

Ablegrange Severn Heights Limited

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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 took place on 20 November 2018 and was unannounced.

Ablegrange Severn Heights is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The provider of Ablegrange Severn Heights is registered to provide accommodation with personal and nursing care for up to 30 people. Care and support is provided to people with dementia, personal and nursing care needs. Bedrooms, bathrooms and toilets are situated over two floors with stairs and passenger lift access to each of them. People have use of communal areas including lounges and dining room. At the time of this inspection 26 people lived at the home.

At the time of our inspection 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.

At our last inspection on 8 January 2018, we gave the service the rating of Requires Improvement in Responsive and Well-Led and Requires Improvement rating overall. This was because the provider had failed to display their current rating, which is a legal requirement to show people had access to the ratings to inform their judgments about services. At this inspection we found the provider was now displaying their current rating in the hallway for people to view. Therefore, we have changed the rating to Good in Well-Led.

At our previous inspection on 8 January 2018 we rated the key question of Responsive as Requires Improvement because although people were supported with their individual needs however care documentation was incomplete. This had the potential to result in people's needs not being responded to in a consistently personalised way. At this inspection we found the provider had made some improvements and were embedding a new electronic care planning system to ensure people received the care and support they required. Therefore, we have changed the rating to Good.

People were supported by staff who knew how to recognise and respond to abuse. There were arrangements in place to ensure people were protected from harm. Risks were assessed and managed and people were supported by sufficient staff to make sure they received care and support when they needed it.

Medicines were effectively managed so that risks to people were reduced and people received their medicines as prescribed.

People were asked for their consent for care and were provided with care that protected their freedom and promoted their human rights. Before performing any support, the staff asked people's permission and gave

them a choice how they would like to be supported. Where people did not have the capacity to make decisions staff followed the principles of the Mental Capacity Act (2005) and best interest decisions were made and recorded

People enjoyed the home cooked food they received and were supported to eat and drink enough to keep them healthy. The manager had accessed a range of healthcare professionals to make sure people had their nutritional needs met, to assist them to stay healthy and well.

Staff treated people in a kind and compassionate manner and had taken the time get to know people's individual needs, requirements and personalities well. People had support to express their wishes and participate in decision-making which affected them. People's rights to privacy and dignity were understood and promoted by staff and the registered manager.

People were listened to when they gave feedback about the service they received. Staff spoke positively about feeling valued by management, who were always available to provide support and guidance. Systems were in place that continued to be effective in assessing and monitoring the quality of the service provided.

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 felt safe using this service. People were supported by sufficient levels of staff, who understood how to protect them from potential abuse and harm. People's medicines were managed safely.

Is the service effective?

Good ●

This service was effective.

Staff received training and support from the provider so were able to meet people's health and nutritional needs. Staff requested people's consent and supported them to make decisions when required about their care and support needs.

Is the service caring?

Good ●

This service is caring.

People were treated with dignity and respect. People felt staff were kind and caring towards them. People's preferences about how care was delivered was listened to and followed.

Is the service responsive?

Good ●

This service is responsive.

People received care and support that was personalised to their individual needs. People were supported to take part in fun and interesting activities of their choice. People and their relatives knew how to raise a concern or complaint and felt they would be responded to.

Is the service well-led?

Good ●

This service is Well-Led

Quality audit systems were in place to monitor and maintain good quality care. People and staff were confident to raise

concerns. People and staff were all complimentary about the registered manager.

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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 took place on 20 November 2018 by one inspector and was unannounced.

Before the inspection visit, 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 looked at the information held about the provider and the service including statutory notifications and enquiries relating to the service. Statutory notifications include information about important events which the provider is required to send us. We used this information to help us plan this inspection.

We asked various organisations who funded and monitored the care people received, such as the local authority, the local Clinical Commissioning Group [CCG] and Healthwatch who is an independent consumer champion who promotes the views and experiences of people who use health and social care. Healthwatch had no information to share with us.

We used different methods to help us understand the experiences of people who lived at the home and their relative, including the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with five people who lived at the home and four relatives on the day of our inspection. We spent time with people and saw the care and support provided by the staff team at different parts of the day. We met and spoke with the registered manager, four care staff, the registered nurse about what it was like to work at the home.

We looked at three people's care plans and we also viewed other care documentation such as people's daily records of care, medicine records and staff duty rotas to see how their care and treatment was planned and provided. We checked whether staff were recruited safely, and trained to deliver care and support appropriate to each person's needs. We looked at the results of the quality checking and monitoring arrangements the provider and registered manager had in place. This was to see what actions were taken and planned to improve the quality of the services provided. This included the recording of complaints, thank you cards, checks of different aspects of care and meetings with people who lived at the home, relatives and staff.

Is the service safe?

Our findings

When inspected in January 2018 this key question was rated as Good. We found the service continued to be rated as Good at this inspection.

People told us they felt safe living at the home. One person said, "I feel safer living here rather than I did at my house because the staff are always here to help me." People's relatives were also complementary about the staff who supported their family members to stay safe. One relative stated, "I cannot fault this home, so I feel they[family member] are absolutely safe living here. It's much better than the previous home they lived in."

