

9 Grace Road Limited

9 Grace Road Limited - 5 Park Hill Drive

Inspection report

5 Park Hill Drive
Aylestone,
Leicester,
LE2 8HS
Tel: 0116 233 1035

Date of inspection visit: 6 August 2014
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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 

Overall summary

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 and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service.

We last inspected this service in May 2013 and found the service was meeting the standards we assessed.

This inspection was announced. We told the provider the day before our visit to ensure there would be people who used the service available to speak with us.

5 Park Hill Drive is registered to provide accommodation and support for three people who have a learning disability. There was a registered manager in post at the

Summary of findings

home. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider

People told us they felt safe and supported living in the home. We observed staff speaking with people in a kind, polite and respectful manner. People were encouraged and supported by staff to live their lives as independently as possible.

Staff understood the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS).

Staff told us they were able to access varied training programmes to ensure they had the knowledge to support people appropriately.

We observed people were treated with kindness, patience and understanding. There was a good rapport between staff the people who used the service.

The people who used the service were involved in planning their care around their likes and dislikes. People were supported to take part in their hobbies and interests both in the home and in the community.

There were arrangements in place to measure the quality and effectiveness of the care that was provided.

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.

Staff knew how to protect people from abuse and were aware of their responsibilities to report concerns. Risks to people's safety had been thoroughly assessed. Staff were provided with management plans so they could support people in a consistent manner.

The staff demonstrated a good understanding of MCA and the requirements of the Deprivation of Liberty safeguards.

Good



Is the service effective?

The service was effective.

Staff received training which was specific to the needs of the people they cared for.

People had access to health care professionals to help them maintain their health and well-being.

People received a varied and nutritious diet and were supported to enjoy a sociable and pleasant eating experience.

Good



Is the service caring?

The service was caring.

Staff treated people as individuals and encouraged them to live as independently as possible. We observed kind, considerate and caring exchanges between staff and the people who used the service.

Good



Is the service responsive?

The service was responsive.

People's care was discussed with them and delivered in line with their needs and preferences.

People had access to hobbies and interests of their choosing within the home and the community.

There was a complaints system in place which was provided in a format people could relate to. The people who used the service told us they would speak to staff if they had any concerns.

Good



Is the service well-led?

The service was well led.

The views of the people who used the service, their families and the staff were regularly sought. Information was provided to people in a format which they could understand and relate to.

There were arrangements in place to monitor the service and ensure there were adequate resources available to maintain high quality care.

Good



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Detailed findings

Background to this inspection

We visited the service on 6 August 2014. This inspection was undertaken by one inspector.

Before our inspection we reviewed the information we held about the home. The provider had completed and submitted a provider information return (PIR) which gave us additional detail to use during the planning stage of the inspection. We did not identify any concerns about the service.

During our inspection we spoke with the three people who lived in the home, three members of the care team, the registered manager and the care manager.

We observed the care provided to the three people who used the service and looked at their care records. We looked at five staff recruitment and training records and the information the provider recorded to measure the quality and safety of the service they provided.

Is the service safe?

Our findings

We spoke with all the people living in the home and they told us they felt safe. One person said, “I feel safe here because it’s quiet. I don’t like noisy places”. Another person said, “The staff look after us and keep us safe”.

The provider had arrangements in place to protect people. Staff we spoke with were knowledgeable about the types of abuse people might be vulnerable to and what actions they would take to ensure any concerns were reported appropriately.

The human rights of the people who lived at the service were protected because staff understood the MCA. There were regular assessments of people’s mental capacity and their ability to understand and consent to decisions about their care. Nobody living in the home at the time of our inspection was being deprived of their liberty. In recognition of recent changes in the Mental Capacity Act; Deprivation of Liberty Safeguards (DoLS), the provider was aware they needed to arrange for the local authority to undertake specific DoLS assessments in respect of one person living at the home.

There were risk assessments in place which were subject to regular review and meant people’s safety was constantly being considered. When risks were identified there was clear guidance for staff to follow which meant people could be supported consistently by staff. Staff were able to explain how they would support a person who occasionally presented with behaviour that challenged. We saw that staff had involved the person in discussions about the best

way to support them. It was agreed the person would take some ‘time out’ by returning to their bedroom or going for a walk. We looked at records and incident reports completed by staff and saw this approach had been used consistently and successfully.

People were also supported to take positive risks. A person who used the service told us, when they used to go to college, they went alone by bus. The registered manager explained that the person had been accompanied by a member of staff initially and when they felt the person was familiar and confident with the journey, they were still accompanied but observed at a distance. This continued until the person felt fully confident with the arrangements.

