Accord Housing Association Limited

Accord Housing Association Limited - 53a Ipstones Avenue

Inspection report

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Date of inspection visit:
27 November 2018

Date of publication:
10 January 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

We inspected the service on 27 November 2018. The inspection was unannounced. 53a Ipstones Avenue is a care home for people with learning disabilities and autistic spectrum disorders. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The service accommodates five people. On the day of our inspection five people were using the service.

At our last inspection on 14 July 2016 we rated the service 'good.' At this inspection we found the evidence continued to support the rating of 'good'. There was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

People continued to receive a safe service where they were protected from avoidable harm, discrimination and abuse. Risks associated with people's needs including the environment, had been assessed and planned for and these were monitored for any changes. There were sufficient staff to meet people's needs and safe staff recruitment procedures were in place and used. People received their prescribed medicines safely and these were managed in line with best practice guidance.

People continued to receive an effective service. Staff received the training and support they required including specialist training to meet people's individual needs. People were supported with their nutritional needs. Staff identified when people required further support with eating and drinking and took appropriate action. The staff worked well with external health care professionals, people were supported with their needs and accessed health services when required. 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. The principles of the Mental Capacity Act (MCA) were followed.

People continued to receive care from staff who were kind, compassionate and treated them with dignity and respected their privacy. Staff had developed positive relationships with the people they supported, they understood people's needs, preferences, and what was important to them. People's independence was promoted.

People continued to receive a responsive service. People's needs were assessed and planned for with the involvement of the person and or their relative where required. Care plans were developed to support peoples specific individual requirements and staff knew and understood people's needs well. People received opportunities to pursue their interests and hobbies, and social activities were offered. There was a complaint procedure and action had been taken to learn and improve where this was possible.

The service continued to be well led. There was an open and transparent and person-centred culture with effective leadership. People using the service, their relatives and staff were confident about approaching the registered manager if they needed to. The provider had effective auditing systems in place to monitor the

effectiveness and quality of service provision. The views of people and their relatives on the quality of the service, were gathered and used to support service development.

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 remains Good	**Good**
Is the service effective? The service remains Good	**Good**
Is the service caring? The service remains Good	**Good**
Is the service responsive? The service remains Good	**Good**
Is the service well-led? The service remains Good	**Good**

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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 was a comprehensive inspection which took place on 27 November 2018 and was unannounced. The membership of the inspection team comprised of one inspector.

When planning our inspection we looked at the information we held about the service. This included notifications received from the provider about deaths, accidents/incidents and safeguarding alerts, which they are required to send us by law. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asked the provider to give some key information about the service, what the services does well and improvements they plan to make. We also contacted the Local Authority commissioning service for any relevant information they may have to support our inspection. We also contacted the Health Watch Birmingham who provide information on care services.

During our visit to the provider we met with two people who use the service and spoke to three relatives, three members of care staff and the registered manager.

We looked at the care records of three people and three staff files as well as the medicine management processes and records that were maintained by the provider about recruitment and staff training. We also looked at records relating to the management of the service and a selection of the service's policies and procedures to check people received a quality service.

Good

Is the service safe?

Our findings

People were protected from the risk of harm because there were processes in place to minimise the risk of abuse and incidents. Relatives we spoke with told us that they were confident that care staff kept their family members safe and secure. One relative told us, "The staff are absolutely fantastic. We (the family) can relax, we know [person] is safe and secure there and well looked after". Staff had received training in relation to mitigating and responding to risk of abuse and other incidents. Safeguarding investigations were carried out and lessons learned were shared with the staff team. Staff understood and told us about their responsibilities to protect people's safety. Staff told us that any suspicion of people being at risk of harm would be reported to senior members of staff or the registered manager.

Risk assessments were in place and staff understood their responsibilities to keep people safe and were knowledgeable about the potential risks. Staff we spoke with told us that they assessed potential risks on a daily basis and that formal risk assessments took place every six months. By looking at people's care plans we saw that risk assessments were reviewed on a regular basis. This demonstrated that staff were aware of the risks that each person might be susceptible to.

