Accord Housing Association Limited

Hightrees

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

Our inspection took place on 19 October 2016 and was unannounced.

The provider is registered to accommodate and deliver personal care to five people who have autistic spectrum disorder and/or learning disabilities. Five people lived at the home at the time of our inspection.

At our last inspection of May 2014 a breach of regulations was identified. Action was needed to ensure the correct and safe storage of food to protect people from the risks of food-borne illnesses. At this inspection we found that this action has been completed.

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.

People were protected from the risk of harm and abuse because staff had received the training they needed to recognise and report abuse. Risks associated with everyday living had been identified and managed so that people were protected and staff were aware of what they needed to do to reduce risks. Staff were recruited safely and staffing levels ensured that people were safe and received the care and support that they needed in the way that they preferred. People received their prescribed medicines by staff who had been trained to do this safely.

Staff were provided with the training they needed to meet peoples specific needs. Staff had regular supervision to reflect on and develop their practice. The principles of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguarding (DoLS) were understood by staff who ensured that they sought people's consent and did not unlawfully restrict their liberty. People's dietary needs were met and they were supported to eat and drink sufficiently. People had access to a range of health care professionals to meet their healthcare needs.

People were supported by staff who were kind and friendly. Staff actively involved people in identifying their needs and preferences and this had increased people's level of control over their lives. People were cared for by staff that protected their privacy and dignity and respected them as individuals. People were supported to pursue their hobbies and interests and maintain positive relationships with their relatives.

The management style was supportive and staff were highly motivated to develop the service to ensure that people were benefitting from a service that was continually improving.. The quality of the service was regularly monitored to ensure it remained safe and responsive to people's needs. People's feedback was sought and acted upon and the process for responding to complaints was effective.

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.

Staff had been trained to keep people safe from abuse and harm. Risks to people's welfare were identified and managed.

Staffing was arranged to meet people's specific needs.

People received their medication as prescribed because the provider had safe systems in place.

Is the service effective?

Good

The service was effective.

Staff had the skills and knowledge they needed to support people's individual needs.

Staff ensured they sought people's consent and appropriate authorisations were in place where people's liberty was restricted for their safety.

People were supported to maintain with their nutritional needs and had access to health professionals to keep them well.

Is the service caring?

Good

The service was caring.

People were treated with kindness and respect by staff that knew them well.

People's independence was actively maintained.

People were supported to make choices and decisions about their day to day lives.

Is the service responsive?

Good

The service was responsive.

Care was delivered in a way that met people's individual needs.

People were supported to maintain links with the local community and people important to them.

Arrangements were in place to ensure that concerns and complaints would be listened to and dealt with.

Is the service well-led?

Good

The service was well led.

There was an open and inclusive atmosphere in the home which ensured that people and staff were involved in decision making regarding the service provided.

The registered manager provided clear leadership and motivated staff so that the quality of the service was maintained.

Quality monitoring systems were used effectively to ensure that the service was safe and was run in the best interests of the people who lived at the home.

Hightrees

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 was planned to check 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 19 October 2016 and was unannounced. The inspection was carried out by one inspector.

We reviewed the information we held about the service. Providers are required by law to notify us about events and incidents that occur; we refer to these as notifications. We looked at notifications that the provider had sent to us. We took the information provided into account during our inspection activities.

We asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The form was completed and returned to us within the timescale we set.

We asked the Local Authority commissioning service for any relevant information they may have to support our inspection. We spoke or spent time with five people who lived at the home, spoke with the registered manager, deputy manager and three care staff. We looked at the care records and medicine administration records of three people, and the recruitment records for two staff. We also looked at records which supported the provider to monitor the quality and management of the service, including health and safety audits, medication audits, accident and incident records and the results of their stakeholder surveys.

Good

Is the service safe?

Our findings

People told us that they felt safe living at the home. One person told us, "I'm not afraid of anyone and I can tell if I am". Another person told us, "Staff don't shout at me or be nasty". People told us they were happy living at the home and we observed that people were relaxed in the presence of staff and confident in approaching them .