During this inspection we looked at five staff files. The files provided assurance that appropriate pre-employment checks had been made. The checks included application forms detailing previous employment, appropriate references and satisfactory disclosure and barring checks. This meant that an effective recruitment process was in place to keep people safe and prevent unsuitable staff from working with vulnerable people.

There was one member of staff supporting people in the home and we observed that people had their needs met promptly. The registered manager, care manager and staff we spoke with told us there were sufficient staff and they did not need to use an agency. If additional help was required staff could call for assistance from the adjoining home. People we spoke with said there were always enough staff around to help and support them. This meant people could be cared for by staff they were familiar with.

Is the service effective?

Our findings

People we spoke with told us the staff looked after their health.

People's care records contained detailed and extensive information about their individual health needs and the level of support they required to achieve and maintain their health and wellbeing. One person had a medical history of epilepsy. There was clear guidance for staff about what to do if this person had a seizure and, if this continued for more than three minutes, the requirement to contact the emergency services for support. Staff we spoke with understood the risks associated with this person and how they should react in an emergency.

We saw in the care records that people had access to specialist healthcare professionals. People visited the dentist and optician regularly and had access to health promotion clinics. One person had received an invitation to attend the GP practice for a routine check. Staff had discussed this with the person and provided them with information in a format they could understand so they could make an informed decision about accepting or declining the invitation. This meant people's physical health was monitored and they were supported to participate in health programmes designed to prevent illness.

The food provided was varied and nutritionally balanced. The people who used the service sat together with staff to eat their meal and we observed them enjoying their food in a sociable relaxed environment. People were encouraged to make their own breakfast with support, if necessary, from staff. One person told us, "I like cooking and setting the table". There were two choices available for lunch and tea but people could opt to have something else if they

preferred. Specific food likes and dislikes were displayed in the kitchen in addition to people's care records. We sat with people during lunch and saw one person's meal did not include gravy. The person told us, "I don't like gravy". People we spoke with said there was plenty to eat and they could ask for more if they wanted. This meant people were given choice and control over their lives.

Staff were given opportunities to improve their knowledge and skills through training. Staff we spoke with said the training they were offered was varied and relevant to their role. We looked at the training records and saw staff had access to appropriate training. This meant they could use what they learnt to support and understand the people they cared for. All staff received nationally recognised qualifications in care at level two with an option to extend this to level three. One member of staff showed us their level three course work and told us they were pleased to have the opportunity to increase their knowledge.

Staff confirmed that they had supervision sessions every two months. During supervision they were able to raise any concerns they had, highlight their training needs and discuss their personal development. The supervision also included a review of the previous meeting to ensure any actions set, had been achieved. Staff told us they found the supervision sessions really helpful. One member of staff said, "I feel I can talk about anything in supervision".

New staff members spent the first six weeks following an induction programme which included familiarisation with policies, requirements for the use of personal protective equipment and instruction on operating the minibus lift. The care manager told us, "Staff induction is signed off, as it's completed, by a member of the senior care staff. Nobody is allowed to work unsupervised until we're happy they're competent and confident".

Is the service caring?

Our findings

People told us the staff cared for them. One person said, “I like the staff, they look after me”. When asked what would happen if a person felt sad, one person told us, “They (the staff) give me a hug and make me feel better”. We saw that one person had recently been upset and tearful following bereavement. There was an entry in this person’s care record reminding staff that they should observe this person closely and give them opportunities to discuss and remember their loved one.

The service provided support in an inclusive and respectful environment. People looked happy, relaxed and comfortable in the company of staff and with each other. During the inspection we observed joking and friendly banter between the staff and people who used the service. This meant people felt confident of their relationship with staff and each other.

People’s privacy was respected. Each person had a key to their bedroom so they could lock the room if they wanted to. People told us the staff always knocked before entering their room and we observed this in practice. There was a portable telephone in the home to enable people who received calls from family or friends the opportunity to go somewhere private to conduct their call, although staff told

us it was currently out of order. Staff encouraged people to live independently and take responsibility for keeping the house clean and tidy. We saw that people did the housekeeping together with one person helping another to use the vacuum cleaner. One person invited us to look at their bedroom and showed us the goldfish, belonging to a member of staff, that they were looking after whilst they were on holiday. A relative commented, “My (the person who used the service) has gained independence through the support they’ve received here”. This meant people were encouraged and supported to undertake daily living responsibilities.

