M G B Care Services Limited

Ash Villa

Inspection report

159 Musters Road
West Bridgford
Nottingham
Nottinghamshire
NG2 7AF
Tel: 0115 9819761

Date of inspection visit: 15 and 16 October 2014
Date of publication: 18/03/2015

Ratings

Overall rating for this service	**Good**
Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Good**

Overall summary

This inspection took place on 15 and 16 October 2014 and was unannounced. Ash Villa provides accommodation and personal care for up to 10 people with learning disabilities.

There was a registered manager 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.

We last inspected Ash Villa in October 2013. At that inspection we found the provider was meeting all the essential standards that we assessed.

Although staff told us they felt the building was safe, we found that the provider had not always effectively

Summary of findings

managed risks in relation to the premises. We found some items had not been maintained appropriately and action had not been taken when the need for some work had been identified.

A person living in the home told us they felt safe. Systems were in place for the provider to make safeguarding referrals when needed so that they could be investigated. We found that people's medicines were managed so that they received them safely.

We saw there were good relationships between people who lived in the home and staff. Staff knew about people's needs and how to meet them. Referrals were made to health care professionals for additional support when needed.

We saw people were supported to make decisions about their care and support. Where people did not have capacity to make certain decisions staff followed appropriate procedures to support them.

We observed that staff were caring and kind and treated people with dignity and respect. People had access to the local community and participated in activities that reflected their interests.

There were enough staff at the home to meet people's needs. Robust recruitment processes were in place. Staff had the knowledge and skills to care for people safely.

There was an open culture within the home with people encouraged to share their views and suggestions in different ways. There were systems in place to monitor the safety and quality of the service 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 not consistently safe.

Areas of the premises had not been maintained appropriately and action had not been taken when the need for some work had been identified.

Staff had a very good understanding of what constituted abuse and told us they would report concerns. Staff provided appropriate and safe support.

Risk assessments and care plans had been completed and provided guidance to staff. There were enough staff to meet people's needs. Recruitment processes were robust.

People's medicines were managed so that they received them safely.

Requires Improvement

Is the service effective?
The service was effective.

Staff had received appropriate training and support. Staff were very knowledgeable about the people they cared for. Staff demonstrated their understanding of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

People were supported to meet their nutritional needs. Referrals were made to healthcare professionals for additional support where appropriate.

Good

Is the service caring?
The service was caring.

We observed that staff were kind and caring and treated people with dignity and respect. People were supported to remain independent.

Staff knew people well and care was centred on people's individual needs.

Good

Is the service responsive?
The service was responsive.

People were supported to take part in activities in the community that reflected their interests.

Staff were very responsive to people's needs and preferences. Care plans informed staff about the needs of people and were regularly reviewed.

A complaints procedure was in place and complaints were responded to appropriately. Staff encouraged people to raise concerns.

Good

Is the service well-led?
The service was well-led.

Good

Summary of findings

The registered manager recognised the importance of an open and transparent culture.

People felt comfortable approaching the registered manager.

Systems were in place to monitor the safety and quality of the service and to obtain the views of people about the service.

Ash Villa

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.

The inspection was unannounced and started on 15 October 2014. We returned the following day by arrangement to gather information. The inspection team consisted of three inspectors.

Before our inspection, we reviewed the information we held about the home, including the 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 also reviewed previous inspection reports, a local authority quality monitoring report and statutory notifications. A notification is information about important events which the provider is required to send us by law.

During our inspection we spoke with four people who lived in the home, three care staff, the deputy manager and the registered manager. We also spoke with a visiting health professional.

Some people living in the home were not able to tell us their views. We used the Short Observational Framework for Inspection (SOFI) before and during lunchtime on the first day. SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We also observed the care and support being delivered in communal areas at other times. We looked at the care records of three people, as well as a range of records relating to the running of the service including staff training records and audits carried out by the provider.

Requires Improvement

Is the service safe?

Our findings

Staff told us they felt the premises were safe and they would report any concerns. A staff member provided an example of how they had reported an issue and it had been dealt with straight away. However, we found some concerns with the maintenance of the premises.

We did a tour of the building and saw a lack of appropriate lighting in some areas and loose ceiling tiles in two rooms, which increased the risk that people would be injured.

