

Heart of England Mencap

Ash Grove

Inspection report

56 Ash Grove
Evesham
Worcestershire
WR11 1XN

Tel: 01789298709
Website: www.heartofenglandmencap.org.uk

Date of inspection visit:
15 February 2016

Date of publication:
23 March 2016

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

The inspection took place on 10 February 2016 and was unannounced. Ash Grove offers accommodation for up to six people with learning disabilities. There were four people living at the home at the time of our inspection, including one person who was staying at the home for a short time. People had the use of a number of comfortable communal areas, including a kitchen and dining area, a lounge, conservatory and garden area. People had their own rooms and bathrooms.

We had the opportunity to talk with two people who lived at the home on the day of the inspection. We have therefore not used quotes within this report and the examples we have given are brief because we respect people's right to confidentiality.

A registered manager was in post at the time of our inspection. 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 knew how to recognise and report any concerns so people were kept safe from harm. We saw there were processes in place to protect people from the risk of harm, and staff supported people to stay safe as their independence increased. Relatives told us they felt staff worked in ways which promoted their family members' safety. People were also assisted to take their medicines by staff who had been trained and knew how to manage medicines in a safe way.

Staff suitability to work with people was checked and staff had received the type of training they needed to care for people living at the home. People's health and well-being needs were met as there were sufficient numbers of staff with the skills and experience to care for people. Staff knew how people liked to be cared for and used their knowledge and skills to meet people's individual needs. Care was delivered in a way which protected people's rights and freedom.

People enjoyed the food and drinks which were available, and were encouraged to choose what they would like to eat from a range of healthy options. Some people enjoyed helping to prepare their own food with assistance from staff. Staff were aware of people's nutritional needs and followed advice from appropriate professionals when required, so people would receive the correct diet and remain well. People were supported to access healthcare services to maintain and promote their health and well-being.

Staff were kind towards people and treated them with respect when caring for them. People enjoyed being in the company of staff, who took time to involve them in making decisions about what they would like to do. People's privacy was respected and they were supported to maintain and increase their independence and well-being.

People were supported by staff to do the things they enjoyed and to keep in touch with family and friends

who were important to them. People who lived at the home and their relatives had been involved in the development of the care plans which were regularly reviewed to reflect changes in people's needs.

Staff understood what their responsibilities were and were encouraged by the registered manager and senior team to make suggestions for improving the care people received. The provider, registered manager and senior team checked people's experiences of living at Ash Grove, and took action to develop the quality of the care provided, so people would benefit from living in a home where they received a good quality service at all times.

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 knew how to raise any concerns they had for people's well-being. People's individual risks were understood by staff and action was taken to promote people's safety. There was enough staff to meet people's care and safety needs. There were checks in place to ensure people received the correct medicines.

Is the service effective?

Good ●

The service was effective.

People were supported by staff who had the skills to look after them. Staff took into account people's rights and their need for freedom in the way they provided care. People received care they had agreed to and staff encouraged people to make their own choices. People were supported to have the right amount to eat and drink. Staff made sure people had access to health services so their well-being was maintained.

Is the service caring?

Good ●

The service was caring.

Staff had built caring relationships with people living at the home and people enjoyed being in the company of staff. People's preferences about how care was given were listened to and followed. People were treated with respect and people's dignity was promoted by staff.

Is the service responsive?

Good ●

The service was responsive.

People and their relatives were encouraged to work with staff so plans for their care were developed which met their individual needs. People were encourage and supported to maintain links with their families and friends. Relatives were confident action would be taken if they raised any concerns or complaints about the care their family members received.

Is the service well-led?

The service was well-led.

People had benefited from living in a home where checks were made on the quality of care by the provider, registered manager and senior staff. Action was taken to develop the home further so people benefited from living in a well-led service.

Good 

Ash Grove

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 10 February 2016 and was carried out by one inspector. The inspection was unannounced.

Before the inspection we looked at information we held about the provider and the services at the home. This included notifications which are reportable events which happened at the home which the provider is required to tell us about. We also checked information which had been sent to us by other agencies. We requested information about the home from the local authority and Healthwatch. The local authority has responsibility for funding people who used the service and monitoring its quality. Healthwatch is an independent consumer champion, which promotes the views and experiences of people who use health and social care.

