

Ashmere Care Group

Kidsley Grange Care Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection visit took place on 17 November 2016 and was unannounced. At our last inspection on 29 November 2013 the provider was meeting all the legal requirements we inspected.

Kidsley Grange is a residential home for up to 26 people. On the day of our inspection visit there were 18 people living in the home.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were protected from unnecessary harm because staff knew how to recognise abuse and understood how to report their concerns. People's risks associated with their care were identified, assessed and managed to keep them safe.

People's medicines were managed to ensure they received their prescribed treatments safely. There were sufficient, suitably recruited staff available to care for people and meet their needs. Staff had access to training and support to improve their knowledge of care and enhance their skills. People were provided with a choice of nutritious food and plentiful drinks. Staff supported people to retain their independence and when support was required it was provided in a kind and reassuring manner.

Staff understood the importance of gaining consent from people and supporting people when necessary to make decisions in their best interest. People received the care they preferred because staff asked them and their relatives about their likes and dislikes. People and their relatives were able to regularly review their care to ensure it was still appropriate for them.

People enjoyed a varied programme of entertainment and support with their hobbies to prevent them from becoming socially isolated. People and relatives felt empowered to discuss any concerns or complaints with staff and the registered manager.

People, their relatives and staff felt the service was well managed by the provider and registered manager. The registered manager listened to people's opinions. Audits and checks were in place to monitor the quality of the service and make improvements where needed.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe. People were protected from harm and abuse by staff who were suitable to work in a care environment. People's risks were assessed and there were individual management plans in place to keep people safe. There were arrangements in place to manage people's prescribed medicines and ensure they received them at the right time and the correct dose.

Is the service effective?

Good ●

The service was effective. Staff had received training which gave them the skills they needed to care for people effectively. Staff understood the requirements of the Mental Capacity Act 2005 and the associated Deprivation of Liberty Safeguards and acted in people's best interests in accordance with the Act. People were supported to enjoy relaxed and sociable mealtimes. Specialist advice was sought promptly when people needed additional support to maintain their health and wellbeing.

Is the service caring?

Good ●

The service was caring. Staff were kind and polite and people felt well cared for. Staff recognised people's right to privacy and promoted their dignity. Visitors were welcomed by staff and could visit whenever they chose.

Is the service responsive?

Good ●

The service was responsive. Care was planned and reviewed with people and their relatives to reflect their individual likes and dislikes. Staff understood what was important to people and delivered care which recognised their individuality and respected their preferences. There were opportunities for people to take part in activities if they wanted to. People and their relatives felt supported to raise complaints or concerns.

Is the service well-led?

Good ●

The service was well-led. People and their relatives and staff were given the opportunity to share their views of the service and told us it was well-led. Audits were in place to monitor the quality and safety of the service provided and to drive

improvement.

Kidsley Grange Care Home

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 visit took place on 17 November 2016 and was unannounced. The inspection was undertaken by one inspector.

The provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed this information and other information we held about the provider when we planned the inspection.

We spoke with five people who used the service, two visitors, three members of the care staff and the registered manager. We also observed the care in the communal areas. We did this to see how people were supported and gain people's views about the care they received.

We looked at three people's care plans to see if their records were accurate and up to date. We also looked at four recruitment files and information related to the management of the home.

Is the service safe?

Our findings

There were arrangements in place to keep people safe. One person told us, "I'm not worried living here. They've never done anything to upset me". A visitor said, "They're safer here than they were at home". Staff understood their role in keeping people safe from avoidable harm and abuse and spoke with confidence about the actions they would take if they thought someone was at risk. One member of staff told us, "I'd document what I'd seen and report it straightaway". We saw that people's visitors were also provided with information. This included details of reporting their concerns about abuse or poor care directly to the local authority safeguarding team.

Risk assessments were completed to ensure people were supported safely. For example we saw that when people needed to be moved by staff using equipment, this was done safely and in line with their individual risk assessment. People's assessments were reviewed on a regular basis and after incidents had occurred. We saw that when one person had fallen and their risk assessment was re-visited to ensure everything that was required to minimise their risk was in place. Some people had sensor mats in place. One person told us, "I have a mat in my room which sets an alarm off if I move around because I've fallen in the past. They come straightaway if the alarm goes off". This demonstrated that staff supported people to remain safe.