Staff had received training in protecting people from abuse and had a clear understanding about the different types of potential abuse that could occur. A staff member told us, "I have done safeguarding training and I know how to report any concerns I might have". The provider information return (PIR) told us that staff were trained and understood the policies and procedures to help protect people from abuse and avoidable harm. The information we Car Quality Commission (CQC) hold showed that the provider had reported incidents of concern to the appropriate authorities. Staff confirmed that they were regularly involved in revewing incidents so that lessons could be learnt following the outcome of safeguarding incidents. This enabled them to review their practice to ensure they were taking all the steps they could to keep people safe. A recent situation had resulted in repairs to the rear gate being identified as being needed. The registered manager told us that in the interim the safety of the person when in the garden was being addressed with increased supervision. Staff we spoke with were all aware of the importance of being aware of the person's whereabouts.

Staff recognised that changes in people's behaviour or mood could indicate that they may be being harmed or unhappy. They were able to demonstrate to us how they encouraged people to speak up about things that worried or upset them. We saw in people's records that they were regularly asked about what makes them upset or unhappy. Staff were familiar with these situations and the behaviours that could upset other people if they escalated. Action to avert these situations had been taken. For example one person had been provided with a door alarm to alert staff to an individual who was likely to enter their room uninvited. This had helped to minimise the potential for retaliation. This meant that staff used their insight well to protect people from avoidable harm.

Risks to people's safety had been assessed and detailed management plans were in place to guide staff as to the actions needed to keep people safe. We saw that staff were well informed about the individual risks to people from a range of health related conditions such as epilepsy, diabetes or falling. A person identified as at risk of falling and who required the use of a walking aid was observed to have poorly fitted footwear which they were unable to keep securely on their feet. A staff member we spoke with acknowledged that this was a risk and supported the person to change their shoes. We saw that accidents, incidents and falls were monitored and there had been no incidence of falling for this person. The registered manager told us that they would ensure staff reviewed new risks and followed risk management plans to ensure people's safety.

Where people may behave in ways which put themselves or others at risk we saw intervention plans included the recommendations from other external professionals to reduce risks to people's safety. Risks related to daily activities such as accessing the community or using transport had been planned for so that

people had consistent support needed to keep them safe. We observed that people were supported in accordance with their risk management plans. For example, we saw that people took part in community activities and daily tasks such as cooking with the support they needed.

People told us that staff were available when they needed them and we saw staff were always visible in the communal areas and responded to people's requests. One person told us, "Staff take me out nearly every day". Another person told us, "Staff help me cook and go shopping". We saw from people's records that staffing levels enabled people to have the support they needed to undertake a variety of daily activities. Staff told us that they had no concerns about staffing levels being sufficient to meet people's needs. The registered manager had assessed the numbers of staff needed and taken account of people's dependency levels. Additional staffing during the day ensured that people's planned events outside of the home could be accommodated. Where people required additional staff to keep them safe we saw that this was in place. Our observations showed that people had a high level of staff contact to do the things they wanted. For example we saw people had one to one staff in the kitchen to prepare breakfast, lunch and dinner. One person told us, "I cook every day with (staff members name)". Staff told us that there was always a senior or manager on duty and that out of hours an on call manager was available in emergencies.

Staff told us that recruitment checks were carried out before they started work. The registered manager told us that recruitment checks were carried out by the provider's central recruitment department. Staff recruitment records were kept at the provider's main offices but the registered manager arranged for us to view these. We saw that safe recruitment processes were followed to include obtaining references, identification documents , health checks and a disclosure and barring service check, (DBS). The DBS check identifies unsuitable people from working with vulnerable people.

People received their prescribed medicines safely and when they needed them. One person told us, "I don't look after my medicine I get mixed up, staff give it to me". We saw that medicines were kept in a safe location and that all staff including night staff had been trained to administer medicines. A range of checks were undertaken to ensure staff remained competent in this area. Staff were aware of how to support people with prescribed regular medicines. How people preferred to take their medicines was clearly explained in their care plans. Medication Administration Records (MARs) had been correctly completed and regular audits of medication had been undertaken to ensure safety.

