

Accord Housing Association Limited

Harborne House

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

This inspection took place on 8 March 2016 and was unannounced. The inspection was undertaken by one inspector. We last inspected the service 15 July 2013, all the regulations we assessed were met.

Harborne House is a residential care home for up to four people with autistic spectrum disorder and learning disabilities.

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 received a safe service, because the provider had clear procedures in place to support staff in reducing the risks of harm to people. Staff were trained and knew the procedures to help to keep people safe.

People were supported by sufficient numbers of staff that were trained, supported and suitably recruited to meet people's needs.

People received their medicines as prescribed and staff followed the provider's procedure to ensure medicines were administered and managed safely.

People's rights, privacy, dignity and independence were promoted and respected at all times.

People received food and drink to ensure they remained healthy and had access to health care professionals to support their health.

People pursued a range of social, work and community interests to enhance their lifestyle and well-being.

People received a service which focused on their individuality and they were involved in assessing and planning their care.

People and their relatives were confident that their concerns and complaints would be listened to and acted upon.

People received a good quality service from staff that were friendly and approachable. The management of the service was stable, with robust processes in place to monitor the quality of the service and to seek the views of people using the service.

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 received a safe service because, procedures were in place to help keep people safe and staff knew the procedures.

Risks to people were assessed and managed appropriately and there were sufficient staff that were suitably recruited to provide care and support to people. People received their medication as prescribed and there were procedures in place to support staff to administer people's medicines safely.

Is the service effective?

Good ●

The service was effective.

People received care and support from staff that were knowledgeable about their needs. Staff received effective support, training, supervision and development to enable them to care for people well.

People had control over what they ate and drank and staff supported them to maintain a healthy diet, lifestyle and health. People's right to give consent to care and support was respected.

Is the service caring?

Good ●

The service was caring.

People were treated well by staff, and their individuality, independence, privacy and dignity respected and promoted.

People made decisions about their care with support and guidance from staff and they were supported to maintain contact with relatives and significant people in their lives.

Is the service responsive?

Good ●

The service was responsive.

People received individualised care and support, because staff ensured they were involved in planning and agreeing their care.

People were confident that their concerns would be listened to and acted upon.

Is the service well-led?

Good ●

The service was well led.

People said they received a good quality service.

The service was monitored to ensure it was managed well. The management of the service was stable open and receptive to continual improvement.

Harborne House

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.

This inspection took place on 8 March 2016 and was unannounced. The inspection was undertaken by one inspector.

As part of our inspection we looked at the information we held about the service. This included, the last inspection report, notifications received from the provider about deaths, accidents/incidents and safeguarding alerts which they are required to send us by law. We reviewed reports sent to us by the local authority that purchased the care on behalf of people.

The provider had completed a Provider Information Return (PIR). This is information we asked the provider to tell us about what they are doing well and areas they would like to improve.

We spoke with one person that lived at the home, two relatives, the registered manager, the coordinator and two care staff. We looked at the care records of two people and the training and supervision records for two staff. Staff recruitment records were kept at the organisation's head office so we did not review these. Other records looked at included staff supervision and training records, audits and monitoring records completed by the manager, regular reports completed by the provider and safety officers and analysis of questionnaires.

Is the service safe?

Our findings

People spoken with told us they were safe living at the home. We saw that information about keeping safe was on display in the home. Relatives told us they had no concerns about their relations safety. Some people that lived at the home were not able to verbally tell staff if they had been harmed. However, staff knew people well and could describe how they would know if something was wrong with people. Our observations showed that people were comfortable in the presence of staff.

The provider information return (PIR) told us that they ensured staff were trained and understood the policies and procedures to help protect people from abuse and avoidable harm. Staff spoken with and records looked at confirmed that staff had received training on how to keep people safe from harm. All staff knew the provider's procedures for reporting any concerns about people's safety, including contacting external agencies if necessary.

People were protected from unsafe care and support. Records looked at showed that risk assessments and risk management plans were in place to support staff to manage risks to people's care and we saw that these were regularly reviewed. Staff told us about identified risk when supporting people and how these were managed. For example staff talked about someone that was at risk of choking and explained the action they took to support the person, so that this risk was reduced.

