

Heart of England Mencap Ash Grove

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

Ash Grove 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. Ash Grove provides short and long-term accommodation and care for up to six people, across two floors. There were four people living at the home at the time of our visit.

At the last inspection in February 2016 the services was rated Good. At this inspection we found the service remained Good. The evidence continued to support the rating of good and there was no evidence or information from our inspection and on-going monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

There was a registered manager in place at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People continued to be cared for in ways which promoted their safety and people benefited from being supported by staff who knew the individual risks to their safety well. Staff adjusted how they cared for people so people were still able to choose what they wanted to do, as safely as possible.

There were enough staff to care for people, and checks were made on the suitability of staff before they were recruited. Changes had been introduced to the way people's medicines were managed, to further reduce the likelihood of errors. Systems were in place to reduce the chance of people having infections. Staff had a positive approach to people's safety and told us they were supported and encouraged to learn from any untoward incidents.

People's needs were considered and planned for before they came to live at the home. Arrangements were in place to support staff to seek the advice of other health and social care professionals when determining if they could provide the care people needed.

People told us staff knew how to care for them. We found staff were provided with opportunities to develop the skills and knowledge they needed to support people living at the home. We saw staff used these skills so people's individual needs were met.

Staff supported people to have enough to eat and drink so they would remain well. People told us they enjoyed their meal time experiences, which reflected their choices, and some people liked to make their own drinks. One relative we spoke with highlighted how well staff worked together and with other organisations, so people's health and well-being was enhanced.

People are supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice.

The caring approach of staff was highlighted by people and one relative we spoke with. There were strong bonds between people living at the home and the staff who cared for them. Staff encouraged people to make their own decisions about the care they wanted and spoke respectfully to the people they supported. People's right to dignity and privacy was taken into account in the ways staff cared for them.

Care was offered to people which reflected their individual needs, goals and preferences. Staff used different ways of communicating with people so they could be involved in making decisions about their care and lives. The views of relatives and other health and social care professions were listened to, to help to ensure people's care was planned in the best way for them.

There were systems in place to support people to raise any concerns they had or to make a complaint. Everyone we spoke with told us they had not wanted to make any complaints because the care provided was good.

The registered manager had been appointed since our last inspection. They spent time working with people, so they could be assured people were receiving good quality care. Staff were confident if they raised any concerns the registered manager would address them.

Checks were made by the provider and registered manager so they could be sure the people benefited from living in a home where planned development was focused on the experiences of people who lived there.

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.

Ash Grove

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 checked 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 comprehensive inspection took place on 14 September 2018 and was unannounced. The inspection team consisted of one inspector.

Before the inspection we reviewed information available to us about this service. The registered provider had completed a Provider Information Return (PIR). The PIR is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed notifications that had been sent to us. A notification is information about important events which the provider is required to send us by law.

We requested information about the home from Healthwatch and the local authority. Healthwatch is an independent consumer champion, which promotes the views and experiences of people who use health and social care. The local authority has responsibility for funding people who use the service and monitoring its safety and quality.

During the inspection we spent time with people in the communal areas of the home and we saw how staff supported the people they cared for. We used 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 two people who lived at the home and one relative. We have therefore not used quotes within this report and the examples we have given are brief because we respect people's right to confidentiality. We also spoke with the registered manager, a senior carer and one care staff member.

We reviewed two people's care records, looked staff recruitments and reviewed how people's medicines were managed. In addition, we looked at information which showed us how the provider and registered manager monitored the quality of the care provided and the actions they took to develop the service further.

This included questionnaires completed by people and their relatives, minutes of staff meetings and analysis of accidents and incidents. We saw procedures showing how staff would respond to any complaints

Is the service safe?

Our findings

When we inspected the service in February 2016 this key question was rated as Good. We found the service continued to be rated as Good at this inspection.

We found the systems in place and actions taken by staff supported people to be as safe as possible. People and their relatives were positive about the support provided by staff to promote people's safety. One relative explained staff always let them know if there were any concerns for their family member's safety or well-being.

Staff understood the risk to people's safety and took action to promote people's well-being. One staff member explained risks to one person were significantly increased if the person was unwell. The staff member told us how they supported the person by providing extra support at these times. We saw staff assisted people to stay as safe as possible when people chose to explore the home. Staff reduced risk to people's safety by removing hazards, enabling people to continue to enjoy their environment in the safest way possible.

Records we saw showed staff also cared for people in ways which took their unique and changing safety needs into account. For example, by supporting people to enjoy good skin health, and by ensuring they were safe when they travelled.

Staff had a clear understanding of different types of abuse and understood what actions they would need to take in the event of any concerns. Staff were confident the registered manager would act if they did raise any concerns for people's safety.

There were enough staff to care for people. People told us they did not have to wait long if they wanted any assistance from staff, and were reassured by knowing which staff would be caring for them. One relative we spoke with was complementary about the staffing levels and the way staffing was organised. Two staff members told us staff commenced work at staggered times throughout the day, so people were always supported, and were less anxious. Staff gave us examples of times when staffing was increased, to meet people's needs. This included when people were unwell.