Good

Is the service effective?

Our findings

At our last inspection of May 2014 a breach of regulations was identified because the storage of food was not appropriate to protect people from the risks of food-borne illnesses. At this inspection we found that staff were ensuring that food items were wrapped, dated and stored correctly.

Everyone we spoke with told us that they enjoyed their meals. One person said, "We make shopping lists and cook our food". Another person gave us a 'thumbs up' to indicate they were enjoying their meal. We saw that people were fully involved in menu planning and food shopping. Throughout the day we saw people were enabled to actively engage in preparing and cooking meals for everyone in the home. One person told us, "I like to make my sandwiches but no salad on it just meat". Peoples likes and dislikes were recorded and known by staff. Specific risks associated with eating and drinking had been identified and guidance from the dietician and speech and language teamwas evident.

Care plans highlighted any factors that may increase risks to people when eating or drinking. This included episodes where a person's health declined to a level where they were at increased risks when eating.We saw that management plans were in place and staff were very well informed about how to manage and monitor the risk to this person. People were offered hot and cold drinks regularly throughout the day and accessed the kitchen to make their drinks. We saw people had lots of regular opportunities to eat and drink outside of the home. One person told us they went out daily for, "Coffee and cake" and another person told us they liked to go to the pub for, "A drink and crisps".

People told us they liked living at the home and described staff as understanding their needs and providing the support they wanted. One person said, "I like it here I do lots of things with staff". Another person told us, "She, (pointing to staff) is very good; looks after us, helps me, takes me out".

Staff told us about the induction training that they had received. A staff member said, "I was well supported and was given time to get to know people and worked alongside experienced staff". Staff had recognised vocational qualifications in adult social care and new starters underwent the Care Certificate induction standards.The Care Certificate consists of an identified set of induction standards to equip staff with the knowledge they need to provide safe and compassionate care.

Staff told us that they felt supported on a day to day basis. One staff said, "I have regular supervision and can discuss any issues I have". All staff had access to training in autism and we saw that they were aware of people's level of tolerance, communication needs and behaviours which helped them to anticipate people's needs. Some people experienced sensory difficulties and anxiety and we saw staff ensured people had 'space' and 'routines' that they were familiar with. One staff member told us, "We have been trained to manage people's behaviour in a positive way; looking at prevention, anticipating situations and re-directing people". We saw staff utilised these skills when supporting people who became agitated and this reduced the potential for conflict with their peers. There was a planned approach to training which focused on people's specific needs. For example staff had training in and knew how to manage conditions such as diabetes and epilepsy. All of the staff we spoke with demonstrated a thorough understanding of people's

individual needs and how to meet these. We saw that staff were consistent in their approach and communicated well with people both verbally and using gestures to support their understanding.

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 staff involved people in making some choices and decisions about their care. For example, what they wanted to do and where they wanted to go. Capacity assessments were in place where staff believed that people lacked the mental capacity to consent to decisions about their care or treatment. We saw that some decisions had been made in people's best interest and had included an advocate to represent the individual person's views.

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. We saw that the registered manager had made six applications to the local authority and that they had been approved. Staff we spoke with told us that they had received training on the Mental Capacity Act (2005) and DoLS. Staff were working within the conditions of the DoLS authorisations and could explain how this impacted upon each individuals safety and the limitations in place for that person.

Staff were able to tell us about the healthcare needs of the people they supported. They spoke about how they supported people to maintain good health and with their changing healthcare needs. Health Action Plans (HAPs) were being developed. A HAP describes all the factors needed to keep a person healthy, the health conditions the person has and the health professionals who support the person. Records showed that people accessed a range of medical and social care professionals and that any health care concerns were followed up in a timely manner with referrals to the relevant services. We saw that 'hospital passport' documents were in place that included the information hospital staff would need to provide appropriate, safe, care and support.

Good

Is the service caring?

Our findings

A person who lived at the home told us, "I love (pointing to a member of care staff) she's my friend". Another person told us, "Staff are nice and kind to me".

We observed positive interactions between people who lived in the home and staff. Conversations were caring, jovial and respectful. We saw that staff frequently initiated contact and conversations with people and took the time to listen to them.

