MGB Care Services Limited

Heathfield Gardens

Inspection report

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Date of inspection visit:
25 February 2016

Date of publication:
12 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

This inspection took place on 25 February 2016, and it was unannounced.

Heathfield Gardens provides nursing accommodation and support for up to 10 people who have a learning disability. At the time of this inspection there were 10 people who lived at the home. There had been no new admissions since the last inspection.

The service had a registered manager in post. The home is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service.

There were enough staff to meet people's needs. Staff provided people with support and assistance in an unhurried, kind and considerate manner.

Staff protected and promoted people's dignity and privacy. All interactions between staff and people were caring and respectful. People's independence was promoted and they were supported to maintain their interests and hobbies both inside and outside the home.

People were listened to. Where possible, people were included in developing and reviewing the service to ensure it was providing what people wanted. There was a clear complaints procedure which was available for people and their relatives.

The provider ensured that staff were suitable to work in the home, and they had the knowledge and skills to meet people's needs. There were opportunities for additional training specific to the needs of the people, such as understanding behaviour and keeping people safe. Staff had one-to-one supervisions and appraisals.

Staff had received training in the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) to ensure they understood how to promote and protect people's rights. People were asked for their consent before staff provided people with support. Staff were able to explain to us how they maintained people's safety and protected their rights.

Medicines were managed safely and in line with current legislation and guidance. There were systems in place to ensure medicines were safely stored, administered and disposed of. Staff who administered medicines received training to ensure their practice was safe.

Referrals were made to the relevant health and social care professionals where risks and changes had been identified. People were given a choice of nutritious food and drink throughout the day.

People were safe and the provider had effective systems in place to safeguard people. Staff were trained to recognise and respond appropriately to signs that people may be subjected to abuse. Staff were aware of

emergency procedures.

The service was managed in the best interests of people. There was an effective quality assurance in place. The was an easy to use complaints process in place. Staff were managed in a manner that ensured good care was provided to people. Staff knew people well and were motivated to provide good care and were proud of the service they 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.

There were enough staff to meet people's needs. People's medicines were being safely managed and administered. People felt safe and they were protected from harm and abuse. Staff recruitment arrangements were thorough.

There were plans in place to keep people safe in the event of an emergency.

Is the service effective?

Good

The service was effective.

Staff were trained to deliver care in a way that met people's needs and wishes. Staff ensured they always had the person's consent before providing care.

Staff understood their responsibilities under the Mental Capacity Act 2005 (MCA), and the associated Deprivation of Liberty Safeguards (DoLS).

People were supported to eat sufficient and nutritious food and drink. They had access to health and social care professionals as required.

Is the service caring?

Good

The service was caring.

People's dignity and individuality was promoted and respected by staff who were kind, caring and compassionate.

People were supported to maintain their independence.

Staff knew people well and had a good relationship with them.

Is the service responsive?

Good

The service was responsive.

The manager and staff understood the needs of people they supported.

People were provided with the care they needed. People were valued and where possible involved in decisions relating to their care and their life within the home.

People were encouraged to participate in the running of the home and give their views.

Is the service well-led?

Good

The service was well-led.

The provider and registered manager understood and promoted personalised care within the home. Where possible people were asked for their views about all aspects and quality of their care.

The manager provided good support to staff and was available to people who used the service. Staff felt valued and supported by the provider and the manager.

Audits were carried out to ensure a consistent service was provided.

Heathfield Gardens

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 25 February 2016 and was unannounced. It was carried out by one inspector.

Before the inspection we reviewed the information available to us about the home, such as the notifications that they had sent us. A notification is information about important events which the provider is required to send us by law.

During this inspection we spoke with three people, two with limited verbal communication skills. We spoke with three staff members and the registered manager. We observed how care was delivered and reviewed the care records and risk assessments. We checked medicines administration records and reviewed how complaints were managed. We looked at three staff recruitment records and staff training records. We also reviewed information on how the quality of the service was monitored and managed.

Good

Is the service safe?

