

Tracs Limited

The Grove

Inspection report

8 Blakebrook
Kidderminster
Worcestershire
DY11 6AP

Tel: 01562820728
Website: www.tracscare.co.uk

Date of inspection visit:
20 June 2016

Date of publication:
26 July 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 was unannounced and took place on 20 June 2016.

The Grove is registered with the Care Quality Commission to provide accommodation and personal care for a maximum of 12 people. There were 10 people living at the home on the day of the inspection. There was a registered manager in place. 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 harm as staff knew how to protect them from abuse. People told us that they were supported when required and they were happy with the support they received. People received their medicines in a way that kept them safe. Staff had received medication training and there were arrangements in place for managing people's medication.

Staff had been recruited following the appropriate checks on their suitability to support people living in the home. Staff were available to meet people's needs promptly and they demonstrated good knowledge about people living at the home.

People were able to tell care staff about the care and treatment they needed and day to day decisions. People were assured that all staff have been trained and understood how to look after them. All staff we spoke with felt they had the right skills and knowledge and attended regular training to ensure they kept their knowledge updated.

People were involved in choosing their meals and all staff were seen to support people to eat and drink if needed. People told us the food was good and a choice of meals was available. People were supported to access professional healthcare outside of the home, for example they had regular visits with their GP. Where appointments were needed at hospital these were supported by staff and any changes to care needs recorded and implemented.

People told us they felt staff were caring and that they knew how to look after the people who lived at the home. Staff showed us that they knew the interests, likes and dislikes of people. We saw that staff ensured that they were respectful of people's choices and decisions.

People living at the home told us they would speak to staff and the registered manager about any concerns. The registered manager advised that as a small service any concerns were picked up and dealt with immediately.

Staff were supported to carry out their roles and responsibilities effectively, so that people received care and support in-line with their needs and wishes. The management team ensured regular checks were

completed to monitor the quality of the care that people received and action had been taken where areas were identified for improvement.

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 received support from staff to help them stay safe. Staff knew how to recognise risks and report any concerns.

People were supported by sufficient staff to meet their needs and provide support in a timely way.

People were supported by staff to take their medicines when they needed them.

Is the service effective?

Good ●

The service was effective.

People received care from staff who were trained in their needs and were well supported.

People liked the food they received and were supported to access health professionals to ensure health needs were managed effectively.

Is the service caring?

Good ●

The service was caring.

People's needs were met by staff who were caring in their roles and respected people's dignity and privacy.

Staff valued people's independence and knew what mattered to them.

People were given choices and involved in decisions about how they spent their time.

Is the service responsive?

Good ●

The service was responsive.

People had their individual needs reviewed so that these were consistently met.

Staff were knowledgeable about people's care needs, their interests and preferences in order to provide a personalised service.

People were listened to by the staff and registered manager who then took action.

Is the service well-led?

The service was well-led.

People had been asked about their views and quality checks were in place to review the service provided.

Staff told us they were supported by the registered manager and felt able to approach them with any concerns they may have.

Good ●

The Grove

Detailed findings

Background to this inspection

This was an unannounced inspection which took place on 20 June 2016. The inspection team consisted of one inspector.

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.

As part of the inspection, the provider had completed a Provider Information Return (PIR). This form 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 information we held about the service and looked at the notifications they had sent us. A notification is information about important events which the provider is required to send us by law. We used this information to focus our inspection.

During our inspection we spoke with two people who lived at the home and used different methods to gather experiences of what it was like to live at the home. We observed care and used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We spoke to the registered manager, a shift leader and three care staff. We looked at records relating to the management of the service such as, care plans for three people, the incident and accident records, medicine management and three staff recruitment files, handover records and read and sign forms about changes within people's care. We also looked at a questionnaire outcome report.

Is the service safe?

Our findings

People showed us that they felt safe living at the home, they were relaxed and smiled in response to staff supporting them, which indicated they felt comfortable with staff. We spoke to two people both of who told us they felt safe with staff supporting them. One person said, "It's my home, I am settled here and the staff make sure I am safe."

