Accord Housing Association Limited

Telford and Wrekin Framework

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 2 August 2016 and was announced. This was the locations first inspection since registering with us.

Telford and Wrekin framework provides personal care to people living in their own homes. At the time of our inspection the service was supporting three people.

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 supported by staff who could recognise potential signs of abuse and were confident in reporting concerns regarding people's safety. People were supported by sufficient numbers of staff who had been recruited safely. Risks to the health, safety and well-being of people were identified and managed. Staff had a good understanding of how care and support should be provided in order to keep people safe. The provider was not currently supporting people in administering medicines but we saw the provider had systems in place to ensure medicines were managed safely.

People told us they received their support calls on time and were informed if for any reason their call was going to be late.

People were supported by staff who had the required skills and support to provide effective care. People consented to their care and support and people were supported by staff who had a good understanding of the Mental Capacity Act. People received food and drink when required and dietary and nutritional needs were identified and appropriately managed. People had access to healthcare professionals when required and were supported to maintain good health.

People were supported by staff who were caring and treated people with kindness and respect. People's individual needs and preferences were understood and met by staff and people were involved in making decisions about how their care and support was provided. Staff supported people in a way that maintained their privacy and dignity and promoted their independence.

People knew how to raise a concern or complaint and expressed confidence that concerns would be dealt with efficiently by the registered manager.

The registered manager had effective systems in place to monitor the quality and consistency of the care provided. People and staff were encouraged to give feedback on the service and information from audits, surveys and quality checks was being used to drive improvement.

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 support from staff that understood how to keep people safe.
The registered manager used safe recruitment practices and there were sufficient staff to meet people's needs and ensure their safety.
Risks to people were assessed and appropriately managed.
The provider had effective systems in place to ensure that if medicines were required that they would be administered to people safely and as prescribed.

Is the service effective?

Good

The service was effective.
People received support from staff who had the skills and support required to carry out effective care.
People's consent to care and support was always sought and staff had a good understanding of the principles of the Mental Capacity Act.
People received food and drink when required and their nutritional and dietary requirements were identified and appropriately managed.
People were supported to maintain good health.

Is the service caring?

Good

The service was caring.
People received support from staff who treated them with kindness and respect.
People were involved in making decisions about their care and support.
People were supported by a staff team who had a good understanding of people's needs and preferences.
People's privacy was promoted and they were supported to maintain their independence.

Is the service responsive?

Good

The service was responsive.
People were involved in the planning and review of their care.
People knew how to raise a concern or complaint.

Is the service well-led?

Good

The service was well led.
People and staff were provided with opportunities to give feedback on the development of the service.
Staff understood the expectations of their role and felt supported.
The registered manager had effective systems in place to monitor the quality and consistency of the service.

Telford and Wrekin Framework

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 2 August 2016 and was announced. We gave the provider 24 hours' notice of the inspection because it is a domiciliary care agency and we needed to be sure that they would be in. The inspection team consisted of one inspector.

As part of the inspection, we reviewed the information we held about the location and looked at the notifications we had received. A notification is information about important events, such as serious injuries, which the provider is required to send us by law. We contacted a commissioner of the service and the local authority safeguarding team to obtain their views about the quality of the service provided. We considered this information when we planned our inspection.

During the inspection we spoke with one person who used the service and four members of staff. We also spoke with the registered manager. The registered manager was supported by a service coordinator.

We reviewed a range of records about how people received their care and how the service was managed. We looked at three people's care records and two staff records including recruitment checks. We also looked at records relating to the management of the service which included policies and procedures, medicines administration procedures and quality checks.

Good

Is the service safe?

Our findings

People told us they felt safe. One person told us, "I feel safe, the staff that provide my care are trustworthy". People told us they knew how to report concerns and felt comfortable to discuss any concerns or worries they had with staff. People received support from staff who had a good understanding of how to protect people from the risk of harm and abuse. The registered manager and staff were able to tell us how to recognise signs of abuse and how to report it. For example staff told us they would refer concerns about people's safety to the local authority safeguarding team. Staff had received training in keeping people safe. We saw the registered manager completed regular audits of safeguarding incidents and had taken actions, where required. For example we saw the provider made changes to policies and procedures in response to a particular incident which concerned people's safety. The registered manager had systems in place to ensure people were kept safe.

Risks to people were assessed. We looked at people's care plans and found that risks had been identified, assessed and managed and staff we spoke with were able to tell us how they managed risks to people. For example, we found people's allergies were recorded and there were plans in place to ensure that people were not exposed to food or materials that they were allergic to. Falls risk assessments were in place where required and we saw the provider had taken action to reduce the risk of falls by ensuring they had suitable equipment to ensure their safety, such as walking frames. We saw risk assessments were regularly reviewed to reflect any changes in risk. The registered manager kept a log of accidents and incidents which was regularly analysed and we saw actions identified to minimise risks were completed. This showed that the provider had systems in place to ensure peoples risks were effectively managed to ensure their safety.