The registered manager also provided care to people. The registered manager told us they provided support to people when they first moved into the home, so they could be sure the safety needs of everyone living at the home were met. We saw the registered manager and provider had made checks on the suitability of staff employed, so risks to people's safety were further reduced.

People's medicines were managed safely. One person told us they were confident to ask for pain relief medicines if they needed them. One staff member told us some people living at the home were not able to tell staff if they were in pain. The staff member explained they checked to see if people required pain relief, through their facial expressions and body language. We saw staff had been given guidance on the medicines which could be administered to people if they were experiencing any pain, so this would be done safely.

Staff told us some changes had been introduced to the way medicines were administered. Two staff members now jointly administering people's medicines, and medicines had been relocated, to further reduce the risk of errors. We saw there were checks undertaken on the way people's medicines were administered, so the registered manager would be assured people were receiving their medicines as safely as possible and as prescribed.

There were systems and processes in place to reduce the chance of people acquiring infections. One person told us they liked to help to keep their own room tidy and clean, with help from staff. One staff member told us about the training they had to develop their skills in preventing infection. Staff told us there were enough gloves and apron available. We saw staff used these, to reduce the risk of infections.

The registered manager explained how learning from safety incidents, such as the administration of medication, had been used to drive through improvement in the care provided. Records we saw showed us both the registered manager and the provider monitored the cleanliness of the building, accidents and incidents and people's safety.

Is the service effective?

Our findings

When we inspected the service in February 2016 this key question was rated as Good. We found the service continued to be rated as Good at this inspection.

People's needs were assessed so appropriate care could be planned for them. People and their relatives were involved in assessing the care required. One relative told us they had discussed the care their family member needed before their relative came to live at the home. The relative told us this had helped their family member to settle well. One staff member explained people often came for visits to the home prior to moving in. The staff member said this helped them to get to know both the person's needs and their relatives' view on the best way to care for them. Records we saw showed us staff had also taken into account the views of other health and social care professionals when assessing people's needs.

One person told us they knew staff had the training they needed, because they were good at their jobs, and they were looked after very well. A relative was positive about the skills and knowledge of the staff caring for their family member. The relative told us this was not just a result of the training staff received; they advised us this was because staff instinctively seemed to know how best to care for their family member. Staff told us they had opportunities to attend a wide range of training to develop their skills and meet people's needs. We saw the types of training staff attended reflected the needs of the people living at the home.

People were supported to have enough to eat and drink and to remain well. One person told us they were really looking forward to the meal they had chosen for their dinner. One relative explained staff had been proactive in arranging reviews with external health professionals, such as speech and language specialists, GPs and occupational therapists. By doing this, staff were ensuring their family member had the support they needed to remain as independent as possible with managing their food and drinks. We saw fresh fruit and snacks were available for people to help themselves to. We also saw people were regularly asked if they would like a drink.

There were systems in place to support staff to work together, and with other organisations, so people would receive the care they needed. One person told us a staff member always went with them to support them when they had medical appointments. One staff member explained staff received regular information, as people's needs changed. The staff member advised us this was done at the start and end of each shift, through discussion and records. Another staff member told us how information on new people coming to live at the home was communicated to all staff, so staff would quickly understand people's preferences and care needs. We saw staff had promptly developed an understanding of the best way to provide support to a person who had recently moved to the home.

People were supported to see health care professionals and other specialists when needed. One staff member told us this had included district nurses, so people would be supported to maintain healthy skin. Records showed us specialist advice had been sought from health care professionals when needed. We saw protocols were in place so people would receive the care they needed, for example, if they suddenly became very unwell. Health passports were also in place to support good outcomes for people being supported by

external health professionals.

People told us they liked their rooms, and had made their own choices about how these were laid out and decorated. The registered manager gave us examples of suggestions made by staff to further develop the home to meet people's needs. This included ensuring the garden area of the home was further developed, to meet people's changing mobility and sensory needs.

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 and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We saw staff were follow the right process, so people's freedoms were respected.

Staff understood some people liked to maintain their independence and respected some people enjoyed spending time away from the home without staff support. We saw staff listened to the choices people made and supported them to remain as independent as possible. The records we saw showed us staff had been given guidance on the best way to support people to make their own decisions. Where this was not possible, records demonstrated staff considered supporting people in the least restrictive way.

Is the service caring?

Our findings

When we inspected the service in February 2016 this key question was rated as Good. We found the service continued to be rated as Good at this inspection.

Staff knew what mattered to the people they supported and people told us they liked the staff who cared for them. One relative we spoke with told us staff had built caring relationships with their family member, and said they knew staff loved all the people living at the home. Staff spoke warmly about the people they cared for, and we found staff quickly developed positive and caring relationships with new people they supported.

People were comfortable and relaxed with staff, and sought out the company of staff and enjoyed sharing a joke with them. Staff worked in ways which showed people they were valued. For example, staff took time to chat with people about things which were important to them and reflected their individual interests and goals. Staff included people in the day to day life at the home. This led to people also demonstrating concern, friendship and care for other people living at the home. We saw when people became anxious staff promptly reassured them so their well-being was promoted.