We saw there were sufficient staff to meet people's needs. People told us the staff responded quickly to them when they needed assistance. One person told us, "They come quickly when I press the buzzer. They always come and tell you if they're busy and then come back to you". A member of staff said, "We're usually okay for staff. If staff are off sick we usually cover it". We saw that staff spent time with people in the communal areas of the home and responded quickly to them whenever personal support was requested. This demonstrated that there were enough staff available to care for people in a timely manner.

People received their prescribed medicines regularly in the way they preferred. We saw staff stayed with people and waited patiently whilst they took their medicines. People were asked if they had any pain or discomfort and required any medicine to help with this. We heard one person say, "Thank you for asking but I don't do pain". We saw that the arrangements for medicine storage and stock control were managed correctly by staff and the recording of medicines was accurate. A member of staff told us, "We have training to do the medicines, and our competency is checked, sometimes more than we realise. We also do a weekly audit so we keep everything under control".

There were recruitment checks in place. One member of staff told us, "I'd already had a police check for my last job but I had to repeat it when I started work here. It took two months to come back but I couldn't start until it was back". We looked at four recruitment files which confirmed the recruitment processes were completed prior to staff starting work in the home to ensure they were suitable to work with people.

Is the service effective?

Our findings

Staff received training and support to develop the skills they needed to care for people effectively. One person told us, "They know what they're doing". New staff were provided with an induction into the service. One member of staff said, "I had an induction before I started working alone. I shadowed the other staff and had time to read people's care plans so I knew about them". Staff told us they were encouraged to undertake internal and nationally recognised training and qualifications including the Care Certificate. The Care Certificate has been introduced nationally to help new care workers develop and demonstrate key skills, knowledge, values and behaviours which should enable them to provide people with safe, effective, compassionate and high quality care. A member of staff told us, "I did a training session on dementia. I had to wear special glasses and shoes which changed the way I looked at things and moved, like someone with dementia. It was really good". Staff had regular opportunities to discuss their personal development and performance. One member of staff told us, "They always ask how you are first. We can talk about what we want. If we have any concerns about people or problems, anything".

People were asked for their consent before care was provided. Some people who used the service were unable to make all or some of their own decisions. 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. Staff we spoke with understood the Act and the effect it had on the care they provided. One member of staff told us, "We need to see if someone is capable of making their own decisions. If they're not we have to show we've made them in their best interest. I did an assessment the other day with the manager. We had to write up why we'd made the decision for the person about giving them their medicines".

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 application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). A member of staff said, "Some people wouldn't be safe if they went out on their own so we have to apply to keep them safe". We saw that the registered manager had made applications to legally deprive of their liberty and they were waiting for assessments to be completed by the local authority.

People were supported to eat meals they had chosen. At lunchtime we saw people were shown a small plate of the meals for that day so that they could see what was on the menu. The care staff referred to this as 'show and tell' and this supported people who were living with dementia to choose what they wanted. One person said, "They always show me what there is to eat". A relative told us, "They do this every day. They bring out two small plates of food to show people the options". We saw people looking at the plates and heard people saying which they would prefer. For example, one person said, "That one looks nice. I'll have that please". Another person said they would rather have a snack and we saw this was provided for them. We saw that people were supported to remain independent as they ate. Staff offered assistance to help people cut their food into manageable pieces and provided them with aids to help them eat without

support.

People's weight was monitored and arrangements were in place to provide them with additional dietary supplements if and when they were required. One person told us, "I'm eating so much more now". A relative said, "They've put on weight since they moved here. You can see just by looking at them they're looking so much better".

People's health and wellbeing was supported by healthcare professionals. One person told us, "I wasn't feeling very well so they got the doctor and I'm feeling better now". We saw from people's care plans that they had access to professional advice and care such as eye checks and the district nursing service. The registered manager told us they had regular visits from a consultant who specialised in the care of the elderly. This meant people had access to specialist support to compliment the care they received from staff.

Is the service caring?

Our findings

People received kind and compassionate care. Everyone we spoke with was complimentary about their care. One person told us, "They're wonderful here. The nicest place I've been". Another person said, "The staff are fantastic". A visitor told us, "I'm so impressed with this home. The staff are lovely". We saw there were good relationships between people and staff. Staff listened to people's views with patience and interest. We saw that staff offered kind endearments and gestures for example holding their hands as they spoke together. We heard people laughing with staff and heard light hearted banter between them. One person told us, "They're always making me laugh".