People told us they received their care calls on time. One person said, "They [staff] come as quickly as they can they are usually on time" and, "If they are going to be late the office will call me to let me know". People we spoke with told us they had never had any missed calls. One staff member told us, "We are very rarely late and never miss any call's, it's a well organised system". We spoke with the registered manager who showed us the systems they had in place to ensure that calls were effectively managed. We saw the system that was in place to manage people's visits helped the registered manager to ensure that there was sufficient staff at all times and ensure consistency of staff. People were supported by appropriate numbers of staff to ensure their needs were met and they were safe.

People and staff we spoke with told us they felt there were sufficient numbers of staff. One staff member said, "I never feel rushed, there are enough staff to cover the calls and you have enough time to be able to sit and talk to people". The registered manager told us that staffing levels were determined according to the needs of people. They told us, "We have never had any problems with staffing". We found there were appropriate plans in place to manage staff absence.

People were supported by staff who had been recruited safely. Staff we spoke with told us references and checks with the Disclosure and Barring Service (DBS) were completed before they began working at the service. DBS helps employers make safer recruitment decisions and prevent unsuitable staff from working with vulnerable people. Records we looked at confirmed this.

During this inspection there were no people being supported with the administration of medicines. However, we looked at the systems and processes in place for the management of medicines and found there were appropriate systems in place to ensure that medicines were managed safely.

Good

Is the service effective?

Our findings

People received support from a staff team that had the skills to meet their care needs. One person told us, "The staff seem to know what they are doing". Staff told us they were regularly supported by the management team. One staff member told us "I am well supported by the manager; I have regular one to one sessions with them". Staff told us they received an induction when they started their job. This consisted of training, observing more experienced staff and checks of their competency before they were able to provide care and support to people. Staff also told us they had access to ongoing training. One staff member said, "The training is good, we gets lots of training and it is quite in depth". We looked at staff records and saw staff were supported to access ongoing training opportunities such as annual refresher training and staff were subject to competency spot checks. Staff were encouraged to complete the Care Certificate. The Care Certificate is a set of minimum standards that social care and health workers should apply in their practice and should be covered as part of the induction training of new care workers. Staff told us they were able to discuss training needs in their one to one sessions with their manager and we saw that staff had individual training action plans. This demonstrated that staff had the knowledge skills and support to carry out effective care and support.

People were supported by staff who sought their consent to care and support. One person told us, "The carers will ask me before they support me, they check I am happy for them to support me". Staff we spoke with told us they would always ask people if it was ok to provide care or support before assisting them. One staff member told us, "I talk through what I am doing with the service user and I always ask them if they are happy for me to provide support".

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. During this inspection we saw that all people receiving care and support had the mental capacity to make decisions for themselves. However we looked the provider's policy and procedure and spoke to staff about their understanding of the Mental Capacity Act. We found that staff had received training and had an understanding of the requirements of the Mental Capacity Act and the Deprivation of Liberty Safeguards (DoLS). They were able to tell us about how they would apply this in practice if required. We saw the provider had a capacity assessment in place for use when required which identified the specific decisions that people were not able to make for themselves.

People were happy with the support they had to eat and drink. They told us they were offered a choice of food and drink. One person told us, "I can choose what I eat and drink". One staff member said, "We never presume they want a particular drink or food choice we always ask people what they would like". Staff told us they made sure people had access to food and drink in between calls. We saw specific dietary needs were identified and were being taken account of. For example people who lived with diabetes were supported to eat the appropriate recommended diet to help to manage the condition. People had the support they

required to make choices about what they ate and drank and their dietary requirements were being catered for.

People were supported to maintain their health. Staff told us any changes in a person's health or well-being was reported to a senior member of staff who dealt with any concerns quickly. One staff member told us, "Staff will contact a senior and will make contact with the GP or emergency services if required. They stay with the person until they have the right support and we can sometimes add in extra welfare checks". People had access to healthcare when they needed it and any changes in health or well-being were acted on promptly.

Good

Is the service caring?

Our findings

People told us staff were kind and caring. One person told us, "The carers are very nice, they are caring and kind". One staff member told us, "I always deliver the care I provide as if it were a member of my own family". Another staff member said, "The staff are caring they go the extra mile". People were supported by staff who treated them with kindness and respect.