Records showed that some checks and maintenance of equipment and the premises had occurred. However, these had not always appropriately taken place. We saw, for example, that action had not been taken in response to an electrical test in August 2014 that recommended some actions as a matter of urgency. We raised this with the registered manager during our inspection. He told us shortly afterwards that an electrician had visited the home and had taken action. Records from September 2014 showed that a fire detector was too close to light fittings but this had not been addressed and there were still some pending jobs on the maintenance list from May and June 2014. This showed us that risks relating to the safety of people had not always been identified and managed.

The manager told us that a new maintenance log book would be kept for staff to document any issues. He also told us after the inspection that he had completed a new maintenance list and sent us a copy of this. This showed us that some actions had been taken since our visits to make improvements and further actions were planned.

A person who lived in the home told us they felt safe and would speak with staff if they had any concerns. Another person told us they would speak with the manager or contact a representative for the provider if they did not feel safe.

We observed people living in the home interacting with staff in the communal areas during our inspection. We saw people were comfortable with staff, for example, when people were engaging in social activities. Staff provided appropriate and safe support.

A visiting health professional told us they had always observed care staff act appropriately towards people and they raised no concerns about people's safety.

The provider had effective procedures for ensuring that any safeguarding concerns about people were appropriately reported. A safeguarding policy was in place and information was displayed in the home about how to report concerns. The manager demonstrated that he had made safeguarding referrals to the local authority following incidents in the service. Staff we spoke with had a very good understanding of what constituted abuse and told us they would report concerns. Staff told us, and records confirmed that staff received regular safeguarding training and safeguarding was discussed in staff meetings.

We looked at people's care records and saw they had risk assessments in place that related to their own individual circumstances. Care plans that provided guidance to staff about people's needs and support were also available. These contained appropriate detail and had been reviewed regularly.

However, we saw that a written risk assessment had not been completed regarding the use of bed rails for one person. A risk assessment would identify whether bed rails could compromise a person's safety, for example, whether the person might attempt to get out of bed by climbing over the bed rails and fall. We raised this with the manager during our inspection and he told us soon afterwards that he had completed a risk assessment.

We also saw that information was unclear regarding the support needed to protect a person's skin. A risk assessment identified they were at high risk of developing pressure ulcers. Staff completed a chart to record changes of position to protect the person's skin. This provided brief instructions about how often position changes should occur, which included every two hours during the night. We saw many entries recorded. However, records showed that changes had occurred at 3am and then at 6.00am during three nights and at 2.15am and then at 6.15am on another night. No separate care plan about pressure area care was in place that provided detailed guidance to staff. This meant there was a risk the person might not always receive appropriate support to reduce the risk of their skin breaking down. We raised this with the manager during our inspection, who told us soon afterwards that a district nurse had visited and a care plan had been produced about pressure area care.

A business continuity plan was in place for emergencies such as fire and flooding so that staff knew what action to take to protect people in these circumstances.

Requires Improvement

Is the service safe?

Staff told us they felt there were enough staff working at the home to meet the needs of people. We saw during our observations that there were enough staff available and people received support without having to wait. The manager told us staffing levels were monitored and he provided an example of how a night time audit had led to an increase in staff. Bank (temporary) staff were available to provide cover when other staff were not available.

People's safety was promoted because recruitment procedures were robust. Staff told us appropriate checks had been completed before they started working at the home. We looked at three staff files. These showed us that appropriate checks had been undertaken.

People's medicines were managed so that they received them safely. A person living in the home told us staff provided assistance regarding their medicines. A staff member told us they felt medicines were handled very well. The manager told us that only trained staff administered medicines and three monthly competency assessments took place. We looked at two staff files and saw records of training and competency assessments.

We looked at some medicines administration record (MAR) charts for all of the people who lived in the home. MAR charts are used to record whether people have or have not taken their medicines. We saw charts had been completed appropriately. We also checked the topical administration charts for one person and saw these were accurately completed. These charts are used to record when creams have been applied to people's skin. We saw staff had also completed appropriate records for one person regarding the position of a patch for pain relief. However, we saw in records for another person that information about where a patch was placed was missing on two days. Records showed that the patch had been changed, but we could not tell whether it had been applied in the appropriate way on these two days.