During our inspection we spent time with people in the communal areas of the home. We spoke with two people who lived at the home. We also had the opportunity to talk with one relative during our inspection and talked with another relative on the telephone, after our inspection. We talked with the registered manager and three care staff. We looked at a range of documents and written records including two people's care records, records about medicines, complaints systems and three staff recruitment files. We also looked at information about how the registered manager and staff monitored the quality of the service provided and the actions they took to develop the service further.

Is the service safe?

Our findings

People were happy and relaxed when they were in the company of staff and the atmosphere in the home was calm throughout the inspection. The relatives we spoke with told us they had no concerns about their family members' safety. Every staff member we spoke with was able to tell us what action they would take to make sure people were not harmed, where this was avoidable. This included telling the registered manager, provider or external organisations, so plans would be put in place to keep people safe. Staff were confident if they raised concerns action would be taken to protect people. Staff told us they were encouraged to talk about concerns they had for people's well-being at regular staff meetings, when staff shifts changed and during their one-to-one meetings with their manager. Staff told us they could approach the registered manager or provider immediately if this was needed to keep people safe. Staff we spoke with were also aware concerns for people's safety could be discussed with other organisations, such as Local Authority staff who were responsible for keeping people safe. One member of staff told us they knew they could also contact Care Quality Commission for advice, if needed.

One relative we spoke with explained staff discussed possible risks to their family member's health with them. The relative told us staff listened to their suggestions so their family member would be less anxious, and enjoy a good sense of well-being. Another relative told us that staff had discussed risks to their family member when they travelled. The relative explained that staff had put plans into place so their family member would be able to travel in a safe way. Staff showed a good understanding of people's individual risks and took action to keep them safe. This included staff making sure people had the right equipment and individual care so they would remain well. One member of staff we spoke with told us how staff assisted people with varying levels of independence to manage their money, with help from other organisations. Another member of staff we spoke with explained how important it was to make sure the home was clean and free from clutter, so people would be able to move around the home as independently and safely as possible.

We saw staff worked with other organisations, including health professionals and psychologists, so people were protected from avoidable harm. For example, staff followed advice given for one person so the person would have the right support if they became anxious. Staff told us they referred to people's risk assessments and care plans, so they would know the right way to care for people by taking into account their changing safety needs. We saw records which showed people's individual risks were considered when plans for caring for them were put in place. People's risk assessments had been regularly updated.

Checks were undertaken by the registered manager before new staff started working at the home. The checks included obtaining two references and DBS clearance, (Disclosure and Barring Service), so the registered manager knew staff were suitable to work with people.

Every relative and staff member we spoke with said there was enough staff to meet people's care and support needs. One relative told us staffing had been organised in a way which meant their family member was supported by enough staff to go out and do the things they enjoyed doing in a safe way. Another relative told us their family member had unpredictable, complex needs, but there was always enough staff

available to care for their family member in a safe and supportive way.

The registered manager knew what people's care and support needs were, and how this affected the staffing levels required to keep people safe and enjoy living at Ash Grove. The registered manager told us where occasional extra staffing was required, for example because of unexpected staff absence, regular staff provided support. In this way, people were supported by staff who knew their preferences, safety and care needs. We saw there was enough staff available to support people safely and spend time chatting with people so they did not feel isolated or anxious.

One person told us how staff recognised they were able to take their own medicines but they liked staff to keep these safe for them. Other people at the home needed assistance from staff to take their medicines. A relative we spoke with confirmed staff did not administer regular medication to their family member, but did check to see if their family member needed occasional pain relief. The relative told us staff took into account any medicines their family member had recently been given by their family prior to coming to the home, so they would remain safe. Another relative we spoke with told us how they were working with staff and their family member's GP to make sure their family member was receiving the right medication for them. The relative told us staff had been supportive when working with them to arrange for the medicines to be reviewed. Staff understood people's medicine needs and were aware if there was anything which needed to be taken into account before they administered people's medicines. This included any agreements with people's GPs, detailing when and how medicines should be administered to people, in emergency situations.

All the staff we spoke with told us they were not allowed to administer medicines until they had been trained, and their skills administering medicines were checked. Staff knew what actions to take in the event of medication errors, so people would receive the right care if this happened. We saw medicines were kept securely and staff kept clear records of the medicines they administered. Regular checks were undertaken to make sure people received their medicines in a safe way.

Is the service effective?

