

Heywoods Grange Limited

Heywoods Grange







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	

Overall summary

Heywoods Grange provides accommodation and personal care for up to ten adults with a learning disability. There were nine people living at the home when we visited.

This unannounced inspection was carried out on 23 July 2015. The previous inspection took place on 18 February 2015, during which we found the regulations regarding medicines were not being met. The provider sent us an

action plan informing us that they would make the required improvements by 02 March 2015. At this inspection on 23 July 2015 we found that the required improvements had been made.

At the time of our inspection a registered manager was in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered

Summary of findings

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.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and report on what we find. People's rights were being protected as DoLS applications were in progress where required.

Staff were trained and informed about how to recognise any signs of harm and also how to respond to any concerns appropriately.

People had access to a nutritious diet and were able to prepare meals and drinks for themselves where possible, with assistance from staff.

People who lived in the home were assisted by a sufficient number of staff. This was delivered in a way that supported people safely whilst preserving their dignity. There were health care and support plans in place to ensure that staff had guidance to meet people's individual care needs.

The care and support plans recorded people's individual choices, their likes and dislikes and the assistance they required. Risks to people who lived in the home were identified and assessed to enable people to live as safely and independently as possible.

Staff cared for people in a kind, cheerful and sensitive way. Staff assisted people with personal care, activities/hobbies, cooking and domestic tasks throughout our visit to the home.

Members of staff were trained to provide care which met people's individual needs and wishes. Staff understood their roles and responsibilities. They were supported by the registered manager to maintain and develop their skills and knowledge through regular supervision, appraisals and ongoing training.

People and their relatives felt able to raise any suggestions or concerns they might have with the registered manager. People felt listened to and reported that communications with the registered manager and members of staff were open and very good.

Arrangements were in place to ensure that the quality of the service provided for people was regularly monitored. People who lived in the home and their relatives were encouraged to share their views and feedback about the quality of the care and support provided.

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.

Staff were trained and informed about how to recognise any signs of harm and also how to respond to any concerns appropriately.

There were enough staff available to meet people's needs.

Medicines were stored securely and were administered as prescribed

Good



Is the service effective?

The service was effective.

People were supported by staff who had received training to carry out their roles.

Arrangements were in place for people to receive appropriate health care whenever they needed it.

People had access to a nutritious diet and were able to prepare meals and drinks for themselves where possible, with assistance from staff.

Good



Is the service caring?

The service was caring.

People received care in a way that respected their right to dignity and privacy.

People were involved in making decisions about their care.

Staff were sensitive and caring in their approach and they supported people to be as independent as possible.

Good



Is the service responsive?

The service was responsive.

People's health and care needs were assessed, planned for and regularly reviewed to ensure that they were met.

A complaints policy and procedure was in place and people and their relatives knew how to raise concerns and complaints if they needed to.

People had access to a range of social activities and were encouraged by staff to pursue their individual hobbies and interests.

Good



Is the service well-led?

The service was well-led.

People and their relatives were able to raise any issues or concerns with the registered manager and staff when they wished.

The registered manager and provider had arrangements in place to monitor and improve, where necessary, the quality of the service people received.

Good



Summary of findings

Members of staff felt well supported and were able to discuss issues and concerns with the registered manager and senior staff. Staff enjoyed working at the home.

Heywoods Grange

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 unannounced inspection was carried out by one inspector on 23 July 2015.

Before the inspection we looked at information that we held about the service including notifications. Notifications are information regarding important events that happen in the home that the provider is required by law to notify us about.

We spoke with a consultant psychiatrist, a district nurse and a practice manager from the local surgery who were in regular contact with people living at the home.

We also spoke with six people living in the home, four relatives, the registered manager and four members of staff. We looked at three people's care records. We also looked at other documentation including staff training records, complaints and compliments, medicine administration records, quality monitoring information and fire and safety records.

Is the service safe?

Our findings

We carried out an unannounced inspection of this service on 18 February 2015. At that inspection we identified a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. This was because of concerns in relation to the medicine administration procedures. The provider sent us an action plan informing us that they would make the required improvements by 02 March 2015. At this inspection on 23 July 2015 we found that the required improvements had been made.

We observed staff safely administer people's medicine. Medicine administration records [MAR] showed that medicines had been administered as prescribed. We found that staff had been trained so that they could safely administer and manage people's prescribed medicines. Staff received ongoing competency checks to ensure they were safely administering medicines and further training was provided where required. Medicines including topical creams were stored safely and at the correct recommended temperature. We saw that daily records for this were in place. There were daily audits carried out by care staff and the registered manager to ensure that all medicines had been given as prescribed. We saw that stocks of medicines were in date and tallied with the recorded amounts on the MAR sheet. This demonstrated that people were protected from harm because the provider followed safe medicines management procedures.