We looked at the care records for all of the people living in the home and saw they had been written in a way that reflected the person’s individual needs. The care records contained detailed information about how people’s care should be delivered and their preferences for personal care and activities. Staff we spoke with knew people very well and were able to provide information which mirrored what we had read in the care records. We read that one person disliked being rushed and we observed staff gently coaxing this person to get ready to go to their exercise class. Staff told us they always allowed plenty of time to avoid putting the person under any time pressure. This meant staff recognised and responded to people’s individual needs

Is the service responsive?

Our findings

People told us the staff asked them what they liked.

People who used the service had full assessments of their needs to ensure they received appropriate care. The people who used the service were involved in the review of their care records. The comments made by the person were written in different coloured ink so that they were instantly identifiable for staff, for example we saw one person had added 'I need reminding to clean my teeth'. The registered manager told us people's personal care was closely monitored and any gaps identified were raised with staff. For example, we saw staff had not applied toothpaste to a person's toothbrush and this had resulted in a recorded warning in their file.

All of the people living in the home had a key worker. This is a member of staff who provides individual support to the person, for example arranging birthday treats; ensuring clothes remain in good repair or providing one to one emotional support. One person had specifically requested the member of staff they would like to support them in this role. Another person had two key workers, one who supported them around the home and another who was responsible for taking them out to enjoy cycling and fishing.

Staff responded to people's social needs. Each person living in the home had an activity plan tailored to their individual preferences and abilities. People were supported

to participate in their chosen hobbies and interests and maintain contact with the community. Their choices were respected and we saw reminders to staff emphasising that the plans were a guide only and people must be given choice about what they'd like to do. This meant people's wishes were respected.

The people living in the home were able to receive and visit their friends and family whenever they wanted. One person went to church with their family every week. Another person spent leisure time with a friend who lived in the adjoining home.

We saw in the care records that the best time to discuss decisions with people had been identified and recorded. This information was also included in the 'grab sheet' used when people needed to be admitted to hospital in an emergency. The 'grab sheet' also outlined people's individual needs and abilities which meant the receiving hospital were provided with information about the best way to support the person.

There was a complaints procedure in place however no written complaints had been received since our last inspection in July 2013. There was information provided in a pictorial format, so people would know how to make a complaint. We asked the people living at 5 Park Hill Drive what they would do if they were unhappy or worried about anything and everyone we spoke with told us they would speak to the staff. One person said, "I'd go and speak to the manager, he'd tell them off and sort it out".

Is the service well-led?

Our findings

The views of the people who used the service and their families were regularly sought. The service used feedback questionnaires to gauge people's satisfaction with their care and the way services were provided. We read recent feedback from a relative which said, "My family member calls this home and they're very happy here". Regular meetings were held to give the people who used the service the opportunity to express their views and make suggestions about things they would like to do in the future. At the beginning of the meeting there was a review of what had been discussed previously. After the meeting people were provided with a pictorial newsletter which explained who had been present and what was discussed which meant people who had not attended would be kept up to date.

Staff were also given the opportunity to share their opinions of the service in a questionnaire which they could complete anonymously. Everyone we spoke with responded positively about the leadership of the home and felt the service was well-led. The registered manager told us, "We have an open door approach here". A member of staff said, "The manager is always around and very approachable".

Staff told us they felt part of a team which worked well together and supported each other. Staff were kept up to date with information about the service through regular supervision sessions, staff meetings and access to a private page on a social media site.

The staff we spoke with were aware of whistle blowing policies and what concerns might prompt them to use them. The staff said they would have no hesitation in going directly to the registered manager or care manager to discuss anything that worried them. One member of staff said, "I feel I can go to the office at any time if there's anything I'm worried about and I would be listened to".

Staff were aware of incident reporting procedures and the importance of recording accidents and incidents appropriately so that the information could be used to identify trends, for example if people were prone to accidents at certain times of the day.

The provider took measures to gain assurance about the quality of the service they delivered. Regular checks were made on the accuracy of staff recording on the medication administration charts and the quality of written entries in care records and daily diary sheets. There were procedures in place to take action when recording fell below the expected standard. Audits were in place to ensure the building and equipment were well maintained. A member of staff told us, "If we feel something needs repairing or replacing we just ask and it's done immediately. I noticed that some pillows were past their best and as soon as I mentioned it they were replaced". This meant the provider ensured there were adequate resources available to maintain people's safety and comfort.

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.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.