Staff demonstrated a good understanding of people's needs and knew people well. This included their likes, preferences and their preferred routines. We saw that one person had a regular 'favourite' place that they liked to go to and a routine of when they liked to go. Staff interpreted the person's behaviour (putting their coat on) as indicating they wanted to go there and supported them to do so. This showed staff knew what was important to people and what made them happy.

We saw staff knew people's preferred method of communication and could interpret people's gestures and facial expressions. Records we looked at showed that people had care plans in place that included information about their communication needs. This included how they communicated if they were upset, unhappy or becoming anxious and what to do to reduce people's anxiety. We saw that staff recognised and responded to a person who was becoming anxious by talking calmly and reassuring the person, this reduced their anxiety.

We saw that people were involved in making decisions about their own care via one to one meetings with their keyworker. This enabled people to explore what they wanted. Staff told us that they used picture and electronic resources so that people were supported to identify their needs. Records of meetings showed that staff had acted on people's views. We saw that people had been supported by independent advocates to represent their interests in matters important to them. This demonstrated that the registered manager knew how to seek additional support for people.

Staff told us how they promoted people's sense of well-being. One staff member told us, "We try to encourage people to be actively involved in the things that matter to them". The provider told us in their PIR, "By working with the Eden Project and receiving the Eden Accreditation this has developed an ethos that prompts the customers to develop their home environment internally and externally". We saw that this project had resulted in people taking responsibility for their environment. For example all of the people had been involved in redecorating the lounge and improving the garden areas. People had used tools they had not handled before such as a sander. Items of furniture had been recycled. A person showed us a coffee table they had sanded and varnished and we saw multi painted fence panels, shed and brightly painted plant holders . People who lived in the home had purchased some pets; budgies and fish. One person proudly told us that they, "Feed the fish". People told us they 'liked' their pets and we saw they were proud of their achievements in caring for their pets and in changing the home environment.

Staff told us how they promoted people's dignity in everyday practice. We saw that staff supported people

with their appearance and sensitively prompted them when they needed support in this area. We heard staff compliment people on their appearance and one person who had changed their clothes a number of times was clearly elated with the staff response. They told us how they enjoyed, "Shopping for my own clothes," and, "This is my favourite jacket". We observed that people could spend time alone in their bedrooms or in quieter areas of the home. Staff were respectful of people's need for personal space and we saw they prompted other people to respect this also. People told us they liked their own bedrooms and their own possessions. People had been well supported to create their own personal space in bedrooms with pictures and decoration of their choice. We saw that staff were mindful of protecting people's privacy whilst in their bedrooms.

People were supported to be as independent as possible and develop their skills. We saw that all aspects of daily living included people being involved in tasks such as cooking, shopping and tidying up. People told us they enjoyed doing these things for themselves. One person said, "I do cooking and go shopping and I did my bedroom with paint".

Good

Is the service responsive?

Our findings

We saw that staff involved people in conversations and decisions about their care and planning how they spent their time. People had individual plans they had developed from meetings with their keyworker. Staff told us the key worker system enabled them to get to know people's specific needs and how to meet these. Records of key worker meetings showed that staff explored people's needs with them and this enabled staff to care and support people more effectively. Care plans were produced in picture and easy read formats to aid understanding. We saw that plans reflected each person's interest and hobbies and provided information about how the person liked things done, in what order and in line with their preferred routine.

Our observations showed that people's daily routine was personal to them and reflected their diversity. For example we saw people had individual support and control over what they did and when. Staff explained that a 'mid-shift' staff member allowed staff to accommodate people's individual choices. For example we saw that one person disliked crowds and their preferred activities had been planned with them for a quieter part of the day such as mornings.

Staff had daily handovers in which they discussed people's needs and staff were allocated to support people. Staff told us that they were encouraged to work with each person so that they had a good understanding of people's individual needs and how to respond to these.We saw that people and their relatives regularly attended reviews to discuss people's care to ensure it was still appropriate to the person. These arrangements ensured that people were consulted about their care and it was organised so that it met people's individual needs. The provider told us in their PIR, "Personal Outcome Plans (POPS) are developed, and audited to ensure that the information in the POPs are current". We heard that as a result of their POP meeting one person's choice was identified as wanting to go on an aeroplane and this had been facilitated.