All staff we spoke to confirmed they had attended safeguarding training and had a good understanding of the different types of abuse. Staff were confident people were treated with kindness and stated that they had not had reason to raise concerns but would do so with the registered manager if they needed to. They said they were assured that action would be taken as a result. They were also aware of external agencies they could report concerns to if needed.

People were supported to participate in the activities of their choosing. This included activities outside of the home. Staff we spoke to were able to identify the level of risk and what support was needed. The registered manager told us how they supported people with activities that they were interested in. Where these posed a risk, they assessed this with the person to ensure that they could continue to enjoy these activities safely.

On the day of the inspection there were sufficient staff on duty to meet people's needs in a timely way. One person told us that staff were available when they needed them and another person commented, "There's enough staff." We saw staff spent time individually with people and they responded promptly to people's choices and care needs.

The registered manager told us and staff confirmed that if there was an increase in the amount of support needed then the staffing would be changed to respond to this. One member of staff said, "Staffing is increased if people have home visits." They went on to say the registered manager ensured staffing levels reflected the support people needed. They said, "Management are very good covering planned events."

We checked the recruitment records of three staff and found the necessary pre-employment checks had been completed and that staff were only employed after essential checks to ensure that they were suitable to carry out their roles. Staff had a Disclosure and Barring Service (DBS) check in place. A DBS check identifies if a person has any criminal convictions or has been banned from working with people in a care setting. These checks helped the provider make sure people living at the home were not placed at risk through their recruitment process.

One person said that their medicines were looked after by staff. We saw that people received help to take their medicines as prescribed. We saw the member of staff ask if the person if they were ready for their medicine, before giving the medicine and recording that it had been taken. The registered manager told us that only shift leaders administered medicines. The member of staff confirmed they received medication training and senior staff had observed their practice before they were signed off to administer medicines.

There were appropriate facilities for the storage of medicines including examples of safe storage of controlled drugs and how they stored medicines that required refrigeration. We saw there was written guidance for staff on 'as required' medicines. The registered manager looked at people's medicine records monthly and where any concerns had been noted the staff were supported with supervision and training.

Is the service effective?

Our findings

One person we spoke with felt staff had the knowledge to support people with their needs. They commented staff were well trained and said, "Staff are trained. They know how to look after people." The conversations we had with staff showed that they had a good understanding of the people they supported, for example enabling people to follow the routines that were important to them.

Staff told us they felt training helped them meet the specific needs of the people they supported. . For example, two staff told us about the specific training they received at induction tailored to supporting people with a brain acquired injury. They said training had given them a greater confidence in understanding people and supporting them. They told us they felt supported in their work and that the registered manager was responsive to training requests.

Staff gave examples of how they gained consent for care from people who lived at the home and how they worked at the pace of the individual person. One member of staff told us about the person they supported and said, "They would make it known if they were not happy."

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.

One person told us they chose what they did and staff respected this unless it affected their well-being, when they told us staff would encourage them. Where a person had appointed a Lasting Power of Attorney (LPOA) to make financial decisions on their behalf staff knew who they were to ensure they were contacted as needed. The registered manager told us paperwork recording people's capacity was in the process of being recorded in a clearer format and this would be completed following the inspection.

Staff told us they had received training to help them understand the requirements of MCA. One person we spoke with told us staff always checked if they agreed to receive care. We also saw that staff knew the best way to communicate with people so they could indicate their choices. One member of staff said, "People let their consent be known. If they say no, I generally have a chat with them. We can always fix what they are not happy about."

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). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. The registered manager had submitted applications where they had assessed that people were potentially receiving care that restricted their liberty.

People were supported to maintain a healthy lifestyle through diet and exercise. Two people told us they enjoyed their food. One person said, "Food is good. It's family type food. You get a choice of meals but can always have different if you want." Another person told us they enjoyed the food prepared and also enjoyed the takeaway meals that were ordered.

Staff were responsible for the preparation of meals, they told us they had all completed food hygiene training and that fresh food was ordered and prepared. We saw staff ask people what they would like for their midday meal and discuss different choices. Staff told us what people liked and disliked and that where people didn't like a food they were offered an alternative. Staff told us how they supported people with their dietary requirements. For example, where people with diabetes were offered alternatives to sugary foods and where people had meals to meet with their cultural needs. People told us and we saw that drinks were available and offered throughout the day.

