

Embrace (Pirton) Limited

Pirton Grange Specialist Services

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

This inspection took place on 28 November 2014 and was unannounced.

The provider was not meeting the requirements of the Health and Social Care Act 2008 at our last inspection on 23 July 2014. This inspection identified breaches in regulations relating to depriving people of their liberties, meeting people's care needs and keeping people safe, staff training and support, and assessing the quality of

the service provided. Following the inspection the provider sent us an action plan to tell us the improvements they were going to make. We found that overall improvements had been made to the care people received, staff training and assessing the quality of the service provided. Although where people lacked mental

Summary of findings

capacity to consent to their care and support, the proper procedures had been followed to ensure decisions were made in people's best interests but further improvements were needed to show that this was done consistently.

The provider of Pirton Grange Specialist Services is registered to provide accommodation and nursing care for up to 58 people who may have needs due to acquired brain injury, Huntington's Disease, multiple sclerosis or Parkinson's Disease.

At the time of our inspection 27 people lived at the home. Pirton Grange comprises of two connecting buildings, the older grange and a new purpose built home and rooms were arranged over two floors.

A new manager has been appointed and they were in the process of applying to become the registered manager. 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.

Staff told us they had not received training to support them to understand the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). This law sets out to support the rights of people who do not have the capacity to make their own decisions or whose activities have been restricted in some way in order to keep them safe. We found there was an inconsistent approach in applying the MCA in order to support people's rights when specific decisions needed to be made so that the right people were involved. This meant the required standards of the law that related to the MCA were not always being met to promote people's best interests.

The provider was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). Where people had been assessed as needing their liberty restricted to keep them safe, referrals had been made to the local authority for their approval.

People and their relatives told us that they felt safe and staff treated them well. Staff were seen to be kind and caring, and thoughtful towards people and treated them with dignity and respect when meeting their needs. We observed lots of chatter and laughter as staff supported people to do some fun and interesting things.

Staff knew how to identify harm and abuse and how to act to reduce the risk of harm to people which included unsafe staff practices. There were sufficient staff of the right skill mix available to meet people's needs and safe and effective recruitment practices were followed.

People had their health care needs met and their medicine administered appropriately. Staff supported people to attend healthcare appointments and liaised with their doctor and other healthcare professionals as required to meet people's needs.

Staff understood people's care and support needs. We saw staff supported people with their eating and drinking so that they had the nourishment and hydration to meet their needs.

The manager understood their responsibilities and had made improvements to the service people received since our last inspection. There were effective management systems in place to monitor and improve the quality of service provided. Staff told us they felt able to talk with the manager if they had any concerns or opinions and they would be listened to.

You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

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.

People were protected from abuse and harm because staff had been trained in how to recognise this and take action. Staff understood these and how to keep people safe as a result.

There was enough staff of the right skill mix to meet the needs of the people using the service. Robust staff recruitment practice meant staff were suitable to work with people living at the home.

People had their medicines at the right time, in the right way and by the right people so that people's health was not at risk of deteriorating.

Good



Is the service effective?

Some aspects of the service were not effective. When people did not have the ability to make decisions about their own care the legal requirements that ensured decisions were made in people's best interests were not being followed. This meant that people's rights were not upheld.

We saw people were supported by staff who demonstrated a good understanding of their specific health needs.

People's nutritional needs were met. The menus we saw offered variety and choice and provided a well-balanced diet for people living in the home.

Requires Improvement



Is the service caring?

The service was caring.

People told us that staff were kind and compassionate.

Wherever possible, people were involved in making decisions about their care and staff took account of their individual needs and preferences.

We saw people's privacy and dignity was respected by staff.

Good



Is the service responsive?

The service was responsive.

Staff responded to people's individual needs in the right way and at the right time so that people received care that met their needs.

We saw lots of different group interests for people to take part and improvements were in progress to develop more individual interests or hobbies.

Complaints were responded to appropriately. Information about how to make a complaint was easily accessible to people.

Good



Summary of findings

Is the service well-led?

The service was well led.

People told us they were asked for their views about their care and treatment and how the service was run.