Our findings

People we spoke with told us staff knew how to care for them in the way they wanted. Relatives we spoke with told us staff had the right skills to care for their family members. One relative told us staff were very well trained, and also took into account information from relatives on managing their family member's care. Staff had undertaken specific training so they would be able to meet the needs of people living at the home. This included training to help people manage their health and well-being. One staff member told us, "The training here is very good." Another staff member we spoke with told us about the training they had received when a new person started to live at Ash Grove. The staff member told us diabetes training had been arranged, so they could care for the person in the best way for them. The staff member also explained several staff had undertaken sign language training, so they could support some people who lived at the home and make sure they did not become isolated.

We saw staff had been given information about how people's health and well-being needs affected their lives, so staff would know how to care for people effectively. Staff told us they were encouraged to talk about training during their one to one meetings with their managers, and during regular staff meetings. Staff were confident that if they highlighted any additional training they needed this would be put in place. We saw the registered manager and provider undertook weekly checks to make sure staff had received the training they needed so people would be supported in the right way.

We spoke with staff about their induction training. One staff member told us they had worked with more experienced members of staff for two months before working alone with people. The staff member explained they were able to care for people in the right way for them as a result of this, as they had got to know the person's care needs well.

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 checked whether the service was working within the principles of the MCA. 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 provider was following the requirements in the DoLS. Prior to our inspection the provider had submitted two applications to a 'Supervisory Body'. Both applications had been authorised and staff explained how these had been complied with, and what processes were in place to review these over time.

Staff knew about the requirements of DoLS and the Mental Capacity Act and staff had received training to support them in understanding their responsibilities to make sure people's rights were respected. Staff gave us examples of how they ensured people were agreeing to have the care offered to them. Staff we spoke with were aware that in some circumstances decisions had to be made in a person's best interest, and the registered manager gave us examples of where the person, staff and their representatives made decisions in

people's best interests. These included decisions in relation to making sure people's finances were looked after in the best way for the person.

One person we spoke with told us they sometimes enjoyed preparing their own food and drinks. Relatives we spoke with told us their family members had enough to eat and drink. One relative told us their family member never returned home hungry. One staff member we spoke with told us about the training they had done which helped them to make sure people were encouraged to have enough to eat and drink. This included staff encouraging people to choose items which were not on the menu, if this was what people preferred to eat. Staff knew about the foods people preferred to eat, and if people had any particular dietary needs. For example, if certain foods needed to be avoided as they would make a person ill, or if people required high protein diets, so they would remain healthy. We saw records which showed staff checked to make sure people had enough to drink and eat so they knew if action was needed to make sure people would remain well.

One person we spoke with told us how staff helped them to arrange to see their GP when they needed to. The person told us they were comfortable asking staff to go with them to health appointments when they wanted staff support. Relatives we spoke with were confident that staff would obtain help from health professionals promptly, if this was required. One relative we spoke with told us staff had made arrangements for their family member to see consultants and specialist health professionals, so staff could be sure their family member was receiving the right care. The relative gave us an example of how their family member's health had improved as a result of care given by staff. The relative told us staff had developed a very good understanding of their family member's health needs, and could anticipate when their family member was about to become unwell.

Staff were clear what action they would take if someone was showing signs of illness and told us they would promptly seek medical advice. Staff told us how they worked with a range of health professionals to obtain advice and put this into action, so people remained well. We saw staff had considered links between people's health needs and levels of anxiety, and had taken action to make sure people were receiving the right care for them. This included making sure protocols agreed with people's GP were followed, so people would regain their health as quickly as possible.

Is the service caring?

Our findings

One person we spoke with told us staff were very kind and caring, and they enjoyed living at the home. They told us life at Ash Grove was good, because staff had time to talk to them about things which were important to them. Relatives we spoke with were very positive about the relationships staff had developed with their family members. One relative told us how much their family member enjoyed going to the home because they got on so well with staff. The relative told us staff were wonderful and they took time to laugh and chat with their family member. Another relative told us their family member was always excited when they were due to stay at the home, because staff made their visits special. Throughout our inspection we saw we saw people enjoyed being in the company of staff. People smiled when staff spent time with them.

Staff spoke warmly about the people they cared for and told us they got to know people by spending time with them and checking their care plans to make sure they were caring for them in the way each person wanted. One staff member we spoke with told us the chance to shadow other staff when they first came to work at the home helped, as they were able to spend time getting to know people's personalities, and how they communicated what support they wanted. Another member of staff told us it was important to find out what people liked to do, so they could be offered appropriate choices. We saw staff chatting with people about things they enjoyed doing. There were photographs of the staff team in the reception area of the home. These also helped people and relatives get to know the staff who cared for their family members.

