

Moorcroft Care Homes Ltd

Grange View

Inspection report

69 Grange Lane
Maltby
Rotherham
South Yorkshire
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Website:

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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 

Overall summary

The inspection took place on 25 March 2015 and was unannounced. We last inspected the service in December 2013 when it was found to be meeting with the regulations we assessed.

Grange View Care Home is located in a residential area close to the centre of Maltby. There are local facilities, shops and transport links nearby. It provides accommodation for up to three people who have a learning disability.

The service had a registered manager in post 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 and associated Regulations about how the service is run.

During our inspection we saw staff encouraged people to be as independent as possible while taking into

Summary of findings

consideration their wishes and any risks associated with their care. People's comments and our observations indicated they received appropriate care and support from staff who knew them, and their individual needs, well.

People received their medications in a safe and timely way from staff who had been trained to carry out this role. However, the process for administering 'homely remedies' was not clearly recorded. Homely remedies are medicines purchased by the provider to administer as needed, for ailments such as headaches or colds.

We saw there was enough skilled and experienced staff on duty to meet people's needs. There was a recruitment system in place that helped the employer make safer recruitment decisions when employing new staff. We saw a system was in place for new staff to receive a structured induction and essential training at the beginning of their employment. Staff had received timely refresher training to update their knowledge and skills.

People received a well-balanced diet and were involved in choosing what they ate. Our observations and people's comments indicated they were happy with the meals provided.

We found people's needs had been assessed before they moved into the service and they, as well as their relatives, had been involved in formulating their support plans. Care files checked contained detailed information about people's individual needs and their preferences. Support plans had been regularly evaluated to ensure they were meeting each person's needs.

People had access to a varied programme of social activities when visiting the day centre. We saw staff at the home also provided stimulation both in-house and in the community. People indicated they enjoyed the activities they took part in.

The provider had a complaints policy to guide people on how to raise complaints. No complaints had been recorded since our last inspection, but a structured system was in place for recording the detail and outcome of any concerns raised.

We saw an audit system had been used to check if company policies had been followed and the premises were safe and well maintained. Where improvements were needed the provider had taken action to remedy the issues.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

There were systems in place to reduce the risk of abuse and to assess and monitor potential risks to individual people.

We saw there was sufficient staff employed to meet people's individual needs. We found recruitment processes were thorough which helped the employer make safer recruitment decisions when employing new staff.

Systems were in place to make sure people received their medications safely, this included key staff receiving medication training. However, the process for administering 'homely remedies' was not clearly recorded.

Good



Is the service effective?

The service was effective

Staff had completed training about the Mental Capacity Act and the procedures to follow should someone lack the capacity to give consent. The registered manager was aware of the need to make applications under the Deprivation of Liberties Safeguards, but these had not yet been submitted.

Staff had completed a comprehensive induction, and a varied training programme was available which helped them meet the needs of the people they supported.

People received a well-balanced diet that offered variety and choice. We saw people were happy with the menus provided and were able to request the meal they preferred.

Good



Is the service caring?

The service was caring

People indicated they were happy with how staff supported them and they raised no concerns with us about the care and support they received.

We saw staff interacted with people in a positive way while respecting their privacy, preferences and decisions. They demonstrated a good understanding of how to respect people's choices and ensure their privacy and dignity was maintained.

Good



Is the service responsive?

The service was responsive

People had been encouraged to be involved in care assessments and planning their care. Support plans were individualised so they reflected each person's needs and preferences. They had been reviewed regularly to make sure any changes were incorporated into their support plans.

People had access to activities programmes that were formulated around what they liked to do.

People were told how to make a complaint and how it would be managed. The people we spoke with raised no complaints or concerns.

Good



Summary of findings

Is the service well-led?

The service was well led

There was a system in place to assess if the home was operating correctly and action had been taken to address any areas that needed improving.

People were consulted about the service they or their relative received.

Staff were clear about their roles and responsibilities and had access to policies and procedures to inform and guide them.

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 was 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 March 2015 and was unannounced. The inspection team consisted of an adult social care inspector.

To help us to plan and identify areas to focus on in the inspection we considered all the information we held about the service, such as notifications. Before the

inspection, 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 also requested the views of service commissioners and looked at the NHS Choices website.

At the time of our inspection there were three people using the service. We spoke with them, a relative, the registered manager and the three staff employed at the home. We also informally observed how care and support was provided. We looked at documentation relating to people who used the service and staff, as well as the management of the service. This included reviewing two people's care files, staff rotas, training records, staff recruitment and support files, medication records, audits, policies and procedures.