The staff team had confidence in the management team. They told us they felt listened to and supported by the management team.

The manager was aware of their responsibilities and had made improvements to the service people received since our last inspection.

The manager and provider had systems in place to check and improve the quality of service provided and to sustain the improvements made.

Good



Pirton Grange Specialist Services

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 28 November 2014 and was unannounced. Two inspectors carried out this inspection.

Before this inspection, we reviewed the information we held about the service and the provider. This included notification's received from the provider about deaths, accidents and safeguarding alerts. A notification is information about important events which the provider is required to send us by law.

We requested information about the service from the local authority . They have responsibility for funding people who used the service and monitoring its quality. They did not have any information to share with us or concerns about the service.

We spoke with the six people who lived at the home, two relatives, the manager, the deputy manager, two nurses, four care staff, activities staff member and the cook.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We looked at the care records related to five people, and sampled accidents records, training records, two staff recruitment records, menus, complaints, quality monitoring and audit information.

Is the service safe?

Our findings

People we spoke with told us that they felt safe and confirmed what we saw that they were treated well by staff. One person told us, “I feel perfectly safe here, the staff are very kind.” Another person told us, “This is my home, I feel safe and secure.”

We spent time observing the staff supporting people, as some people could not tell us in detail about their care. People were relaxed and smiled back in response to staff chatting with them, which indicated people felt safe and comfortable with staff.

Staff had training and information on how to protect people from abuse. Staff could tell us what actions they would take if they suspected someone had been abused. For example, one member of staff told us, “It’s important to get to know people well. Not everyone can tell you how they feel. You can see by people’s body language and behaviour how they feel and if they are happy and relaxed. You also have to be aware of the people who can pose a risk to others and make sure vulnerable people are kept safe.” Another member of staff said, “I would report any abuse straightaway to the lead nurse and I know she would do something about it.” What staff told us was consistent with the providers guidelines on safeguarding people.

Additional information was on display within the home that provided staff with information about reporting abuse if this was required. We observed this was displayed in main areas of the home so that it was readily accessible to any visitors too so that they knew how to report allegations of abuse and unsafe practices.

People we spoke with told us that they felt safe when supported by staff. We saw people were supported during the day and equipment was used to prevent risks to people. This included specialist beds and mattresses so that the risks posed to people’s skin were reduced. All the staff we spoke with were able to tell us about people’s moving and handling needs to ensure they were safely supported between beds and chairs. Where people were cared for mainly in bed, staff were aware of the risks posed to people’s skin and how to provide care to reduce the risks.

Staff told us how they supported people’s behaviour which challenged. One member of staff told us it was important to reassure the person and keep people safe. They also told

us that opportunities for people to talk with staff about their feelings was provided. Staff told us they had completed training in the management of people’s behaviour which challenged. Staff told us they did not use any physical interventions with people.

One person told us, “They give me my tablets and I like it that way.” We saw that staff administered medicines safely and checked each person had taken it prior to signing the records. Medicines were checked regularly to identify and rectify errors. Staff told us they checked people’s medicine had been given previously and signed the medicine records to confirm this. Staff showed they understood when people needed medicines at certain times, for example when people had seizures and or needed their medicines for their mental and emotional health. There was guidance about when these medicines should be administered and staff understood the circumstances about when to give these medicines. This meant that the provider had arrangements in place to help make sure people received their medicines safely.

All the people we spoke with told us they felt there were enough staff on duty at all times to meet their care needs. We observed staff meeting people’s needs in a timely manner and noted that call bells were answered promptly. We asked the manager about staffing levels and we were told that there was a stable staff group and that there were sufficient numbers of staff to keep people safe and meet their individual needs. The manager told us that staffing numbers were determined by the needs of the people who lived at the home. We observed that people received care when they needed it without any delay from nurse and care staff. For example we saw a person ask for help with their personal care. The person did not have to wait long as there were enough staff around to make sure that they could respond quickly. We also saw staff spent time with people supporting them to take undertake daily independent living tasks.

We saw in the staff records that staff were only employed after essential checks to ensure that they were fit to carry out their roles effectively and safely were made. We found all new staff had a Disclosure and Barring Service (DBS), references and records of employment history. These checks helped the provider make sure that suitable people were employed and people who lived at the home were not placed at risk through their recruitment practices.