Our findings

People who used the service told us that they felt safe. One said, "Sure I'm safe." Another gave us the 'thumbs up' sign to show they felt safe.

Staff we spoke with told us that they had received training on keeping people safe and were able to demonstrate that they had a good understanding of how to do this. All knew the procedures to follow if they suspected abuse had occurred. They assured us that they would follow up on concerns until they were sure the issues had been dealt with. The manager was aware of their duty to report relevant incidents of concern to the local authority and to the Care Quality Commission. There had been no incidents since the last inspection.

People had individualised risk assessments which looked at risks to their health and well-being. Each assessment identified the risk to the person, the steps in place to minimise the risk and the steps staff should take if an incident occurred. Risk assessment was ongoing. This ensured that the level of risk to people was still appropriate for them. It did not take from people's independence and their rights to take reasonable risks that they understood. One person said, "I love going out, and I know that I need staff with me."

We saw that staff understood the risk to people and followed written risk reduction actions in the care plans. For example staff knew people well and knew how to keep them safe outside the home. This included risk from traffic and from other people in the community who may exploit them. Staffing numbers and the deployment of staff met the needs of people and kept them safe. This approach to care protected people from avoidable harm.

People were protected from risks posed by the environment because the provider had carried out assessments to identify and address any risks. These included checks of window restrictors, hot water and fire systems. The provider had contingency plans for staff to follow in the event of an emergency such as a gas or water leak. Staff were aware of these plans and what they needed to do. This enabled staff to know how to keep people safe should an emergency occur.

We found thorough recruitment procedures in place. These ensured the staff had the right skills and attitude, and were suitable to support people who lived at the home. The provider checked whether the Disclosure and Barring Service (DBS) had any information which might mean a person was not suitable to work in the home; and checked staff references. The DBS is a national agency that keeps records of criminal convictions. We saw from staff records that they did not commence employment until all the necessary checks were completed.

People told us staff were always helpful and we saw staff were available when people required assistance. People and staff felt the staffing levels were safe and sufficient to provide people with the care and support they required. Throughout our inspection staff were visible to people, and answered people's request for assistance in a timely manner. The provider told us staffing levels were planned in advance and adjusted to

meet changes in people's needs. The manager said they never used staff people were not familiar with such as agency staff. All staff, including kitchen and housekeeping staff, were trained to provide care and this meant all staff in the service could be deployed to care for people in an emergency.

People's medicines were administered safely and as prescribed by their GP. Staff had been trained to administer medicines safely. Medicines were stored appropriately within a locked cabinet. We looked at the medicines administration record (MAR) for two people and found that these had been completed correctly. There was a system to return unused medicines to the pharmacy. Protocols (medicine plans) were in place for people to receive medicines that had been prescribed on an 'as when needed' basis (PRN).

Good

Is the service effective?

Our findings

People who used the service told us they were well cared for. One person told us, "This is my home, I have lived here for a long time and I like it." Another said, "They [staff] are fine and they look after me well."

The provider ensured staff received the necessary training to obtain, and maintain their skills to care for people effectively. All staff were provided with training considered essential to meet people's basic health and social care needs. This included kitchen and domestic staff. In addition to this, staff received training to support them with communication and caring for people who exhibited behaviour that could have a negative impact on others. Other more specialised training included caring for people who lived with mental health needs; and training to support staff to know how to de-escalate a situation that could put staff and the person at risk. The effectiveness of any training delivered was checked by the manager who spent time observing staff administer care. This helped to ensure all staff understood the training they had completed and had a positive effect on the welfare of the people.

Staff told us that they received regular supervision from the registered manager. At supervision meetings they could identify any training and development they wanted to undertake. They told us that supervision was a two way conversation at which they discussed their training needs, their morale, any concerns they had or any issues they wanted to raise in relation to the care of the people. This ensured people's changing needs were addressed. Staff said they always had the manager for support and guidance. We saw staff were trained and confident in delivering care to people.

Staff gained consent from people before any care was delivered. We saw 'Do Not Attempt Cardio Pulmonary Resuscitation' (DNACPR) forms were in place and were in line with nationally recognised best practice guidance. Forms were safely stored in people's care files. People were supported to review the decisions with relevant professionals.