We saw a clear plan for staff to follow about a medicine that was to be given to a person only when it was needed, but there were no written plans available with respect to 'as required' medicines for other people. This meant there was a risk staff might be unclear about when it was appropriate to administer these types of medicines. We raised this with the manager who told us after the inspection that plans had been produced.

Good

Is the service effective?

Our findings

We saw during our observations that staff had the skills to meet people's needs. Staff we spoke with were very knowledgeable about the people they cared for. The manager told us staff received an induction when they started working at the home. Staff told us and records showed that staff had also received a lot of training on many different subjects. We saw a small number of gaps where refresher training was due. However, the manager told us plans were in place to fill the gaps. The provider had a designated person to coordinate training and we saw information about training arranged. This showed us that plans were in place to develop staff members' knowledge.

Staff told us they felt supported and received regular supervision. We saw in staff records that supervision was used to consider what staff did well but also to reflect on what had not gone so well. We saw in one record how an incident had been discussed to consider how to reduce the likelihood of a similar incident occurring again. The manager told us and records showed that annual appraisals took place. These recorded successes, but also areas for improvement to assist staff to effectively meet people's needs. This showed us staff were supported to develop their skills.

A person living in the home told us how they received support from a range of different health professionals. A visiting health professional told us how staff sought their advice and were increasingly receptive to their suggestions. The manager also told us how health professionals had been involved in people's care. Care records such as health action plans showed health screening was taking place and external professionals were involved. This showed us that people were supported to maintain good health.

A person living in the home told us they liked the food. Two people told us how staff involved them in making choices about meals. One person, for example, told us how a staff member had spoken with them about what they liked to eat.

We observed the care in the dining room at lunchtime on the first day of our inspection. We saw people were provided with enough to eat and drink and staff provided appropriate support. We saw that staff supported people at people's preferred pace. For example, we saw a staff member asking a person whether they were ready to have their lunch and they did not rush the person.

Staff had a very good understanding of people's nutritional needs. For example, they knew when people required a specific type of diet. Staff told us people had choices and were provided with enough to eat and drink.

Staff monitored what people ate and drank and knew when specialist advice was needed. The manager told us and records showed that people had received input from specialists such as dieticians. A visiting health professional also told us how they had been contacted by staff to seek their input. This showed us other agencies had been involved in people's care regarding food and drink.

We observed staff asking people living at the home for their views and respecting people's decisions, for example, decisions about where they preferred to be and the activities they wished to engage in.

The provider applied the principles of the Mental Capacity Act 2005 (MCA). The MCA sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected, including when balancing autonomy and protection in relation to consent or refusal of care or treatment. Staff had a very good understanding of the MCA. We saw that the MCA had been discussed in staff meetings and staff had received training.

We saw many assessments relating to people's capacity to make specific decisions, and checklists recording the decisions made in people's best interests. This showed us that the provider followed the appropriate procedures. However, we saw one example where a capacity assessment had not been completed when required. This was needed to ascertain whether a person had capacity to make a decision about the use of bed rails. We raised this with the manager during our inspection and he told us soon afterwards that an assessment had been completed.

The manager understood his responsibility in relation to DoLS (Deprivation of Liberty Safeguards). These safeguards protect the rights of adults using services by ensuring that if there are restrictions on their freedom and liberty these are assessed by professionals who are trained to assess whether the restriction is needed. He told us that no one living in the home was subject to a DoLS at the time of our

Good

Is the service effective?

inspection. However, he was aware of the Supreme Court ruling and had attended a presentation about this. This ruling could impact on the provider's responsibility to ensure that DoLS are in place for people living in the home. We saw documents about this, which showed the manager had information about the ruling. He told us he was planning to submit some applications as a result of the widened definition of deprivation of liberty from the ruling. A policy was in place on DoLS and care staff understood the principles of DoLS.

Good

Is the service caring?

Our findings

A person told us they were happy living in the home and that staff were really nice and helped them. Another person said, "Yes I'm fine", when we asked whether staff were kind to them.

We observed the care in the dining room before and during lunchtime on the first day. We saw that the atmosphere was relaxed. For example, we saw a person was playing a game with a staff member and was smiling and laughing. We saw very positive interactions between people living in the home and staff. Staff listened to people and communicated in ways which people would understand. They communicated very warmly with people as they supported them and were very caring and kind. We saw they treated people with dignity and respect. For example, we heard a staff member ask a person questions discretely about how they were feeling such as whether they were in pain.