We saw that people lived in a home that was safely maintained. We saw that the home was well maintained and all staff spoken with and records looked at confirmed that all safety checks of the premises and equipment used had been completed and were up to date. The provider had a health and safety department that was responsible for ensuring the home was kept safe and all risks in the environment were identified and managed effectively. Staff spoken with knew the procedures for handling any emergencies in the home such as fire and medical emergencies.

People said there were enough staff to meet people's needs. One person told us, "Enough staff." We saw that the home was well staffed during our inspection. Some people were going out for the day and there were enough staff to enable each person to have an individual member of staff with them for the day. Staff said there were enough staff and that cover was always available if they were sick or on annual leave.

Staff spoken with said all the required recruitment checks were undertaken before they started working and that they received an induction into their role. An induction is the initial training received by staff when they commence work, so that they are clear about how to offer care and support to people. Staff told us that Disclosure and Barring Service checks (DBS) were undertaken before they commenced work and updated frequently. These are checks that are undertaken to ensure that staff do not have any relevant criminal offences that would prevent them from providing care and support to people that use services. Staff recruitment records were kept at the provider's main offices, so we did not review the recruitment process fully. However, the registered manager told us that a senior member of staff from the home regularly audited the recruitment records to ensure that all checks were up to date.

People said staff always supported them with their medication where as required. One person said, "Staff help with my tablets, they always give them to me." Procedures were in place to ensure all medicines received into the home and administered were recorded and all staff were aware of the procedures. Staff told us and records showed that medicines were audited at shift changeovers to ensure the amounts were correct. We saw that medicines were stored safely at all times. Staff were aware of how to support people with prescribed medication that could be taken as and when necessary and we saw that individual protocols were in place to help staff to do this.

Is the service effective?

Our findings

People that lived at the home and relatives spoken with said they thought the staff were well trained and knowledgeable about people's needs.

Staff spoken with were knowledgeable about people's needs. All staff said they received the necessary training, supervision, performance development and attended team meetings to support them to do their job. One staff member said, "We get all the training needed and extra training also." Training records looked at confirmed that the provider had a planned approach to staff training and there was an organisational overview of all training. This showed that the provider could assure themselves that staff had the required training and competencies to do their job well.

We saw that each person had a designated key worker assigned to them to (A key worker is a member of staff that is assigned to support a person in planning their care and support). The key workers support people in all aspect of developing and agreeing what support people required. Staff demonstrated good knowledge of how they obtained consent from people on a day to day basis, when providing care and support. One person told us about how their key worker discussed things with them and helped them in making day to day decisions about their lifestyle. We saw that people were going to the cinema for the day, the person living at the home who agreed to speak with us told us, "They asked me if I wanted to go to the cinema." We later saw that this person had changed their mind and made the decision not to go. Staff told us they would always discuss things with people and ensure their consent before providing care. A member of staff said, "We sit with [person's name] and do her care plan, she likes to know what is being written about her."

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. We saw that mental capacity assessments were in place for the people that may have limited capacity to make major decisions about their care. Staff had received training to enable them to understand how to protect people's rights.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). 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 were being met. The registered manager told us that applications for DoLS had been made to the local authority for people that required this, but authorisations had only been granted for one person to date. We saw that staff were working within the conditions of the DoLS authorisation, and knew that the authorisation would require reviewing.

People had a choice of foods and met with staff to discuss and agree what they ate during the week. Some people told us they helped with shopping for groceries and preparing meals for everyone. We saw a

member of staff supporting someone to prepare their lunch for the day. One person told us, "I cook my own food." We saw that fresh fruit and vegetables were available to promote a healthy diet. Menus were in pictorial format to help people to make choices about what they ate.

Staff knew how to support people that had specific dietary needs or were at risk of poor nutrition. A member of staff told us about someone who required a specific kind of diet and they described how they liaised with the relevant health professional to ensure the person's needs were met.

People's health needs were met and records showed that people had a health assessment and plan in place, to ensure their health needs were supported. One person said, "[Staff name] takes me to the doctors. I also went to the opticians to get some glasses." Relatives spoken with had no concerns about people's health care needs.