Is the service effective?

Our findings

We found some people were able to consent to their care and support. This was recorded in their care plans and people had signed to confirm their consent. However, we found for people who were not able to give informed consent the requirements of the Mental Capacity Act 2005 (MCA) had not always been met. The provider had not assessed all people's capacity to consent or followed a best interest's process to ensure people's rights were upheld. Staff told us they had not received training in the MCA. Managers and staff did not have a full understanding of their roles and responsibilities in relation to the MCA. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Following our inspection the manager informed us they had taken immediate action and where required, assessments of all people's capacity had been completed.

We found where people were unable to leave the home without care staff to support them, the manager had ensured appropriate applications had been made to the local authority for Deprivation of Liberty Safeguards to be put in place.

When we asked people about the staff who supported them, and also about what they thought of the services at the home, all of the responses we received were positive. One person told us, "I have worked out a routine with the staff which takes into account how and when I receive support. It works well and I am really happy with my care." Another person said, "I choose what I want to do each day, I don't need much support from the staff but I am happy with the support I receive."

Staff told us they had received daily support and the training they needed to be able to their jobs effectively. One staff member told us, "The management are supportive and they care. I do my best and give my best." Another staff member said, "We update our training on a rolling programme. I have completed training in how to support people with their nutritional needs and about specific health conditions." Staff told us that they would be able to raise any training needs at staff meetings. Staff said they

had received training that helped them to meet the specific needs of people they provided care and support to. For example staff attended training around diabetes management, as there were some people with diabetes.

All the people we spoke with told us they enjoyed the food provided at the home. They told us they had choices about what they had to eat. One person told us, "The food has improved enormously in recent weeks. We have plenty of choice and if you don't like what is on the menu, you can have something else." Another person told us, "The food is great, you can have a cooked breakfast at the time you want it. There are snacks available too if you don't fancy a full meal." We saw people also had access to snacks, fruit and drinks outside of the set mealtimes.

The cook and staff demonstrated a good understanding of people's individual nutritional needs. For example, they were able to tell us which people required a fortified diet to protect them from weight loss. The cook showed us a record they kept which indicated which people had diabetic dietary needs, those who required softened foods and people who had weight reduction plans. Staff told us about one person who was at risk of losing weight. They were able to tell us that the person's food and fluid intake was recorded each day to ensure the person received adequate amounts of food and fluid to sustain hydration and a healthy weight. We found the person's intake of food and fluids was recorded and the target amount had been achieved each day. The person's weight record showed this had been effective as they had gained weight consistently over the previous two months. This showed that steps had been taken to make sure that people were supported to eat and drink well, and maintain a healthy diet.

We spoke with people about how they were supported by staff to maintain good health and access to other healthcare services. People told us they were able to see their doctor when they wanted to and if they needed help from a specialist this was done. We saw how people's health needs had been assessed by specialists which included physiotherapists, speech and language therapists and dieticians. One person was unhappy with their spectacles and the optician advisor visited the person on the day of our inspection. They told us staff had contacted them and arranged their visit. This showed people were supported to access healthcare services to maintain and promote their health and well-being.

Is the service caring?

Our findings

All of the people we spoke with told us the staff were kind and caring. One person told us, “The staff are great. They take time to get to know you and how you like things to be. They have helped me get my room how I want it. I have everything I need.” Another person told us, “The staff are kind, excellent. Really nice people.” One relative told us, “The staff are kind but I feel they lack training and understanding about more complex mental health needs. I don’t feel they always understand my relative’s needs.”

We saw people were supported with kindness and compassion. This included seeing staff engaged with people in conversation with gentle humour, touching people’s hands and providing the warmth of touch. Staff approached people in a friendly and respectful way. We saw staff spent time chatting with people and making jokes with each other. Some people were playing a board game. There was lots of chatter with staff making sure people had the chance to have their go and people were not made to feel embarrassed if they needed support to think or became distracted.