Staff gave people information in ways that they could understand. We saw that they were patient when speaking with people and understood and respected that some people needed more time to respond. We saw staff supported people at people's own pace. They offered them choices and respected their choices, for example, choices about where they sat down and about the individual social activities they did. We also saw how they promoted people's independence. For instance, we saw a staff member support a person to put a puzzle away in a cupboard. We saw they did not rush the person.

We observed the care at other times during our inspection and saw that staff responded to people with care and warmth. We saw that the manager also responded in a very caring and respectful way when interacting with people living in the home.

Staff talked with kindness about the people they were supporting. They had a good understanding of how they should support people in relation to their privacy, dignity and independence. A staff member talked about promoting independence and respect when we asked them for their views about what was good about the service.

Care plans contained information about how individuals should be supported with their privacy and dignity. The manager told us the care home had two dignity champions. A dignity champion is someone who acts as a role model and encourages people to provide services that treat people with dignity. Dignity in care had been discussed in staff meetings and information was displayed in the staff office. This showed us the service promoted people's dignity.

We saw a lock on the office door where care records were kept. However, the manager told us this door was not always locked when staff were not in the room. The care records were kept on an open shelf. This created a risk that people's personal information would not always be kept confidential. The manager told us he would take action to ensure that the office door was locked when staff were not present.

The manager told us one person was using an advocate and advocacy was discussed in group meetings for people living in the home. Advocates are people who are independent of the service and who support people to make and communicate their wishes. Minutes of a meeting, which were in an easy read format, also showed advocacy services had been discussed. Information was displayed about local services. This showed us people were supported to access advocacy services.

We found care plans were person centred in that they were written for the individual they were designed for and gave information about people's personal preferences. We saw in the care records for three people that they had been actively involved in monthly reviews of their care plans. This showed us people were involved in decisions about their care. We saw in another care record that the person had not been able to contribute to the writing of their care plan. However, staff had recorded that they had tried to establish what was important to the person and how they liked to be supported.

Good

Is the service responsive?

Our findings

Two people living in the home told us they were supported to go out into the community to take part in different activities such as shopping. One person also told us how staff assisted them to visit their relative. This showed us that the person was supported to maintain relationships with people that matter to them.

We observed the care in the dining room before and during lunchtime on the first day. We saw people received appropriate support and staff were very responsive to people's needs and preferences. For example, we saw a staff member was providing one to one support to a person. We heard them ask the person questions about how they were feeling and they responded appropriately to the person's need for assistance by immediately supporting the person to leave the dining room.

We saw people living in the home were engaged in different activities that were focused on what each individual person preferred to do. For example, we saw a person was playing a game with a staff member.

Some people had gone out into the local community during part of our inspection. For example, several people had gone to a day centre. Another person had gone shopping. The manager told us that the service had two minibuses and explained how staff supported people to pursue their interests and hobbies. This included shopping, visiting the library, trips to coffee shops, visiting the local activity centre run by the provider, and taking part in a disco outside the care home. Trips and holidays were organised and the manager told us about some that had taken place and how people were asked for their suggestions. A person living in the home also told us they were planning a holiday. This showed us people were supported to follow their interests and take part in activities outside of the care home.

Staff had a good understanding of people's interests and hobbies and told us how plans were developed according to the wishes of people living in the home. They were also able to tell us about people's life histories.

Staff and the manager also told us how people had opportunities to take part in religious activities in the local community if they wished to do so and provided examples of how some people did participate. This showed us that staff respected people's religious views.

Staff had a very good understanding of people's needs. They provided appropriate information regarding how they supported people and how they would respond if changes in people's health and wellbeing occurred. For example, a staff member told us how they responded when changes occurred regarding a health condition a person experienced and told us they felt the person was receiving, "amazing care here."

The manager provided several examples of how the support provided by staff had resulted in positive impacts on people, for example, how the wellbeing of a person had greatly increased since they moved to Ash Villa.

Individual care records we saw informed staff about the needs of people and their support. We saw care plans were regularly reviewed to ensure information was kept up-to-date. This showed us that staff had guidance about how to support people appropriately.

We saw in records of group meetings of people who lived at the home and staff told us that people were reminded to inform them if they were not happy with the service. This showed us people were encouraged to raise concerns.