People we spoke with felt they were supported to see health professionals outside of the home and attend a range of medical appointments including GP, chiropodist and hospital appointments. One person told us how staff had supported them on recent hospital appointments and followed up on recommended actions. We also saw periodic reviews recorded where people had on-going health care, for example, diabetic reviews. One person told us, "[Staff] help me get a doctor's appointment if I need it." This was supported by care plans, which reflected the person's on-going health need and provided staff with guidance on how to support people.

Is the service caring?

Our findings

We heard and saw positive communication throughout our inspection. We saw that people were relaxed around the staff supporting them. We saw staff joking with people who responded by laughing and smiling. One person said, "I like all the staff...all the staff are good." Another person told us they liked to go out and do activities with the staff. We also saw that a compliment had been received from a member of the public about the care that two staff provided to one person on a weekend away.

Staff spoke warmly about the people they supported and provided care for and said they enjoyed working at the home. One member of staff said, "All staff are kind, I'm assured on that." Another member of staff said, "It's a good staff team. I enjoy working here." Staff commented that the support they gave benefited from being from a small and consistent team. They said this allowed them to really get to know people, one member of staff told us, "Before people come into the home we get information about them but the best way to learn is working with the person and asking them themselves."

We saw staff gave reassurance when people became anxious. For example, when one person became upset a member of staff gave reassurance by sitting with the person and talking to them calmly. We saw that the person became more relaxed and settled in response.

Staff were knowledgeable about the care and support people required and gave choices in a way that people could understand. We saw that staff understood the different ways that people expressed how they felt. For example, when one person's body language changed and they needed support this was immediately recognised by staff.

Staff told us that as a small home they were able to get to know people living at the home and their families well. We saw that staff were knowledgeable about people and the things that were important to them. One person told us, "We all have a keyworker, (who) knows me well. It's a good system, it works for me." This was confirmed by the staff, one of whom said, "I am a keyworker, I speak up for [person's name]. I want what's best for them."

We saw that people were encouraged to be involved in activities to maintain their independence. For example, one person enjoyed making drinks for other people at the home and any visitors. We saw that people's choices were respected and when one person chose to not to join in an activity this was accepted by staff who said, "That's OK, would you rather do something else?"

Throughout our inspection we saw that staff asked people's permission before supporting them and that staff recognised the importance of not intruding into people's private space. People had their own bedroom to which they could go whenever they wished or a quiet area of the home if they chose.

The privacy and dignity of people was supported by the approach of staff, we saw staff asking before entering a person's room and supporting people in a discreet way. We saw that staff were respectful when they were talking with people or to other members of staff about people's care needs.

Staff supported people to retain their own level of independence, for example to make drinks for themselves. One person told us, "I'm ok, I go out and I help in the kitchen." We saw another person make a drink with the help and support of staff. We observed staff giving gentle prompting and acknowledge what the person had done and also encourage them.

Is the service responsive?

Our findings

People we spoke with were positive about the care they received. One person said, "It's a good home, I'm very settled here." Another person told they liked living at the home and were supported by staff to do the things they liked and keep busy.

Staff understood people's individual needs and they responded when requested or when a person required support. Staff were able to tell us about the level of support people required, for example people's health needs and number of staff required to support them. We saw staff shared information as people's needs changed, so that people would continue to receive the right care. This included information shared at staff handover, where the support required for each individual person in the home was discussed. For example one person had taken medicine for pain relief and this information was shared with staff coming onto shift.

Staff told us any significant changes were communicated to them by 'read and sign' forms. We saw examples of these that included when people were prescribed new medicines and the pre-admission details of a person coming into the home. Staff read the forms at the start of a shift and signed to acknowledge they had read and understood the information.

We saw that reviews of people's care included people who knew them well for example, a relative. A review record was completed showing 'what's working well' and 'what's not working'. Where a recording was made under 'what's not working' an action plan was put in place to address this. The registered manager said the reviews provided information to change things or put new activities in place.

