

Accord Housing Association Limited

Walsall Domiciliary Care Service

Inspection report

Fairview Court
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Walsall
West Midlands
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Tel: 01213589045

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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

Walsall Domiciliary Care provides personal care to people within their own homes. Some people live in properties rented from the provider. The service provides support for older people and younger adults and those with a physical disability. People with learning disabilities or autistic spectrum disorder, mental health issues or people who misuse drugs and alcohol. At the time of the inspection there were 41 people using the service.

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

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

People felt they were safe and staff cared for them appropriately. Staff knew how to escalate issues and concerns and were aware of potential risks to people when providing support. People received their medicines as they required. Staff used correct equipment, such as gloves and aprons when assisting people. Accidents and incidents were managed appropriately.

Staff received an effective induction and appropriate ongoing training. People felt staff supported their individual needs and requirements. People received food and drinks as required. Staff assisted people to maintain their health. People were supported in the least restrictive way possible and in their best interests. The policies and systems in the service supported this practice.

People felt staff were kind and caring towards them. People were given choices and were able to make their own decisions as far as possible. Staff supported people to be independent and ensured people's privacy and dignity was maintained.

People felt involved in the development of their care plans. Care plans were informative for staff and provided them with guidance regarding people's needs and preferences and how they would like these to be met. A complaints procedure was in place and people knew how to raise concerns and felt these would be addressed.

People using the service and staff thought the service was managed well. The registered manager was described as approachable in the way they managed the service. Systems were in place to monitor the delivery of the service. Where issues arose action was taken to address these.

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

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

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

Rating at last inspection

The last rating for this service was good (published 16 May 2017)

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Walsall Domiciliary Care Service

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was undertaken by two inspectors.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this

report. We used all of this information to plan our inspection.

During the inspection-

We spoke with four people using the service, two care staff, three admin staff and the Registered Manager.

We reviewed a range of documents and records including the care records for four people and related medicine records and three staff files and training records. We also looked at records that related to the management and quality assurance of the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same, Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One person told us, "I feel safe, the staff look after me." A staff member said, "People are safe here I have never been aware of any risk of abuse."
- Staff understood their responsibilities to report safeguarding concerns. One staff member told us, "Safeguarding is important, we have specific procedures to undertake to report any issues and the manager will respond to anything we share".
- Staff were able to describe what they would do in the event of an emergency situation and said that they would contact the emergency services in the first instance.
- We saw safeguarding concerns had been reported appropriately.

Assessing risk, safety monitoring and management

- Risks to people were assessed and these included, but were not limited to personal care, medicines, falls, skin care and the environment. We saw that risk assessments included actions taken to maintain the safety of people using the service.
- Information in risk assessments was very detailed and provided staff with guidance on how best to support people.
- In the event of an emergency staff were aware of best practice in safely assisting people from their property and a specific evacuation plan was in place for each person.

Staffing and recruitment

- People told us there were enough staff on duty to meet their needs. A person said, "The staff come quickly if you need them." A second person said, "The staff are busy and aren't able to spend quite so much time having a chat as they used to, but I still see them four times a day." One staff member told us, "There are enough staff, we don't have a problem." A second staff member shared, "We do have enough staff, but if we had a lot to do people might have to wait".
- We saw that the staffing rota for previous weeks reflected the levels of staff that we were told about during the inspection.
- People told us there were good levels of consistency of staff and they were able to get to know them well.
- Records confirmed required recruitment checks had been completed before staff commenced work, these included references, a work history and a police check which ensured potential staff were suitable to work with vulnerable people.

Using medicines safely

- People told us they received their medicines when they required them.

- Medicine Administration Records were completely appropriately.
- Competency checks were carried out on staff to ensure they continued to administer medicines correctly.

Preventing and controlling infection

- People told us staff used clean and hygienic processes and whilst staff did not clean their homes they respected them and ensured they did not cause any disruption.
- Staff told us and we saw they had access to protective personal equipment such as gloves and aprons to prevent the spread of infections.