People were supported by sufficient numbers of staff who had the right mix of experience and skills to ensure that people were cared for safely. A relative we spoke with told us, "There's always plenty of staff around. They are never left without support if and when they need it". We saw that staff were available when people wanted them and they responded to people's requests quickly. Staff were well organised, communicated effectively with each other, people who used the service and external professionals. We saw that the provider had processes in place to cover staff absences. The information received in the PIR reflected what we saw at the location.

The provider had a recruitment policy in place and staff told us that they had completed a range of checks before they started work. We reviewed the recruitment process that confirmed staff were suitably recruited to safely support people accessing the service. We saw these included references and checks made through the Disclosure and Barring Service (DBS). The Disclosure and Barring Service (DBS) helps employers make safer recruitment decisions and prevent unsuitable people from working with people who require care. Information gathered on the PIR showed us that the provider was adequately staffed for the needs of the service.

People received their prescribed medicines safely. One person told us, "Staff look after my medication, they give it to me and keep it safe. I have pain killers, I ask staff and they bring it to me". We saw that staff gave people their medicine in a safe way. People had their medicine reviewed by the doctor. Staff had received training about managing medicines safely and had their competency assessed. Staff were knowledgeable about people's medicines. These audits had identified staff were not always checking that fridge temperatures were within safe limits and no action had been taken about this. The registered manager confirmed they would take robust action to ensure this was prevented from happening again.

People received their medicines safely and as prescribed. One relative we spoke with told us, "There's never

been any issues with their medication, everything's fine". Staff told us that they had received training on how to manage and administer medicines. A member of staff we spoke with gave us an example of how they supported people to take their medicines, "If someone is resistant to taking their medicine, I'd try to encourage them, maybe go away and return when they felt more relaxed, or even get another member of staff who they had a better relationship with". We saw that the provider had systems in place to ensure that medicines were managed appropriately. We saw that daily records were maintained by staff showing when people had received their medicines as prescribed. Audits were carried out monthly to check that medicines were being managed in the right way.

There were plans in place for emergency situations. For example, staff knew what to do in the event of an emergency, such as a fire, and each person had a personal emergency evacuation plan. The environment was clean and tidy and staff we spoke with told they understood how to protect people by the prevention and control of infection. A relative we spoke with told us, "The place is very clean generally, so is their room. I don't have any concern at all". A member of staff we spoke with told us about some of the infection controls in place, for example; colour coded buckets and cloths, the allocation of protective equipment for staff and that each person has their own individual washing basket to prevent risk of cross contamination. Staff also had access to equipment to maintain good food hygiene practices, such as different coloured chopping boards. Cleaning responsibilities were allocated to staff each day and the provider had monitoring systems in place to ensure that the location and people using the service were protected from the risk of infection.

Good

Is the service effective?

Our findings

We saw that the provider had processes in place that involved people and their relatives in how they received personalised care and support. Relatives we spoke with told us they felt that their family members care needs were supported and that they were involved in decisions about their care. A relative we spoke with told us, "The registered manager keeps me informed of everything; we talk regularly, we have a very good relationship". They continued, "They're following their care package to the letter". Staff could explain people's needs and how they supported them. Staff explained, and we observed, how they gained consent from people when supporting their care needs. A member of staff explained to us how a person who found communicating verbally difficult would communicate their wishes. They told us, "[Persons name] will hold my arm and direct me to where they want to go or what they want to do".

The provider supported people with their health care needs. Relatives we spoke with told us that the provider ensured that their family member attended scheduled medical appointments. One relative we spoke with told us, "The staff are very good at getting the doctor in if there are any [medical] concerns". Another relative told us, "They're [provider] very good if he [person] needs medical support. They changed their GP as they were not happy with the service they were getting. They're very proactive in that respect. They don't go along with things for their own convenience, it's all about [person's name]." Care staff we spoke with understood people's health needs and the importance of raising concerns if they noticed any significant changes. We saw people's care plans included individual health action plans and showed the involvement of health care professionals, for example; psychiatrists, dentists and opticians.