People that we met with during our inspection told us that they had lived happily at the home for a number of years and felt safe and contented. One person said "This is my home and I love being here." Another person told us that "I am very happy and feel very safe here". We saw that there was a calm and cheerful atmosphere in the home and people were being assisted in a safe and attentive manner by staff. We saw staff gently assisting a person into their wheelchair prior to going into the local town. They ensured that the person was comfortable and safely in their wheelchair before embarking on their trip.

There was a cheerful rapport between people whilst staff assisted in providing care and support. A relative of a person living in the home told us that they had no concerns about the care and support their family member received. They also said, "My (family member) is really happy and the

staff are brilliant and I know [family member] is in safe hands at all times." Another relative said, "It's a lovely place and there is a great rapport between the people and my [family member]."

We saw that there was a risk assessment process to ensure that people remained safe so that care and support could be appropriately delivered. Examples included assistance with, eating and drinking, medicines administration, safety in the kitchen, mobility and safety when out in the community. We saw that risk assessments were regularly reviewed every six months or more often as required.

Staff we spoke with demonstrated to us their knowledge on how to recognise and report any suspicions of harm. They were aware of their responsibilities in safeguarding people and they had received training regarding protecting people from the risk of harm. They were aware of the safeguarding reporting procedures to follow and were aware of the whistle blowing policy. One member of staff said, "I recently had a safeguarding refresher training session and I would never hesitate in reporting any concerns to my manager." We saw that there was a safeguarding policy and information displayed in the office giving key contact numbers for reporting any incidents to the local authority safeguarding teams.

Our observations showed and staff confirmed to us that people were supported by sufficient numbers of staff. We saw that staff who provided care and support during our visit undertook this in a cheerful, unhurried and safe manner. The registered manager told us that staffing levels were monitored on an ongoing basis and additional members of staff were made available to meet people's individual changing needs. We were told by the registered manager that additional staffing had been arranged to support people's increased level of needs. An example included assisting a person who had been admitted after treatment in hospital.

One member of staff told us that staffing levels were good and allowed them to have individual time with people. One person told us that staff were helpful and available to help them when needed. We saw that members of staff assisted two people in visiting the local town.

Staff only commenced work in the home when all the required recruitment checks had been completed. We saw a sample of three staff records which confirmed this to be the case. Staff told us that their recruitment had been

Is the service safe?

efficiently dealt with. They also said that they had been assisted and shadowed by more experienced staff when they first started work in the home. This was to ensure that they understood and felt comfortable in their job role and responsibilities. This showed that the provider only employed staff who were suitable to work with people living in the home. Full stop!!

There were personal fire and emergency evacuation plans in place for each person living in the home and staff confirmed they were aware of the procedures to follow. This demonstrated to us that the provider had a process in place to assist people to be evacuated safely in the event of a fire or emergency. Regular fire alarm, fire drills and emergency lighting checks had also been carried out too.

Is the service effective?

Our findings

Health care records were in place that documented visits from or to health care professionals. We saw that people had regular appointments with health care professionals. This included appointments with a GP, dentist, chiropodist and optician. Healthcare professionals including a community nurse told us that where advice was given the staff ensured this was followed. A relative told us that, "The staff will contact a doctor if my relative is unwell and let me know if there have been any changes to their care." This showed us that there was an effective system in place to monitor and react to people's ongoing and changing health care needs.

A practice manager at a local surgery told us the staff at the home proactively responded to people's health concerns and followed any advice/recommended treatment. We spoke with a consultant psychiatrist who had regular contact with the home and they were very positive about the support that was provided. This demonstrated that people were being supported to access a range of health care professionals ensure that their general health and wellbeing was being maintained.

Staff told us they were supported to gain further qualifications in health and social care to expand on their skills and knowledge of people and provide them with effective care. Staff told us that they received supervision sessions and that there were staff meetings to discuss issues and developments. Staff said that they received ongoing training and examples included; safeguarding, dementia awareness, infection control and medicine administration. Staff told us that they had found the recent training regarding safeguarding to be useful. Staff told us that they that they had received a thorough induction which covered a variety of topics regarding care and support issues.

Staff we spoke with confirmed that they had undertaken training on the Mental Capacity Act 2005 (MCA) and

Deprivation of Liberty Safeguards (DoLS) and this was confirmed by the staff training record we looked at. We saw that a refresher training session was booked and the registered manager was awaiting a date for this training.