One person we spoke with told us staff encouraged them to make decisions about their daily care. The person told us they had the opportunity to make their own mind up about doing the things they liked to do. The person told us they enjoyed baking and cooking with staff, and making decisions about how they wanted their room to look. Relatives told us their family members were encouraged by staff to make decisions about how they wanted their daily care given. One relative told us staff encouraged their family member to decide how they wanted to move about the home and said staff supported them to do this. The relative also told us their family member was encouraged to make decisions about how they wanted to spend their time. The relative said their family member enjoyed choosing to go for walks and staff supported them to do this.

Staff showed a good understanding of people's life histories and people's preferences for how their care was given. We saw staff used this knowledge when supporting people and that people were encouraged to make decisions on a daily basis. For example, staff knew one person liked to take their medicines in a particular way, and we saw staff made sure this happened. One member of staff told us how they supported one person to make choices by using pictures, which the person used to show staff how they wanted to spend their day. Another member of staff told us people were involved in deciding each week's menus, so people would have the chance to make choices based on their preferences. We spoke with one person about this, and they told us they had asked for a meal to be provided to celebrate their culture and history. The person told us they were really looking forward to the meal, which had been put on the menu for them. We saw that staff encouraged people to make choices about how they did the things they enjoyed doing, and made sure they gave people time to make their own choices.

People were treated with respect and their dignity needs were responded to by staff. One person we chatted with told us staff understood they liked to go out of the home on their own to do some things they enjoyed independently. The person told us staff respected this. One relative we spoke with told us how staff supported their family member to maintain their dignity through the way they were supported to dress and maintain their appearance. Staff we spoke with recognised people had differing levels of independence and took this into account in the way they cared for them, so people's dignity and well-being was promoted. One staff member we spoke with told us how they made sure they always knocked people's doors and checked people were happy for staff to enter their rooms, before going to support them. Another staff member told us how they made sure they had the right equipment so they could access the facilities needed when they were supporting people outside of the home.

Is the service responsive?

Our findings

People and their relatives were encouraged to develop plans with staff so people received their care in the best way for them. One relative we spoke with told us how they had talked to staff about their family member's preference before they first came to stay at the home. This included information about how their family member liked to dress, and what fun things they liked to do. The relative went on to tell us that as a result of discussions with staff, it was decided their family member would benefit from having short stays at the home, initially, so they were less anxious. The relative told us this had been done, with staff taking into account the kinds of things their family member liked to do. The relative told us their family member had enjoyed a relaxed and happy introduction to the home, as they had their care delivered in the right way for them. Staff told us how they worked with other organisations to find out about people's care and support needs before they came to live at the home, when this was possible. One staff member we spoke with told us how they had worked with staff at a local day centre before one person came to live at the home. The staff member told us this gave them the opportunity to meet the person in a place where they were relaxed and happy to communicate how they wanted their care to be given.

Some people needed help from staff so they could communicate what care they would like. One staff member we spoke with told us how they checked for non-verbal signals when they offered some people in the home choices about how they wanted their care to be planned. A relative we spoke with told us staff checked their family member's response to care choices offered, and said staff were very good at understanding what choices their family member was making.

One person we spoke with told us they wanted to move out of the home when they were able to, so they would be more independent. The person told us staff were supporting them so this could happen in the future. We saw the person had identified things they wanted to do to become more independent, such as travelling on their own, and learning how to cook. We saw this was being done with support from staff. Staff we spoke with told us about the support they had given to a person who had previously moved so they could become more independent. Staff explained how they had supported the person before and during the move so they would not be anxious and would be able to enjoy their new home.

Relatives we spoke to told us staff took into account suggestions they made when their family member's care was planned. One relative we spoke with told us this included suggestions about things their family member enjoyed doing, how they liked to spend their day and what they liked to do before they went to sleep. Another relative we spoke with told us how staff had planned and supported their family member to obtain the right equipment so they would remain well. We saw the equipment was in use during our inspection.

Staff recognised people's needs changed over time. One staff member we spoke with told us how people's care needed to be adapted if they were unwell. The staff member gave us an example of how they supported people when this happened, by offering to assist them when they needed help. We saw information about people's changing needs was shared at staff handover meetings. By doing this staff had the most up to date information on people's care needs and could make sure immediate plans were put in

place if necessary, so people would continue to receive the right care as their needs changed. We saw people's care plans had been regularly reviewed and where possible people had commented on the plans in place for their care. We also saw staff knew how individual people in the home wanted to be supported, and took action to make sure people received care and support in the best way for them.