People were involved in making day to day choices and decisions about the care they received. One person we spoke with told us how they were offered choices of what they ate and drank and what they wore. The registered manager told us, "We discuss with the [person] when and where they want their care to take place, it's the [person's] choice about how, when and where they want their care delivered". They went on to tell us how one person chose to have their personal care delivered in the kitchen area and that this was catered for. One staff member told us about a person who was restricted as to where they could go as they required a wheelchair. They told us the person had expressed they would like to be able to go out more. They told us they had made a referral to the occupational therapist and a wheelchair was provided, which meant the person could have more choice over where they went. The staff member told us, "It's nice for [person] to have the choice as to what they want to do and where they want to go". People had choice and control over the support they received.

People were supported and cared for by a staff team that treated each person with dignity and respect and supported them to maintain their independence. One person told us, "The best thing about the care I receive is the fact that they respect my privacy and dignity". Staff were able to tell us ways in which they would ensure people's dignity and privacy was respected. For example, staff told us they closed doors and curtains before delivering personal care. Staff explained to us how they encouraged people to maintain their independence and how they supported them with tasks. One staff member told us, "I encourage one person to come into the kitchen when I am preparing a meal and get them involved".

Good

Is the service responsive?

Our findings

People were involved in the assessment and planning of their care. One person told us, "I get involved in reviews, I have a look at the information in the care plan and if I have any concerns or questions I can raise this with staff". Staff told us they encouraged people and their relatives to be involved in the planning of their care. Staff told us people were involved in regular care reviews and were able to request an earlier review if they so wished. Staff told us that any changes to a person's care needs or risk was communicated to them to ensure they were providing appropriate care and support. For example, one staff member told us how they had some concerns that a person's dietary requirements were not being sufficiently met. They had discussed their concerns with the registered manager which resulted in additional calls had been included to include additional calls at breakfast and tea time to ensure the person was eating well.We looked at peoples care records and found they were reviewed regularly and contained information on people's changing needs. This demonstrated that changes to people's care and support were made in response to people's changing care needs.

People were supported by staff who had a good knowledge about their needs and preferences. One person told us, "The staff seem to know me well". They also told us that they had been offered a preference of a male or female carer and that their request for a female carer had been catered for. The registered manager said, "Care staff build a rapport with people. People have consistent staff providing their care and this helps staff get to know people". One staff member told us, "I like the consistency. I've got to know people well, I know what they like and don't like". Another staff member we spoke with told us, "The care and support is all built around what the person wants and needs". Staff were able to tell us about peoples and personal preferences and we saw these were reflected in peoples care records.

People knew how they would raise a concern and were confident that their concerns would be listened to and dealt with quickly and efficiently. One person told us, "I made a complaint once and it was dealt with within a few hours". A member of the management team said, "We act promptly on complaints to ensure they are dealt with efficiently". We looked at records relating to complaints and saw that there was a clear system in place that showed complaints were investigated and responded to appropriately. This showed that people's complaints were listened to and addressed by the provider.

Good

Is the service well-led?

Our findings

People told us they were happy with the management of the service. One person we spoke with told us, "I'm quite happy with the service I am getting". One staff member told us, "The registered manager is very good, if you have any issues or concerns they are dealt with, they are very supportive". Another staff member said, "The service is well run, the service users are well looked after".

People were supported by a staff team that were clear about their roles and responsibilities and were supported to perform their role. The staff team and the registered manager understood their responsibilities and were supported by the provider. Staff we spoke with were clear about their roles and responsibilities, for example, staff knew the providers policies and procedures and were using them appropriately. The registered manager was appropriately notifying us of certain events such as concerns relating to people's safety. The registered manager told us they regularly kept up to date with current guidance, best practice and legislation by attending regular training, internal provider meetings and conferences.

People and staff were given the opportunity to provide feedback on the service. We saw people were asked to complete an annual satisfaction survey. We found these were analysed and suggestions for improvements were acted on. For example we saw that a respondent requested a change to their call times. We looked at the person's care records and saw that this has been done. We spoke with staff who told us they had the opportunity to raise any issues, concerns or make suggestions for improvement at team meetings and during their one to one sessions with their manager. One staff member told us, "I can put ideas and suggestions forward and I feel listened to".

The registered manager had systems in place to monitor the quality of the service. Regular checks on the quality and consistency of the service and spot checks on staff were carried out. Information from these checks was analysed and used to drive improvement. Staff told us they received feedback on audit findings and were advised on any actions that needed to be taken. One staff member told us, "We have monthly team meetings, the manager tells us about audits and what actions need to be taken to improve". The registered manager had sufficient systems in place to monitor the quality of the service and information from audits was used to drive improvements.