One person told us, “I can choose when I get up and when I go to bed. The staff are aware that I don’t like to get up early, so they bring me a drink to my room and let me take my time. I have seen my care plan, the staff went through it with me recently.” We saw that staff fully respected the choices that people made. We saw examples where a person asked to be taken outside to the garden, and

another person asked to go to their room. Staff spoke kindly to both people and took time to listen to what people were saying to them using facial expressions, body language and gestures.

People told us that they felt staff knew their needs well. One person’s care records stated they enjoyed arts and crafts. We spoke with this person who told us, “The staff know what my interests are. They chat with me about my life and what is important to me.” The care records we looked at contained details about people’s life history and what was important to them. We saw staff chatted to people in a friendly way and these communications showed staff had a knowledge of people’s character, their lifestyles and interests. One member of staff told us, “It is important we know what matters to people so that we can support them individually with what is important to them.”

People’s privacy and dignity was promoted. We saw staff entered people’s rooms and checked on people to make sure they were comfortable. We observed that staff ensured they closed people’s room door before they attended to people’s care. We also saw staff knocked on people’s room doors, and where possible waited for the person to respond, before entering their bedroom. When people requested assistance with personal care, staff dealt with their requests discreetly to maintain people’s dignity. We saw staff address people by their preferred name. These showed that staff had used their training in dignity within their everyday practices whilst assisting people to meet their needs.

Is the service responsive?

Our findings

People we spoke with told us how staff responded to their needs. One person told us, "I have worked out a routine with the staff which takes in to account how and when I receive support. It works well and I am really happy with my care." Another person told us, "I choose what I want to do each day, I don't need much support from the staff but I am happy with the support I receive."

We looked at people's care plans and found there were details of people's likes and dislikes and preferences about how they wanted to be supported with their care needs. For example, we saw one person's care record showed they found it difficult to wait for support. The care plan clearly stated this and gave instructions to staff to support the person promptly with requests for support. All of the staff we spoke with were able to tell us this information. We observed staff providing support to the person and saw staff were responding straight away to requests.

Staff focussed on the needs of the people who lived at the home so that the care and support they received was responsive to their needs. For example, two people wanted to change their choices during the meal time and they were supported by staff to do this. We saw there was a communal area in the dining room with facilities to make a range of hot and cold drinks. During the day people were seen to help themselves to drinks. Where people were not able to help themselves to drinks staff regularly offered people drinks and supported them to take their drinks where required. We observed that staff took their time and supported people at their own pace.

The wellbeing of each person was recorded in their daily notes. These recorded people's day which included their health needs and behaviours. We saw any changes in people's needs were provided to staff in their handovers in between shifts and daily notes were updated where needed.

This showed that staff shared information when people's needs changed or needed to be reviewed for any reason. It also supported our observations that staff used this information to respond to people's needs. For example, we saw one person had been referred for an assessment of their needs due to their reduced mobility.

People received support to take part in interests and social activities. One person told us, "I like the quizzes, we have

those quite often. We also watch films on the big screen. I enjoy that." Another person told us, "I like to draw. I draw from photos or what I see out of the window. I sometimes join in with the others for a quiz. It can be a good laugh." Three people we spoke with told us they would like more opportunities to go out into the community for activities. One staff member told us, "Some people go to hydrotherapy and swimming. We visit the local shops each day, some people are able to come but for people who can't we ask them if there is anything they need and get it for them. We are working towards each person having their own activities programme designed around their needs and interests." This showed that improvements were being looked at so that people's specific needs and interests of people were responded to.

We spoke with the staff member who supported people to have interesting and fun things to do. They told us, "We spent some time making cakes yesterday. We ask people what they enjoy doing and get information from relatives if people are not able to tell us. We play board games, hold quizzes and people really enjoy the films on the big screen. We saw a group of people watching a film and other people playing a board game. We could see from people's expressions that they enjoyed these experiences. For example, there was lots of chatter between people and staff whilst playing the board game.

People were encouraged to maintain relationships that were important to them. We saw visitors during the day and people told us that family and friends could visit at anytime and we saw visitors at the time of the inspection. We observed some family members helped with the Christmas decorations. We observed staff were friendly and welcoming to visitors to the home.