Is the service safe?

Our findings

People we spoke with said they liked living at the home and indicated they felt safe living there.

Care and support was delivered in a way that promoted people's safety and welfare. Both the care files we looked at showed records were in place to monitor any specific areas where people were more at risk, and explained what action staff needed to take to protect them. Staff demonstrated a good knowledge and understanding of the care and support people needed and how to keep them safe. They gave examples of how they encouraged people to be as independent as they were able to be, while monitoring their safety. For example one care worker described how they enabled one person using the service to help prepare meals and bake. We saw a risk assessment was in place to minimise any risks associated with this activity.

All the people who lived at the service attended a day centre during the week, some on a full time basis and others part time. We also saw some people went to stay with relatives at the weekend. When the three people living at the home were not at the day centre or on a home visit they were supported by one care worker. However, the registered manager told us they also worked at the home or on call if extra support was needed. The latter included accompanying people to medical appointments and on social outings. Staff told us they slept in a bedroom located close to people who used the service each night. They said people living at the service were able to wake them up if they needed any support. People who used the service were unable to tell us if there was enough staff available to meet their needs. However, staff said they felt there was sufficient staff available to support people appropriately, and this was confirmed by our observations.

Staff had access to policies and procedures about keeping people safe from abuse and reporting any incidents appropriately. The registered manager had a copy of the local authority's safeguarding adult procedures which helped to make sure incidents were reported appropriately. The registered manager told us no safeguarding concerns had been reported to the council since our last inspection.

The staff we spoke with demonstrated a good knowledge of safeguarding people and could identify the types and signs of abuse, as well as knowing what to do if they had any concerns of this kind. Records and staff comments

confirmed they had received periodic training in this subject and the registered manager told us all staff had been signed up to receive the council's 'role of the alerter' training. There was also a whistleblowing policy available which told staff how they could raise concerns. Staff we spoke with were aware of the policy and their role in reporting concerns. One care worker gave us an example of how they had done this at a past employment.

Staff working at the home had been employed for several years, so we were unable to check the recruitment policy had been followed recently. However, the staff files we sampled indicated a satisfactory recruitment and selection process was in place. We found files contained all the essential pre-employment checks required. This included two written references, (one being from their previous employer), and a satisfactory Disclosure and Barring Service (DBS) check. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions. The registered manager told us candidates attended a face to face interview that people living at the home were involved in. They said they observed how the candidate interacted with people and then asked for their opinion before making a final choice.

The service had a medication policy outlining the safe storage and handling of medicines and staff were aware of its content. We saw medicines were securely stored and there was a system in place to record all medicines going in and out of the home. We sampled the medication records for the three people living at the home, which on the whole were completed appropriately. However, the records for administering homely remedies were not sufficiently detailed. Homely remedies are medicines purchased by the provider to administer as needed, for example, it was recorded that each person could have Paracetamol every four to six hours. The registered manager said this would be given for ailments such as headaches and colds. The information did not clearly state that the dose should not exceed more than eight tablets in 24 hours, or how long staff should administer it before medical advice was sought. Staff we spoke with demonstrated they were aware of this information and the registered manager said she would take action to improve documentation straight away, and ensure this was reflected in a homely remedies policy.

Is the service safe?

Where people were prescribed PRN (as required) medicines we saw care plans and protocols were in place to inform and guide staff on what these medicines were for and when they should give them. All staff were responsible for administering medications. Records showed they had received medication training with periodic updates. This was confirmed by the staff we spoke with.

There was an audit system in place to make sure staff had followed the home's medication procedure. We saw the registered manager had carried out regular checks to make sure medicines were given and recorded correctly.

Is the service effective?

Our findings

People we spoke with indicated they were happy with the care and support they received. We observed that people were cared for by staff who were supportive, friendly and understanding. We saw staff listened to what people wanted and took time to make sure their preferences were met. A relative told us, “The staff are very welcoming and very helpful. I am very pleased with how they care for the clients.”

All the staff employed had worked for the company for a long time so we were unable to check recent staff induction met current guidance. However, the registered manager described the induction a new member of staff would currently undertake. They said it would include completing the common induction standards and essential training, as well as shadowing an experienced member of staff until they were competent and confident in their role. The registered manager was aware of the new care certificate being introduced by Skills for Care and they said they were already looking into implementing it.

