People were supported to minimise risk. Care plans and risk assessments promoted individual safety. Staff enabled people to take positive risks, for example supporting one person to cook safely. Staff followed protocols and policies to keep people safe.

- Staff completed factual and accurate daily records. Information regarding risks or changes to people's presentation were shared amongst staff. An on-call telephone system operated at all times for staff to seek support and advice when necessary from team managers.

- Staff were knowledgeable about people and adapted their approach based on individual need. One staff member told us "[Person] could become agitated; giving [person] 15 minutes and then going back to offer care works well."

- Staff were trained in management of actual and potential aggression (MAPA) which is a technique of managing challenging behaviours. The registered manager told us restraint was rarely used, with de-escalation techniques being used instead. One staff member explained how they used MAPA de-escalation techniques with positive success. Staff reported newly introduced training methods have improved their understanding and use of MAPA.

- Safeguarding concerns are investigated by management. Safeguarding concerns and alerts were shared with the local authority and CQC. The registered manager reviewed incidents and shared information and lessons learnt with all staff.

Staffing and recruitment

- People were supported by suitably trained and reliable staff. One person had photographs of staff members in their home so that they knew which staff would be coming in to support them. Staff told us they

tended to work with the same people and had a regular working pattern.

- People were supported by staff according to their needs. Staff skill and experience was matched to the complex needs people had. One relative said "I have confidence [in staff]". Managers ensured there were enough staff on duty at all times to meet people's needs.
- Safe recruitment practices were used. Staff records were viewed and relevant checks had been completed before staff commenced work.

Using medicines safely

- Trained staff administered people's prescribed medicines. A person told us "Staff help me to take my medicines and explains things to me as I can't remember." Evidence of robust policies and procedures in line with National Institute for Health and Care Excellence (NICE) guidance were in place. Regular spot checks and medicines audits were completed by management.
- People's medicines needs were assessed in collaboration with relevant health professionals. One person had clear guidance in place from a consultant psychiatrist about medication refusal. Staff followed the guidance and protocols in place.

Preventing and controlling infection

- Staff followed infection prevention and control protocols by using personal protective equipment (PPE) such as gloves and aprons when carrying out personal care.
- Staff supported and assisted people to maintain a clean and hygienic living environment. Daily cleaning records were completed at people's homes.

Learning lessons when things go wrong

- Staff understood how to raise concerns, record incidents, and report them to management. Records confirmed this.
- Regular audits of incidents were completed by the registered manager and quality assurance team. Incidents were analysed and lessons learnt were shared at team meetings. Some staff said communication from management was not as effective as it could be. The nominated individual acknowledged that whilst communication does take place, improvements could be made and said they would take action to address this.

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.

This is the first inspection for this newly registered service. This key question has been rated Good.

This meant 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 needs and choices were met. One person told us "Staff help me with things because I get muddled and confused, but I do some things myself too." Care plans and risk assessments recorded people's physical, emotional and mental health needs, and how to provide personalised care.
- Equipment and technology were used to promote independence and improve quality of life. One person preferred to spend time on their own and had an alarm system in their bedroom which alerted staff to seizures. The person told us they were happy with how their need was being met.
- Staff told us they carried out visual checks on all equipment before it was used. Regular servicing of equipment was organised by staff for those who used specialist equipment such as hoists and hospital style profiling beds.

Staff support: induction, training, skills and experience

- People were supported by staff with relevant experience and training. One staff member told us they worked with a person due to their skill and experience in challenging behaviour management. A relative agreed that staff knew their family member well and could manage their behaviours in a positive way. Team managers said staff were matched to people's needs. A relative said staff were introduced and changed until the right team were in place.
- Staff received inductions and training required for their roles. Staff told us the introduction of face to face training had been a positive change. Training records were viewed which evidenced staff received regular training. Supervision was offered however not all staff consistently received this. Management were aware and identified that improvements were required.