People told us that they were supported to do things that they enjoyed doing. We saw two people engaging in craft work making Christmas cards for family and friends. Two people were supported to go out for something to eat and drink and we saw in their records that this was an activity they regularly undertook. Staff told us and records showed that people were supported to access local shops, parks, meals out and day trips. People told us that they had been on holidays, to football games and trips to places of interest such as the Safari Park. People had access to the homes vehicle and staff told us that it was used on a regular basis so that people could go out and do things that they enjoyed doing.

People were supported to stay in touch with their family and the people important to them. People told us that their family members regularly visited them and that they 'went out' with family. Staff told us there were no restrictions on visiting and families were always made welcome. Family days and fun days had taken place so that everyone could enjoy social occasions together. This ensured that people were supported to maintain relationships with people that were important to them.

Staff told us that they were aware of the complaints procedure and would respond to any complaints made to them. The complaints procedure was available in a format suited to people's needs. Staff told us that

they frequently asked people if they were unhappy and sometimes they could identify and act on people's concerns before they became a complaint. We saw that they had done this. The complaints log book showed that the registered manager had captured the nature of complaints, investigated and responded appropriately.

Good

Is the service well-led?

Our findings

People told us what they liked about living in the home and this included comments such as; "Nice staff", "Doing lots of things like cooking and going out", and, "They look after me".

The provider had a leadership structure that staff understood. There was a registered manager in post who was supported by a deputy manager. We saw that people knew who the registered manager was and referred to her by her first name. A person said, "She's nice to me". Our conversations with the registered manager confirmed that they knew the people who lived there well.

The registered manager was also responsible for the management of another service owned by the provider which was located next door. Staff told us that they had regular contact with the registered manager and their deputy and that the home was, "Well organised with everybody understanding their role and responsibilities".

Staff told us they enjoyed working at the home and that there had been several improvements as a result of the registered manager's management style. They said they felt valued, and had received positive praise for the things they did well. Staff told us that the registered manager was very supportive, one care staff member said, "She's been like a breath of fresh air because morale was pretty low but she has good ideas about how to improve the quality of life for people and we have seen a lot of that lately".

Staff had been supported to develop their skills through ongoing training and we saw additional training specific to the health needs of people helped staff to manage people's complex needs safely. Staff we spoke with told us they were aware of their roles and responsibilities with regards to whistleblowing. They were confident to raise any concerns with the registered manager or external agencies if they needed to. This showed that staff knew of processes they should follow if they had concerns or witnessed bad practice.

We saw that there were systems in place to monitor the quality of the service. This included audits of medicines, accidents and incidents, safeguarding and health and safety. The provider also carried out regular overall audits of the service to include obtaining people's feedback. We saw that feedback from people and relatives was positive and that the registered manager had identified improvements they wished to make following people's views. This included developing more accessible information for people such as a newsletter.

Communication within the staff team was described as good. Regular hand overs kept staff informed of people's changing situations. Staff meetings enabled staff to keep up to date with news and events and we saw that the provider held monthly meetings so that good practice could be shared amongst different homes.

The provider had completed a PIR and in this told us about their vision for the service. "The service has a clear vision whereby the customer is the centre of the service. The culture within the home is to be open, honest and person centred to empower the individual to develop skills that are risk managed to provide

positive outcomes for the individual". We saw evidence that people had been supported to live a life of their choosing taking into account the support they needed. The registered manager had sought involvement in new projects such as the Eden Project look at ways of continually improving the service for the people who lived there.

Providers are required legally to inform us of incidents that affect a person's care and welfare. The registered manager had notified us of all of the issues that they needed to. The duty of candour requires all health and adult social care providers to be open with people when things go wrong, offer an apology and to state what further action the provider intends to take. The registered manager told us that she understood her responsibility to ensure that this regulation was met and how they reflected this within their practice.