Staff were polite and respectful to people. One person told us, "I prefer to stay in my room and the girls come and chat. They always ask if it's alright to come in to my room". Staff supported people's dignity. We heard staff speaking quietly to people when discussing their personal needs and responding quickly when people buzzed for support or assistance. One person said, "They always come quickly when you press the buzzer. They test the buzzer for me to make sure it's working". We saw that staff supported people to maintain their appearance in the way they wanted. People were dressed in clothes they had chosen themselves and staff supported them to style their hair as they preferred.

Staff promoted people's independence. We saw staff offering support to people but encouraging them to do as much as they could for themselves. One person told us, "They will always come and help you if you find anything difficult. They're very good". One person had brought their pet to live in the home with them. We saw that staff helped the person care for their pet and prompted them when it was time for them to be fed. This demonstrated that staff provided support that met people's individual needs.

People were supported to maintain the relationships which were important to them. Visitors we spoke with told us they could visit whenever they wished and felt welcomed by staff. One visitor told us, "Staff know people really well and are lovely to them and us".

Is the service responsive?

Our findings

People's care was planned to reflect their preferences. One person told us, "They know me. I don't like going to bed late. They know, they understand and always come to me early". Another person said, "They know me and what I want". We saw that care plans provided information and guidance for staff to enable them to provide people with care that met their needs. People and their families were encouraged to be involved with providing information about people's backgrounds and social history and we heard staff reminiscing with people about their earlier lives. We saw the care plans were reviewed regularly to ensure people were given the opportunity to discuss their care and the opportunity to confirm their needs were being met.

People were offered opportunities to socialise together or, if they preferred, spend time alone doing what they enjoyed. There was a member of staff dedicated to providing people with entertainment and supporting them to take part in activities which interested them. During the afternoon we saw people making Christmas hats and heard them chatting and laughing together. One person put the hat they'd made onto another person's head and said, "I'm crowning you"! Some people preferred to sit quietly and complete their word search book and staff respected their choice. We saw there were photographs of people taking part in a variety of entertainments and pastimes displayed in the home. We read that people's enjoyment of their chosen activity was recorded so that staff understood what they liked doing. Visitors told us that they were informed about what was being provided so that they could choose to accompany their relation if they wanted.

People and their relatives were provided with information about raising complaints and concerns. One person told us, "I'd soon tell them if I wasn't happy". We saw that if complaints were received they were investigated and if actions were identified these were completed. We read in the staff meeting minutes that complaints were shared with staff to provide them with the opportunity to learn from the comments that had been received.

Is the service well-led?

Our findings

Everyone we spoke with felt the home was well run and that their opinions mattered. People we spoke with new who the registered manager was, we heard one person say, "You're the manager aren't you, you work for us". Staff told us that everyone worked together as a team. One member of staff said, "We're an open team. We have conversations as a team". Another member of staff told us, "The [registered] manager and the senior carers are all open with us". There was a whistle blowing policy in place and staff told us they would use it if necessary. One member of staff said, "We can go above the [registered] manager if we need to and I would feel protected if I did that".

People were given opportunities to share their views about the service and discuss any changes they would like to see. We saw that there was a meeting schedule in place for people and there were regular opportunities for them to complete satisfaction surveys. We read positive comments from people who praised the quality of the staff and the cleanliness of the home. Relatives and healthcare professionals who visited the home were also asked for their feedback and we saw they echoed the opinions of people who used the service. Staff told us they met regularly with the registered manager and were kept up to date about changes in the home which might affect them.

The quality of the service was monitored with a regular audit programme which reviewed all aspects of people's care and the safety of the home environment. The registered manager monitored the level of accidents and incidents, such as falls, which occurred in the home. We saw that where trends or the need for improvement was identified appropriate action was taken to ensure it was completed. There were managerial arrangements in place to complete 'spot checks'. We saw that the ad-hoc visits took place at different times of the day including during the night and the findings, including call bell responses and the security of the home were all recorded. This demonstrated the provider had processes in place to drive improvement in the home.

The registered manager was fulfilling the requirements of their registration with us by informing us of significant incidents which occurred in the home. They had completed and submitted a provider information return (PIR) which set out what they had in place and their plans for the future. This demonstrated they understood their role as the registered manager.