Staff had received appropriate training and had the skills they required to meet people's needs. A member of staff we spoke with told us, "There's a good mixture of classroom training and e-learning and if we need a refresher we can book it". They went on to tell us that they could discuss any specialised training requirements with the registered manager and that they were open and responsive to suggestions. We saw that the registered manager responded to training requests made by staff and was aware of the knowledge and skills that they needed to support people who use the service. We saw that training plans were reviewed and updated on a regular basis.

Staff told us they had regular supervision meetings with their line manager to support their development. The registered manager told us, that along with structured supervision sessions, they operated an open-door policy for informal discussion and guidance when needed. We saw staff development plans showed how staff were supported with their training and supervision.

Relatives we spoke with told us they were happy with the support they received from care staff with meals and drinks. One relative we spoke with said, "The food's fine, they don't overload them with food and their weight is good. At weekends they make them a bacon sandwich, which they love". There were two people on a specialist diets and staff understood how to support them. A member of staff we spoke with told us, "[Person's name] has a mashable diet. They likes crisps but can't have them, but they can eat softer crisps because they dissolve on his tongue". This showed us that staff knew how to support people to maintain a safe and healthy diet.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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. The people living at Ipstones Avenue had fluctuating capacity and were supported to make informed decisions about their care and support needs. Staff told us they had completed mental capacity training and were able to explain their understanding of how to support someone who did not have capacity to make informed decisions about their care and support.

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 saw that people at the home had capacity to make everyday decisions and therefore it was not necessary for the had provider to submit DoLS applications to the Local Authority. Members of staff we spoke with told us that they had received MCA and DoLS training and understood what it meant to deprive someone of their liberty.

We saw that people's individual needs were met by the adaptation and design of the premises. We saw that peoples rooms were decorated to reflect their individual styles and personalities.

Good

Is the service caring?

Our findings

People were treated with kindness and compassion. One person said, "The staff are very nice". Staff knew about the people and things that were important to them. They knew about people's preferences and how to get the best out of people. Staff showed concern about people's wellbeing and responded to their needs. They knew about the things that people found upsetting or may trigger distress. One relative we spoke with told us, "The staff are wonderful, you can see that they genuinely care for [person's name] and the other people". Relationships between staff and people were friendly and positive.

People and relatives were encouraged to express their views on how they preferred to receive their care and support. A relative we spoke with said, "The staff take all of my views on board. They listen to me and support all of mine and [person's name] wishes". The provider supported people to express their views so that they were involved in making decisions on how their care was delivered. We saw records of regular meetings with people using the service and personalised care plans with people's input documented. Staff said they had time to spend with people so that care and support could be provided in a meaningful way by listening to people and involving them. There was a 'key worker' system in place so that people had a staff member allocated to them to provide any additional support they may need.

Care staff we spoke with all understood and promoted the importance of respecting people's privacy and dignity. Staff knew how to protect people's privacy when providing personal care. We saw that staff knocked on people's doors before entering and addressed people in a kind and caring way. We saw staff throughout our inspection were sensitive and discreet when supporting people, they respected people's choices and acted on their requests and decisions. A relative we spoke with gave us an example of how the provider promoted their family members dignity, the told us, "We [person and family] went for a meal recently to a local pub. They booked everything for us, they even contacted the pub to make sure that [person's] food was cut up for them in the kitchen, which was wonderful and helped to keep their dignity". A relative told us that there were no restriction's on visiting their family member. One relative said, "There's absolutely no restrictions on visiting and we've [relatives] never turned up there and found that [person] was not clean or well dressed".

People were encouraged to be as independent as practicable. Staff gave us examples of how they encouraged people to do their own personal care, take their washing to the laundry room and help with cooking.

Good

Is the service responsive?

Our findings

People received personalised care that was responsive to their needs. People and their relatives were involved in the care planning process and their preferences about care and support were carefully recorded. A person we spoke with told us that staff were taking them out to buy batteries for their radio and that they liked to go shopping. A relative we spoke with said, "We were involved in [person's] care planning and we have review meetings every six months". They then gave us an example of how staff supported their family member hospital when they were delayed. They told us, "When we did arrive, there were two members of staff with them and this was around 12:30am, way beyond their working time". From our observations, we could see that staff responded to people's individual needs as and when required, for example; meal times were flexible and people chose to eat where they wanted to, either in the dining area or lounge. As people's needs changed we saw that these were reflected in their care plans. Care plans were in an easy read format and included pictures of individual people to identify and emphasise their particular care and support requirements.