Staff knew and could describe risks to people's safety. For example, we saw staff had been trained to assist people when using mobility equipment such as hoists. In the new electronic care plans there was guidance for staff to refer to. We saw staff promptly assisted people with the support they wanted, such as assistance to move safely around the home, so they could maintain their independence.

The staff and registered manager continued to protect people from avoidable harm, abuse and discrimination. Staff had received training in, and understood, how to recognise, respond to and report abuse. They told us they would immediately report any abuse concerns to the registered manager or nursing team. Staff were also aware of whistleblowing procedures and felt confident raising any concerns. The registered manager understood their responsibilities in reporting and dealing with concerns to ensure people remained safe.

Any accident and incidents were recorded and monitored so lessons could be learned and help prevent further occurrences. People told us there were enough staff to keep people safe and meet their needs. Although one person we spoke said, "All the staff are so busy they could do with one more staff in the mornings to help." The provider told us when a new person came to live at the home staffing levels were reviewed to consider the person's dependency levels and would be adjusted accordingly.

People were protected from infection through staff being knowledgeable about infection control measures. We saw staff wore personal protection equipment such as gloves and aprons when required. A relative commented, "There has been an improvement in the cleanliness in the home recently." Another relative said, "This home never smells bad and it's clean."

Staff we spoke with confirmed employment checks were carried out on their suitability to work at the home before they commenced their employment. Records showed that Disclosure and Barring checks (DBS) were completed before staff started work, so people were protected by the provider's recruitment arrangements. This check helps employers make safer recruitment decisions and prevents unsuitable people from being employed. We saw the provider had also obtained employment and personal references to further check the staff's suitability to work at the service. We also checked the registered nurses had current PIN [Personal Identification Numbers] with the Nursing and Midwifery Council [NMC] to ensure they were registered to work in the profession.

We looked at how the provider administered, managed and stored people's medicines. People confirmed they received their medicines on time as prescribed. One person said, "I get my tablets on time, there is never a problem."

We found people's medicines were stored securely and within a recommended temperature range. People received their medicines from trained nurses who maintained up-to-date medicines administration records [MAR charts] and had been provided with guidance on when to give people's PRN medicines. For example, when people asked for pain relief the nurse administered it. Medicines stock levels were monitored on an ongoing basis to prevent people from running out of their prescribed medicines.

Is the service effective?

Our findings

When inspected in January 2018 this key question was rated as Good. We found the service continued to be rated as Good at this inspection.

Before people moved into the home, the registered manager met with them, their relatives and the health and social care professionals involved in their care to assess their individual care and support needs and establish whether the service could meet these. Initial risk assessment and care planning were then completed whilst people's needs and requirements were further assessed following their admission and adjusted accordingly.

We spoke with staff about the training they received from the provider. New staff completed an induction period linked to the Care Certificate. The Care Certificate is a set of standards that should be covered as part of induction training of new care workers. Staff told us they had training which was either classroom based or in the form of e-learning packages. One staff member told us they felt the induction they received "....It was good. I think it prepared them for my role." We checked the training records and found some staff training was due for a refresher and but staff were aware when their deadline for completion was. People and relatives, we spoke with felt the staff were trained well enough to meet the care needs of people living at the home.

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 can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met. At the time of our inspection only one person was subject to a DoLS restriction.

People were supported to ensure they had enough to eat and drink to remain healthy. People were offered a choice of meals. People described the food served at the home as "Good and very nice." We saw nursing staff monitored the amount of food and fluid people drank to avoid them become dehydrated and remain well.

We heard how staff had a handover of shift when they came on duty to share any concerns raised, for example if a person was unwell. We saw from records people had accessed doctors, chiropodists, dentists and opticians as required, so retained the best health possible.

We spoke with the registered manager about the décor around the home looking tired and in need of redecoration. They explained the home was in the process of having an extension built and there were plans once this was finished, to start the refurbishment of the home.

Is the service caring?

Our findings

When inspected in January 2018 this key question was rated as Good. We found the service continued to be rated as Good at this inspection.

People were complimentary about the staff who worked at the home and how this impacted on their wellbeing and happiness. Comments included "The staff bend over backwards to help you." A relative said, "We are really quite pleased with the staff, they are so nice." Another relative said, "The staff here have a greater understanding and more caring than [person's name] previous home where they lived." One person told us how staff brought them a newspaper in from home, because they enjoyed keeping up-to date with current affairs.

People who lived at the home and their relatives told us visitors were made welcome and could visit as they chose. Two relatives described how the staff had arranged a big birthday party celebration when one person celebrated a significant birthday. The person told us how much they had enjoyed the event. They said, "It was lovely party."

During the inspection we saw and heard staff spoke to people with warmth and affection. Staff and the registered manager took time to chat to people about their family and pets. We saw staff provided people with blankets for over their knees to ensure they stayed warm.

We saw 'thank you' cards displayed in the hallway. One relative had written, "Words cannot express how sincerely grateful I am for all your wonderful, care, kindness and compassion you have shown towards [relative's name]."