People's rights were protected and we saw that staff had received training on the requirements of the Mental Capacity Act 2005 (MCA) and the associated Deprivation of Liberty Safeguards (DoLS). 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 the mental capacity to take particular decisions, any decisions made on their behalf must be in their best interests and be as least restrictive as possible.

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 and we found the provider was following the requirements of the DoLS that were in place?.

Staff were able to demonstrate a good understanding of the requirements of DoLS. All the people who were

unable to consent to their care and treatment had been referred for assessment to the local DoLS team. This protected people from unlawful deprivation of liberty and ensured independent assessments were completed.

People were protected from the risks associated with poor nutrition. People said the meals were good and they mostly chose the food they ate. One person said, "We know we have to eat healthily most of the time." Another said, "They [staff] make good food." Staff were aware of the importance of good nutrition. They supported people's food choices and decisions people made about how and when they wanted to eat. There was a good supply of nutritious food available. Where necessary, people were referred to a dietician to ensure they had optimum nutrition. We saw that snacks and drinks were freely available throughout the day. This meant that people's nutrition was promoted.

People were supported to maintain their health and well-being. Staff told us that they made appointments in a timely manner for people to attend healthcare services, such as GPs, dentists and opticians, and they always arranged for a member of staff to accompany people to their appointments.

Good

Is the service caring?

Our findings

People told us that they were supported by staff who were kind and caring. Discussions with staff and our observations supported this. One person when asked gave staff the 'thumbs up' signal to show staff were caring. Another person said "They are always here to care for us. They know me well."

Staff told us "We are their family." Another said "They are now part of my life and their how they are feeling is important to me." One staff member told us that they found their work very fulfilling and we saw that they had formed a good professional relationship with people. This led to a caring atmosphere in the home. However the dignity of people was compromised as people had to live in an environment that was very shabby. All the communal areas were in need of painting and decorating. The manager acknowledged this and said it was something they would raise with the provider.

Staff were aware of people's needs and they were able to understand people's body language in relation to their needs and wishes. Staff interaction with people was kind and caring. We heard staff and people laugh and joke together. This created a relaxed atmosphere in the home. Staff ensured people were comfortable in their chairs, and were reassuring and friendly in their communication with people. Staff also supported people to make choices about what activities they wanted to do, what they wanted to eat, and what music they wanted to listen to.

Staff spoke positively about the people they supported and cared for, and had taken time to get to know people's preferences and wishes. We found staff had a good knowledge of people's needs and this was demonstrated in their responses to people, and recognition of when people required additional support. Staff had good communication skills. We saw they gave people time to express their wishes and to check with people they had understood them. For example one person initially said they wanted to speak with us. The staff member saw from their body language the person had changed their mind as they were starting to show signs of anxiety. This showed staff understood, responded to, and respected people's choices.

Throughout the day people's care was provided in a way which promoted their dignity and privacy For example, personal care was undertaken behind closed bedroom or bathroom doors and staff dropped their voices to reduce the chances of people overhearing conversations to protect people's privacy and promote confidentiality.

People who could not speak for themselves and who did not have close family or friends to act on their behalf, were put in contact with an advocacy service. An advocate is a person who is independent from the home and acts and helps make decisions in the person's best interest.

There were no restrictions on visitors to the home. On the day we visited there were no visitors to the service. Staff confirmed visitors were welcomed at all times.

Good

Is the service responsive?

Our findings

People had their needs assessed and a plan of care (care plan) drawn up to assist staff to care for people. People's care plans included personal information that reflected their wishes. The plans included information about people's nursing needs, how they communicated, behavioural and care needs, and detailed how people wished to be supported in meeting these needs. Information and input from relatives and where possible the person themselves had been included when the plans were developed. Staff who knew people well, assisted some who did not have close family in completing the care plan. This ensured the care delivered was what people wanted.