All the people we spoke with told us they knew how to raise concerns with the provider but had not felt the need to. One relative told us, "I have just raised an issue with the manager and I know what the process is." There were arrangements for recording complaints and any actions taken. We saw where complaints had been made they had been responded to.

The complaints procedure could be accessed in different formats to aid people's understanding. Some people at the home would be unlikely to be able to make a complaint due to their communication needs and level of understanding. If people were unhappy about something their relative may have to complain on their behalf.

Is the service responsive?

People's care plans contained information about how they would communicate if they were unhappy about

something. Staff told us they would observe people's body language or behaviour to know they were unhappy. People could therefore feel confident that they would be listened to and supported to resolve any concerns.

Is the service well-led?

Our findings

There had been some management changes at the home since our last inspection. A new manager had come into post and they were in the process of applying to become the registered manager. We found that the manager was supported by a deputy manager and a clinical lead who provided regular support and advice.

All of the people we spoke with felt the management team were approachable. One person told us, "Things have improved recently. I do feel we are listened to more now. There is a better atmosphere and the staff seem happier and relaxed." One relative told us, "We did make some requests for my relative about room changes and compatibility of the people who live here together. The management team were responsive and I feel they took our concerns into account."

We saw the minutes of meetings with people who lived at the home, where people had the opportunity to discuss the service they received and make suggestions for changes. We saw that there had been some issues about food which included food lacking in flavour and variety. However, improvements had been made and new meal plans started at the end of September 2014. This meant that people were asked for their views on the service and their views were listened to.

Regular meetings were also held with a group of people known as the friends of Pirton Grange where discussions take place about people's experiences of living at the home. This group of people also support improvements to benefit people. This shows other ways of enabling people's needs to be responded to had been developed.

There were systems in place that enabled the manager to gain feedback about the service from the people and staff. Staff were encouraged to write their feedback a 'you said, we did' board and the manager could write the actions taken in response to the feedback. This showed that the manager was responding to the feedback made.

Staff spoke positively about the leadership of the home and told us that recent changes in the management team had improved the service. Staff told us they now felt listened to and that their views were sought and taken into account. One member of staff told us, "It's so much better now. I feel we have some leadership in place. In particular the new clinical lead is very supportive. She spends time

with us supporting people and knows what the challenges are that we face." Another member of staff told us, "I'm happier now. I feel we are better organised and that we have clear roles and accountability. I think we care for people well. The biggest challenge we face is the change in service that is planned by the provider. We have been kept informed of changes and we have been included and consulted in discussions."

Staff had opportunities to contribute to the running of the service through regular staff meetings and supervisions. All the staff we spoke with told us they had an appraisal organised. Staff told us they were not receiving regular formal supervision. However, they told us the day to day support for staff was good. We observed that staff seemed well organised and knew what they needed to be doing throughout the day.

We spoke with the manager of the home and he demonstrated good knowledge of all aspects of the service including the people living there, the staff team and his responsibilities as manager. We found the manager had made improvements to the service as at our previous inspection in July 2013 we identified concerns that the quality of the service provided was not being monitored effectively due to the systems in place. Through our discussions with the manager and staff and in the documentation we looked there was evidence that the management team worked closer with staff since our last inspection. This enabled staff practices to be observed and the quality of the care people received. These practices supported people to receive safe care and support so that they were not harmed.

The manager notified us of reportable events as required. Where there had been incidents we found that learning had taken place and actions taken to reduce the risk of similar occurrences. We looked at the actions that had been taken in response to a person accidentally falling. The incident had been investigated and action had been taken to address the issues to reduce the reoccurrence of this happening again.

Support was available to the manager of the home to develop and drive improvement and a system of internal auditing of the quality of the service being provided was in place. We saw that help and assistance was available from

Is the service well-led?

the provider's representatives. Records showed that quality audit visits were carried out on a regular basis to monitor, check and review the service and ensure that good standards of care and support were being delivered.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2010 Consent to care and treatment</p> <p>The registered person did not have suitable arrangements in place for obtaining and acting in accordance with the consent of service users in relation to the care and treatment provided for them.</p>