

Moorcroft Care Homes Ltd

Grange View

Inspection report

69 Grange Lane
Maltby
Rotherham
South Yorkshire
S66 7DN

Tel: 01709817963

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28 June 2017

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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

Grange View provides accommodation for up to three people with learning disabilities. In addition the service catered for people with challenging behaviour and those on the autistic spectrum.

At the last inspection, the service was rated Good. At this inspection we found the service remained Good.

People remained safe at the service. There were sufficient staff available to meet people's needs and support them with activities both in and outside of the service. Risk assessments had been completed to enable people to retain their independence and receive care with minimum risk to themselves or others. People received their medicines safely.

There were enough suitably knowledgeable staff to provide people with support and guidance when they needed it. Staff had received appropriate training, support and development to carry out their role effectively. Plans were in place to further develop the skills and knowledge of the staff team.

Care plans were well organised and up to date. The plans contained information about what was important to people as well as information regarding their health needs.

The staff were very caring and people had built strong relationships with staff. We observed staff being patient and kind. People's privacy was respected. People where possible, or their representatives, were involved in decisions about the care and support people received.

Staff understood and promoted people's rights in line with the requirements of the Mental Capacity Act 2005 (MCA). Staff had received training in MCA and had good knowledge of the principles and how to support people to make decisions about their day to day living. Deprivation of Liberty Safeguards applications were made to a supervisory body when needed to ensure any restrictive practices were authorised and appropriate.

People's views were sought and the service listened to their feedback. People and their relatives had access to the complaints procedure and knew how to raise any concerns about the care provided.

Staff and relatives were positive about how the service was managed and the leadership of the registered manager. The registered manager was enthusiastic and passionate about the quality of care provided at the service and knew people and their needs well. Staff were valued at the service and shared the provider's vision and values to support people to live fulfilling lives.

There was a robust quality assurance system in place and shortfalls identified were promptly acted on to improve the service.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Grange View

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 took place on 28 June 2017 and was announced. We gave the registered manager twenty four hours' notice because the service looks after adults who are normally out during the day to undertake various activities. We needed to ensure that the registered manager would be available. The inspection was carried out by one adult social care inspector.

Before the inspection, we looked at all the information we held about the provider. This included the last inspection report and notifications of significant events. In September 2016, the provider completed and sent us a Provider Information Return (PIR). The PIR is a form that asks the provider to give us some key information about the service, what the service does well and improvements they plan to make. We looked at the information the provider had submitted.

During the inspection, we met three people who lived at the service. People living at the service were not able to give us detailed feedback about their experiences, so we observed how they were being cared for and supported. We spoke with the registered manager and a support worker. After the visit, we also spoke with a professional who supported people living at the home and a relative.

We looked at the environment and equipment people used. We looked at records which included the care records for three people, staff recruitment, training and support records for three members of staff and other records the provider used for monitoring and assessing the quality of the service.

Is the service safe?

Our findings

We spent time observing people living at the home; this was due to people having difficulty verbally telling us about their experience at the home. People living at the home appeared happy and content on the day of the inspection.

People were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent it from happening. Information was displayed in the home detailing how to report safeguarding concerns and raise concerns with CQC. Staff had received safeguarding training and had a strong understanding of their responsibilities and what they needed to do to raise their concerns with the right person if they suspected or witnessed ill treatment or poor practice. One staff member told us, "I would report any concerns immediately." There was a whistle blowing policy in place and the staff we spoke with were aware of the policy and what protection this offered. A relative we spoke with said, "I have no doubt that my relative is safe at Grange View."

Risks were identified and systems were in place to minimise them. Risk assessments were comprehensive, personalised and included clear information for the staff about how to respond to different situations and how to keep people safe. For example, where people using the service exhibited behaviours which could cause harm to themselves or others, care plans showed that this was well understood and that the provider had taken appropriate steps in relation to staffing numbers, equipment and facilities to manage risk and reduce harm.

There were robust recruitment practices in place and to ensure people with the right skills, attitude and values were employed at the service. We looked at three staff files and saw that all checks had been undertaken including Disclosure and Barring Service (DBS). DBS checks can help employers make safer recruitment decisions and reduce the risk of employing unsuitable staff.

There were emergency plans in place for all the people who used the service. These plans were in place to show what assistance would be needed by each person who used the service in the case of an emergency, to help them leave the building, for example if there was a fire in the home.

There were procedures in place to ensure any accidents or incidents involving people who lived at the home were recorded and action taken.

We saw evidence that demonstrated appropriate gas safety, electrical safety and portable appliance checks were undertaken by qualified professionals. The checks did not highlight any concerns. Regular fire tests and evacuation were carried out. Personal Emergency Evacuation Plans had been completed for people on how to evacuate them safely.

There were enough staff on duty to meet people's needs and keep them safe. Staff told us there was always enough staff available throughout the day and night to make sure people received the care and support that they needed. The rota showed that there were consistent numbers of staff working at the service.

People received their medicines when they needed them. People's medicines was stored securely in a safe. Medicine Administration Records (MARs) were fully completed, showing people received their medicine as and when they needed it.

Is the service effective?

Our findings

People were supported by staff who had received training which enabled them to understand the specific needs of the people they were supporting. Staff received an induction and were required to complete mandatory training which included safeguarding and first aid. We saw that these had been completed. A relative told us, "The staff are all very good."