Records detailed decisions people had made about their care and recorded people's likes, dislikes and personal preferences. People's care plans had been reviewed and regularly updated by the staff team which showed that people's individual needs, wishes and preferences had been taken into account. This meant that staff had up to date information on the person's needs and wishes.

Staff were knowledgeable about people. As well as their care needs, staff were aware of people's interests and hobbies. Staff knew what was important to people in assisting them to live well. People were assisted to pursue hobbies and where possible work as volunteers. One person was supported to work as a volunteer twice a week. They told us "I really enjoy going to work to meet my friends." Another said "I love going to the disco." Staff assisted people to stay in touch with families who did not live locally. This included assisting them to write letters and where possible use IT software so people could talk and see relatives when using the internet to keep in touch with family and friends. People had the opportunity to take a walk on a daily basis if they wanted to. This ensured they had access to fresh air and the local community.

Staff told us they kept up to date with people's changing needs and preferences through staff 'handover' meetings which took place at the beginning of each shift. These were meetings where the staff leaving their shift handed over information to staff starting their shift so they knew about changes in people's care and support needs. They said it was easy to stay in touch with people's needs as the people who used the service had lived there for years.

The provider held regular informal meetings with people. While they were not all documented we saw some records of the meetings. People told us they were consulted on meal planning and outings. This showed us the provider ensuring people felt included and valued.

The service had a complaints process in place. People said they knew how to make a complaint. However they said the service was proactive in receiving feedback and was open to listening and making changes. This meant issues were solved before they became a problem. Therefore they felt they didn't have to make a formal complaint. Details on how to make a complaint were freely available and people said the process was easy to understand. No complaints had been made since the last inspection.

Good

Is the service well-led?

Our findings

The service had a registered manager in post. The home is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service.

People and staff we spoke with told us the manager was approachable and easy to talk to. We saw that people were free to drop into the office for a chat at any time they chose. The manager made them welcome and ensured they knew who we were and the purpose of our visit. We saw people had a relaxed relationship with the manager and saw they chatted about a variety of things.

Staff worked well as a team. All staff had been trained in all aspects of caring for people. This meant if a staff member was unwell or there was an emergency all staff could be deployed to care for people safely and effectively. The registered manager regularly worked with care staff on a 'shift' to stay in touch with staffs' skills, attitude and training. This meant that they were aware of staffs' performance and were able to respond to training needs in a timely manner.

Staff were complementary about the registered manager. One said the registered manager, "Makes sure we know it's the people's home and we are visiting here. This means we have to be very respectful. We understand that."

Another staff member said, "I love working here, they have become like my family." Staff we spoke with told us that they were very proud to be able to be part of people's lives and help them to live well.

There was an open culture in the home. The registered manager sought the opinions of the people and staff and where possible changes were made. For example staff who knew people's needs well were listened to and where necessary care was changes were made to care plans.

Not all the people we spoke with had an understanding of the role of manager. However they were able to explain who they could go to them with any problem and felt assured that it would be taken care of.

Staff felt the registered manager was easy to talk to and they were confident in raising any issues or concerns they had. One staff member said, "I can speak with any of the senior staff about anything. They are very supportive". Another staff member told us the manager was, "Approachable and responds and listens to what we need". Staff told us that the manager was, "Spot on" and had, "A good rapport with staff."

Staff were able to demonstrate a good knowledge of the provider's whistleblowing policy which they would use if they were concerned about issues of poor or inappropriate care or support. They said they were confident that any concerns raised would be dealt with in accordance with the policy and they would be informed of the outcome of any investigation.

At staff meetings, staff were encouraged to share their views and opinions to help improve the quality of

service provided. Staff were involved in developing the service and also had opportunities to give feedback at supervision. Staff told us that the culture at the home was very open and person-centred. This meant that the care of people was central to how the home was managed.

Due the small size of the service it was not possible to conduct an anonymous survey, however those people spoken with assured us that they were listened to.

A range of quality audits had been completed, including infection control, people's finances and health and safety. Where actions had arisen from these audits we saw that these were monitored until the registered manager was sure solutions were in place.