A person living in the home told us they would speak with the manager if they wanted to make a complaint. Staff we spoke with knew how to respond to complaints if they arose. We saw a complaints procedure, which contained appropriate detail. Information about how to make a complaint was also in the service user guide and displayed on the wall. We did not see an easy read version of the complaints policy during our inspection. However, the manager sent us a copy soon afterwards. We saw one complaint had been raised during 2014 and was recorded using an easy read format. This complaint had been investigated and resolved. This showed us that people had access to information about how to make complaints and could be assured they would be acted on.

Good

Is the service well-led?

Our findings

A person living in the home told us the manager spoke with them about whether they were happy or not. We also saw that a person felt comfortable to visit the manager's office several times during our inspection to request his assistance and the manager responded in a very positive way. He also demonstrated to us that he knew about the needs of people and their support. This showed us he had regular contact with people living in the home and with staff.

It was clear from discussions with the manager that he wanted to keep improving the service. Staff had opportunities to contribute to the running of the service through staff meetings that included an agenda item of 'staff suggestions'. A staff survey had also occurred. Staff received regular supervision and appraisals and told us they felt supported. A staff member said the manager had, "a very intuitive understanding of people." They also told us he was regularly present in the home, easily accessible and was open to suggestions. Another staff member told us the manager was approachable and they felt they would be listened to. Staff told us they would report any concerns and a whistleblowing policy was in place. This showed us that the manager demonstrated good leadership and staff felt comfortable to contribute their views.

The manager recognised the importance of an open and transparent culture. Staff spoke with people in a very respectful way and encouraged them to express their views. Regular meetings occurred where people living in the home could contribute their suggestions. For example, we saw in the minutes from one meeting, that people were encouraged to inform staff if they were not happy with the service. These records were in an easy read format. We saw that people were happy with the service. The provider had also conducted a survey during the year to gather their feedback. The manager told us that each person living in the home had a key worker, who spent time with people each week to discuss their care and to seek their views, for example, their preferences regarding hobbies and interests. This showed us that people living in the home were included and consulted.

The manager told us about the types of actions he took when a person living in the home expressed concerns, but did not wish to make a formal complaint. For example, they told us staff would look for an item of missing clothing if the person told them items were missing. They told us concerns raised were sometimes documented by staff, for example, in the daily logs. However, they did not have a system in place for consistently recording the concerns. This meant it might be more difficult to monitor the concerns and actions taken to identify any trends. The manager told us during our inspection that he would introduce a log form to document concerns and told us soon afterwards that this had occurred.

The provider also sought feedback from relatives. We saw that relatives had been invited to share their views through a survey in 2014 that had covered different subjects such as meals, care, housekeeping and social activities. We saw that responses were mostly positive and no responses were 'needs improvement'. We did not see an action plan. However, the manager told us that some actions had been taken in response.

There was a clear management structure with a registered manager and a deputy manager. Care and support were provided by a team of staff who were clear about their roles and responsibilities and knew people well. Where cover was required, the service was able to use bank staff.

The manager told us a representative for the provider visited the care home every two months to complete quality audits. We looked at some completed audits and saw these covered many different subjects such as how people were involved in making decisions about their care, safeguarding, complaints, and staffing issues. Care record audits had also been completed and actions identified had been marked or ticked as done. This showed us that systems were in place to monitor and improve the quality of the service.

We saw that the safety of the premises was considered as part of the quality audits. However, we saw that the audit completed in October 2014 had not identified the concerns regarding the maintenance of the premises that we had identified during our inspection. This meant there was a risk the auditing systems regarding checks on the premises were not always working effectively to identify and address risks.

The manager also completed weekly audits that covered subjects such as medication records, staffing and the daily report sheets. They did not include checking the care

Good

Is the service well-led?

records. However, the manager told us he was planning to make changes to the audit systems and would be completing more detailed monthly audits that would include audits of the care records.

The manager told us he sent reports to the provider each day that covered different subjects such as information about what people living in the home had been doing regarding their hobbies and interests, whether there had been any accidents or safeguarding referrals, and information about staffing. We saw a daily report. The manager told us the provider regularly looked at the information. This showed us that the provider monitored information to enable them to identify any concerns and trends and to assist them to drive improvements.