Learning lessons when things go wrong

- Where any accidents or incidents had taken place, action had been taken in order to prevent a recurrence. We saw information was recorded correctly including details of the incident and who was involved. An incident monitoring log gave the provider a regular overview of incidents and how they had been managed.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same, good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law.

- Information was taken on people's needs prior to them using the service. This included mobility, general health and mental health.
- We saw people's protected characteristics, as identified in the Equality Act 2010, were considered within their assessments. This included people's needs in relation to their religious, cultural and social needs.

Staff support: induction, training, skills and experience

- Staff were knowledgeable on people's needs and were able to talk to us about them, for example informing us about specific equipment a person used to assist their mobility.
- Staff told us they received an effective induction and that they had completed either the Care Certificate or it's equivalent. This is an agreed set of standards that sets out the knowledge, skills and behaviours expected of people working in the care sector.
- Staff told us they received regular supervision and had an annual appraisal. One staff member said, "I have regular supervision, I can discuss people's care and my own wellbeing."
- We saw comprehensive training was in place and staff were up to date with training. A staff member told us, "We have lots of training, some face to face and some online. We can ask for training if we need it, like training around diabetes or complex care."

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

- We found some people had food prepared for them by staff. Where they lived in communal buildings some people paid for meals prepared by staff within the kitchen. One person said, "I always get my meals on time, they [staff] will be coming in a minute. It is just food my relative buys and they put it in the microwave." A second person told us, "I come down to the kitchen for my meals and I can have snacks. I enjoy them."
- Care plans looked at nutritional outcomes and risk assessments were in place for people who may be at risk of weight loss or required specific interventions such as the use of thickeners in food.

Staff working with other agencies to provide consistent, effective, timely care and supporting people to live healthier lives, access healthcare services and support

- One person told us, "If I wasn't well I would see the doctor."
- We found people were prompted by staff to attend healthcare appointments, such as hospital visits or to the dentist and opticians.

Adapting service, design, decoration to meet people's needs

- People lived in their own homes and told us staff respected their property and belongings when visiting to provide care.
- If people required drinks or food left out for them during the day, staff told us they did this. One person's care plan recorded, 'I like a bottle of juice put on my side table'.
- A staff member told us how one person used a specific cup which flashed and relayed voice messages to encourage them to drink and stay hydrated. Staff made sure this was used as required.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the Deprivation of Liberty Safeguards (DoLS) cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty. We checked whether the service was working within the principles of the MCA

- Staff had a good understanding of mental capacity and the impact this legislation had on their role. One staff member told us, "Some people understand better than others what you are asking them. You have to be aware of how they can keep themselves safe, if they couldn't I would pass the information on to a manager."
- People told us staff asked for their permission before providing support, with one person telling us, "The staff always ask my consent."
- Staff told us how they would seek consent from people prior to assisting them. One staff member said, "I tell people why I need to help and what I will do and I ask them first."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question remained the same, good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People told us they were cared for by staff. One person said, "The staff treat me well."
- Staff we spoke with told us about the caring ethos of the organisation. One staff member said, "The staff here are just so caring. They are amazing, the best team I have ever worked with." Staff were able to talk to us knowledgeably about the people they cared for.

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

- People told us how they were supported to make choices regarding their daily life, this included clothing, meals and how people wanted their care to be delivered. One person told us, "My pink cardigan, I chose it".
- Staff members spoke to us about how they encouraged people to make choices. A staff member told us, "I ask people, I show them things they can choose. I treat them as adults who have a choice".
- The registered manager had an understanding of when advocacy services would be required and how to access these services for people if this was required.

Respecting and promoting people's privacy, dignity and independence

- People told us staff provided them with care that maintained their privacy and dignity. One person said, "The staff treat me with respect." A staff member told us, "I would undress people in private without others around, usually in the bathroom. When washing them I put a towel around the area not being washed to protect their modesty. I always knock the door before entering".
- People told us they were encouraged to be independent and we found people enjoyed going into the community wherever they were able. We visited some communal based properties and saw lots of people coming and going about their business.