People and their relatives told us, staff treated people with dignity and respect. We saw staff were courteous to people asking their consent before performing any care support. For example, at lunchtime staff asked people if they required help with cutting up their food and sat next to the person to help as and when they required. One staff member told us, "It's important for people to maintain as much independence as possible."

People were encouraged to decorate their rooms with their own furniture and possessions to make them feel at home. We saw photographs displayed around the building to make it feel homely.

The registered manager continued to maintain confidentiality in relation to people's personal information. We saw personal files were stored securely and computer documents were password protected when necessary. The registered manager and staff conducted the daily sharing of information where people's care and treatment needs were discussed in private to make sure people's right to confidentiality was maintained. Staff had access to local advocacy services and would use this to support people if they required independent assistance to express their wishes. Advocates are independent of the service and who support people to make and communicate their wishes

Is the service responsive?

Our findings

When inspected in January 2018 this key question was rated as Requires Improvement. We found the provider had made improvements therefore we have changed the rating to Good at this inspection.

At our last inspection we found the care documentation did not always provide all the information to support people to receive consistently personalised care. In addition, staff practices in always keeping care-centred on each person required strengthening. At this inspection we found improvements had been made. A new electronic care planning system had been introduced and was in the process of being developed and embedded further. A nurse we spoke with was enthusiastic about the system and felt it was improving the care planning process. The system allowed the nurses and the registered manager to monitor and remind staff when care actions needed to be completed. For example, when a person's dressings needed to be changed.

The new system had been introduced last December 2017, staff felt they were finding the information and reminders useful. One staff member said, "Now we are getting used to it, we find it easy to use and helpful." However, on the system people's social history was brief, but staff had the old paper care plans to refer to if necessary. When we discussed this with staff one staff member said, "Yes that could be better, but we talk to people about their life, so get to know them so it really isn't a problem."

Most people's relatives told us the care and support provided reflected their loved ones' needs and they felt involved in decision-making about the service provided. One relative told us, "I was asked about my opinions and told them [staff] about the way [relative's name] likes to be supported and cared for."

Staff we spoke with told us they worked as a team to respond to people's needs and had regular daily information sharing and nurses kept them up to date with changes to people's needs. Since our last inspection daily "Flash meetings" had been introduced for staff to share any concerns and call in health professionals if required without delay. A nurse told us, "Staff find these meetings really useful."

The registered manager explained they were in the process of recruiting a new activities coordinator, so staff were providing activities for people for the next two weeks in the interim. We saw there was an activities program advertised in the lounge for people to see. It included various singers, bingo, beauty sessions such as hand and nail therapy. One person told us, "Some of the entertainment is really good." A staff member told us they were planning a film night this weekend for people.

We looked at whether the provider was following the Accessible Information Standard. This standard informs publicly funded organisations how they should ensure people who use services, and their relatives, can access and understand the information they are provided. We saw the guide to the service and complaints procedure could all be provided in alternative formats. For example, they used a resource called, "Word and pictures for stroke patients."

The provider had a complaints procedure which was available to anyone who wished to make a complaint. People who lived at the home and relatives told us they knew how to complain and would feel comfortable approaching the management and staff team if ever they needed to. We saw any complaints raised had been responded to in line with the provider's complaint policy.

Is the service well-led?

Our findings

When inspected in January 2018 this key question was rated as Requires Improvement. This was because the provider had failed to display their current inspection rating. At this inspection we found the rating was displayed in the hallway of the home. As we found the service had made improvements we have changed the rating to Good at this inspection.

At this inspection 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 told us the home was managed in a way which helped them to receive good care and to enjoy living at the home. One person told us, " The registered manager is very approachable, we often see her walking around the home. If ever I had any concerns I'd go to the office to speak to her."

We heard the provider had sought people's opinion and had sent out customer satisfaction questionnaires to people and responses had been positive. "Resident and Relative" meetings had been organised and suggestions had been responded to. For example, the new winter menu had been devised with people's favourite meals added.

Staff we spoke to were also positive about the registered manager. A staff member described her as "Supportive and her office door is always open if we want to discuss anything with her." One staff member thought one of the reasons the staff turnover was low and their morale was good, was due to the way they worked as a team. Staff said they felt listened to by the registered manager so felt they could make suggestions to improve the service. The registered manager had recently delegated lead roles for staff such as responsibility for care planning development and infection control. She told us it was already proving beneficial to people's care and staff were enjoying their new responsibilities.

The registered manager had a good understanding of their responsibilities for sharing information with CQC and our records told us this was done in a timely manner. The registered manager had made statutory notifications to us as required. A notification is the action that a provider is legally bound to take to tell us about any changes to their regulated services or incidents that have taken place in them.

The provider and registered manager carried out checks to ensure the service met people's needs effectively and safely. This included checks of care plans, medicines and health and safety. Any concerns with the quality checks were recorded and showed how the provider and registered manager had made improvements with action taken for future learning. The registered manager described their vision for the home over the next twelve months and gave us examples of how they were developing the service available to people by developing a dementia unit and supported living accommodation on-site. Once this was completed there were plans to refurbish the main house.