Staff we spoke with told us how they got to know people they supported by talking to them, reading their care plans and by taking an interest in their lives. A relative we spoke with told us, "The staff know [person] really well. They don't talk much but we see them talking to staff and they understand them really well. They understand their needs and limitations. We haven't seen one member of staff who doesn't know how they needs to be looked after; it's very reassuring". Staff we spoke with were able to talk about people living at Ipstones Avenue, the interests they had and things that made them happy. We saw that care plans included information about people's individual care and support needs, including activities and hobbies they were interested in.

Staff we spoke with told us they had received training on equality and diversity and understood the importance of relating this to people they supported. A member of staff we spoke with told us how they offered people the same opportunities and didn't discriminate on the grounds of gender, culture, race or ability. They gave us examples of people attending cultural and religious events that they preferred.

The provider had a complaints procedure in place. Relatives we spoke with said they knew how to complain if they needed to and would have no concerns in raising any issues with the management team. One relative we spoke with told us, "If I need to raise a complaint I have a folder with all the details of how to do it formally, but I know I can talk to the registered manager's name if I have any concerns. It's all been good so far". We found that the provider had procedures in place which outlined a structured approach to dealing with complaints in the event of one being raised, and that these were used to improve and develop the service.

People's preferences and choices for their end of life care were recorded in their care plan. People had been asked about their preferences or wishes and staff were knowledgeable about these. People's families had been involved in working with their loved one and the staff at the service to ensure people's wishes were supported.

Good

Is the service well-led?

Our findings

At the time of our inspection there was a registered manager in post. 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. The provider had a history of meeting legal requirements and had notified us about events that they were required to by law, including the submission of statutory notifications. Statutory notifications are the forms that providers are legally obliged to send to us, to notify the CQC of certain incidents, events and changes that affect a service or the people using it.

We saw that people, relatives and staff were involved in making decisions about how the service was run. A relative we spoke with told us, "They always listen to my views and opinions. The provider sends out questionnaires for formal feedback, but informally they always have time for a chat". We saw copies of meetings with people and staff which showed how they were consulted on how the service ran. We saw that quality assurance and audit systems were in place for monitoring service provision. Information received from the local authority confirmed our findings that they recognised that the provider had effective systems in place to ensure quality service provision. The provider had systems in place for reviewing care plans, risk assessments and medicine recording sheets. We saw that the provider used feedback from people and relatives to develop the service.

A member of staff we spoke with told us that the registered manager and other senior members of staff were supportive and responded to their personal or professional requests. They told us, they felt valued by the provider and that they felt confident about raising any issues or concerns with the manager at staff meetings or during supervision. Staff we spoke with told us that they felt that they were listened to by the registered manager. They were clear about their roles and responsibilities towards people living at the home.

Relatives we spoke with told us that the registered manager and all care staff were approachable and that there was a posite, caring culture within the home. One relative we spoke with told us, "The Registered manager's name is great, really professional and very approachable. We get on really well and I know I can discuss anything with her. She runs the place very well indeed. There always seems to be a good atmosphere, staff seem happy and they always have time for you".

The provider informed us of how they worked closely with partner organisations to develop the service they provide. They told us how they attend meetings with the local authority, other service providers and healthcare professionals to identify areas for improvement and aims for social care provision in the future. Information within the PIR reflected this.

Staff told us that they understood the whistle blowing policy and how to escalate concerns if the needed to, via their management team, the local authority, or CQC. Prior to our visit there had been no whistle blowing notifications raised at the home.

Duty of Candour is a requirement of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 that requires registered persons to act in an open and transparent way with people in relation to the care and treatment they received. We found that the provider was working in accordance with this regulation within their practice. We also found that the management team had been open in their approach to the inspection and co-operated throughout. At the end of our site visit we provided feedback on what we had found and where improvements could be made. The feedback we gave was received positively.