Training records, and staff comments, demonstrated staff had the right skills, knowledge and experience to meet people’s needs. Staff told us they had completed training in essential topics such as moving people safely, fire awareness, infection control and food hygiene, which was followed by periodic updates. Some staff had also completed other courses such as end of life care and supporting people through bereavement. All three staff had completed a nationally recognised training course in care.

We found no evidence that staff had completed training in caring for people with a learning disability, but their comments and our observations indicated people’s needs were being met. We discussed this with the registered manager who said they would source suitable training for any staff that needed it. All the staff we spoke with said they felt they had received the training they needed to carry out their job. One care worker commented, “We get loads of training.” Another staff member told us they felt well trained adding, “Learning disability training would be useful, but I have personal experience of caring for someone with a learning disability which helped me.”

Records, and staff comments, showed staff support sessions had taken place regularly and each member of staff received an annual appraisal of their work

performance. Staff commented positively about the support they had received. One care worker told us, “We are well supported, we have supervision and the manager also observes us and writes down how we have done.”

The CQC is required by law to monitor the operation of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS), and to report on what we find. This legislation is used to protect people who might not be able to make informed decisions on their own and protect their rights. The Deprivation of Liberty Safeguards (DoLS) is aimed at making sure people are looked after in a way that does not inappropriately restrict their freedom. We checked whether people had given consent to their care, and where they did not have the capacity to consent, whether the requirements of the Act had been followed. We saw policies and procedures on these subjects were in place.

Staff had a general awareness of the Mental Capacity Act 2005 and had received training in this subject to help them understand how to protect people’s rights. They gave examples of how they gained people’s consent and representing their best interest. For example, the registered manager told us how a best interest meeting had been held when someone using the service had needed medical attention but could not make an informed decision themselves. Staff were clear that when people had the mental capacity to make their own decisions this would be respected.

At the time of our inspection no-one living at the home was subject to a DoLS authorisation, however the registered manager was aware of the changes brought about by a Supreme Court judgement and had liaised with the local authority about the appropriate submission of applications.

People had access to a varied menu which reflected people’s choices. There was a four week rolling menu which staff said they normally worked to. However, they told us they sometimes changed a meal if people who used the service wanted something different. We saw each person had a booklet where staff recorded what they had eaten each day. Staff said this helped to monitor what people had eaten and enjoyed.

Staff told us they were responsible for preparing meals, but sometimes people using the service would help. During our visit we observed the evening meal being served. People

Is the service effective?

sat together in a homely setting with one person using aids to help them maintain their independence, such as a plate guard. After the meal they said they had enjoyed it. No-one living at the home had any specific needs related to nutrition.

Care records showed people had accessed outside agencies and health care professionals when needed. This included dentists, chiropodists and GPs. Staff had monitored people's weight to check they were maintaining a healthy weight.

Each person had a health action plan which described their health needs and was periodically reviewed to reflect changes. We also saw a hospital admission form had been completed for each person so hospital staff would know how to appropriately treat and care for them.

Is the service caring?

Our findings

We saw staff respected people's decisions and involved them in their day to day care. A relative told us they had been involved in planning their family members care and support. We saw staff supporting people in a caring, patient and responsive manner while assisting them to go about their daily lives. They listened to what people wanted and supported them as needed. A relative we spoke with said they were "Amazed at the care provided."

People's needs and individual preferences were recorded in their care files so staff had detailed guidance on how to support them. Care plans included communication plans which described the way people communicated with each other and with staff. We saw staff were skilled in communicating with people and used the communication methods described in the care plan. Each person also had a person centred booklet which outlined what was important to the person. Where appropriate, documents also included pictures to make it easier for the person using the service to read and understand.

The staff we spoke with demonstrated a good knowledge of the people they supported, their care needs and their wishes. Our observations confirmed staff knew the people they were supporting very well and met their individual needs and preferences. We saw they gave each person appropriate care and respect while taking into account what they wanted.

People were given choice about where and how they spent their time. We saw they had chosen how their room was decorated and the rooms reflected people's individual style and interests. We also saw staff enabled people to be as independent as possible while providing support and assistance where required.

The registered manager is the dignity champion for the home. Staff we spoke with gave clear examples of how they would preserve people's privacy and dignity. One care worker described how they would find somewhere quiet away from other people to talk to someone if they wanted to talk to them alone. We also saw each person could lock their bedroom door if they preferred. Staff also told us how they always closed doors and curtains while they were undertaking personal care.

People were helped to maintain relationships with people who were important to them. Relatives and friends were welcomed to the home and there were no restrictions on times or lengths of visits.