Is the service caring?

Our findings

People were supported by staff that were caring. One person told us, "They [staff] are all nice people. [Staff name], is special to me." We later saw the person's reaction when this member of staff came on duty. We saw the person and the staff member laughing and joking together and it was clear to see that there was a good relationship and special bond between them. We saw that all staff treated people with kindness and interacted well with people. We observed laughter and friendly banter between people and staff.

The provider information return told us that their staff undertake a two week induction training course, which gives them the knowledge to provide care with kindness, respect, compassion and dignity.

People were involved in discussing and agreeing their care and support needs, and we saw this happening during our inspection. We saw that information about the home and services on offer was available in an easy read format to help people to make decisions about moving into the home. We saw that information about independent advocacy services was available in an easy read format that was accessible for people, should they wish to use this service.

People's privacy, dignity and independence were respected by staff. People and their relatives told us and we saw that people lived as full and independent lives as possible. We saw that staff knocked people's door and waited to be invited in. Staff gave good examples of how they maintained people's privacy and dignity. Staff said there were designated dignity champions in the service and we saw that information was on display, stating that privacy, dignity and respect was at the heart of the home.

We saw that people were dressed in individual styles of clothing, which reflected their age, gender individuality and preserved their dignity. People told us that they chose their own clothes and were supported by staff to shop for clothing and personal items.

One person told us they did things around the house, such as helping with the shopping, shopping for their clothes, helping with the laundry and keeping their rooms tidy. This person also told us that they chose all the pictures, bed linen and curtains for their room. This ensured people's independence was promoted.

Is the service responsive?

Our findings

People using the service and relatives spoken with said people's needs were being met. One person told us, "I am happy here." A relative said, "The care seems to be fairly good."

Staff spoken with and records showed that detailed needs, risk assessments and person centred care plans were available for each person. The care plans and risk assessments gave staff detailed information of how they needed to provide care and support to meet people's individual needs. We saw that care plans were developed, agreed and reviewed with people and their key worker.

We saw that people's care plans were individualised and provided in pictorial formats for people who needed to access information this way.

People told us that they were supported to live a full and active lifestyle, doing the social activities that they liked to do. One person told us they worked in a day centre and that they previously attended the local college. One person told us about a holiday they had planned for later on in the year. Staff told us about the involvement of people in redecorating and furnishing the home and garden recently.

People maintained relationships with family and friends. People told us their families visited whenever they wished; this was confirmed by relatives spoken with.

People said they would complain to any member of staff if they were unhappy or worried about anything. No one we spoken with had any complaints about the service they received. We saw there was a process in place for handling people's concerns and complaints, there were no complaints on record.

Is the service well-led?

Our findings

People living at the home their relatives and staff told us that the management and staff were friendly. We saw that people could approach and speak to the managers whenever they wished. There was a friendly and open atmosphere in the home and people seemed settled and happy.

We saw that people were asked to give regular feedback on the quality of the service they received and these were analysed for trends and learning. A relative told us, "Happy with the care. The managers are very good and deal with any problems." Analysis of recent questionnaires that we saw showed a high level of satisfaction with the service. We saw that meetings took place with people living at the home, so staff could discuss things that mattered to people. Staff told us about how people had participated in making decisions about when and how they wanted the house and garden to be decorated.

The registered manager had been in post for a long period of time, so the management was consistent. The service had a history of complying with the requirements of the regulations. The provider and registered manager kept us informed about any changes or incidents within the service and were fully aware of the legal requirements upon them. The provider sent us their PIR when requested and it gave us the information we requested. We saw that the service was managed in line with the information we were given.

Staff said they felt valued and supported by the registered manager and the provider. Staff were aware of the whistleblowing policy and were confident that they could raise concerns and suggestions for improvements with the managers.

We saw that there were robust systems in place to monitor the service which ensured that it was delivered as planned. These included regular audits of staff training, medication, infection control, care and health records, staff recruitment records and safety processes and procedures. The provider/ senior manager visited the home monthly and completed a report of their findings with action points for improvements. We saw that the provider ensured that there was a continuous improvement plan in place to ensure any shortfalls identified whilst monitoring the service were actioned and addressed.