Staff supported people to make decisions about the care they wanted. This included involving people with day to day decisions about their care. For example, one person told us they chose what they wanted to wear. Another person told us they liked support from staff to make these choices, and said staff always did this.

Staff gave us examples of how they checked people were really making their own decisions. One staff member explained some people living at the home needed support to make their own decisions. This was because they would sometimes say they wanted to do something, to please staff. The staff member told us how they supported the person by checking their response, so they could be sure what the person really wanted to do.

We saw people were confident to ask staff for support if they wanted it, such as assistance with making their own drinks, and increasing their independence.

People's rights to dignity and independence were respected by staff. One staff member explained they always checked with people what arrangements they wanted in place when they provided personal care. By doing this, the staff member could be assured people's dignity needs would be met. We saw staff were respectful towards people when supporting them.

Is the service responsive?

Our findings

When we inspected the service in February 2016 this key question was rated as Good. We found the service continued to be rated as Good at this inspection.

People and their relatives continued to be involved in planning their care and making decisions about the care they wanted as their needs changed. People told us staff offered them choices about what they wanted to do and what care they might like to receive. People were confident to ask staff for the support they wanted. We saw one person chatted with staff about attending an event which was important to them, and reflected their unique needs.

One relative we spoke with explained the needs of their family member were changing. The relative told us they were planning the care their family member needed in the future. The relative told us they were receiving good support from staff to make these plans, with input from external health and social care professionals.

Staff gave us examples the different ways they supported people, so their needs would be met. One staff member told us about one person who had moved on to live more independently because of the way their care had been planned and provided. The staff member told us the person liked to keep in touch with people and staff at the home, to let them know they were doing well. Another staff member highlighted how important it was for some people to be supported by their preferred staff member, so they would be less anxious when they attended health appointments. People told us this happened, and we saw people were relaxed when talking with staff about their scheduled health appointments.

We found people's care was provided in ways which reflected with the principles and values of Registering the Right Support Guidance. These included providing care in a small and homely setting, where people's independence was promoted. People and staff gave us examples which showed people had easy access to local services and communities.

We saw staff knew people well and used different ways of communicating with people, so they could be involved in decisions about their care. Records we saw showed us staff had considered people's individual needs, preferences and goals when planning their care.

None of the people or their relatives we spoke with had wanted to make a complaint about the care provided, as they were happy with the support given. Staff knew what action to take to support people, if they wanted to raise any complaints or concerns about the care provided. The registered manager confirmed no complaints had been received in the previous twelve months. We saw there were systems in place to manage and monitor complaints if these were made.

Is the service well-led?

Our findings

When we inspected the service in February 2016 this key question was rated as Good. We found the service continued to be rated as Good at this inspection.

There had been a change in registered manager since we last inspected. 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 and a relative told us they thought the home was managed well and they saw the registered manager often. All the staff we spoke with told us they were confident if they raised any concerns the registered manager would take action, so people would be provided with the care they needed.

Staff spoke positively about changes the registered manager had introduced to develop people's care further. These included recruiting more staff and changes to the way people's medicines were managed, so they could be sure people would remain as safe as possible.

One staff member told us the registered manager wanted the best experience for people who lived at the home, and for the staff, too. The registered manager told us about other changes they planned to make, including further enhancement of the way people's goals and aspirations were recorded, so they could be sure people had the support they needed to live fulfilled lives. In addition, the registered manager told us they were planning to redevelop some areas of the garden, so people's changing sensory needs would be met.

We saw the registered manager spent time with people, either directly supporting them or talking with them about their lives. By doing this, the registered manager could be sure people were getting the care they wanted, in the ways they preferred.

People gave us examples of the way the service was managed which made them want to continue to live at Ash Grove. One person told us they had really enjoyed taking part in the Evesham Carnival. Staff explained this had been arranged through working with local organisations, so people had the opportunity to gain confidence in the local community. The registered manager explained people had begun to make decisions about how they would enjoy spending their prize money, such as holidays. Another person told us they wanted to continue to live at the home because the staff were good at supporting them, and they could do more for themselves, now.

The registered manager let staff know how they expected people to be supported through staff meetings, checking the care they provided and through supervision. One staff member explained the way they were managed helped them to think about how people's care could be further developed. Another staff member told us some people living at the home sometimes chose to attend staff meetings, and provide their views on the care provided.

Some people live at the home for short periods of time. We saw the registered manager gained people and their relatives' views of the care provided through questionnaires. We saw the responses had been very complimentary about the care provided and the staff supporting them.

The provider supported the registered manager to provide good care through quality assurance visits and checks, so they could be sure people were cared for well. The registered manager explained they met with other managers within the organisation to share best practice and so learning across the whole organisation would be implemented. The provider had also ensured resources were available to support external checks on the quality of care and for external quality awards. This included awards such as Investors in People, so the provider and registered manager would be assured people benefited from support from staff with the skills and knowledge to do this effectively.

Staff members and the registered manager gave examples of the way they worked with other organisations so people would get the care they needed. These included local health professionals and Care Excellence Boards and other local providers of care, so that opportunities for people to develop their skills and enjoy a good sense of well-being were enhanced.