The registered manager told us that a DoLS application for one person was being progressed and that they were aware that further applications would be made where required. The registered manager told us that except for one person all other people living in the home had capacity to make decisions about their care and support. We saw that people had signed their support plan to agree the support that was provided.

We saw that two people had gone out to the local town for their lunch and saw that this was a social occasion that they were looking forward to. Other people were out at lunchtime at day services. However, we saw that when people returned they were happily involved in preparing their packed lunches for the next day. People also received drinks and snacks throughout the day with assistance from the staff when required.

A menu for the week was arranged in conjunction with people living in the home. Meals were varied and people were offered choices including healthy options. We saw that bowls of fruit were available for people to help themselves to whenever they wished. One person told us, "I can have something different if I don't want to have the planned meal." People assisted, where possible, with cooking meals and they were involved in laying tables loading/unloading the dishwasher and food shopping trips during the week.

The registered manager told us that people had access to appointments with dieticians if there were any issues or concerns about nutrition or dietary needs. Where an eating and drinking concern was identified, The registered manager had access to speech and language therapists. This was to help ensure that people were safely supported with their eating and drinking

Is the service caring?

Our findings

One person we spoke with told us, “I am very happy living here and the staff help me with whatever I need.” A relative we spoke with told us that they had been involved in reviews of their family members care and support. They also told us that communication was very good with the home and they were always kept informed of any changes to their family members care by the registered manager and members of staff.

A relative told us, “My family member is very happy living at the home and I have no concerns.” Observations and comments we received showed that people were encouraged to be involved in the life of the home. People’s relatives told us that they were free to visit at any time and without restriction. One person told us that, “The staff are good and we go out a lot and I have no worries about living here.” Staff talked with warmth and kindness about the people they were supporting and one staff member told us, “I love working here and it is like one big family here.”

There was a friendly atmosphere with a good deal of humour created by the staff in the home. People were seen to be comfortable, smiling and at ease with the staff who supported them in a sensitive and attentive way. People were assisted by staff with domestic tasks such as putting laundry away and to help people organise and tidy their bedrooms. We saw that assistance was given in a fun, caring and supportive way. A relative told us, “My family member is very happy living at the home and benefits from the family atmosphere created by the manager and staff.”

Staff talked with affection and kindness about the people they were supporting and one staff member told us, “People are cared for really well and we all work together

very well here.” We saw staff speaking with people in a kind and caring and attentive way whilst providing people with assistance. We saw that staff knocked on people’s bedroom doors and waited for a reply before entering. This demonstrated that staff respected the rights and privacy needs of people.

People could choose where they spent their time and were able to use the communal areas within the home and spend time in their own bedrooms. One person told us that they liked their bedroom which they had been able to personalise with their own furnishings and belongings to suit their preferences and interests. We saw that people had access to the home’s extensive gardens and people said that they often enjoyed spending time outside during the warmer months of the year.

Daily records showed that people’s daily needs were checked and records made to show any significant events that had occurred during the person’s day. We saw that other documents such as, support plans and aims and goals were written in a pictorial/easy read format where required. This showed us that the provider gave people information about the service in appropriate formats to aid people’s understanding of their care.

A relative and people we spoke with told us that the staff were kind, caring and compassionate. One relative told us, “The staff know my [family member] really well and they are really happy living there and the staff know how to care and support them.” The registered manager told us that no one living at the home currently had a formal advocate in place but that local services were available when required. A relative that we spoke with said that they had regular contact with the home and felt involved in the planning and reviewing of their family members care and support.

Is the service responsive?

Our findings

A range of information was recorded in people's support plans which reflected their physical, social and health care needs. This included how people liked to be supported with their personal care, their preferences and dislikes, personal history, challenging behaviour, communication needs, important people in their lives, eating and drinking protocols. There were pictorial prompts to aid people's understanding. Staff told us that people were involved in their care and support and that they had their support plan explained to them where needed.

Staff told us about the range of activities that people took part in. These included attendance at day services, shopping and accessing local events within the community. People had enjoyed trips out the pub, theatre and participating in Olympic style sporting events. The home had the use of a 'people carrier' vehicle so that they were able to regularly go on day trips, attend medical appointments and their regular planned activities.

One person told us that, "I like to go out during the week and I enjoy going to my centre to be involved in work." We saw people enjoying reading newspapers and participating in table top games and puzzles. The home had an electronic games console connected to the television and people told us that they enjoyed playing games on it. This showed us that people were supported to take part in hobbies and interest that were important to them.