Care plans recorded people's preferences, for example, where people preferred one to one support rather than group activities. Care plans also included a one page profile of the person giving details of what was important to them and the best way to support them. Staff told us this was a good prompt and that care plans reflected people's current care needs.

We asked people if they could raise concerns about the care if they needed to. One person told us they had raised a concern and said, "They [staff] put things right. It was put better." The person said they would be happy to speak to staff with any concerns they had. The registered manager advised us that no complaints had been received over the previous 12 month period. The registered manager said they felt as a smaller service any issues could be picked up and dealt with immediately.

Staff told us that they would talk with the registered manager if they had any concerns and they were confident that action would be taken in response. They told us they had not had reason to raise concerns.

We saw that monthly residents meetings were held, where people were encouraged to raise any issues. A record of anything raised was noted and carried forward to the next meeting. The registered manager told us this showed when action was taken and also kept any issues ongoing as a reminder for discussion.

Is the service well-led?

Our findings

We saw there was genuine warmth between people and the registered manager as they smiled and talked with each other. Staff we spoke to said that the home was well run for the people that lived there. One person told us, "It's a very good home. TRACS is a good company, they have good standards." All staff told us the home was well managed, one member of staff said, "It's a good service.I enjoy working here."

The provider had given a questionnaire to all people, relatives and staff in September 2015 asking for their feedback and opinions on the care provided. All ten people who responded were generally satisfied with the care provided at the home and all five relatives said they would recommend the home. Where any areas for improvement had identified an action plan had been put in place and was being worked to.

Staff spoke positively about the management of the home and the support they received. Staff told us the registered manager would lend support to them and was approachable for advice. One member of staff said, "If you ever have a question you can always ask [registered managers name]." Another member of staff told us, "One of the strongest points of the home is [registered manager's name], they are accessible and willing to help, not locked away in the office. I can speak to them anytime I need to."

Staff we spoke to told us that they had regular supervisions and also attended monthly staff meetings. Two members of staff told us the meeting was split into two parts with the first hour concentrating on training and the second part being a meeting with discussion of information. Staff said the meetings provided a good opportunity to discuss any issues or changes. One member of staff commented, 'The meetings are two way, we can raise anything we want to talk about.'

The registered manager felt that all staff worked well as a team and provided the structured support that was required. Staff confirmed this and one member of staff said, "It's a good team; all the staff are kind." We saw that the staff team had been awarded a silver award for 'Best Team Practice' by TRACS in April 2016. The registered manager explained this was awarded in recognition of the end of life care given to a person who had lived at home. Staff told us they were proud of the award and that one of the people living at the home had attended the ceremony to collect the award with staff from the home.

The registered manager told us, "A big part of my day is walking around looking at everything. Getting a feel of the home on every shift, you only get that from being out on the floor and talking to people." They told us this allowed them to pick up any issues and deal with them immediately. For example, we saw that a recent walk around had identified an issue with the disposal of waste and resulted in an additional check being added to the daily fire check. This had been communicated to staff who had all signed to say they had been advised. Staff confirmed that the registered manager spent time on the floor and would take action on any issues. One member of staff said, "If we have an issue action is taken."

The registered manager had systems in place to check and review the service provided. The shift leader's daily task sheet was checked daily by the registered manager to ensure all allocated tasks had been completed and meant any issues could be picked up immediately. Further checks were made on a monthly

basis, for example a medication audit.

We saw the provider had made some improvements to the environment of the home. For example, three bathrooms had been refurbished. We saw that two people had discussed redecoration of their bedrooms in their reviews. We saw that redecoration of bedrooms was on-going and the registered manager said further improvements were planned including the replacement of some of the communal furniture.

People's confidential information was held securely and staff knew where information was kept and how to access it. We saw that accidents and incidents were logged and the registered manager looked to assess if there were any trends that could be determined. They then made a record made of any actions taken. For example, we saw that all accidents were reported to TRACS head office. Staff there looked at the root cause of any accidents across all homes within the group. Any lessons learnt or ways to prevent a reoccurrence of the accident were then reported to all homes.