People told us they had lots of opportunities to do things they enjoyed doing. One person told us they really enjoyed going to college and youth clubs and shopping with staff support. The person also told us they had a great time when they cooked a Chinese meal with staff recently, and how much they enjoyed baking with staff. Another person we spoke with told us they were very much looking forward to a friend visiting them at the home. The person smiled when they told us their friend was coming for a celebratory meal. Relatives told us staff supported people living at the home to do things which were important to them. We saw photographs showing people enjoying spending time with staff on days out and gardening. One staff member told us some people liked to have their weekly plans on display, so they knew what fun activities they would be doing that week. The staff member told us having these on display increased people's well-being, as they could see they had lots of chances to do things they enjoyed.

Relatives told us they were made to feel very welcome by staff and there were no restrictions on the times they could visit their family members. Staff encouraged people to keep in touch with their family members and to celebrate important family dates. One staff member we spoke with told us it was important to know what relationships were important to the people they cared for. The staff member explained knowing this meant they could support the person to maintain links with their family and friends, so people's well-being was maintained.

People and relatives had been advised what to do if they wanted to make a complaint. All the people and relatives we spoke with told us they had not needed to raise any complaints about the care their family members received. Staff members told us how they would support people to make complaints. This included alerting the registered manager or provider, as appropriate, if anyone had raised any concerns or complaints. All of the relatives and staff we spoke with said they were confident if they did raise any concerns or complaints these would be dealt with appropriately, so lessons would be learnt.

Is the service well-led?

Our findings

We were able to talk directly with one person about their views on how the home was managed. They told us the way the home was managed meant they liked living at Ash Grove. Relatives we spoke with were positive about the way care and support was provided and how the home was run. One relative told us they had met the registered manager before their family member came to live at the home. The relative told us the registered manager knew how to manage the service so their family member received the care they needed. Another relative we spoke with told us the senior staff were really good at keeping them informed about their family members care.

People and relatives told us the registered manager and senior staff were approachable, and they felt their suggestions were listened to. One relative we spoke with told us they were encouraged to complete questionnaires, so the provider and registered manager would know what they felt about the home, and if there were any suggestions they would like to make for improvements. Staff told us how people were supported to complete questionnaires so their views on the home could be taken into account. We saw the registered manager had checked the completed questionnaires, to see if there were any areas of care people wanted improve or change. The records we saw showed that people and relatives were very positive about the service. We also saw that where any actions were required, the registered manager had taken action to follow these up.

Staff told us they felt supported by the provider, registered manager and senior staff. Staff said they were clear about their roles and responsibilities as these were discussed during one-to-one meetings with their managers and during team meetings. One member of staff told us about some of the things which senior staff did which made them feel valued. These included nominations for staff awards, and texts thanking them for particular support they had given to people. Another member of staff told us the registered manager and senior team gave practical support at regular staff meetings, so the service would continually improve. The staff member explained this included guidance to staff so they would be able to support people in ways which helped people to relax and be less anxious. The staff member also told us they were encouraged to reflect on the care all staff provided, to see if any areas could be improved. One staff member we spoke with told us the provider also came to see if they had any concerns or suggestions for improving the care people received.

The registered manager told us about some of the checks which were made by the provider so they could be sure the home was managed well. These included checks on people's safety, staff training and the quality of the care provided. We saw action plans had been developed by the registered manager and followed up by the provider so they knew the home was being developed further. Staff also told us about some of the checks which senior staff undertook, so they could be sure people were receiving the right care. The staff member told us these included checks on how medicines were given to people, checks to make sure people had the right equipment and that people were receiving the right care as their needs changed. The staff member told us the senior team and registered manager had created a culture in the home where staff were encouraged to learn and improve, and this resulted in better care for the people at Ash Grove. One member of staff we spoke with told us the way the registered manager and senior staff worked meant they, "Can do a

better job, because I feel comfortable to raise any concerns for people, so nothing is left half done."

The registered manager told us they felt supported by the provider. This included support to regularly share best practice with other Heart of England Mencap registered managers, and for resources to make sure people's care and support needs would be met. The registered manager was also able to obtain best practice advice from outside agencies, so people would continue to receive the right care. This included advice from organisations which promoted people's physical health and well-being.