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

- Staff supported people to eat and drink. People were offered choice in what they wanted to eat, and where necessary daily fluid and food charts were completed. A safeguarding investigation was partially substantiated regarding dietary intake not being adequate. Lessons learnt led to action plans and change to practice being introduced.
- People with complex health needs were supported to maintain a healthy diet. Staff followed guidance from Speech and Language Therapists (SALT), as well as the GP to minimise risk of harm. Where staff were concerned about a person they made relevant referrals to the GP to seek advice.

Staff working with other agencies to provide consistent, effective, timely care

- People's needs were met by joined up team work with other agencies. When required staff referred people to external agencies such as SALT and Physiotherapy. People were assessed by management before accessing the service.
- Staff were committed to providing effective and consistent care. One page assessments highlighting people's physical and mental health needs were available in people's care files. These could be accessed quickly if people required hospital treatment. This ensured that accurate and relevant information could be shared with health and social care professionals.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to access health care appointments. Staff worked alongside people to manage and understand their health conditions using communication aids and health passports. Staff told us they worked flexibly, for example they organised a home visit from a GP for a person who was anxious about going to the surgery.

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 when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff provided care in accordance with MCA and Deprivation Of Liberty Safeguards (DoLS) policies that were in place. Mental capacity assessments and best interest decisions were recorded and followed.
- People's dignity and privacy was respected. Staff knew people's preferences and described how they always sought consent before providing care. A staff member said " I always ask before I provide support. If the person declines, we try a change of face as [person] has their preference in terms of who supports them." A person told us that staff knocked before they entered their bedroom.

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.

This is the first inspection for this newly registered service. This key question has been rated Good.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- Staff supported people in a caring and compassionate way. People told us staff cared for them. A relative praised staff stating the care their family member received "is the best quality care they have had in the last five years. Accredo staff provide first class care". Another relative said they found staff to be "very caring".
- Staff knew people well. Background and personal information were recorded sensitively in care plans which staff followed. Staff told us they were respectful of people's feelings and worked hard to preserve people's dignity when carrying out personal care and support.
- Staff were observed to be warm and supportive of the people they worked with. Observed interactions between staff and people were positive. Staff wanted to provide people with high quality and personalised care. One staff member said they were there to "make a difference" for people.
- Staff mostly described positive team working, but there were clear divisions amongst some of the teams that were supporting people. Management were aware of the conflict amongst some staff and were proactively working to address the concerns through team meetings.

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

- People were involved in their care. Staff encouraged people and their families to be involved in making decisions about their lives. Staff provided information in easy read formats, and spent time discussing information with people to promote their understanding.
- Staff had time to meet the needs of the people they supported. The registered manager told us that team managers were not part of the daily rotas to allow them time to complete their responsibilities. Staff were able to spend time with people to provide emotional support and listen to people's concerns.

Respecting and promoting people's privacy, dignity and independence

- People were supported to be as independent as possible. Staff told us they encouraged people with tasks they have difficulties with, and celebrated the tasks that they were able to do. People's admired qualities were evidence in care plans.
- People's privacy and dignity were respected. Staff understood and respected people's diverse needs and qualities when carrying out support including personal care. One person was supported with personal care by the same gender staff to maintain their dignity in the way they wanted.
- Daily records indicated staff treated people in the way they wished. One daily record highlighted

separating out washing so that the person's clothes were not damaged. Staff said they provided good quality care and recommended the service to their relatives.

- Staff understood the importance of confidentiality. Care plans and daily records were kept securely. Staff shared information with relevant parties that required it in accordance with data protection and General Data Protection Regulation (GDPR).

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received person-centred care. Staff followed care plans but were also responsive to changing need. Detailed daily care records were completed and reflected choices that people were supported to make each day. Care plans and risk assessments were updated as people's needs and choices changed.
- People were encouraged to be independent and achieve goals. Outcome and recovery stars were being introduced so people could visualise their progress. One person told us "I want to be more independent and I want a job in a bar. Staff have helped me to work on my CV." A relative told us their family member has "objectives, and is trying to improve their life".