Our observations showed that staff asked people about their individual choices and were responsive to that choice. Staff told us how they engaged with people who were unable to communicate verbally to make choices. They said that this was done by listening to a person's answer, key words and understanding the person's body language and facial expressions.

Staff were knowledgeable about the people they were supporting and gave examples of how they assisted people both socially and when providing personal care. We saw that people had personalised their rooms with furnishings, televisions, photos and pictures and had chosen the colour scheme to suit their own tastes and preferences and promote their independence.

One person told us that, "I can talk to the staff if I am not happy and they always listen to me."

There was a complaints policy and procedure in the home. This was also available in an easy read format so people could access it and use it themselves if they wanted to. A relative told us that that they knew how to raise concerns and said, "I can visit anytime and the staff are always very welcoming and I am able to raise any issues and make suggestions and I feel listened to."

People's care and support plans were regularly reviewed on a monthly and six monthly basis to ensure that care needs remained up to date and staff were responsive to any changes to people's care and support requirements. A relative told us that they were regularly contacted by staff and told us that they were, "Involved in their family member's ongoing care and support." Another relative told us, I am really happy with the care provided in response to my family member's needs and I feel that my [family member] is really lucky to be living at Heywoods Grange".

Relatives told us that they were always contacted when there had been any changes to their family member's health, care and support needs. We saw a section in care records where staff documented people's ongoing aspirations and day-to-day achievements. Examples included organising trips out in the local area and social activities.

Healthcare professionals that we spoke with were positive about the care and support being provided. They also told us that communication about people's changing needs was good and information provided by the registered manager and staff was professional and detailed.

A consultant psychiatrist was in regular contact with the home. They told us that they worked closely with the registered manager and staff team and regularly met to review and discuss any changes and strategies regarding people's care and challenging needs. A district nurse who had regular contact with people in the home was positive and complimentary about the care and support that was provided. This showed us that people's health care and support needs were regularly responded to accordingly.

Is the service well-led?

Our findings

The home had a registered manager in post who was supported by staff. People told us they got on well with the registered manager. Throughout our inspection we observed the registered manager interacted well with people living at the home. One person told us, "I can talk to the staff any time and they listen to me and help with any problems I have."

Observations made during this inspection showed that staff were readily and actively available to people who lived in the home and assisted them when needed. On speaking with the registered manager and staff, we found them to have a good knowledge of people and their care and support needs. The registered understood their responsibilities in notifying us about any events they were required, by law, to notify us of.

Relatives made positive comments about the home and they were happy with the service provided to their family members. One relative told us, "Communication is really good with the manager and staff and we always feel that things are well organised and managed." The registered manager told us that they had not recently sent out satisfaction surveys. They had plans to send one out to people, their relatives and care professionals in the next few months. This would provide valuable feedback regarding the quality of care and support being provided and to identify areas for development.

However, people had opportunities to raise any issues or concerns and we saw minutes of recent residents meeting where people had been able to discuss things that were important to them. An example of this was a 'wish list' of activities and events that people would like to participate in. We saw that people had strong links with the local community and made regular trips to local shops, cafes and amenities whenever they wished. One relative told us that, "Staff are very helpful and keep me in touch with any events coming up in the home regarding my [family member]."

Staff told us that there was an open culture promoted in the home and that they felt able to make any suggestions or raise concerns they might have. One member of staff told us, "The team work well together and I feel very supported." Another staff member told us that, "Our manager is really knowledgeable and very supportive and helpful." We saw minutes of staff meetings where a range of care and support issues had been discussed. Such as training and policy changes such as medicine administration.

The registered manager and staff demonstrated to us that they understood their roles and responsibilities to people who lived in the home. Staff told us that they felt well supported by the registered manager and provider to carry out their roles and were confident in raising any issues.

There were arrangements in place to regularly assess and monitor the quality and safety of the service provided to people living in the home. There were effective systems in place to assess and monitor the quality of service people received. For example, audits, spot checks and by the registered manager working shifts with staff. We saw that where the need for improvement had been highlighted that action had been taken to improve systems. An example of this was the improved daily medicines auditing. This demonstrated the provider had a positive approach towards a culture of continuous improvement in the quality of care provided.

There were regular health and safety checks in place. We saw up-to-date fridge/freezer temperature records, fire records and water testing and temperature records were held within the home. Any repairs and maintenance issues were dealt with by the home's maintenance person promptly.

Incident forms were looked at by the registered manager and any actions taken as a result incidents were documented as part of the homes on-going quality monitoring process to reduce the risk of the incident reoccurring. This showed us that the provider had systems in place to monitor the quality of service being provided at the home.