The registered manager told us they had been working towards the Gold Standards for end of life care, but these had ceased. However, all staff had attended end of life and bereavement training to increase their knowledge on these topics.

Is the service responsive?

Our findings

The people using the service and the relative we spoke with indicated they were happy with the care and support provided. We saw that people looked happy and interacted with staff in a very positive way.

Records demonstrated that needs assessments had been carried out before people moved into the home, and they and their relatives had been involved in the assessment. People living at the home could not remember if they had been involved in the assessment process, but a relative confirmed this had taken place. They told us their family members move to the home had been “Well managed” adding, “It could not have gone any smoother.” The registered manager told us when someone was interested in moving into the home this was managed gradually so they could get used to the staff and people already living at the home, and they could meet and get used to them. This was confirmed by one of the people using the service and their relative, who described how visits had been made to the home over a number of weeks before they moved in.

We saw care and support was planned and delivered in line with people’s individual needs. Care plans were written in a person centred way and included family information, how people liked to communicate, nutritional needs, likes, dislikes and what was important to them. At the front of each file was a laminated form that highlighted ‘What is important to me’, ‘What people like about me’ and ‘How best to support me.’ This gave staff quick access to information important to each person.

We found support plans had been evaluated on a regular basis to see if they were being effective in meeting people’s

needs, and changes had been made if required. Daily records had been completed which recorded how each person had spent their day and any changes in their general condition.

The staff we spoke with demonstrated a good knowledge of the people they supported, their care needs and their preferences. They could tell us about people’s needs, likes and dislikes, as well as the people who were important to them. One care worker commented, “We have a good rapport with families so we know all about each person.”

Shortly after we arrived at the home the people who lived there returned from the day centre. We found some people attended the centre each weekday, while others went there on a part time basis. People told us they enjoyed going to the centre. One person said they had been doing arts and crafts, while another person brought home something they had baked. One person told us they went to stay with a relative every weekend, which they really looked forward to. Staff said people also had the opportunity to go swimming, bowling, on walks to the park and shopping. The registered manager said they had also been on a holiday to the coast last year.

The provider had a complaints procedure which was given to each person when they moved into the home. We saw the procedure was also included in the ‘service user guide’ which was in each person’s care file. The registered manager told us no complaints had been received since our last inspection of the service, but there was a system in place to record any complaints received and the outcomes. A relative told us, “I have no concerns. I am very happy with everything.”

Is the service well-led?

Our findings

At the time of our inspection the service had a manager in post who was registered with the Care Quality Commission.

People indicated they were happy with the care and support provided and this was confirmed by our observations. We saw surveys had been used to gain people's views in early 2015 and the outcomes had been summarised to enable the provider to consider any areas that might need addressing. The surveys we sampled contained positive answers to the set questions. We also saw care reviews had taken place which gave the person using the service and their relatives the opportunity to discuss any changes to their planned care. Staff told us informal one to one discussions with people using the service also gave them the opportunity to discuss anything worrying them and allowed them time to express their opinions. A relative we spoke with told us, "The home is well managed. It's a lovely home and the staff are very helpful."

The provider gained staff feedback through staff meetings and supervision sessions. Staff told us they felt they could voice their opinion to the registered manager and they were listened to. They said the registered manager was very approachable and involved in the day to day running of the home. This included working alongside care staff either supporting people using the service or assessing staffs capabilities.

During our visit we found there was a homely atmosphere where people seemed relaxed and followed their preferred routines. The staff member on duty knew about people's routines and preferences and assisted them as needed.

The registered manager had carried out various internal audits to make sure policies and procedures were being followed. Topics covered included medication, fire, infection control, accidents and incidents. This enabled the registered manager to monitor how the service was operating and staffs' performance. We saw when shortfalls were found these had been identified and action taken to address them. However, a written action plan with achievable timescales had not always been completed so it was not easy to track when the shortfall had been resolved. The registered manager said areas needing attention were usually addressed as soon as possible, but they told us they would look at introducing action plans with timescales in the future.

The registered manager told us how they worked alongside outside agencies such as the day centre, the local learning disability unit, social services and Rotherham council to improve the service they provided.

Following our inspection the local authority shared the outcome of their assessment of the home, which had taken place shortly before our visit. They told us that overall the home was providing a satisfactory, homely service which met the needs of the people living there. However, they had made several recommendations where things could be improved; this included mainly the issues we had found. We noted that the registered manager had already started to address some of the areas the council had identified as benefiting from improvement.