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People were provided with information in an accessible format. Information regarding health conditions were adapted for people with learning disabilities and included in people's care plans. Copies of complaints policies were also available in easy read formats. Staff supported people to use the documents and explained things to them when it was needed.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People are encouraged to have interests and pursue hobbies. Staff told us that people's cultural and religious needs were being met, and that people were being supported to integrate and access the local community. People were also supported to access the wider community, and some people attended college and discos.
- People were supported to maintain relationships with their families. People told us that they visited their families on a regular basis, or their relatives visited them in their homes. One person said that since leaving their family home their relationship with parents have improved.

Improving care quality in response to complaints or concerns

- People were aware of how to raise a complaint. People told us if they had complaints they would feel able to raise them with staff. A relative told us they had "no concerns", but they would approach the team manager if they did. A complaints policy and easy read version was available. The registered manager responded to complaints if any were raised.
- The registered manager operated a transparent approach to complaints and aimed to deal with any thoroughly and promptly with the complainant. Complaints were recorded and lessons learnt had led to changes in practice.

End of life care and support

- An end of life care policy was in place but no-one was receiving end of life care at the time of our inspection.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager and team managers were passionate about delivering high-quality person centred care. The registered manager believed in the provider's values and ethos and worked to inspire the same passion amongst staff. Staff told us they felt "part of a team", with some likening the service to a "big family".
- Staff service awards had recently been introduced to recognise the hard work and dedication that staff provided. The registered manager had offered staff the opportunity to complete additional training (for example, Management/Leadership Training and National Vocational Qualification training) to enhance their skills and abilities.
- Staff were encouraged to share ideas of how to improve the service. Staff told us management listened to and acted upon their ideas. A staff member described using walkie talkies to encourage communication with one person who struggled to do so. Positive outcomes for people were achieved.
- Staff felt supported by management. Staff told us they are able to access their managers when required. An on-call system operated throughout the day and night.
- Conflict amongst some staffing teams are negatively impacting upon staff morale. Management were aware of these concerns and actively managing them through team meetings and supervisions.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager has an open-door policy with all staff and people. Staff corroborated this stating management were approachable and listened to concerns and complaints. An open and transparent culture was adopted. The nominated individual acknowledged how positive change occurred after a staff human resource issue was not handled in the correct way leading to improvement being made.
- Regular quality assurance and audits were carried out. The registered manager reviewed incidents and complaints and acknowledged mistakes that occurred. Learning was shared amongst staff and across the services owned by the provider to attempt to prevent similar incidents occurring again.

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

- The registered manager understood their legal requirement to be registered with the CQC. Regulatory

responsibilities were completed by the registered manager such as reporting incidents and safeguarding concerns to the CQC.

- The registered manager and staff felt supported. The registered manager told us they felt supported by the nominated individual, and by the buddy system that operated for continual support. Staff told us they also felt supported by their team managers.
- Staff understood their roles and the management structure. Team managers and team leaders had time to complete duties related to the running of the service. Staff told us they reported to their team managers and shared any concerns and information with them to ensure consistent, safe and effective care was provided.
- Governance procedures and protocols were in place. The registered manager recorded and audited information to look for themes which informed how care and support were provided. The registered manager told us they "strive for excellence" and wanted to provide optimum care and opportunities to people who used the service.

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

- The service strived to be inclusive, but communication was not always consistent. Staff told us that communication was not as effective as it could be between management, staff and family members. The registered manager said this would be addressed and improvements made where necessary.
- People were involved in the local community. Staff supported people to access local amenities and attend social groups that interested them. A staff member told us people attended a local disco. A person told us they baked cakes for their neighbours occasionally.

Continuous learning and improving care

- There was a strong focus on learning and improvement. The registered manager attended monthly reflection meetings to share knowledge and lessons learnt. Staff attended regular team meetings.
- Regular audits and reviews of practice take place. The registered manager and dedicated quality assurance team review information and create action plans to improve the quality of care that people receive.

Working in partnership with others

- The service worked openly and collaboratively with external agencies. The registered manager told us they had positive working relationships with health and social care professionals. The registered manager was currently working on new links with commissioners in other counties to develop the business. Evidence was viewed from a social worker who praised the progress that a person had made with the service.