Staff were able to receive supervision regularly and share their views. One staff member told us, "Supervision with the manager is regular and valued. We also make good use of the communication book to ensure we are all up to date and informed."

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. People's capacity to make decisions had been assessed and we saw examples of appropriate best interest decisions documented.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We saw information in people's support plans about mental capacity and Deprivation of Liberty Safeguards (DoLS). DoLS applications had been applied for appropriately. Staff demonstrated a good understanding when they were asked about the principles of the MCA and DoLS.

We saw from our observations that people were able to eat and drink when they wanted. Where people had specific dietary requirements we saw that staff were aware of these and ensured the meals and drinks people had were right for them. Staff showed an understanding of the importance of people eating and drinking healthily and how that people were encouraged to do so.

People were supported to see healthcare professionals and to maintain good health. Each person had a health care plan, which included details of individual health needs and how these were being monitored and met. There was evidence of regular consultation with healthcare professionals. The staff had taken appropriate action when people had become unwell.

Is the service caring?

Our findings

People were relaxed in the company of staff and clearly felt comfortable in their presence. We observed that staff knew people well and understood the best way to communicate with people whose verbal communication was limited. People's choices in relation to their daily routines and activities were listened to and respected by staff. Staff treated people as individuals and respected their wishes. Staff were observed speaking to people in a kind manner and offering people choices in their daily lives, for example if they wanted any snacks and where they wanted to eat their meals.

We saw that people's privacy was respected by staff. One person spent a lot of time in their room, a staff member told us, "[Person] likes to spend some time alone. It's important we respect that." People's care records included information about when they wished for privacy whilst carrying out tasks such as personal care. These wishes were respected by staff and plans were put in place to control risks whilst upholding the person's right to privacy.

Some people had lived at the service for 15 years and as such people's personal histories were well known and understood by staff. Support workers knew people's preferences well, and what they should do to support people who may have behaviour that could cause themselves or others anxiety. Staff were able to identify possible triggers that caused people to become anxious.

The service continued to involve people in making decisions about their care and support. Health professionals and relatives, where appropriate were involved to help people to make specific decisions about their care. Records showed people contributed to planning their care as much as possible and that their decisions were respected. A healthcare professional said, "The meetings I have been to always had [person] at the centre of everything and every decision."

People were encouraged by staff to remain as independent as possible and develop life skills such as cooking, cleaning and road sense. Care records made clear what tasks people needed support with and what they could do for themselves. We observed staff encouraging people to be independent, such as encouraging them to make their own drinks or snacks.

Staff recognised the importance of family relationships and supported people to maintain them. One relative told us, "My relative comes home regularly and that process is always smooth. I am also sent wonderful little videos of activities such as feeding animals, I really appreciate those little touches." Staff spoke with families regularly to help ensure they were kept up to date with any developments or changes in people's health needs. Family members were invited to attend care planning reviews to help sustain their involvement in their family members care.

Is the service responsive?

Our findings

The service continued to be responsive. A relative said the service had responded to the person's changing needs by arranging input from other healthcare agencies. A healthcare professional said, "The service has responded well and in a timely manner in highlighting issues for a person which require professional consideration." Staff knew how to respond to people's needs as they applied positive behavioural support techniques when a person showed behaviours that challenged the service and others.

The service continued to ensure that people's care records were personalised to include information about them, such as their hobbies, interests, preferences and life history. This information enabled staff to support people to engage in meaningful activity they enjoyed. Each record also contained a summary of the person's needs and preferences designed to accompany them to hospital or visits with other professionals. This ensured that people received continuity of care. The care records we saw had been routinely reviewed.

Daily logs were completed throughout the day for each individual. These recorded any changes in people's needs as well as information regarding appointments, activities and people's emotional well-being. The logs had been completed appropriately and were detailed and informative.

The service continued to support people to engage in meaningful activity and maintain a healthy social life. The support people required to access activity both within the service and the community was assessed so that there were always enough staff available to support people with activities. People accessed a local day centre where they had the opportunity to engage in activities from crafts and gardening to sport and outdoor activities.

There was a satisfactory complaints procedure in place which gave the details of relevant contacts and outlined the time scale within which people should have their complaint responded to. No complaints were on-going at the time of the inspection. A relative told said, "The staff and manager are always prepared to discuss any suggestions or issues we may have so complaints are never really needed."

Is the service well-led?

Our findings

There was a registered manager in place at Grange View. 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. Statutory notifications received showed us that the manager understood their registration requirements.

Observations and feedback from staff showed us that the registered manager had an open leadership style and that the home had a positive culture. Staff and relatives of people using the service told us they felt able to talk to the manager about anything they wished. Staff were confident and understood their roles and responsibilities in supporting people to live an independent life as possible.

Staff spoke positively about the culture and management of the service. They said they enjoyed their jobs and described the registered manager as supportive. Staff confirmed they were able to raise issues and make suggestions about the way the service was provided in one-to-one meetings and these were taken seriously and discussed. One staff member said, "The manager is very supportive and is always looking for ways to improve"

The registered manager consistently carried out regular audits on medicines management, care planning, risk assessments and the safety of the premises to drive improvement. An action plan was put into place when needed to resolve any shortfalls identified. Audit records of the last six months we saw were up to date and there were no concerns identified.

The provider had systems in place to make sure the building and equipment were maintained to a safe standard. These included regular testing of the fire detecting equipment, water temperatures and servicing of equipment.