A staff member told us, "People are quite able as they live in their own homes, but we do encourage them to do things like a bit of tidying, washing up, getting dressed themselves when they can."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same, good. This meant people's needs were met through good organisation and delivery.

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

- Care plans included information taken from people, so that staff were aware of preferences.
- People told us they were supported by consistent staff who knew them well and were knowledgeable about their support needs.
- We saw people's cultural and religious backgrounds were acknowledged and staff were aware of people's requirements and values.

Meeting people's communication needs

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

- The registered manager understood their responsibility to comply with the Accessible Information Standard (AIS). Information could be made available in large print or alternative languages if required.
- We found that information on people's communication needs was identified in initial assessments and was reflected within care plans. One person's care plan said, '[Person] likes to receive their information face to face'.

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

- People lived within their own homes and had their own interests. However where people lived within properties based in communal buildings owned by the provider we saw that activities took place and people could engage if they wished.
- Where people had shown an interest in community matters a 'meet your MP' day had been arranged.
- Staff were able to discuss with us how they would respond to any individual cultural or religious requirements, such as seeking out information for people to contact specific groups.

Improving care quality in response to complaints or concerns

- People knew how to raise concerns and felt staff would be responsive. One person said, "I would complain [if needed]".
- We saw there was a complaints process in place and any concerns or complaints were dealt with effectively.

End of life care and support

- One person using the service was receiving palliative care and we saw a specific 'When I die' plan was in place.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has not changed. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- We saw feedback was sought from people. Annual surveys were detailed and analysed information provided by people, but these covered everyone using the providers local services and were not limited to the services being inspected.
- Meetings for people using the providers services were held and we saw they were well attended. We found recent minutes included discussions on any changes to the service and the upkeep of the properties.
- We saw meetings for staff occurred monthly and staff found these useful. One staff member told us, "We can put opinions forward, I put one forward regarding people struggling with their washing and what could be done to help."

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

- People knew the Registered Manager and one person said, "I think they do a good job."
- Staff spoke positively about the registered manager. One staff member said the Registered Manager is really good. As she is off-site I usually go to my own manager who is amazing, but the Registered Manager is great too. Everything that needs to be done gets done and the staff are supported well."
- People were complimentary about the service provided. One person said, "I am very lucky living where I do, and I'm very lucky to have the carers I've actually got. It annoys me to think there are people who automatically blame their carers for everything, the carers here are very good".
- Staff told us they enjoyed their role and one said, "This is the best place I have ever worked. I would put my mom here if she needed a similar service." A second staff member said, "I enjoy working here and it is a good place for the people who live here".
- The registered manager knew the service and people well and was able to speak with us knowledgeably about how they carried out their role.
- The registered manager told us how the provider took an interest in the service and we saw how regular updates were provided for senior management, so they had an overview of the service.

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

- The registered manager understood their responsibilities in relation to the duty of candour regulation and we found they had been open and transparent when reporting any incidents.
- We found that learning was taken from any incidents and this was shared with staff, so they were aware of

any actions they needed to take.

- Staff understood the need to raise concerns and issues and one staff member told us, "I would always go higher if I needed to, CQC or the local authority. I have never had to, it wouldn't get that far here they [managers] always take safeguarding seriously."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Systems were in place to monitor the service provided to people, this was in the form of various audits and reviews, which were carried out in a timely manner. These audits were detailed and provided a clear overview of any patterns and trends emerging. We saw that action was taken as a result of audits, such as local falls prevention teams being invited into communal buildings to provide informative talks to people.
- Staff understood their roles and responsibilities and were able to describe them to us.
- The provider had met their legal responsibilities ensuring their current inspection rating was displayed and promptly informing CQC of notifiable incidents.

Working in partnership with others

- We saw the registered manager and staff worked in partnership with people's relatives, health professionals, local authority departments and various groups and services within the community to ensure people were supported appropriately.